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ASSISTED BY

PROF. W. BYRD POWELL, M. D., COVINGTON, KY.

" Z. FREEMAN, M. D., CINCINNATI.

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Part 1—Original Communications.

ELECTRICITY AS A CURATIVE AGENT, AND AS A TRANSFER-ER OF METALS FROM THE SYSTEM.

BY PROF. J. MILTON SANDERS.

In a previous article, I have referred to the peculiar powers possessed by the voltaic current, of withdrawing from the living animal body all those atoms of metals which may have become lodged there. This fact has been disputed by some, while others have given it their entire credence. Not only the experiments made by myself, but those equally as rigid, made by others who are more able than I to institute such investigations, have, I think, settled the question, that the voltaic current does really possess the very peculiar power of withdrawing the metallic particles, as stated above, from the system.

The question has been very pertinently asked, wherefore, if the galvanic current withdraws other metals from the system, will it not likewise abstract the iron from the blood? This question admits of an unequivocal reply. While the iron existing within the blood is really a constituent element of the human body, the mercury, lead, and other metals, which may and do exist within us for years, are accidental in-

gredients. While, therefore, the vital powers, with their wondrous energy, are exerted in antagonism to the force of the voltaic current, in regard to iron, and those metals which form normal constituents of the body, they conspire, on the other hand, with that current, in the expulsion of such metals as do not belong to the system, and are therefore foreign bodies. The vital powers conspire with the labors of the voltaic current in expelling the pernicious and foreign metals, equally as they do in expelling a splinter, or any other substance which may have got into the system where it does not belong.

But we perceive that if the voltaic current possess great energy, great intensity, combined with great quantity, and it be thus passed through short circuits in the system, then a phenomena takes place which we should certainly anticipate. The voltaic power, being greater than the vital, overcomes the energy of the latter, the iron leaves its condition of life, ceases to play its allotted task in the phenomena of vitality, assumes its condition of polarity and of a passive metal, and collecting in a dense coagulum, in that portion of the arteries nearest the negative pole of the galvanic battery, strives to leave the system, agreeably to the law that all metals must arrange themselves at the negative pole of the galvanic battery.

Here we have a proof that even the iron of the blood cannot sustain the searching power of the voltaic current, but that in order that it shall undergo electrolysis, a

current of great power is required. This teaches us that those persons who are making use of the voltaic current for the cure of disease, or the transference of metals from the system, should possess some knowledge of the various powers which are required in order to subserve specific purposes, or evil may result where good is anticipated.

But it is denied by some, who perhaps have never tried the experiment, that the voltaic current will not withdraw from the system any kind of metal. These persons, doubtless, will deny the potency of the voltaic current in electrolysis, for the reason, perhaps, that they have not themselves tried it.

The strongest point suggested against the transference of metals from the system, was one given to me a few days ago, at Boston, by my friend, Dr. Channing. He remarked that electrolysis takes place only when the metals are in a state of solution; and as mercury, and other pernicious metals are supposed to exist in the system in a metallic state, then how can the voltaic current transfer them to its negative pole?

There are two positions which militate against this ingenious question. The first is, that the metallic particles (if admitted to exist as such in the system) are, by virtue of the voltaic current, electro-polarized, their condition altered and thus rendered soluble. They then dissolve in the fluids of the body, by combination with some of the acids or electro-negatives existing there, and are thus transferred to the negative pole. But it is highly probable that mercury and other metals exist in the system always in a state of combination. The wondrous and energetic power of the system to expel all bodies existing as solid ones from it, is proof that if the metals existed there in the reduced state, they would be expelled; but existing, as they undoubtedly do, in the state of fluid, semi-fluid, or in that of some combination, less irritating than a solid metal, the system does not succeed in expelling them, although continually striving to do so for years. I

therefore think that the ingenious question of Dr. Channing—and certainly the strongest that can be adduced against the transference of metals from the system—can be satisfactorily dispensed with.

But I have noticed that all those who bring objections against the electro-polarization of metals within the system, have never tried the experiment. Dr. Channing frankly admitted that he had not tried it, while with equal candor he admitted that if his objection could be met, as we have done above, he would then yield, upon scientific grounds, without trying the experiment, that the question might be settled affirmatively.

The question, however, has been settled, and the experiment that I made eleven years ago has not only been done since by me, but by several others, and one of them in particular, under my own eye.

The latter is an interesting one. For the last twelve years, Mr. E. C. Hawkins, the well known photographic artist of Cincinnati, has not taken a dose of calomel nor any mercurial preparation. But previous to that time, he had taken large and repeated doses of calomel. The long and painful disease which he has labored under it was suggested, might be caused or aggravated by the mercury which probably still lurked within his system. Acting upon this suggestion, Mr. D. A. Ross, at my instance, applied to Mr. Hawkins a voltaic power of six cups of Grove's battery for the time of forty-five minutes. Previous to passing the current through the patient, his feet were placed in a bath-tub, with their soles resting upon a plate of copper. The negative pole of the battery was attached to this copper plate, while the positive pole was applied to various parts of his body. At the expiration of three-quarters of an hour, the copper plate was examined, when there was discovered adhering to it, at least half a drachm of quicksilver. The bath also contained quicksilver, and the whole extracted amounted to at least one drachm.

If this quicksilver was not derived from the body of Mr. Hawkins, from whence

came it? It could not have come from the battery, for its positive plates were not amalgamated, even supposing, for the sake of argument, that it could have been transferred from those elements. The only conclusion to be inferred was, that that quicksilver was the same which had lurked in the body of Mr. Hawkins for the last twelve years.

But the most curious result of this experiment was effected through the genius of the patient himself. Having rendered sensitive a Daguerreotype plate, he placed it in the camera, and having got an impression of his own face, he developed the picture with the same mercury which had, for twelve years, lurked within his system, causing him infinite pain and sleepless nights!

In the New York Medical times of July, 1855, page 346, is a paper from Dr. Huff of Lexington, Ky., wherein he records three cases successfully treated by the voltaic current, where mercury was withdrawn from the system. As these cases will be published in the Journal, I pass them by for the present, simply remarking that they are so truthfully related, that no person who reads them can for a moment doubt that the mercury obtained was derived solely from the systems of the patients operated upon. Appended to this paper of Dr. Huff's are some lengthy remarks by the editor of the Medical Times, wherein he records several experiments made by MM. Vergnes and A. Poey, whose paper was presented to the French Commission, composed of MM. Dumas, Boyer and Barnard. Then follows the account of experiments made before the Faculty of Medicine of Havana, whereby mercury was extracted from the bodies of those persons who had taken calomel.

In the face of all the evidence which has lately been given to the public, regarding the extraction of mercury and other metals from the system, it appears to me like the exercise of considerable hardihood for those who have never tried the experiment, to assume the position of censorious antagonism, and to assert, with all the brave and

turgidness of conscious ignorance, that these experiments cannot be effected.

In a letter received from Mr. Hawkins while we are penning these lines, he says: "I feel much better since I was submitted to the voltaic battery—in fact, I feel so much improved, that I do not doubt that I shall get through this winter without the excruciating pains I have endured so long."

Before concluding this portion of my remarks upon the extraction of metals from the system, I wish to say a few words regarding the inquiry of who was the original experimenter upon a branch of therapeutics which is undoubtedly destined, at no distant day, to play no insignificant part in the alleviation of human distress. In the autumn of the year 1844, in company with several persons, I made some experiments in the extraction of mercury from the system, with complete success. These experiments were suggested by the (then) late discovery of the electrolysis of metals, now termed electro-metalurgy. The patient operated upon, and the two persons who were present, are unfortunately dead, but we have other proof. The reader will find in "*Hine's Herald of Truth*" for the year 1848, an article from our pen, describing the process we have alluded to. There was also published, in 1846 or '47, in the *Cincinnati Daily Commercial*, an article of ours upon the same subject, but not having files of that paper, we cannot state the exact date of its publication. In the October number of *Buchanan's Journal of Man* is an article written by Prof. Buchanan himself, wherein he states, that several years previous, we had described to him our process for the extraction of metals and diseases from the system.

The following letters are submitted:

CINCINNATI, Nov. 15, 1855.

PROF. J. M. SANDERS, New York:

DEAR SIR—In reply to your inquiry in regard to my knowledge of your application of voltaic electricity, for the removal of mercury and other minerals from the system, I beg to say, that I remember most distinctly a publication of yours upon the subject, in 1846 or '47, in the *Daily Commercial* newspaper, of this city. By refer-

ence to the files of that newspaper, you will undoubtedly find the articles, and they will establish your claims to the priority of the use of Galvanism for the extraction of minerals from living subjects.

Yours truly,

GEO. C. DAVIS.

Mr. Davis is an old citizen of Cincinnati, and has been the agent of the Star Insurance Company of Ogdensburg, New York, for the States of Ohio, Indiana and Illinois, for several years.

The other letter alluded to is from Mr. E. C. Hawkins, the artist, and is as follows:

CINCINNATI, NOV. 15, 1855.

PROF. J. M. SANDERS:

DEAR SIR—In answer to your inquiry as to whether I recollect your giving me an account of your experiments relative to the transference of metals through and from the human system, I would reply that I have a distinct recollection of the conversation that was held between us at the interview to which you allude. It was in the autumn of the year 1844, that you informed me you had, the day previous, instituted a series of experiments, which you said was suggested to your mind by the then lately discovered facts in electro-metallurgy. You informed me that the day previous, by means of the galvanic battery, you had withdrawn from the system of a person who had become surcharged with mercury, a large quantity of that metal. You said that you had several times amalgamated a copper plate with the quicksilver drawn from the body of the person, until you had withdrawn all the metal from his system. You also informed me that you had recently withdrawn mercury from the body of a person, and that you had likewise transferred it through his body, from one pole of the battery to the other. You likewise described to me the process by which you had transferred iodine through the body, from one hand to the other, by means of the galvanic fluid. You, at that time, dwelt at considerable length upon the great importance of the discovery, in alleviating the sufferings of those persons whose systems were charged with mercury, lead and other metals. There are no doubt many who recollect the articles published in the Cincinnati papers at that time. Our old friend, Davis, encloses you a letter with mine. I perceive that your discoveries have been lately re-discovered by a Frenchman, but I am glad that you have it in your power to substantiate the priority of

the said discoveries by yourself, several years previous to the time he claims for his. I say give justice to whom it belongs, and I feel quite confident that the great discovery of the transference of metal from the human system, by means of the voltaic fluid, belongs exclusively to you.

Respectfully, yours,

E. C. HAWKINS.

Perhaps there is no subject which would elicit such universal interest as that relating to the cure of those maladies which most generally afflict mankind. The prescriptions of the most learned physicians have so frequently failed, while the potency of the most reliable medicines has proved so conflicting in its action upon different constitutions, that it is natural we should turn with deep interest to any inquiry which has a tendency to alleviate human maladies with any thing like uniformity of success. For the last few years, the subjects of *galvanism*, *electro-magnetism*, and *magneto-electricity* have claimed the attention of the most learned and illustrious physicians in this country and Europe.

The inquiry as to whether there is an analogy between the fluid which performs the functions of vitality, and that evoked from the chambers of the galvanic battery, has progressed to that state which admits of a positive reply. The profound researches of Prof. Faraday upon the *gymnotus electricus*, or the electrical Eel, and those of Baron Richenbach upon the human subject under the influence of that abnormal state termed cataleptic, have elicited the fact, that either the fluid evolved from the galvanic battery, or the electro-magnet, or another still more attenuated and refined, and which invariably accompanies the latter, is identical with that which we refer to the phenomena of life. These discoveries, so striking, so irrefutable and ably defined, have put the intellectual world to reflecting. This reflection has led to the adoption of the proper apparatus, for the purpose of ascertaining whether the minimum or maximum amount of vital force is the cause of human disease. The result of these inquiries leads us to the conclusion that the majority of dis-

ased conditions of the body are dependent upon either a minimum of the vital fluid, or on a modified condition of it which is susceptible of alteration by the voltaic fluid. By a series of correlated deductions, Faraday proved the identity of the voltaic and vital fluids. He proved that the one could be converted into the other, as was the case in the gymnotus; and that the expenditure of the nervous force was equivalent, in a direct ratio, to the quantity of the electrical fluid produced. Liebig has proven that the great source of the vital fluid is referable to chemical action, or the metamorphosis of the tissues. We likewise know that the source of the voltaic fluid is chemical action—the only difference in the derivation of the two fluids being, that the one is obtained from the chemical decomposition of muscular fibre, while the other is derived from the decomposition of a metal in acid. The result of these two decompositions is two fluids, which are identical, except only in the slight modifications incident to the several positions they occupy in regard to the matter with which they are associated.

It has now been ascertained, by the ablest philosophers living, that the application of the voltaic fluid to the entire system, or to certain parts of it, is attended with the most beneficial results in the cure of disease. As most maladies are caused by either a superabundance of the vital fluid, or a deficiency of it, in certain organs or parts of the body, either galvanism, electro-magnetism or magneto-electricity, will certainly remove those diseases, provided we possess the method of ascertaining whether the diseased part contains either that deficiency or superabundance. The many cases of diseases of very contrasting natures that are daily occurring in this country and Europe, are sufficient proof that the voltaic current, in some of its modifications, is certain to alleviate almost every malady to which man is subject. Scarcely a medical journal reaches us from Europe, but that contains one or more reports of cures effected through the aid of the galvanic battery. Many of these cures are of such

an astonishing nature, that were it not for the high character of the journals in which they are recorded, we could scarcely give them credence.

In consequence of the great success that has attended the cure of diseases by means of the various forms of electricity, a number of persons have devoted their attention to this special branch of therapeutics. Among the number who have made preparation upon an extensive scale, perhaps the rooms of B. Keith & Co., in the city of New York, is worthy of most notice. The forms of electricity they use are various, and are applied according to the nature of the disease. In order to apply the current direct from the battery, it is necessary that it should be possessed of great intensity. Well substantiated experiments have proven that in order that the current shall be passed through the body, especially through its entire length, a series of at least fifty cups is required. The combined batteries now in use by the firm alluded to above, are comprised in fifty large cups. They are of a spheroidal or oval shape with a capacity each about one quart. They are filled with diluted sulphuric acid, in which is suspended a piece of zinc, amalgamated, juxtaposed to a strip of pure platinum, of three quarters of an inch wide by six inches in length. These cups are connected together by thick strips of copper, which form a better connection than wires.

These batteries are arranged upon a table, while the pole-wires are connected with a little piece of apparatus called a "switch," from its resemblance to a railroad switch. By moving the arm of this switch, from one battery to the entire fifty can be brought into action at the will of the operator. Keith & Co. do not use any bath for the purpose of extracting metals from the system. Their plan is much easier and pleasanter to the patient, than submersion of the entire person in a bath containing saline or acid water.

The *magneto-machine* of this firm is the largest ever made in this country, and is so arranged that the shocks can be so graduated as to conform to the most delicate

and nervous constitution. This is not the case with the generality of machines of this nature. This machine must not be confounded with the common magnetic machine which is worked by the battery. The one we allude to derives all of its electrical currents from the inductive influence of strong permanent magnets.

Each disease, in this establishment, has its special and appropriate apparatus—those which touch certain tender parts, such as the tongue, &c., being made of gold and silver. This is a great desideratum, as all know who have had occasion to work with voltaic apparatus, and who are consequently cognizant of the great disadvantage of inefficient instruments.

In the opinion of the writer, a new era in the curative art is dawning upon the world. Now that we are permitted to peep into the secret springs which govern the animal fabric, and give to it that wondrous power called the vital, we are beginning to acquire a rational idea of what disease is. We perceive that disease is really the effect of a disturbed equilibrium of the magnetic or vital fluid, and that fluid is not, as many supposed, a totally unknown one, hid under the pretending term of *vis vitæ*; but that it is an entity, as susceptible of investigation as the gaseous medium which surrounds this globe.

Then let us not neglect this potent agent which an all-wise Creator has placed in our hands; but, grasping the boon with joy, let us apply it to the alleviation of human distress.

New York, December, 1855.

FIRMNESS OF PURPOSE IMPORTANT TO THE CAUSE OF MEDICAL REFORM.

BY L. E. JONES, M. D.

In every situation in life we meet with men prone to vascillate. They lack firmness of purpose. They are fluctuating, wavering, unsettled and uncertain. If occupying an associate relation, they are un-

reliable men; they are not to be depended upon. They lack confidence in the cause in which they embark; or, if over-confident, over-zealous, or excessively enthusiastic, at first, they soon lose the confidence which they first had. When this period arrives, as it most certainly will, the firm and reliable associate finds his confidence shaken on every occasion in the acts of his unreliable and undeserving colleague. This shows the great importance of firmness of purpose in all the walks of life.

In no situation—in no position—in no calling in life, is "firmness of purpose," reliance of character, more important and more strongly demanded, than in the ranks of medical reform; yet, strange as it may seem, I think it has fallen to my lot to witness a cowardly, vascillating spirit, more frequently among reformers than among any other profession or class of men. Numerous are the examples which I can adduce to prove the truth of this assertion. These very men often boast lustily of their prowess as medical reformers. They are often loudest in their public protestations in favor of medical reform. The cause to them is sacred and dear. They love it for its principles—for its benign and superior sanative powers. They can never desert it—fight for it they must and will. They know no such thing as deserting the cause, and they are ready to censure and even condemn all reformers who are not as zealous and enthusiastic in the cause as they pretend to be themselves. Poor cowardly hypocrites and sycophants! they do not know themselves; for the first time they meet and converse with an old school physician, they lose their reformatory spirit—they very likely both denounce and renounce medical reform—pronounce it a humbug—all to secure the good graces and favoritism of their Allopathic friends, and prove themselves miserable sycophants and cowardly hypocrites. Their love of medical reform has vanished like a dream—like the morning dew before the meridian sun. They know their loss, and feel ashamed of their position and new relations.

This has been the course of many with whom I have been familiar, and this has been one of the most serious draw-backs to medical reform. It has been blighting in its effects, and done more to injure the cause than the open and avowed opposition of ten times that number of professed enemies. Many are the examples of this kind in private practice, that I could give, but I forbear to give names. Their position is already sufficiently humiliating and degrading. I do not wish to add to either their humiliation or degradation. But as the public acts of professors are public property, I do not feel under any restraint in exposing them, and the teaching of some who have gained, by false pretences, access to professorial chairs in various reformatory colleges.

Dr. T. E. Mason, who is now dead, once occupied a chair in the Worthington College of Ohio. He was a graduate of both an Allopathic school and of Dr. Beach's school of New York. Previous to accepting an appointment in that college, he wrote a long communication to Prof. Morrow, expressing his unbounded confidence in the American system of practice, and his lack of confidence in the old school mode of medication. He contrasted the two systems of practice, by giving a large number of cases of fever which he had treated, one-half on each system, and the results were these, as given by him: In the treatment of a given number of cases on reformed principles, the mortality was only about one-third or one-fourth as great as when treated Allopathically; and patients were restored in from three to four days to sound health; while precisely similar cases, in every respect, required from twelve to sixteen days to effect a cure under the old system.

Strong as his language was in favor of medical reform, yet he had not long occupied a professorial chair, until he began, either directly or indirectly, to recommend resection or mercury. His heterodox doctrines soon caused him to leave Worthington, from whence he removed to Cincinnati, where he came out a bold champi-

on in favor of the old school system of practice. When Prof. Morrow was about to make an effort to establish the Eclectic Medical Institute in that city, Dr. Mason gravely advised him not to breast the storm of opposition, and establish a reformed school there. Dr. Morrow disregarded his advice, established a reformatory college, which has long since exerted a most powerful and wide-spread influence in favor of medical reform: So much for the blight and curse entailed upon our cause by the course of Dr. Mason.

Not long after his disconnection with that college, Dr. J. B. Day accepted a chair in it. He professed to be an uncompromising reformer, but very soon he was found to be a base counterfeit, for he recommended bleeding, mercurials, and other objectionable agents. Here, again, the college experienced the withering influence of a boasting pretender.

The example of such men is infinitely more detrimental to the cause, than any acts of avowed enemies. The names of two or three others of a similar character might be mentioned, who crept into the Worthington college by duplicity.

Several hybrids or mongrels have, from time to time, held positions in the Eclectic Medical Institute. The bad influence of their teaching has had and is having its effect upon the cause of medical reform.

Now I ask, in all soberness, what can prove more injurious to a reformed college, or the cause of medical reformation, than the fawning, pandering, sycophantic course of its sycophantical, hybrid friends? Do they expect to gain popular applause from the Allopaths? If so, they mistake themselves and the character of their opponents. By such a course they not only forfeit the confidence of their old school professional brethren, but also that of all honorable reformers. They are like a reed shaken by the wind; they are unreliable, and are the worst enemies with which the true reformer has to contend; they are mere bastard reformers—a bogus currency, and not passable. They accomplish but little pecuniarily, as a general rule, for

themselves, and much less for the great and good cause. They are unstable and fickle; if they say one good thing for a cause, they generally say two against it. While they pretend to strive to sustain medical reform, they are sure to retard and hinder it. Firmness of purpose—a fixedness of character—is all-important, and even indispensable to the prosperity of medical reform. Without it, confidence cannot be inspired in our cause.

Cincinnati, December, 1855.

ABUSES OF QUININE.

BY BERNARD STUVE, M.D.

The very general use of this agent by the people in common, as well as physicians, furnishes many painful and lamentable evidences of its abuse, committed unwittingly or from sheer ignorance of the *modus operandi* of a tonic. Upon physicians hangs the brunt of the mischief of such abuse. The people are but copyists of their practices. It is given indiscriminately, in like doses, in every form and type of ague, be it inflammatory or malignant, quotidian or quartan; without regard to preparation of the system, whether it is weak or strong. I have known physicians, during this ague season, as their common practice, prescribe but one and two doses of quinia for that disease, and the prescriptions consisting of from fifteen to thirty and forty grains. Can the system appropriate that amount of a tonic at a time? The object in the administration of a tonic should be to support the vital power and build up the waning strength of the system. Is not that object frustrated by an overdose, which imposes extra labor, in the attempts at appropriation, upon the digestive apparatus already much impaired and debilitated? Will not all debility and disease, except organic, be readily overcome by a healthy digestion? That troublesome gastric symptoms are developed by large doses of bitter tonics every physician will attest.

True, the action of quinia, or its real be-

havior in the system, is not understood a settled satisfaction. I incline to the views of Headland, in his prize essay on the action of medicines, that it is a hematic of the restorative genus, and not neurotic, because it is not immediate and transient in its action, but endures; it does it, like a neurotic, in moderate dose affect the system. Locally applied it produces no neurotic effect. (Vide p. 133.) But that it supplies or restores to the blood the bitter principle of bile, the taurine; and that it is not unlikely, that the blood, in its taurine, has an analogue to quinia. (Vide p. 139.)

If, however, it is simply a restorative how are we to account for those gastric encephalic and febrile symptoms, which we find almost invariably, when administered in large doses? We have seen above that it is not a neurotic, because its known action does not accord in any particular with that class. We come now to consider its action upon muscular fibre, in which I think we may find a solution for the above apparent nervous symptoms, and also for the palpable and dreaded mischief it works upon the system, when wrongly or excessively taken. And here the line of separation between tonics and astringents would seem very fine upon the first blush. But it is not so. The action of astringents, like that of neurotics, is quick and transitory, and results in elimination, but not so with bitter tonics.

Among the mischievous effects following the injudicious use of quinia, which have come under my observation, are encephalitis in children, and mania in adults; but the most frequent results seen are, erythema of the pulse and system, and a very tardy convalescence, as if a slow fever was preying upon the patient; copious, fetid and prostrating night-sweats; albumen urea, and dropsy—aside from the gastric and encephalic ailments already adverted to.

There is a law in therapeutics that physicians have to and do (more often, 'tis sadly true, unwittingly) avail themselves of: that a little may relieve and cure disease when much will aggravate or cause it. And

this is not homœopathy, but shows that a strictly antipathic plan of medication is not reliable, but that an enlarged pantopathy should guide in therapeutics.

Exercise may be made to strengthen and develop, or to debilitate. When indulged in moderately it promotes to a normal condition all the functions of the animal economy—excessively, it lays the foundation for disease—temperately, it is as necessary to health as food. Such ought to be the use of a tonic. More than this disarranges the “balance of power” in the several secretory and excretory functions of the system. As long as physiology is a positive science, the “nurse of nature” ought to be satisfied to bring the action or benefit of his medicines up to its standard.

In the commonly received definition of a tonic we are told that it promotes contractility of muscular fibre. And in this view alone can we account for the supposed “terrors” symptoms of the action of quinia. Then what effect must such an action have upon the circulating medium, and the secretions and excretions? A given caliber of the blood is compatible with the normal constituency of that fluid, of which four-fifths are water. Now we promote the contractility of the yellow fibrous tissue, and lessen the caliber of these vessels by the administration of an over-large dose of a tonic, and water, with salts, etc. in solution, from its greater permeating property, is forced upon and excreted by the skin, constituting a heavily taxing sweat. Or, as albumen has a close affinity for water, and the kidneys are somewhat debilitated, so as to be easily excited, it seeks its exit through that channel, and we have albumen urea, or diabetis. Before the channel of exit can be established, of course, a retardation to the circulation of all the fluids, or a partial congestion of them, must obtain. Hence those with an organization favorable to a full cerebral circulation, will have that fullness, pain and roaring in the head so often met with. The sensation, to such a patient, of a large dose of quinine, is not unlike that of fever. The pathological difference is

this: during the pyrexia the secretions and excretions are all locked, the vascular system, from the retained fluids, becomes so full as to suspend absorption; whereas, in the former case, absorption is prevented by the tense and contractile action of the tonic; and as synocha may produce phrenitis, or mania, so may quinia. If, under this action of a tonic, which might be likened to condensation, the fluid finds no eliminating channel, effusion into the cellular tissue or serous cavities will follow, and thus we have anasarca. Or this may also follow the excessive debility induced by a slow fever, albumen urea, colliquative sweats, &c.

All these pernicious sequels are the result of undue contractility of the fibrous tissue, by too much and too large a dose of an agent which, when properly used, becomes the first in therapeutic reliance; yet to the general surety of its action must be traced its abuse.

It is also said to be an “antiperiodic,” an exceedingly vague term, and which had its origin in connection with that common ignis fatuus of the profession, assigned as the cause of periodicity in fevers, kaino-miasmata or malaria. But this leads beyond the limits of the present article. And I have read elaborate articles upon its sedative property, and singularly enough because of its success in the treatment of congestive chills! How the depressing effects of a sedative can vitalize, impart warmth, and stimulate to the surface the circulation of a highly congested and half-cold patient, is too astute for my ken.

These are a few of the rules which it would be well to observe in the administration of quinia, and which are founded on fact and philosophy:

1. That, owing to the activity of the recuperative power of a child, it requires not as much in ratio as an adult.

2. That a patient with vigorous reaction requires less than one of low or enfeebled pyrexia.

3. That a patient of high vital force should be first thoroughly relaxed and cleansed, ere he is braced.

4. That those of a full cerebral circulation should not take quinia during the activity or height of fever.

5. That depuration can be more easily established, in cases of feeble reaction, by first putting the patient upon the tonic, ere cleansing is attempted, so as to get the benefit of the aid of the heightened vital force.

6. That quotidiens require less of the tonic than quartans; in short, the nearer the system is to the physiological standard, the less will it have to be urged by a tonic.

Carmi, Ill., December, 1855.

ORGANIC CHEMISTRY.

PROF. R. S. NEWTON.—The Journal for November has reached us. We perceive it contains the following notice to ourselves, among others, requesting the chemical principles of certain articles referred to:

MESSRS. W. S. MERRELL & Co., F. D. HILL & Co., and T. O. THORP, Cincinnati, and B. KEITH & Co., New York.

GENTS—As our readers are continually soliciting information from us on the subject of Organic Chemistry, or the Chemistry of Plants, and believing that you possess knowledge that would be of interest to the profession, we solicit from you a statement of the chemical principles of some of the leading articles which you prepare, such as Podophyllin, Leptandrin, Hydrastin, Jalapin, Gelsemin, Macrotin, Hyosciamin, &c.

Very respectfully,
R. S. NEWTON, M.D.

Accompanying this you will find a list of some of the articles we prepare, together with their chemical principles as we have ascertained them by careful analysis. Many of the articles do not contain all of the active principles of the plant from which they are derived. For instance, the *jalapin*, as it is generally prepared, is a resinoid, although the jalap plant contains three principles, viz., a resinoid, a neutral principle, and an alkaloid principle. The last two principles we have ascertained to

be as active as the first, although the therapeutic action is entirely different, they being laxative and diuretic, without any of the irritating qualities contained in the *jalapin*.

The same principles are found combined together in the *podophyllin* which we prepare. The neutral and alkaloid principles do not contain the irritating properties that are found in the resinoid. They can be administered in all cases of fever and in diseases of children, without producing that irritating effect which characterizes the resinoid principle. If three principles are administered in proportion in which they abound in fresh plant, they are less apt to cause sickness and irritation, and to be more sure and certain in their effects, than when the resinoid principle of the plant is given alone.

By the term *neutral principle*, we designate a preparation which we have devoted considerable time to perfect. There are a number of plants which possess the same alkaloid in considerable quantity, and so inseparably associated with the extractive and coloring matter of the plant, that so far, we have been unable to separate them. We have almost exhausted the sources of chemistry in the endeavor to separate and to purify the alkaloids from these plants, but without avail. For the present we put up these alkaloids in their instinct combination with the extractive and coloring matters under the general designation of *alkaloid principles*. The latter two matters, however, must exist in very small quantities, if we are to judge from the great activity displayed by the entire preparation as we put it up.

Should we be enabled to separate the alkaloids from their associated extractive and coloring matters, we shall then be happy to present them to the public. For the present we offer them under the designation of *alkaloid principles*, with the assurance that, in regard to their activity upon the system, they are perhaps but little inferior to the true alkaloid.

By the designation of *alkaloid*, we mean

principle which has been recognized by chemists as susceptible of combination with acids to form salts. It is undoubtedly the case, that some of the most active properties of the vegetable kingdom reside in the alkaloids, but by the expression we could not by any means assert that all the active properties of the plant reside in the alkaloids, for it will be directly seen that the resinoids and resins possess essential active properties.

Under the designation of *resinoid* we have set up those principles of the plant which are insoluble in water. Here we have, combined with a very active principle of the plant, the wax and the fat. The latter, however, exists in small quantity, if we wish to derive our conclusion from the activity of the preparation.

By the term *resin*, we mean those principles which are soluble in water. The effects of resins, it is perceived are entirely different from those of resinoids, the alkaloid principles, or the alkaloids proper.

We herewith send you specimens of several of the isolated principles we prepare, for instance, three from the *podophyllum peltatum*; four from the *stillingia sylvatica*; two from the *hydrastis canadensis*; three from the *lobelia inflata*; and three from the *sanguinaria canadensis*.

In a future number of your Journal, we hope to lay before your readers, a more complete list of our new preparations, together with remarks upon the great variation of the several principles which each plant presents, depending upon the difference of soil, climate, and season it is gathered in &c.

We append to this article, a tabular statement of the articles we have submitted to chemical examination, and which we now prepare for sale. This letter, it will be perceived, likewise presents the various principles, which we have been enabled to get from the plant annexed to them. Perhaps at a future time, we shall be enabled not only to present to the public the alkaloids of some of the principles in the table, but likewise to add to it the results of investigations which we are now

instituting upon other plants recognized as valuable in the materia medica.

Respectfully,

B. KEITH & Co.

590 Houston St., New York.

LIST OF ARTICLES.

EXPLANATION—rd. resinoid; res. resin; n.p. neutral principle; alk.p. alkaloid principle; alk. alkaloid.

POWDERS.	OBTAINED FROM.
Alnain, res. rd. n.p.	Alnus Serrulata.
Apocynin, rd. res. n.p.	Apocynum Androsaem.
Asclepin, rd. n.p.	Asclepias Tuberosa.
Caulophyllin, n.p.	Caulophyllum Thilic.
Cornin, rd. n.p.	Cornus Florida.
Cypripedin, rd. n.p.	Cypripedium Pubes.
Chelonin, n.p.	Chelone Glabra.
Eupatorin, rd. n.p. alk. (Purpu.)	Eupatorium Purpur.
Eupatorin, rd. n.p. alk. (Perfo.)	Eupatorium Perfolia.
Gelsemin, rd. res. n.p. alk.	Gelseminum Semper.
Geranin, rd. & tannin.	Geranium Muculat.
Helonin, n.p.	Helonius Diores.
Hydrastin, rd. res. n.p. alk.	Hydrastis Canaden.
Hyosclamin, rd. res. alk.	Hyosclamin Niger.
Irisin, rd. n.p. alk.p.	Iris Versicolor.
Jalapin, rd.	Ipomoea Jalapa.
Leptandrin, rd. res. n.p. alk.	Leptandria Virgin.
Lobelin, rd. n.p. alk.	Lobelia Inflata.
Lupulin, res. rd. alk.p.	Humulus Lupulus.
Macrotin, rd. n.p. alk.p.	Macrotia Racemosa.
Myricin, rd. & tannin.	Myrica Cerefera.
Prunin, rd. n.p. alk.p.	Prunus Virginiana.
Podophyllin, rd. n.p. alk.p.	Podophyllum Pelta.
Phytolacin, rd. n.p.	Phytolacca Decandria.
Rhusin, rd. res.	Rhus Glabra.
Rumin, rd. n.p.	Rumex Crispus.
Sanguinarin, rd. n.p. alk.	Sanguinaria Canaden.
Scutellarin, rd. res. n.p.	Scutellaria Lateriflora.
Senecin, rd. n.p.	Senecio Gracillia.
Stillingin, oil, rd. n.p. alk.p.	Stillingia Sylvatica.
Veratin, res. rd. n.p. alk.	Veratrum Viride.
Viburin, rd. res. alk.	Viburnum Oxyococcus.
Xanthoxylin, rd. n.p.	Xanthoxylum Fraxin.

WHAT IS LIGHT?

BY PROF. J. MILTON SANDERS.

"God said, Let there be light, and there was light."

Those persons who take a subjective view of the above beautiful sentence regard it as one of those highly wrought expres-

sions of truth, which embody along with it a poetical image of the most sublime nature. If that be the case, then how much more sublime must the expression appear to those who regard it in the light of a subjective image, relating to the deep, internal emotions of the heart!

When the powers of the human mind gradually unfold themselves, developing, from age to age, the wondrous intricacy of its nature, and revealing slowly the hidden powers which at one time were not suspected to be inherent in it, then may we pronounce the assertion with confidence, that this age is one highly favored of God. The barbarism of the past, with its long train of errors and persecutions, has been usurped by one wherein LIGHT beams with a bright and silvery effulgence.

The broad field of science is being explored upon all sides. The geologist is delving, with indefatigable toil, into the secret crypts of the earth, and tearing from their lurking places the bright records of its history and its age. The chemist, with patient research, is probing into the various combinations which form all mineral and organic substances, and with a success which has even astonished himself, has elicited facts which, for the first time, have given us an idea of the very refined chemical processes which ensue within the delicate cells of plant and animal organisms. The astronomer, with his newly invented glasses and delicately arranged apparatus, is penetrating into the vast abyss of space, and detecting cognate groups of suns, involving millions and millions of earths of which the most sanguine imagination never conceived. With the great six-inch eye of his latest construction, he has penetrated into space so far, that to calculate the visual angle of this mighty optic, involves not miles but the velocity of light; and his computations of distance now requires that they shall implicate its rapid flight in the measurement of distance, and not that of leagues. Afar off, in the silent regions of space, he now beholds millions of suns blazing brightly in their orbits, while the dim nebulosities in the further depths indi-

cate that other galaxies exist there, more stupendous in their numbers those which are nearer to us. That great six-foot glass-eye has revealed the amazing fact, that space really incl to the Infinite, and that through its illimitable fields are studded vast companies of suns, each the reservoir of immense volumes of light. Each improvement of glasses only reveals the greater magnitude of God's creation, and fairly stuns the mind with the illimitability and grandeur of works.

We find that the inter-planetary space is pervaded at all times with innumerable rays of light, traversing it in all directions. The rays which have appeared upon the earth of ours, and were reflected back again into space, may be still traversing the great void. Perhaps even now, those rays which have defined the scenes of antiquity are being revealed to the astonished gaze of some astronomer situated on one of the farthest stars. Perhaps even now he gazes with seraph wonder upon the solemn scene of the crucifixion, as the rays of light launched into space at that time, have just arrived within the penetrating power of his telescope. Or, perhaps at this instant, he contemplates with wonder the struggle at Marathon, or the destruction of Pompeii and Herculaneum.

But let us step aside from these vague speculations, and regard light as an entity whose presence can be revealed and sustained as certainly and rigidly as any ponderable substance on this globe.

Whether light can be viewed as corpuscles emanating from a body undergoing chemical change—or whether it may be regarded as the oscillations of a very attenuated ether toward the luminiferous medium—leave altogether to the reader. Many physicists have their ideas regarding the emanations from a luminous body, and are capable of adducing strong proofs illustrative of the peculiar nature of light—one class contending that it is composed of material particles, while the other, with equally as much erudition, present proofs of its oscillatory nature. Whichever theory may be

that it is certain that we have at length revealed to us, several of the laws which govern this wondrous emanation. With the acumen and indefatigability that characterize the investigators of this age, philosophers have studied light in all of its various relations to matter. They have dissected it through prisms of various shapes and construction, and through lenses of all curvatures, and composed of various substances; and the result is that we have arrived at the conclusion that light, like matter, is subject to certain undeviating laws, and presents indubitable proof that, whether corpuscles or oscillations, it is a creature of earthly nature, and subject to physical laws. Although we have spoken of light as a creature of earthly nature, still it presents some indications of its celestial origin. The light which traverses, unimpeded, the fields of space, is not of the same nature there as it is after having been in contact with earth. Like all pure things after having come into contact with material matter, light loses a part of its purity, a part of its celestial nature, and becomes earthified. The light which has reached earth, and that which flies through space, are different. Polarization reveals to us the different natures of the two species of light. In the one which has not been contaminated with earth, the polarization exerts no influence. Its celestial nature is evident, for its rays refuse to obey the instrument, and to be flattened out into distortions not in harmony with its pure nature. But when once the celestial rays have come in contact with earth, then their nature appears to be changed—they are susceptible of being polarized—they are willing to obey laws to which they were inobedient when celestialized—in a word, they have become earthified.

It was not until the gifted Newton came upon the earth, that light was viewed otherwise than as a homogenous or undecomposed substance. But the investigations of that philosopher elicited the fact, that the pure white light from the sun is really a bundle of rays, each isolated one of which possesses its own specific hue. The vari-

ous colors which Newton attributed to his white beam, were violet, indigo, blue, green, yellow, orange and red. Later investigations, by Sir David Brewster and others, have, however, established the fact, that white light consists of a less number of hues than those specified by Newton. It was ascertained that the indigo was caused by the overlapping of the violet and blue; and that the green was the result of the blending of the blue and yellow; while the orange was the blending of the red and yellow. These results led to the consideration that there were really fewer original colors than specified by Newton—that in fact there were but three original colors—viz., blue, yellow, and red.

It was the opinion of Sir Isaac Newton, that the natural colors of bodies are the result of certain inherent properties which they possess of absorbing certain of these colored rays, and of emitting the others. Thus the absorption of all or part of the three rays, and of their various blendings together as they are reflected, are the cause of all the various colors we see in nature. This theory was generally received until quite lately, when the idea of the oscillating theory changed the opinions of many. Colors are now thought to be simply the result of different degrees of oscillations in the luminiferous medium, each hue possessing its own peculiar length of wave. It is all theory, whichever hypothesis is taken, but the latter one, it is believed, presents the greatest number of proofs in its favor.

Light, then, we perceive, is capable of analysis. The little beam which flies from the sun to this earth, at the inconceivable velocity of two hundred thousand miles in each second of time, is really an association of rays, each one of which is of a most brilliant color, but so accurately gauged in quantity and quality, that when all are associated together, they present the curious phenomena of white light.

But we must not suppose that light is alone composed of the coloriferous rays. On the contrary, we find that there are associated with these rays several others of a most wondrous and peculiar nature.

Take the extremely sensitive paper of the photographer, and place it under yellow or red glass, and howsoever sensitive that paper may be to common light, it will be perceived that the paper will remain for any length of time unaltered. By this we perceive that the red and yellow rays of light are unaccompanied by any rays which affect, in the least, paper rendered sensitive to common light.

Now if we submit this paper to the light which passes through blue or violet light, we will perceive that there is a wondrous difference in the two rays, for the paper is instantly blackened beneath the latter. It is therefore evident that there are rays of a peculiar nature, that accompany violet and blue light, but which refuse to associate with red or yellow light. These rays are therefore not the luminiferous, nor the coloriferous, but are possessed of specific properties peculiar to themselves. They are termed the *actinic*, and are very important in the economy of nature. They may be termed the *stimulating* rays of the bundle, for their presence is absolutely necessary to the growth and maturation of all kinds of plants. Their presence is necessary to the development of Daguerreotype and photographic pictures, and to the very existence of all organisms.

But as the violet and blue rays are favored by their associates, who prefer their presence to all others, so likewise are the red and yellow rays accompanied by a band whose presence are equally as indispensable as those of the violet and blue. These rays possess the specific properties of maturing fruits and flowers, after the actinic ones have stimulated the plants themselves into maturity. It is observed by all persons interested, either through the love of the study of nature or through motives of pecuniary interest, that the spring and summer months present the largest quantity of that species of light termed the actinic. The photographer is well aware that his pictures can be taken in half the time in the spring and summer light, required in that of autumn. It will be noticed by all, that the light of autumn is of

a pale yellow hue, containing a superabundance of those rays whose office is the maturation of fruits and flowers; while the light of spring and summer contains those caloric rays, whose associates are the stimulating actinic ones.

Thus we perceive that God has ordained the light of the seasons in accordance with the peculiar properties of the rays required for their vegetation; and that each month of the year is accompanied with its own peculiar set of rays of light, graduated in accordance with the peculiar nature and growth of the vegetation of that month.

Here we have one more evidence of the adaptation of Nature's laws to the peculiar state of the seasons—the proof that even law in the physical universe, is delicately adapted to its specific purpose; and that each little change, to us apparently the result of chance, is really that of a purpose as indispensable to the perfect working of Nature's machinery as that of day and night.

We should comprehend the truth that nothing is done in vain; that there is no such thing as chance, but that each little disturbance in nature is really a phenomenon, as worthy investigation as any which strikes our imagination as gigantic and wondrous. We should be impressed with the truth that nothing can transpire without a cause, and that all causes, and consequently their effects, are worthy the attentive study of the astutest philosopher. It is generally through the minutest, and seemingly the most trivial things, that we gain our knowledge of those most gigantic and important. The little seed which lies hidden beneath the surface of the earth presents as prolific themes for thought as the towering oak which waves its gigantic boughs in the air; for, although a minute delicate seed, still it is the germ of a mighty structure, and presents within itself a class of phenomena which the profoundest intellects have studied for years, and are not exhausted.

Accompanying light there are likewise a set of rays termed the *thermic* or *heat* rays. These rays are not associated with

all luminous ones, although they prevail, to a great extent, in those of the sun. These rays, like the others spoken of, do not abound in the same proportion throughout the year. We are well aware that philosophers attribute the lessened heat of the sun in winter to the obliquity with which its rays fall upon the earth in that season. But this, in our opinion, will not sufficiently account for the great discrepancy in the thermic qualities of the winter and summer sun. We should attribute this great contrast in the seasons to other causes, which have the tendency to withdraw from the sun's rays its thermic uses, and which may be perhaps referable to our atmosphere. We know that there is light without heat, or with so small a degree of it, that our most delicate instruments cannot detect its presence. Even Moser's *thermo-electrometer* will not indicate the least heat in phosphorescent wood, and other such substances, although it indicates with facility the vital heat of insects, and that contained in the moon's rays.

The subject of light is one which is almost inexhaustible, for its details would fill a folio volume with truths of the most interesting and instructive nature. That which is indispensable to all living things—whose presence is life and health and happiness—whose absence is death and decay—well merits the study of all inquiring and well organized intellects. To study the subject of light is to receive light, or so necessary has this conviction become among men, that its term has become proverbial. To receive light is now a figurative expression for the inception of truth, and that intellect which is illuminated is conceived to be highly favored of God. Spiritual light is regarded as that exalted state of the mind, where the mental faculties are susceptible of comprehending the great truths of religion, as implanted in every mind which is highly enough favored to comprehend its sublime import. Then let us all study and become acquainted with light, in its physical and figurative expression, for he who studies it

deepest, and comprehends most profoundly its import, is the wisest and happiest man.
Cincinnati, October, 1855.

CLINICAL REPORTS.

ECLECTIC MEDICAL INSTITUTE,
FALL AND WINTER SESSION OF 1855-6.

SERVICES OF PROF. NEWTON & FREEMAN.

REPORTED BY PROF. E. FREEMAN.

CASE 329. Nov. 22.—Edgar Reed. Staphyloma. The cut border of the cornea has become firmly united to the iris. The inflammation has entirely disappeared from the eye. The eye is of a normal size, excepting its anterior face is flattened; vision is extinct, and the corneal cicatrix presents a pearly, opaque appearance. Sensibility of the part normal. Discharged cured.

CASE 331. Dec. 11.—M. Payne, mulatto. Excision of the left mammary and axillary glands, for cancer of the breast. Parts nearly healed. Continue the strapping with adhesive straps, alternating at times with the mild zinc ointment. The adhesive straps approximate the borders of the wound, leaving a smaller surface to heal.

CASE 334. Nov. 6.—J. N. Brownfield. Enlargement of the cervical lymphatic glands, caused by injury. Habit scrofulous. The glands are still enlarged, and one of them has suppurated slightly; there is a small fistulous opening over the border of the gland. Some shreds of disorganized tissue protrude through the opening.

Treatment.—R Iodine ointment $\frac{3}{ss}$, iod. potass. $\frac{3j}$. M. Apply to the enlarged glands morning and evening. Continue the previous constitutional treatment.

Nov. 13.—Glands and integument over them swollen, inflamed and painful. Apply the elm poultice night and morning; mix the poultice with a decoction of stramonium leaves.

Dec. 11.—The inflammation has nearly disappeared from the neck, and one of the

glands is suppurating. There is no pointing of the abscess, although there is much pain in the gland. Inserted the abscess lancet, and at the depth of one inch opened into a small pus cavity containing half a fluid drachm of pus. Continue the poultice of elm and hops warm; also the constitutional treatment, as the anæmic habit still continues, though he is apparently improving in that respect.

CASE 335. Oct. 16.—James Barr, æt 6 years. Aphthæ (nursing sore mouth.) Has been affected ten days, tongue and lips reddened, appetite indifferent, bowels relaxed. The disease continues along the whole surface of the alimentary canal.—There is a pustular eruption upon the surface, on the back, in the groins, and over the scrotum, which keeps the parts inflamed and chafed. The child presents an anæmic condition.

Treatment.—R Hydrazin gr. x, water ℥iv. M. Take 3j four times a day. Apply the mild zinc ointment to the eruptions upon the surface, twice per day.

Oct. 23.—Pustules and general health improving. Continue the treatment.

Nov. 9.—Still improving, has a slight chill in the evening. Take R Tinc gelseminum gtt. iv three times a day, in addition to the above treatment.

Nov. 16.—Discharged cured.

CASE 336. Oct. 16.—Patrick Maley, æt 23. Follicular pharyngitis and bronchitis. Commenced eight weeks since. Caused by jumping overboard to save a man from drowning, and then lying in his wet clothes. Received a severe cold at the time, accompanied with a distressing cough. After two weeks the cold and cough improved much but left a pain in the right lung, also a dull aching pain at the root of the left lung, which continues. Has also some follicular inflammation of the fauces and pharynx and some excavation of the posterior nares, with elongation of the uvula.—Some laryngitis, accompanied with slight hoarseness. There is a dull sound on percussion over the center of the left lung and some broncophony. Coughs much during

the night—cannot sleep well, appetite different, and is too feeble to labor. His eyes have a peculiar lustrous appearance indicative of chronic bronchitis.

Treatment.—R Irritating plaster on the root of the left lung. Apply R Argem. nit. sol. (3j to water 3j) to the fauces at the posterior nares once in three days. For the cough use R tinc. lobelia 3j, tinc. opiate 3ss, tinct gelseminum 3j, tinct. o. camph 3ss, syrup ginger ℥iv. M. Take 3j three times a day. As a tonic, R Idrastin grs. j, Ferri phos. grs. ij. Take three times a day.

Oct. 19.—I excised the uvula. preferred waiting a few days, until the inflammation was somewhat arrested by the argent. nit. sol.

Oct. 24.—Feels stronger. Cough not severe. General symptoms improved. Continue the treatment.

Dec. 13.—No farther report.

CASE 337. Oct. 19.—Michael Manley, æt. 36. Chronic rheumatism. Has been affected three years. Caused by exposure to cold. He says that he has taken great deal of medicine of various kinds. He has some pain in the muscles and periosteum of the thighs and legs; some pain and stiffness of the joints of the upper and lower extremities, also stiffness and pain in the back and hips. Bowels costive and irregular, appetite indifferent, tongue slightly coated, white in the center and red along the edges and tip; feet inclined to be cold; pains remittent, most at night. Has frequent chilly sensations, with corresponding flashes of heat; some irritation of the mucous membrane of the stomach and bowels.

Treatment.—Comp. syrup stillingia 3j, iod. potass. 3j. M. Take 3j three times a day. Use the alkaline bath, with friction, once every day. No dietetic restrictions.

Nov. 9.—Pain and stiffness of the back and limbs much improved. Some weakness upon rising in the morning; some sensation of coldness at times; appetite improved. Continue the treatment, and give

In addition, *R* Ferri phos. gr. ij, three times a day.

Nov. 16. — Continues improving; yet some pain and stiffness of the back and joints. Continue the treatment, and apply an irritating plaster, six inches by four, over the lumbo-sacral region.

Nov. 30. — Has continued the irritating plaster and the above treatment, and now feels well and able to labor, excepting he is somewhat weak. Discharged.

CASE 338. Oct. 19. — P. O'Neil, æt. 8. Spinal curvature (cyphosis.) Has been affected one year. One year previous to the development of the curvature, he was attacked with scarlatina anginosa, which seemed to derange the constitutional vigor, and resulted in the present condition. Has obtuseness of hearing and weakness of the eyes — the former caused by the inflammation of the throat accompanying scarlatina extending along the lining membrane of the eustachian tubes, and the latter from its extending along the posterior nares and lachrymal passages to the conjunctiva. He has a posterior curvature (cyphosis) of the spinal column at the lower cervical and upper dorsal vertebræ, and left lateral curvature of the lumbar vertebræ, also curvature of the sternum (pigeon breast) corresponding with the cyphosis. His chest is short and apparently broader than normal. Appetite good; coughing causes pain and uneasiness in the back and chest; some headache at times; he seems rather feeble, and inclined to lie down from weakness and pain and uneasiness induced in the erect position. When the curvature first presented itself, and for three months, he had frequent spasms of much severity, but not of long continuance. Prior to the curvature, he was confined to his bed, unable to move; but as the curvature presented itself, he became stronger.

Treatment. — *R* Comp. syrup stillingia *R* ferri phos. 3j. M. Take 3j three times a day. Apply an irritating plaster, six inches by three, over the superior curvature. Favor him with the recumbent position. Diet generous. When the irri-

tating plaster has induced a free discharge from the back, I expect to apply a spinal prop to support the spine and strengthen it.

CASE 339. Oct. 23. — Bartlett Davy, æt. 14. Chronic ophthalmia and opacity of the left cornea. Was affected with chronic ophthalmia two years since; it commenced as acute. The disease continued three months, and was relieved, but he has been annoyed with it frequently since, and been relieved by medication, until this last severe attack. The eyes becoming weakened from frequent attacks makes this last more severe. This recent attack has existed some months, and now there is a pearly opacity of the left cornea, with enlargement of the eyeball and some inflammation and injection of the ocular and palpebral conjunctiva; also inflammation and injection of the right conjunctiva, and some nebulae, though thin and diffused. Fine granulations of the lids, lids much inflamed, thickened and swollen; some intolerance to light, slight pain in the eyes and brows, headache. Purulent secretion from both eyes, and dimness of vision in the right; cannot see to walk into the room without stumbling over objects in the way; seems much depressed in spirits; appetite good.

Treatment. — *R* Tinc. aconite 3ss, tinc. gelsemium 3ss, water ʒiv. M. Use as a wet dressing to the eye constantly. Take *R* Tinc. gelsemium gtt. x, three times a day.

Oct. 26. — Eyes improved; continue the treatment. Take one comp. cathartic pill (*R* Podophyllin gr. ss, leptandrin gr. j, ulmus fulva gr. j, ext. valeriana officinalis q. s. M. Make one pill) at night to keep the bowels open.

Nov. 2. — Still improving; less inflammation of the conjunctiva, conjunctival blood-vessels more distinct, eyelids still swollen and red.

Treatment. — Cut the enlarged conjunctival vessels, and apply to the eye continually a warm fomentation of the green leaves of the datura stramonium. Take internally *R* Comp. syrup stillingia ʒiv; iod. potassa 3ss. M. Dose, 3j three times a day.

Nov. 6.—Feels better to-day. There is a slight purulent secretion from the internal canthi. Continue the treatment.

Nov. 13.—Eye much better; lids not so swollen and red; can see much better to-day than through the week. Continue the treatment.

Nov. 20.—Vision much improved; can see to walk around. The frost having destroyed the green stramonium leaves, we have to resort to *R* Ext. datura stramonium gr. x, warm water $\mathfrak{V}\text{ij}$. M. Use as a wet dressing constantly to the eyes. Continue the internal treatment.

Dec. 7.—Walked to the lecture hall; can see to read large print; eyes much improved, but seem to require a stimulant.

Treatment.—*R* Tinc. arnica \mathfrak{J} j, water $\mathfrak{V}\text{ij}$. M. Apply to the eye frequently through the day, and as a wet dressing during the night.

Dec. 14.—Still improving. Use the mild zinc ointment to the eyes night and morning, instead of the above treatment. Continue the stillingia and iod. potass. No improvement in the condition of the left eye is expected.

CASE 340. Oct. 23.—Charles Vaughn, æt. 16 months. Opacity of the cornea. Purulent ophthalmia commenced when one month old; his eyes were closed three months, a purulent discharge oozed from the lids, and when the lids opened the cornea were opaque. Now there is no inflammation of the eyes; both cornea are opaque and slightly staphylomatous. Child otherwise healthy. Two or three enlarged blood-vessels running along upon the opaque cornea. Vision entirely extinct. No treatment.

CASE 341. Oct. 23.—Nicholas Ryan. Sprain. Caused two months since by rolling a bale of cotton upon his foot and ankle. Was prevented from laboring about two weeks. Now the ankle joint seems stiffened and swollen. There is a crackling sound at the joint in the morning upon walking, and the malleoli seem swollen; the bursa mucosa, behind the ext. malliolus, seems enlarged; there is pain upon walking or using the joint.

Treatment.—Oleum tiglii $\mathfrak{z}\text{ss}$, spts. 1 binth $\mathfrak{z}\text{ss}$, tinc. cantharides $\mathfrak{z}\text{ss}$. M. Apply the liniment to pustulate the affected part for one week, and then use the water dressing.

Nov. 23.—Discharged cured.

CASE 342. Oct. 26.—Mr. C., æt. Hypertrophy of the tonsils. Contracted syphilis about one year since, which developed itself by a small chancreous pustule upon the glans penis. Had small buboes also, but the chancre and buboes disappeared under the treatment used. Since that time the tonsils have become enlarged, and are now quite prominent, of the size of a small walnut, protruding into the throat. They seem quite indurated but not sensitive. Their enlargement interferes much with his singing. There is also some follicular inflammation of the pharynx and posterior nares, with a general constitutional debility, accompanied by an anæmic languor.

Treatment.—Tonsils excised with a guillotine, by Prof. Freeman. Use a gargle of a decoction of hydrastis canadensis. Apply a wet dressing, covered with a cloth, to the throat at night. Use *R* dophyllin gr. ij, phytolacin gr. xx, iij. M. Make powders xij; take four times a day.

Nov. 1.—Applied sol. argent nit. (3 grains in water \mathfrak{J} j) to the throat and tonsils once per day for five days. Continue the alkaline treatment.

Nov. 20.—Tonsil wounds healed; throat seems very much improved; general health improved. Use *R* Comp. stillingia $\mathfrak{J}\text{iv}$, iod. potass. $\mathfrak{J}\text{j}$. M. Take four times a day.

CASE 343. Oct. 26.—Charlotte Laughlin, æt. 18. Intermittent fever (tertian type.) Has been affected several weeks. Paroxysm commences at 4 P. M. Has the usual symptoms of quotidian ague, bowels regular; appetite indifferent, excepting when quinine has been taken; has no pain in the region of the spleen; tongue slightly coated white.

Treatment.—*R* Quinine gr. x, pruss.

gr. i, tinc. gelsemium ʒss. M. Take gr. ii every three hours in a little water.

Oct. 30.—No paroxysm since, no pain, appetite improved—is still weak. Has not menstruated for six weeks. Two weeks since she had some symptoms, which usually attend the discharge, but no discharge of the menses. Her face is slightly bloated.

Treatment.—Omit the former treatment, and use R Hydrastis canad. ʒj, tinc. matricaria racemosa ʒss, prec. ferri carb. ʒj, syrup ginger ʒiv. M. Take ʒj three times a day. At the next menstrual period, use the warm pediluvia at night for two or three nights, and apply over the pubic region a fomentation of tanzy.

Nov. 9.—Has had another ague paroxysm. R Tinc. gelsemium ʒj, quinine gr. ii. M. Take gr. ii three times a day. Also continue the former treatment.

Nov. 20.—Has had no return of the chill, menses restored, feels perfectly well. Discharged.

CASE 344. Oct. 26.—Warren Lyons, et. 7. Anæmia. Has never been very healthy, but has been more unhealthy this last summer than usual. Skin pale, bowels costive, tongue slightly coated whitish gray, no appetite, complains of weakness of the joints, has small limbs, looks feeble, tonsils enlarged and pale, though not sensitive; has some follicular irritation of the throat, throat sensitive; has a purulent secretion exuding from the meatus auditorius externus; no pain in the ears.

Treatment.—R Comp. syrup stillingia ʒiv, ferri phos. ʒj. M. Take ʒj three times a day. Cleanse the external opening of the ear with castile soap water, morning and evening.

Dec. 15.—No report.

CASE 355. Oct. 26.—Mr. B., et. 63. Fistula in ano. Three years since he swallowed a sharp-pointed piece of fish-bone, about two inches in length and curved. Three days afterward, it presented itself in the rectum, at the internal sphincter-anus muscle. It caused much pain, and after repeated efforts, it was extracted with the finger. The parts were somewhat lacerated

in the operation. An abscess formed on the left side of the rectum, which was opened with the lancet, and afterward it healed; then appeared the external fistula upon the right side of the rectum, which has continued until now. It never gave the patient much pain or inconvenience, but continues as an unpleasant source of annoyance.

Treatment.—An attempt was made to pass the ligature, but the winding course of the fistulous tube prevented a successful result at that time. Further operations postponed until a future period, when the proceedings will be reported.

CASE 346. Oct. 30.—Margaret McConkey, et. 10. Ophthalmia tarsi. Her general health is pretty good; is subject to slight inflammation of the eyes. Meibomian glands are slightly enlarged, and resemble prominent striæ. No granulation of the eyelids. The inflammation commenced upon the tarsi, and extended backward upon the lids, and somewhat upon the ocular conjunctiva. Some enlargement of the cervical lymphatic glands; appetite good, bowels regular. There is along and under it an attachment of the iris, at the external horizontal diameter of the pupil, to the posterior face of the cornea. (Synchia anterior.) This attachment elongates the pupil in its transverse diameter, giving it an oval appearance. The iris seems crowded forward, and thus slightly displaced. The cornea presents a slightly conical appearance, and if the condition continues, it will probably terminate in staphyloma. There are a few nebulous spots upon the cornea. At three years of age she had incipient morbus coxarius, of which she was relieved.

Treatment.—R Comp. syrup stillingia ʒiv, ferri phos. ʒj. M. Take ʒss three times a day. R Sesq. carb. potass. gr. x, hydrastin gr. iij, water ʒj. M. Apply to the inflamed tarsi morning and evening—using to the eyelids, about half an hour afterward, mild zinc ointment. If much inflammation occurs in the lids, apply an elm poultice at night.

Nov. 13.—The inflammation is disappearing from the eyelids; she is improving. Continue the treatment. By dissipating the inflammation from the lids entirely, I hope to relieve the albugo somewhat, as also the nebulæ, and to prevent staphyloma.

Dec. 7.—Eyes much improved; the nebulæ have disappeared; cornea not so prominent; pupil not so oval. Continue the treatment.

CASE 347. Oct. 30.—Miss Frazer, æt. 18. Single transverse fracture of the lower jaw, two inches left of the symphysis. The case had been adjusted by splints, and the parts were united. It was brought in only for the purpose of showing how the regularity of the teeth had been carefully preserved.

CASE 348. Oct. 30.—Julia Hubbard, æt. 25. Subacute inflammation of the terminal bronchial mucous membrane at the bronchial ramification and air-cell. Had the small-pox three years ago. Three months after its disappearance the cough commenced; it is severe at times, and of a spasmodic character. Raised a few streaks of blood about one year since. Expectoration slight, frothy and tenacious, and sometimes purulent. Has some pain in the right side, under the middle of the seventh rib. Can inflate the lungs fully with but a little pain. The terminal branches of the pneumogastric nerves seem affected secondarily, from their contiguity to the abnormal mucous membrane of the bronchial terminations and air-cells, and this induces the spasmodic cough.

Treatment.—R Prunin gr. iij, three times a day.

Nov. 2.—Can breathe easier; lungs feel more free and relaxed; expectoration more free and less tenacious. Continue the treatment.

Nov. 19.—Feels quite well. Discharged cured.

CASE 349. Oct. 30.—Eliza Warren, æt. 3. Intermittent fever (quotidian type, postponing). Has been affected three weeks. Paroxysm commences at 8 P. M.;

one week ago it commenced at 11 A. M. Bowels regular, appetite good, abdomen slightly tumid; picks her nose much. Ejected a lumbricoid worm from the stomach.

Treatment.—Tinc. gelsemium gtt. vii, three times a day.

Nov. 8.—Not relieved; had two agitated paroxysms yesterday.

Treatment.—R Quinine gr. v, prussic acid iron gr. iij, hydrastin gr. v, syrup ginger ʒij. M. Take fʒss every three hours.

Nov. 15.—Discharged cured.

CASE 350. Nov. 2.—Margaret McManis, æt. 25. Contusion and œdema of the hand. Six days ago a cellar door fell upon the hand, which produced an oblique contusion wound of the back of the hand, three inches in length. The part became much swollen and inflamed, also œdematous, until the hand far exceeded its normal size. It became reddened, and then purple, stiffened and painful, and there were symptoms approaching gangrenous inflammation; the back of the hand crackled on pressure, and pitted much. Constitutional symptoms healthy.

Treatment.—R Tinc. arnica fʒss, water Oj. M. Apply to the part as a wet dressing, also compressing the hand equally with a roller. There is some appearance of cellular abscess forming, which we desire to prevent.

Nov. 6.—Hand improved; color better, not so much swollen, still puffy, and some apparent fluctuation under the skin. Continue the treatment.

Nov. 13.—Improving; continue treatment. The effect of this wet dressing and compress is very satisfactory indeed.

Nov. 20.—Discharged cured.

PNEUMONIA.—Twelve cases of this case are reported as having been cured by inhaling chloroform. The patients commenced by inhaling 20 to 30 drops every hour, and convalescence promptly ensued in every case.—*Med. Zeitung.*

THE PROCESS OF ANIMAL ORGANIZATION.

BY ADOLPH BEHR, A. M.

Looking at the actions of nature, we find its operations are divisible into two parts, viz., operations by which already existing combinations become disunited, and operations which, out of these separated pieces, create new formations, which are their properties entirely different from the original bodies from which they are constituted. Thus there is connected with every new formation a *destruction*; and, on the other hand, the destruction of the one gives origin to the formation of another.

While, however, the *inorganic* bodies, as the lowest species, have an unlimited, but final, term for their formation—or, in other words, have not, during their existence, the power of self-destruction and reproduction—so is it peculiar to *organic* bodies, that they are able to reconstruct themselves, and also to disunite again; and this power is increased in proportion to the perfection of their organization.

One of the main requisites of organic action is *heat*. Do we look, for instance at the egg? Not the most powerful microscope can enable us to detect a spot, which would indicate the future animal. The future being is in the egg yet only an idea—what is required for its development and maturation. The yolk, as well as the white, nothing but a means of nourishment for the developing animal. When it has consumed these, it has gained strength to break its envelop.

The general law of formation consists in the fact, that every thing which is to be formed has to be formed out of an *indistinct*; i. e., the formation commences in a fluid, assuming gradually a more solid form: the fluid becomes a semi-fluid, a pulp, a compact mass, and finally it grows a solid body.

In the same manner as the formation is characterized by the progress from the fluid

to the solid form, takes place the reverse process of retrogression or dissolution: the solid form has to pass into the semi-fluid, and again into the fluid form, so that a disunion and an exchange of matter can be accomplished.

It is thus an established fact, that for every formation a *fluidum* is essential and necessary; then we have also, in the animal body, a certain fluid out of which all the single parts and organs are to be formed, and which, therefore, must exist in all such parts where reproductive life is agitating.

This fluid, which we will call the *fluid of primitive formation*, is, in the animal kingdom, a quaternary combination of oxygen, hydrogen, carbon, and nitrogen—albumen; while it is, in the vegetable kingdom, represented by a ternary combination of oxygen, hydrogen and carbon—vegetable albumen; and in the mineral kingdom, by a binary combination of oxygen and hydrogen—water.

Albumen (egg-matter) is then a mere animal product—an animal primitive matter—a unique of the most possibly indistinct form, always, however, more or less mixed with water, the fluid of primitive formation in the mineral kingdom.

Now the simpler and the more indifferent those parts are which are to be formed out of the primitive matter, the purer and simpler has also to be the primitive matter itself; and *vice versa*, the more different and the more compound the parts are which are to be formed out of the primitive matter, the more varied must be the consistence of the matter itself, the more deviation from its indifferent nature.

In the higher class of animals, the parts to be formed are very differently composed, and require more constituents, than those four elements; consequently the albumen will need admixtures, in order to procreate a regular and complete formation. This fluid of primitive formation or organization, we call *blood*. Nature from without supplies this fluid, by means of nutriment, with such materials as are necessary for its formation and activity. It is constantly wasted, and constantly corrupted by admix-

ture of useless matter, given back from the single parts. It has, therefore, constantly to be reproduced, purified, and rendered capable of organization, to accomplish which, Nature constructed the organs of digestion, circulation, respiration, urination, and transpiration. To the processes taking place in this relation, I would direct especial attention.

Taking into consideration the general manner in which blood is formed and conserved, we will have to concede that a certain *life*, vitality, though even not a vital power, is attributable to the blood. It is easy to be imagined that the vitality of the blood, as a process in an indifferent matter, cannot manifest itself in a very high potency, and is according to its physiological destination, confined to only self-formation. In other words, it is the object of this vital action in the blood, to assimilate or neutralize all the matter received for incorporation, and to form all their matters among themselves in one *totum*, so that again the most indifferent unique is produced, viz., the albumen (egg-matter), with its different admixtures.

We also find a similar process outside of the animal body in fluids, and here this process is denominated *fermentation*. We can, therefore consider the vital action of the blood as a higher *organic process of fermentation*. As in all fermentations nitrogen is essential, so we will certainly find this to be the case in the vital action of the blood. Of this, however, we shall speak more hereafter.

So in every process of fermentation, an internal movement of nitrogen is necessary, which movement is also found in the blood, and here particularly accommodated, by a very ingenious mechanism, (circulation). This mechanism is transacted through the vascular system.

The movement of the blood has the object to conduct the blood in closed vessels to the single parts and organs, where it either serves as nutriment, or is secreted and excreted; likewise, also, the object to carry it away again from the parts and organs. There is, then, to every part, a cer-

tain quantity of blood conveyed, and from it again abducted, in which process, blood constantly circulates in closed vessels. These vessels become in the organs especially in their transition from arteries into veins, so very minute, that the name *capillaries* (hair-like vessels) is given them.

Now, these capillaries are commonly considered as the means through which nutrition and excretion for the whole body is effected, and it is generally supposed that out of them all the *secreta* are given off, finished and prepared for the direct triment of the parts. That this view, however, is entirely erroneous, is so evidently demonstrated by Carus, Reichenbach, Liebig, and also the real natural process is so distinctly traced out, that every one will agree with them.

There is, out of those blood-particles excreted from the capillaries, in every single part itself, an albuminous fluid formed adapted to the peculiar design and nature of the part. This fluid is denominated *parenchymatous fluid of primitive formation*. This, the most assimilated albumen is found in every part, it penetrates every part, and is formed in every single part the vital action belonging to the part itself. It is this fluid out of which the single parts primarily are generated and supported; into it do the fluidified and consumed materials return; with it do they mingle for the single parts' admixed materials mingle; in it commence the new absorptions, as also the different excretions; and through it is in recent wounds the continuity restored by first intention; in it also is the seat of all special formation, as the seat of the real inflammatory process.

Thus we have a general (the blood) a parenchymatous fluid of primitive formation.

[TO BE CONTINUED
New York, Dec., 1855.]

PHOTOPHOBIA.—Paint the lids and bicular region once or twice a day with a tincture of iodine, and the intolerance of light is said to be removed as by enchantment.—*Jour. Med. Bruxelles.*

Part 2—Progress of Medical Science

ON CEREBRAL, SPINAL, AND GANGLIONIC PARALYSIS.

BY MARSHALL HALL, M.D., F.R.S.

One great result has flowed from the investigation into the varied condition of the irritability of the muscular fibre in paralytic limbs—the fact that *hemiplegia* is sometimes *cerebral*, sometimes *spinal paralysis*, sometimes *limited* to the exclusion of the influence of the cerebrum, sometimes *attended* to the exclusion of the influence of the spinal marrow.

The distinction which I have established in regard to these two forms of paralysis, to which in this paper I add a third, is anatomical and positive.

When physicians speak of *hemiplegia*, they in reality use a term, the signification of which has reference merely to a *syndrome*; and that symptom may have a double or even a triple origin.

If hemiplegia affects and excludes the influence of the cerebrum only, the case is, I repeat it, cerebral paralysis; but if it affects or excludes the influence of the spinal marrow also, as it does in some severe cases, it is spinal paralysis; it will constitute one of those cases which, from our ignorance of their real nature, and from our error in viewing the terms cerebral paralysis and hemiplegia as synonymous and identical, have been regarded as *exceptional cases*.

These exceptional cases are rare amongst the milder cases of private practice—among the severer cases consigned to the workhouse, they may amount, as in the subjects of Dr. Reynolds's inquiries, to three-fourths of the whole number of cases.

If our terms be once well defined, all ambiguity is removed: cerebral paralysis excludes the influence of the cerebrum only; spinal paralysis that of the spinal marrow also. The characteristics of each

of these, when they are themselves distinct, are as fixed as the laws of physics.

To cerebral and spinal paralysis I must add a *third*, viz., *ganglionic paralysis*. This paralysis is excluded in pure cerebral paralysis; it is included in spinal paralysis.

Thus, in cerebral paralysis the muscles become atrophied; in spinal, in reality also ganglionic paralysis, they become *heterotrophied*, if, for distinction, I may use that term. I have long regarded the ganglion on the posterior roots of the spinal nerves as parts of the true ganglionic system.

Thus again, in cerebral paralysis the irritability of the muscular fibre is *augmented*; in spinal paralysis it becomes gradually more and more *diminished*; in ganglionic paralysis, if complete, it may become *extinct*.

In both an anatomical and in a physiological sense, the muscles in cerebral paralysis remain muscles, and their irritability, being exhausted by the stimulus of volition, is, *pro tanto*, augmented, compared with that of the healthy limbs; whilst in spinal paralysis they gradually lose their muscular power, and in ganglionic paralysis they cease to be muscular, either in structure or in function. In certain cases, as M. Cruveilhier and M. Duchenne have shown, the muscular fibre undergoes the fatty degeneration which has recently attracted so much attention. After these explanations and definitions, I think our investigations may proceed without any of those apparent exceptions and contradictions which have so much obstructed our progress. We must bear them continually in mind, and we must distinguish between true irritability and mere *force*, and the results will be uniform, (unless, indeed, some other element of complication exist still undetected); and all difference of opinion, so discreditable to physiological and medical science, will cease.

I will now, for the sake of still greater distinctness, throw the subject into a tabular form.

I.—In Cerebral Paralysis—

1. The reflex actions,
2. The influence of emotion,

3. The influence of strychnine, and
4. The irritability,

are more noticed in the paralytic than in the healthy limbs.

II.—In Spinal Paralysis—

1. The reflex actions,
2. The influence of emotions,
3. The influence of strychnine are extinct, and
4. The irritability diminished.

III.—In Ganglionic Paralysis—

1. The structure, and
2. The functions, may be alike destroyed.

Cerebral paralysis may exist alone. Spinal paralysis of course implies cerebral paralysis. Ganglionic paralysis may exist with or without spinal muscular paralysis. In division or disease of the trifacial nerve we have ganglionic paralysis, and in a case which I formerly published, in which the digital nerve being injured, the nail ceased to grow as formerly. But as spinal paralysis implies cerebral paralysis, it also implies ganglionic paralysis. I have at this moment an interesting patient, who, from inflammation of the sciatic nerve from cold, has lost the power of the limb; the muscles are absolutely unaffectible by galvanism, atrophied, heterotrophied, and, I suppose, changed into fat. By restoring the healthy condition of the nerve, will the morbid change of structure undergo restoration? This is a question never yet agitated. It will require much observation and experiment, to determine it satisfactorily; and I propose shortly to add to the present brief sketch some ample details.

I shall first add the enumeration of some other forms still to paralytic affections.

I conclude my remarks on paralysis for the present, by the following series of questions; they will sufficiently explain the extent and difficulty of the inquiry.

In my two former papers I have discussed the term hemiplegia, and shown that it must not be regarded, in every case, as one and the same disease. It may be limited in its influence, as in its seat, to the cerebrum; it may be extended in its influence to the spinal marrow, and so consti-

tute cerebral and spinal paralysis respectively—a fact which explains at once all the supposed discrepancies in regard to the two laws I have established relative to the condition of the irritability of the muscular fibre in paralytic limbs.

I have two other remarks to make in regard to hemiplegia. It is, in its evanescent and in its permanent forms, sometimes a result of *epilepsy*. It is then cerebral or spinal. It is sometimes, in this case, complicated with *spasm*. It is then certainly spinal.

Hemiplegia is also sometimes, I believe, the result of spinal lesion. It is apt to complicate paralysis agitans and chronic chorea. It is by no means a simple matter.

Paraplegia is not less obscure in some of its relations than hemiplegia. I wish it was as well understood.

Paraplegia is sometimes *organic*, sometimes utterly *inorganic* in its origin. It sometimes involves the sphincters as well as the limbs. It is sometimes limited to one limb. Nothing is accurately known as to the condition of the irritability, nutrition, or change in the muscular fibre:

Sometimes there is a spasm with the paralysis; sometimes the paralysis exists alone.

In order that we may obtain an accurate idea of these differences, we should experiment and observe, as I suggested at the close of my first paper; and then cautiously observe in the clinical ward.

There is a form of paralysis which I have designated *spasmo-paralysis*. This spasm is sometimes perfectly *symmetric*—that is, it is the simple result of the contraction of all the muscles, of the arm and hand, for example, in which the flexors overcome the extensors. It is apt to be augmented during sleep. I think the case generally cerebral paralysis and hemiplegia.

The spasm sometimes, on the other hand, induces *asymmetric* concentration, or deformity, and then, whether hemiplegic or otherwise, it is spinal.

There is a third form of *spasmo-paralysis*; it occurs in paralysis agitans. I think

it is the effect of *emotion*. It is not quite symmetric, and it is, like the other symptoms of paralysis agitans, diminished during sleep.

There is a state the very opposite to spasm-paralysis. I have already alluded to it in my first paper. It consists in perfect *flaccidity* of the muscles.

This condition exists in hemiplegia. It is, I think, the result of shock, and presents an example of hemiplegic *spinal* paralysis. One such case, which I examined in the St. Marylebone Infirmary, in 1854, was of this kind.

I have seen two cases, in which, without any complication of head affection, or affection of the other limbs, the *arms hang* down from the shoulder-joints, like two pendulums. The patient jerked his shoulders forward when he wished to advance his hands, which were not absolutely paralyzed.

There is a form of malady which I can only call paralysis, and which is specially *emotional*. The patient, on the slightest occasion, and without any sufficient reason, burst into laughter, or still more frequently into tears. What is the seat of this affection in the nervous centre?

And, what is the nature and seat of paralysis agitans?

What is the nature and seat of paralysis from lead (a form of *spinal* paralysis), and of mercury, and of alcohol?

I have twice, during the past two days, seen cases of general paralysis. It was indubitably *cerebral*. Are such cases *spinal* too? or is there a case of spinal paralysis uncomplicated with cerebral affection?

My readers will be fatigued with my inquiries, which I mean as suggestions—suggestions for the future true physician, for the investigator is alone such, and worthy of the exalted name and office.

I must add still one more form of paralysis. It is the *topical*. This is the best studied amongst the nerves, organs and muscles of the *face*. Hemiplegia of the *face* is generally a case of cerebral paralysis: disease of the portio dura is an example of spinal paralysis. In an obscure case

the galvanic influence gives the diagnosis. It is illiterate to call the latter, or any other form of paralysis, except that which arises from a wound, *traumatic*.

What is the precise nature of the *writer's* paralysis?

Paralysis of the trifacial is full of interest, as affording the key to certain forms of paralysis.

What shall I say of the *rheumatic* paralysis (a paralysis of pain)? and still more of the supposed *hysterical* paralysis, the paralysis of *volition*?

But here I close this brief communication. If I have convinced my young readers that this investigation is not to be suddenly terminated or decided in any of its parts, and that it still presents an ample field to the laborious inquirer, the true physician, my present object is attained.

Each of those questions would furnish subject for a distinct essay, and many might be added to their number.

The nature of the affection, its effect on the limbs, on the action, and on the irritability of the muscles, their atrophy or hypertrophy, &c., all must be studied. To these objects must be added the relations of volition, of emotion, of reflex action, of strychnine, &c. I recommend the subject for inquiry to the young physician, whom I shall be very happy to assist by further pointing out the objects and plan of investigation.

P. S. TO MY SECOND PAPER.—If, in the attack of hemiplegia, there be spasm or convulsion as a symptom, however evanescent, an event by no means rare, the case is, *pro tanto*, not cerebral, but *spinal* paralysis.

If, in hemiplegia, there is shock to the paralyzed limb, without recovery, an event also not extremely rare, the case is again spinal paralysis.

If there be, in hemiplegia, persistent *symmetric* spasm, I think the case will prove to be true cerebral paralysis, this spasm being a physiological action of the spinal center on *all* the muscles, the contraction of the flexors overcoming that of the ex-

tensors. But if there be *asymmetric spasm*, is is *pathological*, and the effect of some source of partial irritation of the spinal center, and its effect on such muscles only as receive their nerves from that special point, it is *spinal spasmo-paralysis*.

If there be only atrophy of the muscles, the case is again cerebral paralysis; but if there be what I have ventured to designate *heterotrophy*, it is *ganglionic paralysis*.

I find on reference to my former publications, that in my very first paper I noticed two apparent exceptions to the laws I had proposed relative to the irritability of the muscles in paralytic limbs. Singularly enough, these occurred in two work-houses, St. Marylebone and St. Pancras. They were not at that time understood.—*Lon. Lancet*.

MEDICAL PROGRESS.

Reese's Medical Gazette for September has a new feature in medical journalism, "*Selections from favorite prescriptions of living American practitioners*." We hope this will be continued. Medical science has been greatly retarded by its awe of the old and its fear and contempt for the new. It is a Herculean labor to get a physician to try a new remedy unless "*authority*" sanctifies it. Thus it is that the so-called *New Schools*, *Reformed Schools*, have gained large advantages over scientific medicine. They are willing to try anything, and to employ in their practice whatever remedy seems from actual experience, to be worthy of confidence. It is the only rational practice of medicine, and for the following reasons:

1. Climate is constantly changing.
2. The constitutions of men are constantly changing.
3. The habits of society are constantly changing.
4. The circumstances and conditions of domestic life are constantly changing.

Such being the case, that practitioner cannot command success, who administers

to-day, the same remedy for the same symptom, which he did twenty years ago. Every observant physician knows that the type of disease vary from year to year, and he is the most successful man who earliest notices that change, and judiciously adapts his remedies to it. This is the key to successful practice everywhere. This gives "*eminence*" to men of the time, and we want their experience and "*prescriptions*."—*Hall's Jour. of Health*.

DOUBLE PREGNANCY—FIFTEEN DAYS BETWEEN THE BIRTH OF THE CHILDREN.

BY M. DMOCHOWSKI.

M. D., having been called, June 5th 1855, at the village of B., to enquire into the death of a new born child, was apprised by the Secretary of the Mayorality that there was something uncommon with the mother, and that the midwife thought her pregnant with another child. He found the woman sitting in a chair, dressed, and with the appearance of one in perfect health. He proceeded to an examination with a view to the care called for by the singularity of the case, and the result was as follows:

The girl X., of good constitution and in good health, although of a low degree of intellectuality, became aware of being pregnant on the 1st of December, 1852. There had been nothing unusual in the character of the pregnancy; she retained her health until its completion, with the exception of attacks of indisposition and the uneasiness caused by her condition. She was confined of the first child, under the care of a midwife on the 1st of June, 1853, without an accident; the labor had not been severe, the placenta was extremely small, the child living although delicate, was of the ordinary size of a twin. There had been no fever, the breasts were not tumefied, and at the absence of the milk; no flow of the lochia, or at least she was not conscious of it, for in examining by the toucher, the finger was

coated with a thick red matter, similar to that found on the parietes of the womb in women who die in child-birth. She was about the house the third day after her confinement. Dr. Dmochowski examined with the following results, on the fifth day. "Abdomen: The hypogastrium appeared distended, the umbilical line of a deep brown color; palpation revealed an ovoid tumor, slightly inclining by its lower extremity towards the left side, hard, almost immovable and not projecting beyond the umbilicus. Immediate auscultation revealed the pulsations of the fetal heart in the right iliac fossa, the placental souffle of the same side higher up and nearer the umbilical line. During auscultation, I felt repeatedly and very distinctly the active motions of the fetus. The external organs of generation, were flaccid and slightly ecchymosed; the vulva open at its inferior portion, and the fourchette lacerated; strong lochial odor, and a scarcely perceptible flow of the secretion, although the chemise was slightly stained with a reddish material. Internal organs of generation: I discovered shortening of the vagina; the neck of the uterus under the superior strait, directed forwards and inclined to the right side; the neck was completely relaxed, soft, and partly open; on introducing the finger its parietes were flabby, and the os tincæ, following the impulse of the finger, imparted the same sensation as is experienced when separating the labia majora to penetrate into the vagina. In going beyond the internal orifice of the neck which was easily distended and depressed, I felt a soft tumor as of a bladder filled with fluid, and with thick walls, and giving the sensation of the external membranes of the human ovum. I could not ascertain the presentation; and there has been no uterine contractions since the labor. The breasts were neither engorged nor very flaccid; the areolæ were very dark, and several small elevations around the nipple. On pressing this part between the fingers a few drops of a clear yellowish fluid—the colostrum—escaped.

At ten o'clock at night of the 14th, I

was called to see the girl X., the pains had come on the preceding evening, and the amniotic liquid had been discharged some hours previous; pains very severe; on examination I discovered the left elbow in the vagina; the uterine neck dilated, though hard and rigid, and the position was the right cephalo-iliac of the left shoulder. I determined upon turning at once; the hand was introduced without difficulty until it reached the neck, but at every attempt I made to push it into the cavity of the womb, the contractions became stronger and the neck so tense, that all efforts proved useless, and after one hour's trial I had to give up the idea of reaching the cavity of the organ. A friend was sent for in consultation; we came to the conclusion that we could not penetrate the uterus and decided to overcome the rigidity of the uterine neck by venesection. The patient was bled at 6 in the morning; at half past eight the neck was easily dilated, turning was effected and a dead child extracted; it was fully developed and of the same size as the other. The placenta in a healthy condition although small, was soon removed. Some degree of hemorrhage occurred an hour after, but the introduction of the hand and the administration of *secale cornutum*, soon checked it. The uterus firmly contracted.

On the morning of the 16th the patient complained of a want of sleep from pain in the thigh; nothing could be discovered by an external examination of the limb; the pain did not appear to be increased by pressure; the pulse was small but frequent; no tenderness of the abdomen; uninterrupted flow of the lochial secretion. Nothing of any moment in regard to the breasts; and no symptoms of disturbance of the digestive organs. I ordered the diet to be kept up, allowing however the use of broth during the day.

17th. The patient has passed a pretty good night; less pain in the thigh, some tumefaction of the breasts; pulse small and frequent; extreme anxiety, the features shrunken and respiration hurried. No change in the treatment. The following

day, being informed that the patient was suffocating, I hurried to visit her, but on my arrival found her dead. An external examination of the abdomen or parts of generation, revealed nothing of importance."

It is much to be regretted that no post mortem examination was made. The following are the conclusions to be drawn from this singular case: 1. Two fetuses at full term; 2. Their expulsion at an interval of fifteen days; 3. Separate placentas; 4. The unnatural position of the second fetus; 5. No milk fever, no secretion after the first delivery, no perceptible flow of the lochia; 6. The trifling degree of fatigue experienced by the patient, and the complete suspension of all labor for the second accouchment.—*Nelson's Am. Lan.* from *Pro. Assoc. Med. d'Eure-et-Loir.*

A PHYSICIAN'S LIFE-TIME.

If a young graduate on the day of first opening an office, will school himself to look wise and say nothing, have a cast of brass made for his face, encase his hide, heart, and conscience, with the skin of a rhinoceros, he will infallibly get practice, grow rich, and live a long time. But if he begins his professional career with the determination to do all he possibly can to save the life of the one intrusted to him, even at the peril of his own, to abhor all pretence and trickery, and to act with candid conscientiousness towards those who repose confidence in him, the result will be poverty and a premature death, in a very large number of cases; and this is the reason why so many physicians of education and talent either fail to live by their profession or die before their time, in the vain struggle for that respectable style of living which belongs to their calling. No class of men, the clergy not excepted, give as much pecuniary aid in proportion to their means, to suffering humanity, as a physician engaged in the general practice of medicine, and no class of men are as often

and as grossly imposed upon. Dr. Mott, the Nestor of our profession, once remarked, and with great truth, to a graduating class: "*Young gentlemen, have two pockets made, a large one to hold the insults, and a small one for the fees.*"

According to statistical returns, out of every hundred persons, engaged in different callings, living beyond seventy years, there were, in each calling,

- 42 Clergymen,
- 40 Farmers,
- 35 Merchants,
- 35 Office holders,
- 32 Soldiers,
- 29 Lawyers,
- 27 Artists,
- 27 Teachers,
- 24 Physicians,

That is to say, clergymen have nearly two chances to one for a long life over the physician.

If, however, a physician can survive the hardships of his profession, mental, moral, and physical, for ten years, his chances for a patriarchal age exceed those of the divine; thus it is, that out of eighty members of a medical society, having few young men, only three members died in seven years.—*Hall's Jour. of Health.*

EXTERNAL USE OF OIL OF TURPENTINE IN CONSOLIDATED LUNGS FROM PNEUMONIA.

One of the most interesting features we have noticed in Dr. Todd's practice at King's College Hospital is a plan of treating solidified lungs and strumous pneumonia by turpentine—a mode not new possibly, but eminently valuable, and one in which Dr. Todd seems to gain greater confidence every session. If we dwell on minor points of this character, it is because we see such cases too often overlooked as they present themselves in the out patients' department of hospitals, and because this medicine has been the secret of many reputed cures of consumption amongst practitioners outside the profession.

J. B——, aged twenty-one, was admitted into King's College Hospital, October 2d, suffering under various symptoms of chest disease, the result of a severe attack of pneumonia. Dr. Todd pointed out to his class that the entire lung of one side was completely solidified. This lung had in all probability, gone through the three stages of pneumonia so familiar in practice, but often so very unmanageable in their results, the first and second stages of pneumonic inflammation usually merging into one another, and leaving the lung quite solid.

The first, or congestive stage, is easily cured, when detected early, as we recently took occasion to show in cases in the practice of Dr. Willshire and Dr. Parkes. The second stage, in which these congested vessels relieve themselves by fibrinous exudation into the lung, and slight hæmorrhage, as shown in the characteristic rust-colored expectoration, is also very curable. It is not very well named, perhaps, as hepatization, in which the lung is sprinkled sometimes with pinky granulations, and which Bayle and others look upon as the first stage of tubercular disease. Dr. Todd also described the exudation into the parts, with its granular blastema, blood corpuscles, and exudation-cells, the latter, perhaps, traceable from the state of granular corpuscles to that consolidated stage where we now meet it, or the third stage of this disease—grey hepatization, with its various mottlings or spotting of the lung. A purulent fluid sometimes exudes, yet this is not essentially a state of suppuration, though very nearly allied to it; it is also different from tubercle, though in many cases next door to it—the chief practical point, to Dr. Todd, being, that the consolidation of pneumonia does not necessarily destroy the vesicular structure of the lung, no more than effusion into the iris, in iritis, removable by mercury, destroys the structure of that delicate part; the inflammatory effusion, in pneumonia, occurring almost universally through the lung tissue, as well as into the air-cells and the intervesicular tissue. In a very advanced stage of pneu-

monia, it is true, we may have pulmonary abscess. This was evidently not the case in the present instance. The treatment adopted by Dr. Todd, and which he finds most effectual, was the following:—Wine six ounces daily; a draught every third hour, composed of julep of acetate of ammonia, with aromatic spirits of ammonia in excess; and strong turpentine stupes, carefully applied every night and morning, over the back of the chest and site of the consolidated lung. Diet moderately stimulating.

Oct. 4th—On seeing this patient two days after, we found he had already begun to improve; the lung previously quite dead as far as respiratory murmur was concerned, began to give signs of healthy vesicular murmur. The right lung, as will have been observed, is most usually that affected. Dr. Todd has great faith in the stimulant action of turpentine—a remedy not often used but which in this and numerous other cases has proved almost specific in its action. In phthisical cases also it may be used, combined with strong acetic acid, when its action becomes even still more beneficial.

25th.—This man is quite well.—*London Lancet.*

DEODORIZING PROPERTIES OF COFFEE.

The London Medical Gazette gives the result of numerous experiments with roasted coffee, proving that it is the most powerful means, not only of rendering animal and vegetable effluvia innocuous, but of actually destroying them. A room in which meat in an advanced stage of decomposition, had been kept for some time, was instantly deprived of all smell, on an open coffee roaster being carried through it containing a pound of coffee newly roasted. In another room, exposed to the effluvia occasioned by the clearing out of a cess-pool, so that sulphuretted hydrogen and ammonia, in great quantity, could be chemically detected, the stench was completely

removed within half a minute, in the employment of three ounces of fresh roasted coffee; while the other parts of the house were permanently cleared of the same smell by being simply traversed with the coffee-roaster although the cleansing of the cesspool continued several hours after. The best mode of using the coffee as a disinfectant, is to dry the raw bean, pound it in a mortar, and then roast the powder in a moderately heated iron plate, until it assumes a dark brown tint, when it is fit for use. Then sprinkle it in sinks and cesspools, or lay it on a plate in the room which you wish to have purified. Coffee acid or coffee oil acts more readily in minute quantities.

TREATMENT OF ANAL AND VAGINAL PRURIGO FORMICANS.

BY M. RICHART.

This form of Pruritus is of frequent occurrence and very rebellious, resisting at times all medication for years. As the disease is extremely distressing, even intolerable, having been compared to insects or ants devouring the skin, it would be highly advantageous to know the specific; and never has this term been more appropriately applied than to the form of treatment I will presently describe, as from its first employment it acts as by magic, removing at once, and completely, the cruel itching; and the patients frequently disturbed for whole nights, often compelled to tear themselves with their finger nails, wake up in the morning astonished at not having been disturbed. The solution must, nevertheless, be continued for some time to prevent frequent relapses.

Take equal parts of the sulphate of zinc and alum, pulverize these substances coarsely and put them in a dish; place the dish over a slow fire, and allow it to remain until air bubbles are no longer disengaged and the mixture has become of a stony hardness; remove the dish from the fire, pulverize the stone, and throw from 16

to 18 grammes (320 to 360 grains) gradually and so as to prevent too great an effervescence, in one pound of boiling water; then filter and put away for further use. Moisten a small piece of sponge in this solution and wash the diseased part night and morning; if the anus is the part affected, moisten a piece of linen in the solution, fold it in a square, and insert one of the corners in the anus; after an evacuation, the parts are to be washed and the dressing renewed. Same dressing for the vulva.

This solution is equally beneficial in all hepatic affections; an internal treatment will also be required, and the following has proved of much service to me. To take one spoonful night and morning of this alkaline syrup: *R. Bicarbonate of soda* 15 grammes; *Syrup of fumira officinalis*, 250 grammes. To drink four cupfuls of nitrated ptisane made of the roots of *rumex patientia*, bittersweet and liquorice. An alkaline bath once a week and a purgative once in two weeks. Early morning exercise will be beneficial. Mild alimentary diet.—*Nelson's Am. Lan.*, from *Journal des Conn. Med. Chirurgicales*.

EXPERIMENT COMPLETED.

The Dr. Jackson of Boston, in his dedication of *Letters to a young Physician*, to the Dr. Warren of the same city, states that half a century ago they began an experiment which is now terminated.

It is a coincidence worthy of note, that two other men in the mercantile profession, began a similar experiment in the same city. The merchants completed their experiments with their lives, while the two doctors still live to contemplate the result of their own. Both these experiments were successful; not moderately successful, but splendidly so. Successful, not merely in the accumulation of money, but what is of infinitely more than money's worth, in attaining high social position, and a character for integrity, spotless; and more still

in a deserved reputation for philanthropy, whose lustre dims the coronet of kings.

Amos and Abbott Lawrence began life poor: they determined that the strictest integrity should pervade every business transaction until their dying hour, and it was so. Among the results are the accumulation of millions of money, the possession of a name for mercantile integrity worth more to them, to their children, to their age and nation, than a title to a dukedom; while they did, during life and at death, institute charities which will heap sweet blessings on their name and memory for ages yet to come. Let every merchant's clerk on this broad earth make that same experiment, and take encouragement from the assurance, founded in the very nature of things, that similar results will accrue to him.

The experiment of the two eminent physicians we have named, is equally worthy the practice of every young gentleman who aspires to the honorable and responsible position of doctor of medicine. And what was proven by it? That two rival physicians may live in the same town for more than fifty years, and during that long period of almost daily intercourse not originate one disparaging word or act, exhibit no uncourteous feeling, throw out no depreciating insinuation, commit no breach of professional etiquette; in short, do no deed which, if communicated, need irritate the one, or cause a blush to mantle the cheek of the other. On the contrary, they were always ready to help each other and to promote each other's happiness. They often differed in opinion, sometimes disputed, but never quarreled. Each gave the other the credit due him, neither trying to push the other aside, and, in the front rank of their profession, both continue on terms of intimacy and friendship to this day.

How grandly elevating must be the retrospect of Drs. Jackson and Warren!—What a perennial spring of sweet memories well up in their hearts, as often as they turn their eyes inwards and backwards on so long and honorable a career! and beside them, how sink they who seek to ele-

vate themselves at the expense of their rivals, too often ending in mutual ruin, while if equal pains were taken to sustain each other, the ordinary result would be similar to the one we have chronicled.—*Hall's Jour. of Health.*

TWO CASES OF TAPE-WORM OF LONG STANDING, CURED BY THE ETHERIAL OIL OF MALE FERN.

BY T. CROWTHER, ESQ., M.R.C.S., L.A.C.

CASE 1.—M. A.—, a young married woman, after her second confinement, put herself under my treatment for tape-worm some twelve months ago, and from which she stated she had suffered the usual distressing and annoying symptoms for nearly eighteen months, scarcely a week passing without some portion of the joints, more or less, making their appearance with the evacuations. Has not enjoyed good health for the last two or three years, and cannot exactly state how long she may have been the subject of this parasite, but she should think at least two years. She has tried all sorts of remedies, quack and otherwise, for its expulsion, but hitherto without the least effect, save and except a few extra joints upon one or two occasions. I at once advised the oil of male fern as a remedy, and, in order to give it every possible chance, requested she should fast at least twenty-four hours, and take the night before one ounce of castor oil. Having prepared a draught of mucilage with a little simple syrup, I added one drachm and a half of the ethereal oil of male fern, and ordered it to be taken in the morning at nine A. M., following it up with a second dose of castor oil in about an hour after. In two hours the worm was expelled entire, apparently in one rounded mass, and when disentangled nearly filled a six-ounce bottle. She expressed herself at once relieved, and seemed delighted at having got rid of it so rapidly. There was more or less sick-

ness and nausea for an hour or so after its expulsion, but all passed off after taking a little food.

Since then she has enjoyed much better health for now more than a year, and without any return of the worm.

CASE 2.—My patient in this case is a gentleman of about thirty years of age, who, for a number of years past, has lived rather freely, and somewhat irregularly. Of late he has suffered a good deal at times from derangement of the digestive functions generally, but more especially those of the liver.

He directed my attention, in the first instance, some few months ago, during his convalescence from one of these attacks, (a serious one,) to some joints of tape-worm which he had that morning voided. Upon inquiry, I find he has been the subject of tape-worm for nearly three years, more or less, but from delicacy or some other cause he refrained from consulting any respectable practitioner until now; in fact, I sincerely think it would not have been mentioned to me at this time, but for the determined interference of his wife.

He does not seem to have suffered very severely at any time from the worm, though for the last six months he has almost daily voided joints, more or less in number. His appetite has generally been good, except during an intemperate debauch, and for some time past, instead of losing flesh, he seems to have gained considerably.

After waiting a week or two, I proposed the remedy for its expulsion, which he now appeared very anxious for. Accordingly I requested him to abstain entirely from food for four-and-twenty hours, having previously cleared out the bowels with the requisite dose of castor oil. I then administered, early the following morning, a draught containing nearly two drachms and a half of the etherial oil of male fern, rubbed up with a little tragacanth mucilage, and camphor julep to four ounces. To my astonishment, in less than *forty minutes* after this was swallowed, the *worm was expelled entire*, and in this case, even without taking the necessary dose of castor oil to

assist in its operation. He, nevertheless, took a gentle aperient at my suggestion, a few hours after this, in order better to clear out the bowels of any possible remaining portions of the parasite, but none, however were found. Upon examination of the worm, it was found to measure little above ten yards, the greater portion of which was excessively broad and thick segments, for nearly three or four yards in extent, more so than I have usually observed in these cases. As I traced it forward it gradually became smaller and very narrow, terminating in small segments, with the head attached.

My success in these two cases fully convinces me of the value of this drug as vermifuge in tape-worm, and I think it has even advantages over kousso in many instances. My patient did not suffer in this case, in the least, from either sickness, nausea or pain, during or after the operation of the drug.—*Lon. Lancet.*

DEATHS IN LARGE CITIES.

The Medical News, published at Philadelphia, gives the following in relation to the cities named:

TOTAL NUMBER OF DEATHS IN 1854.

New York,	- - -	28,458
Philadelphia,	- - -	11,811
Baltimore,	- - -	5,735
Boston,	- - -	4,418

DEATHS FROM CONSUMPTION.

New York,	- - -	2,990
Philadelphia,	- - -	1,885
Baltimore,	- - -	931
Boston,	- - -	769

The Medical Specialist analyzes the subject still further, and makes the ratio of deaths by consumption, etc., as follows:

RATIO OF DEATHS TO THE PRESENT ESTIMATE OF POPULATION.

	Deaths in 1854	Estimated population,	Ratio of deaths to inhab.	by consump.
New York,	28,458	625,000	1 to 21.95	5.
Philadelphia,	11,811	500,000	1 to 42.33	5.
Baltimore,	5,735	210,000	1 to 36.59	5.
Boston,	4,418	160,000	1 to 36.21	5.

GELSEMIN.

This resinoid is prepared from the *gelseminum sempervirens* (apocynaceæ), which is known also by the common names of yellow jessamine, wild jessamine, yellow woodbine, &c. It is a twining plant, found throughout the Southern United States, and somewhat prized as an ornamental plant, on account of the beautiful bright yellow color of its flowers. As a medicinal plant, the *gelseminum* is but little known by the profession. Of the true worth of the plant as a medicinal agent, we are not prepared to speak, from the fact that we have had but little experience with it. It, however, has rapidly gained an astonishing reputation in some sections of the country, and many facts are brought forward in support of its claims upon the notice of the profession. If the statements are true which we have seen, the *gelseminum* is not only worthy of our attention, but should be extensively employed by the the profession. In urging the claims of new remedies, physicians are too apt to see only the good effects of an agent, and overlook any disadvantages which it may possess. We do not say this has been the case with the *gelseminum*, for while we admit that its pretensions are very great, we also admit that we are disposed to believe much about the plant, from what we know of its active principles. In all ages physicians have earnestly sought for an agent which would certainly control and neutralize febrile conditions of the system. With morphia, and numerous other narcotics, we are enabled to control pain, and to almost instantly relieve spasmodic affections; but, heretofore, we have had no agent that would, at once, in the same manner, dispel a burning fever, without, at the same time, leaving the system greatly reduced, from the action of the medicine. We do not state as a certainty, that *gelseminum* will do this; but we shall presently show, upon the authority of experience, that its active principle has vast power in controlling febrile affections. In what we shall say of

the *gelsemin*, we are supported by the experience of physicians who have used it even more extensively than ourselves, and under such circumstances as not to be easily deceived in regard to the real value of the preparation.

Gelsemin is emphatically a new remedy, as are most of those we shall describe; most of them having been discovered within the last five years. As prepared at the laboratory of B. Keith & Co., it is a light drab colored powder, with a very pleasant odor, not unlike gualtheria, and an agreeable aromatic taste, with a barely perceptible astringency, leaving in the mouth a sense of having eaten of spice cake. *Gelsemin* has been called a "febrifuge," but we recognize no such a class of agents, and cannot well conceive of the existence of one, for it is clear that the febrifuge properties of a drug must depend on either its sedative or narcotic virtues, and as this agent acts much in the same way as strychnine, without its peculiar stimulation, we shall class it with the sedative narcotics, not pretending, however, that its action is exactly the same as that of any narcotic or sedative now known. We have stated that hydrocyanic acid is capable of benumbing a limb, by paralysing the nerves of voluntary motion, and we wish the reader to bear the declaration in mind, for thus will he recognize the similarity of action which is displayed by the *gelsemin*. The *gelsemin* seems to be (from our knowledge of its action and what we hear of the *gelseminum*) less harsh and more manageable than the crude material; as in our hands we have not seen the same effects which are said to follow the administration of *gelseminum sempervirens*. This may arise from the definite quantity, and the combination in which we use it. At any rate, the *gelsemin* is a most active and positive agent, and as it may have an extensive application, we shall endeavor to avoid, as far as possible, being influenced by the extravagant praises which have been awarded to the *gelseminum*. It may not be in our power to give a full and satisfactory history of its action on the diseased system,

for so little has been written about it, that we are compelled to confine ourselves to our own experience, and that of those in whom we have the utmost confidence, and to give the results which have followed its use, in the treatment of a number of diseases.

Fever is the most important type of diseased action with which the physician has to contend; and if we can control it, we may well consider ourselves entitled to practice the healing art. The entire medical faculty has been for ages striving to accomplish this object, and hence the numerous theories which have been presented and stoutly contended for, by different physicians, at different periods. The true causes of fever may not be well understood, even at the present day, but it is quite certain that we know more of its pathology now than we did a few years ago; and, from the much greater success which has attended its treatment recently than formerly, we are disposed to think that we now almost understand the predisposing causes and the manner in which it ravages the system. By this, we do not mean that the profession has ever *acknowledged* its ignorance of the nature of fever; but we have only to read the different works which have assumed to explain it, to be satisfied that, while some have spoken and written much that was true, others have disputed, and contended for much which, whether true or false, has found both advocates and opponents, until, in the general melee of disputation, one is unable to form a rational conclusion; and perhaps the better and only correct mode of proceeding, is to entirely disregard authority, and even now study the phenomena, and treat of fever as though no man had written on it, since the science of medicine was first cultivated by the magi of buried ages. It is not our province to treat of the pathology of fever, or even to bring forward and describe all the symptoms incident to the different forms of fever, but to treat of the special application of an agent which is recommended in the treatment of a disease, it becomes our duty to show *how* and *why* such and such

results are obtained. But to do this, must, under present circumstances, expose the reader to be perfectly familiar with the normal or physiological action of the organism. To make ourselves understood, and to avoid all controversy or dispute, we shall take remittent fever, the type on which to base our conclusion.

Gelsemin exerts a peculiar paralytic influence over the nervous system, especially over the nerves of motion; and when given in large doses, we get, as the result of its administration, quiet and regular nervous action, lowered circulation, augmented perspiration, increased action of the secretory organs, obscurity of vision, obtuseness of nervous sensibility, and other evidences of a powerful control over the entire nervous system. Malarial, or remittent fever, arises from a peculiar influence made on the nervous system, augmented periodically all the vital manifestations—increasing the force and frequency of the pulse, diminishing the secretions, raising the heat of the body, diminishing perspiration, suffusing the eyes, and flushing the face; and these symptoms, when correctly interpreted, clearly indicate that the augmented vital or nervous action must be for a while checked. Physicians everywhere have recognized this indication, and hence the lancet, opium, nauseants, and powerful diaphoretics, have been freely used, to weaken the force of the circulation, reduce (with the opium) the nervous sensibility, promote the secretions, and set up sweating. When the fever, under this treatment, has subsided, it is found that the patient is left in a weakened condition, and then follows the use of tonics to brace the system, and before the patient can leave his bed a month has passed.

But with the gelsemin, we are now enabled to arrest this disease, in from twenty hours, and restore the patient to his friends, to health and business, in two or three days. It is plain that gelsemin ought to be administered while the fever is increasing, not when it is departing; or in plainer terms, we must not use this agent when the vital powers are already reduced.

Hence, in the treatment of typhus and typhoid fevers, unless we administer the gelsemin in the very first stages of the disease it is inapplicable.

The dose of the gelsemin is, for an adult man of medium constitution, one grain; but if the patient has a quick, active, and highly impressible temperament, it will be best to give half a grain at first, and, if necessary, repeat it. When we wish to treat successfully a case of intermittent fever, it will be well to give hydrastine in full doses, with a little gelsemin, or to be more definite, we would say, use either the formula given under the caption Hydrastine, and add to it gelsemin, half a grain, or, if the patient be a stout man, one grain. In the treatment of nervous headache, this agent may be employed to much advantage; also in pneumonia, neuralgia, partial delirium, inflammation of the intestines, muscular spasm, rigidity of the os uteri, &c. Of course, any physician will at once see the extended application of any agent which will control febrile action.

We speak confidently of this agent, and should not hesitate to use it as we have recommended; but we do not pretend to judge for others, and simply ask the profession to give it a fair trial, for it is certainly worthy of the attention of practitioners. While most agents of this class unseat the patient, the gelsemin causes neither nausea, vomiting, nor purging. Indeed, the patient feels no sensation of the medicine when taken into the stomach, except a loss of strength.

A concentrated tincture of gelseminum sempervirens has also been prepared, which, though a very convenient form for administration, possesses no advantage over the gelsemin. The dose of the concentrated tincture is thirty drops in water.

—*Positive Medical Agents.*

NITRIC ACID IN SCARLATINA.

It may be looked upon as something of a specific. Particular symptoms may call for other remedies, but the acid should be

given so long as there is any fever. To a child seven or eight years old, give two tablespoonfuls every two hours of a mixture containing dilute nitric acid 3iij, camphor mixture 3viiij. For gargle half an ounce of acid to two quarts of tepid water. If the eruption is very vivid and fully developed, and there is much smarting, omit the acid wash. The only inconvenience found attending the internal administration of the medicine, in six or seven cases, has been difficulty in voiding the urine; but fomentations of warm water to the hypogastric region, an opiate and diminishing the frequency of the doses of the acid, invariably afforded the desired relief. The gargle is to be applied with a sponge or syringe when the child is very young.—*Med. Times & Gaz.*

THE PARDON OF DR. BEALE.

The sentence of Dr. Beale, the Philadelphia dentist, was imprisonment in the penitentiary for four years and six months, beginning on the 28th of November, 1854. He has served, therefore, about one year of his term. The pardon states the reasons which induced the Governor to extend his favor. The Ledger says:

He had received communications from about one hundred and forty dentists and twenty-three physicians, of this city and the country, stating their belief that testimony as to matters transpiring under the influence of ether is unsafe and unreliable; from a number of other physicians named, that they believe him innocent; from a large number of the bar, and citizens of various States, including the names of Governors, Attorney-General, &c., that they believe he was convicted on insufficient testimony; from a number of clergymen that they believe him innocent; from the Mayor of Philadelphia, and fifty members of the Philadelphia City Councils; from members of the Legislature, Judges of the Supreme Court, editors of Philadelphia newspapers, and five thousand other citizens of Pennsylvania and New York, with

five of the jury on the trial, all asking for his pardon. After enumerating all these facts, the Governor says:

"And whereas, the Board of Inspectors of the said Philadelphia County Prison (as appears by their communication on file in the office of the Secretary of the Commonwealth) have unanimously recommended the pardon of the said Stephen T. Beale, because, in their opinion, the end contemplated by the law in the moral reform of the prisoner has been attained; because full and ample satisfaction has been rendered to public sentiment by the imprisonment he has already undergone; because his health is undoubtedly breaking down under the sufferings of body and mind which he has already endured; and because the destitute condition of his aged parents and bereaved and sorrowing wife and children imperatively demand the presence and support of their son, husband and father.

"And whereas, after a full and careful examination of the facts and evidence in the case, aided by the scientific discussions to which it has given rise, (without any intention to reflect upon the prosecutrix, who no doubt testified to what she believed did occur, nor to impugn the integrity of the learned Judge who tried the case, nor the honesty of the jury who convicted the prisoner,) *I am now satisfied* that the defendant, Dr. Stephen T. Beale, is *not guilty* of the crime whereof he stands charged, and was convicted upon evidence unreliable in its character and insufficient in amount.

"I do therefore, in consideration of the premises, pardon the said Dr. Stephen T. Beale of the crime whereof he is convicted as aforesaid, and he is hereby fully pardoned accordingly."

DROPSY AFTER SCARLATINA.

A child, aged 11 years, took cold after a mild attack of scarlatina. Fourth day of the dropsy, the urine was highly albuminous, though not much discolored; scrotum and face much swollen. Treatment: leeches to the loins, warm baths pulv. scammony, etc., ordered. Urine became gradually more loaded with blood, until it solidified on the application of heat and nitric acid. Five grains of gallic acid three times a day, considerably reduced the amount of effused blood, but it was not until one drachm a day, continued for some

time, had been introduced into the system, that albumen and blood disappeared from the urine; specific gravity and quantity became increased. If there was omission of the acid for one day, the urine became as bloody as ever; altogether the child took more than eight ounces, and he is now in the enjoyment of perfect health, although at one time the case looked almost hopeless.—*Med. Times & Gaz.*

PATHOLOGY OF DELIRIUM TREMENS—TREATMENT WITHOUT STIMULI OR OPIATES.

BY DR. PEDDIE.

Dr. Peddie holds that delirium tremens is a form of *alcoholic poisoning*—or an alcoholism—that it is specific in its nature, and that it is analogous to plumbism, mercurialism, egotism, or narcotism; and he considers, as entirely erroneous, the opinion that the privation of an accustomed stimulus is the exciting cause of the malady.

"Analogy," he says, "will not bear out this theory. Mercurial fumes, or the oxides of mercury, when long inhaled or absorbed into the body, as in the case of gilders, quicksilver-miners, and others, in the course of time produced an attack of shaking paralysis—the *tremblement mercuriel* of the French pathologists; but will it be averred that the workmen long exposed are more likely to be affected with tremors, if removed from this poisonous atmosphere and occupation, than if they continued at their work? The reverse is well known to be the fact, not only in the case of such artisans, but of those also who are beginning to suffer in a somewhat similar way from lead poisoning. In both affections, when the symptoms are recent, a cure can only be effected by removal from the injurious occupation; otherwise the symptoms deepen with hourly increasing rapidity, until tremors are succeeded by sleeplessness, delirium, and ultimately coma."

The history of delirium tremens, in Dr.

Peddie's opinion, is equally opposed to the idea that the disease is caused by the privation of a stimulus.

In a word, Dr. Peddie holds that the *exciting*, as well as the predisposing cause, is the habitual abuse of intoxicating liquors; that these produce a specific form of irritation of the brain and membranes, the tendency of which is to arachnoid inflammation; that the chief phenomena attending this disease are invariably uniform in their character, and distinguish it from every other affection; that the occurrence of the salutary sleep is the normal termination of the paroxysm, indicating diminished activity of the cerebral circulation and functions, and the commencement of convalescence; that the cordial and opiate treatment is generally pernicious, and frequently dangerous; and that the main indications of cure are, to reduce the cerebral excitement by a moderate but decided and steady course of antimony, or other agent capable of exerting a somewhat similar influence, and thus favor, not force, the wished-for sleep, to soothe the feelings and dissipate the fears of the affected by kind and judicious superintendence, and the permission of light and liberty, and to support the physical strength by a moderate allowance of animal nourishment.

Dr. Peddie's experience in the treatment of delirium tremens has been considerable. He has treated, during the last ten years, "upwards of eighty cases of the genuine disease, many of them severe ones, with uniform success;" and in the paper under notice he cites six of these cases in illustration. Of these, the subjoined will serve as an example:

CASE.—Mr. B., *æt.* 48, spirit dealer.—Long a habitual drinker. His average daily amount, for some time, had been four gills of whisky and one bottle of beer, taken from early in the morning until late at night; and there had been no diminution in the quantity previous to the present seizure. Had slept very little for a week, and none at all on the last two nights, and for some days was very tremulous, and quite unable to transact business.

1st day's visit, 3 P. M.—Was very distressed and agitated during the last night, walking constantly up and down through the house, terrified with visions; had his last glass of whisky at 11 this forenoon. Pulse 104, small; skin cool and clammy; great muscular tremor; tongue foul; eyes yellow and lustreless; mind constantly occupied with false and horrific impressions of all kinds, although in no very definite form; but can answer a question put directly to him. *Instructions*—plenty of light, complete liberty to promenade through the house, the doors and windows being secured, and two intelligent men to attend and humor all his fancies. To have a wine-glassful of the following mixture every two hours; *R* Tart. ant. gr. *iv*, infusi quassia et aqua aa. *℥* *xx*, whether it caused sickness or not, and only to be discontinued if he should go to sleep. Beef tea and coffee with milk to be given occasionally.—8 P. M.—Took one glass of the mixture at 3.30 P. M., which caused vomiting of a quantity of bilious matter; one at 5 o'clock, which was followed soon after by a loose alvine evacuation, and one at 7 o'clock. He is at present pale and perspiring; very tremulous and restless; in constant apprehension of rats and strange men; quite sensible when spoken to; pulse 110. To have the mixture only every third hour. Beef tea, etc.

2d day, 10.30 A. M.—Pulse 106, very small; perspiring freely; face very pale; urine scanty and high colored; great tremulousness. He can put out his tongue or rise up, or sit down, when desired, but that is nearly the amount of his intelligence. He is in constant motion, not rapid or boisterous, but chiefly busy in arranging bed-clothes, carpets, small articles of furniture, and sweeping imaginary crumbs from off the table. Had never been in bed, and had taken only three doses of the mixture since I saw him last. Took a glass from me, supposing it to be pale brandy:—no sense of taste. The mixture to be continued regularly. Was seen by my friend Dr. Cappie, at 3 P. M., and again at 9 P. M., who found him much the same as when last

reported. Had been purged several times. Antimony, etc., continued.

3d day, 2 P. M.—In bed, sound asleep; pulse 84, of good character; a good deal of subsultus tendinum; skin very moist; paleness of countenance gone. It was stated that he had appeared very much exhausted last night about 12 o'clock; was then got to bed, fell asleep almost immediately, and did not wake up until 7 this morning. When awake he was not quite sensible, took some bread, coffee and milk, and fell asleep again. Continued so for two hours, and was then perfectly coherent, but not inclined to speak. He had some more breakfast and an egg, and went to sleep again. An hour ago he was awake for a few minutes, and took some beef tea. The antimony had been given once this morning:—to be discontinued. Nourishment only to be offered when he awakes.

4th day.—Found him quite well; mind perfectly clear, and had been able to read a little.—*Edinburg Monthly Jour.*

HUNTER'S DOCTRINES OF INFLAMMATION.

M. Paul Broca, Deputy Professor at the Faculty of Medicine, has lately read a paper before the Academy, in which he strives to show that such pathological phenomena as adhesion, ulceration, and gangrene, may take place without any inflammation; and that, carried away by Hunter's views, we allow phlogosis to play a much more important part than is really the case. The author grounds his belief mainly on the fact that *non-vascular* textures like the cornea, cartillages and ligaments, undergo certain changes, without the agency of inflammation, and attempts to show that the latter is, in ulceration and gangrene, more an *effect* than a *cause*. The paper is unfinished, as the attack on adhesive inflammation is to be subsequently made; but we are bound to say that, as far as it has gone, it is full of sound views, good reasoning, and conclusive facts.—*Academy of Medicine, Paris.*

DEATH FROM A SURGICAL OPERATION.

Some two or three days since, Mr. Benjamin M. McConkey, an estimable gentleman of Baltimore, 37 years of age, underwent a painful operation at the Massachusetts General Hospital, which required the highest skill of our most distinguished physicians. The patient was going on favorably with every prospect of ultimate recovery, when, as is supposed, in a moment of mental aberration, the result of the intense suffering he had undergone, he severed an artery of one of his arms, and bled to death. His remains have been taken to Baltimore for interment.

Mr. McConkey was a man of liberal attainments, but of rather melancholy disposition. He has traveled extensively in Europe.—*Boston Mail.*

SINGULAR CIRCUMSTANCE.

Not long since, Mrs. Kendrick, of Tazewell county, Virginia, after an illness of some length of time, presented every external evidence of death, and preparations were made for her interment. About ten hours after her apparent decease, some friends who were employed in making a shroud, were amazed to hear her ask, in a faint voice, for food. It seems that she had a cataleptic fit, which fortunately passed off in season to prevent the horrors of premature burial. She was, however, very low at last accounts.

OTORRHOEA.

Syringe the ear with tepid water, and remove the moisture by carefully wiping out the cavity. Then introduce a dry piece of cotton down to the bottom, and let the patient abstain from every movement of the jaws; not to speak loud, nor to use food requiring mastication. The dressing is to be renewed once in 24 hours; and this simple treatment is no less rapid than certain of success.—*London Lancet.*

Part 3.—Editorial.

EDUCATED PHYSICIANS.

There are in the United States thirty thousand physicians. Of this number there are only about twelve thousand who have ever graduated at any medical college, although the greater portion of them have attended one or more courses of medical lectures.

While we are willing to admit that some men may be well qualified to practice medicine, without having attended medical lectures, it will not hold good as a general rule, for even under the most rigid regulations of medical colleges, the acquirements are ever more superficial than is desirable—growing out of the fact, that the time devoted to study, and the term occupied by a course of lectures, are too short. It would be better for both the profession and the community, if the term of study was increased very much, as well as the length of the course of medical lectures, which ought to be at least six months; and it would even be better if students would attend three or more courses before graduating—believing, as we do, that even then they would not have made too great proficiency in medical knowledge.

It may be said by some that this system of medical education would prevent many young men from engaging in the study of medicine. This might be the case, but then, those who did would be so much better qualified, that the number required would be proportionably less.

It is well known that custom requires a man, to become qualified as a competent mechanic, to devote from three to six years' constant and untiring application, while thousands of men consider themselves competent to discharge the duties of one of the most responsible and difficult professions, to the entire satisfaction of the community in which they reside, after a very short time of preparation, often not more than a

few months; and such, too, are sometimes sustained and encouraged by a confiding people. This is all wrong, and calculated in itself to lower the standard of acquirements in the medical profession, and cause the death of thousands, by falling into the hands of those who are not competent to render aid in time of greatest danger.

It is time the profession was being awakened to the great importance of a higher standard of medical attainment, and it is also time the public were looking into this matter, for their own protection; they should, in every instance, claim the right to know of every physician, who has or may locate in their vicinity to practice medicine, what are his qualifications, how long he has studied, and whether he is a graduate of any medical college or not; for the facilities for acquiring a medical education at this time, are so great, that every man should be required to have obtained a liberal one, before he begins to deal out drugs in the capacity of a physician.

We hope that, in every instance, when any one sets himself up as an Eclectic physician, he may be required by his patrons to produce evidence of his qualification, and whether he is a graduate or not. If the people take this matter in hand, the reform will soon be accomplished; for it is they who are the most interested. We will continue to appeal to both the people and the profession, until our branch of it, at least, is fully represented by competent and educated physicians, and we hope to enjoy the co-operation of others in the profession in establishing this reform. Many are already engaged in the practice without having graduated, and find it hard to leave their business to attend college; others think it not necessary, and some complain of want of means. We will ask all such, if they feel that they are following the convictions of their own minds upon this subject, in view of the responsible position they are assuming, when they must know that they are not prepared to practice medicine? We do really hope that no one engaging in the practice of medicine, will fail to embrace the very first

opportunity of attending a medical school, and continue until he becomes regularly and fully educated in his profession, and feels himself able to combat successfully the many destroyers of human life and health.

HYDATIDS OF THE UTERUS.

Hydatids, wherever located, have ever been found hard to remove, and difficult to cure. Without referring to the causes, symptoms or pathology of this morbus, we will speak of the treatment which we have found successful in several cases.

CASE I.—Mrs. A. D., æt. 29, had been severely afflicted for several years; found her laboring under all the symptoms of this disease located in the uterus; the whole of which, with the surrounding parts, had been, and still was, much inflamed—so much so as to have caused extensive adhesion, rendering the lady at times unable to walk, or even assume the erect position. This had continued so long as to produce great debility.

After using the ordinary remedies recommended, and failing to eradicate the hydatids entirely, we changed the treatment by using the seqq. carb. potass., ranging the strength as the patient could bear; in some instances we used as much as one drachm, injected into the uterus, at once, in the form of a saturated solution, which was continued from time to time. This produced extensive secretion from the mucous membrane of the organ, followed by much pain and spasmodic action of the uterus, and the discharge of half a pint of the diseased fungi. We alternated this with the mar. tinc. ferri, sulphate of zinc, podophyllum peltatum and sanguinarin, as the circumstances required.

In about six months, the uterus was entirely cleared, not only of the hydatids, but the peculiar condition which favored their organization and development.

The constitutional treatment consisted principally in the use of vegetable tonics, in combination with the iron, such as hy-

drastin, cornin, prunin, gelsemin. We also used, in this case, continually, canlophyl-lin, macrotin, and viburin, as agents which exert almost a specific action upon the uterus.

After the inflammation of the parts had subsided, there was little difficulty in removing the adhesions, and re-establishing the general health sufficiently to enable the patient to enjoy life—the best evidence of which is, that she has since given birth to a fine boy, who is now three years old.

ECLECTIC MEDICAL INSTITUTE.

The number of students now in attendance falls some short of the number in last winter's class: yet we find that, as the classes of most of the colleges are much less than last year, our class is more than an average one, compared with other schools. The prospect for the spring class, which commences on the 11th day of February next, is fine, for one of the largest at any spring session ever held. We are pleased to learn the fact, that it is the intention of a very large number of the present class, to continue through the spring session. We can assure such, that one course of lectures immediately following the present one, will be, to them, equal to two courses attended one or two years hence. This, too, speaks well for the ambition manifested by the present class to complete their education, so far as it can be obtained by the collegiate course, before they engage in the practice of medicine.

MR. ADOLPH BEHR.

In this, and in each succeeding number of the Journal, the reader may expect to peruse articles of a scientific and technical nature, from the gentleman whose name heads this article. Mr. Behr is a gentleman well qualified to furnish the papers we allude to, as the facilities of

study he has had have enabled him to acquire knowledge which only the great laboratories and universities of Europe can supply. Mr. Adolph Behr is a Bavarian, having been born in the city of Rothenburg, in that State. After progressing through the usual classical studies, which all Europeans are necessitated to do, before they can enter upon those pertaining especially to the professions, Mr. Behr went to the Polytechnic school at Nuremberg, and, for four years, studied under the eminent professor of chemistry, M. Leykauf. While in the Polytechnic school, Mr. Behr studied physics under Professor Ohm, whose labors in science have made his name familiar to every student of physics in this country and Europe. From Nuremberg Mr. Behr went to the laboratory of the eminent professor of organic chemistry, M. Sherer, at Wuerzburg. Remaining here a sufficient time to acquire a knowledge of that branch of chemistry, Mr. Behr then went to Munich, where one year's labor under Professor Liebig, in analytical chemistry, prepared him (so that eminent chemist thought) to take charge of any laboratory or school that might present itself. It was just at this time, that a letter from B. Keith & Co. of New York, the proprietors of the chemical works for the purpose of extracting the medicinal principles from our indigenous plants, arrived there, inquiring for a chemist capable of taking charge of their laboratory. Mr. Behr was immediately sent to them, and since his arrival, the business of that popular establishment has undergone an entirely new phase.

We have made arrangements with Mr. Behr, by which he will furnish us each month with an article for our Journal. These papers will contain scientific truths presented under such a garb as will interest alike the scientific man and the artisan. As Mr. Behr is one of the most accomplished chemists in this country, we think that his articles will be acceptable to our readers.

We have now completed our arrangements by which each number of our Jour-

nal will be furnished with one or more original papers, by able writers, on scientific subjects. This is a feature which certainly should enhance its value with the public.

MERCURIAL REMEDIES.

"Do you recommend the use of mercurials?"

The above is from one of our old patrons and constant readers of the E. M. Journal, who says further:

"I see, in the last number, an article on yellow fever by Dr. Thomas, in which he uses mercurials in combination with agents which I think would have accomplished as much without it."

In answer to the above inquiry, we will first repeat what we have often said and written, that we do not recommend or use mercury in any case.

2d. We agree with our correspondent in the opinion that the same result could have been accomplished without the use of mercury, and regret that Dr. Thomas did not omit it, and adopt the whole Eclectic treatment as practiced by others.

We often publish articles from other journals in which mercurials are recommended or used. This is in order to give the opinion or treatment of the writers; yet we do not pretend to endorse any article of this kind, even if we do extract it for our journal. We hold ourselves responsible only for what we write and publish over our own signature.

THE CLINIC OF THE COLLEGE.

We have already been able to present a large number of cases of disease of various kinds, which have been treated before the class according to the principles of the Eclectic system of medicine. Several important surgical operations have been performed, and thus far, all have been successful, as will be seen by referring to the clinical reports.

The deep interest manifested in this de-

partment by the class encourages the Faculty of the college to carry out the clinical arrangements in such a way as to render the greatest amount of benefit, under the circumstances.

There have been several important cases of cancer presented and treated during this session, and we feel confident in saying that the mode of treatment and instruction are such as will enable the students to treat this disease successfully themselves. This of itself will give our graduates an advantage over many others, for in most of the medical colleges the students learn no more of the treatment of cancer than the use of the knife; while the same teachers will admit that the knife alone, seldom, if ever, cures.

J. W. PHELPS, M. D.

We had the pleasure of a call from this gentleman while in this city recently on business. He is very skillful and successful in the construction and application of his mechanical appliances for removing deformities, and the treatment of hernial diseases generally. His apparatus obtained the prize medal at the World's Fair in New York, and may be seen at Dr. Daniel's office on Fourth street. When in Boston last, we were much interested by a visit to his extensive establishment, at No. 88 Tremont st. We wish the Doctor continued success.

CONCENTRATED MEDICINES.

It gives us pleasure to announce to the profession, that Dr. B. Keith & Co., of New York, have established an agency in this city, for the sale (wholesale and retail) of their alkaloids, resinoids, and concentrated medicines. We have been using a number of these remedies in our private practice, as well as in our clinics, for nearly two years, and are much pleased with them, and can confidently recommend them to the profession, as well worthy their no-

tice. Mr. J. G. HENSHALL, who has been connected with our office for some years, has been appointed the agent. Any orders addressed to him, at No. 90 Seventh st., Cincinnati, will receive prompt attention.

We will also observe, in this connection, that Dr. Keith recently paid us a visit of a few days, during which time he was chiefly engaged in exhibiting his preparations and explaining the mode of their manufacture. On one evening he addressed a portion of the Faculty and students of the E. M. Institute on this subject.

We are pleased to see the deep interest which is taken by the profession generally in the concentrated remedies peculiar to Eclectics, and the spirit of rivalry which seems to actuate the different manufacturers of these articles, to produce them in the purest and most active form.

REMARKABLE CURE OF PARALYSIS BY GALVANISM.

We had an opportunity of seeing the Daguerreotype likeness of the lady mentioned below—one taken before and the other after the cure was effected—and the change was so great that they could scarcely be recognized as the likenesses of the same person.

[COMMUNICATED.]

BEAUTIFUL TESTIMONIALS OF ESTEEM WERE presented, without any parade or ostentation, to Dr. Gershom Huff, of this city by John L. Wilmott and wife, (about the time of their departure from our county to take up their residence in the state of Missouri) of their regard for him as a friend and appreciation of his character as a gentleman and a skillful physician.

Mrs. Wilmott's testimonial is a beautiful card expressive of her gratitude for the wonderful cure of her great affliction of long standing, apparently hopeless, which had involved (as is well known in this and surrounding counties) a total paralysis of the system, with the loss of feeling and power of locomotion. Her case was looked upon and pronounced by the most distinguished of the medical profession as desperate to the last degree, and it is to this truly remarkable result of science and skill in the

galvanic treatment she is indebted for her present renovated health, and complete power of locomotion, which she now enjoys; and her husband John L. Wilmott, unites with her in tendering his heartfelt thanks to Dr. Huff for his invaluable services in her case. On the following day Dr. Huff received at the hands of Mr. Wilmott, a diamond ring of the "first water," which may be changed into a breast-pin in a jiffy, valued at \$100, accompanied by a note of which the following is a copy:

"Dr. Gershom Huff will please accept of this diamond as a token of friendship, for his skill and perseverance in the cure of my wife.

"Your friend

"JOHN L. WILMOTT,

"Lexington, Ky., Nov. 1st 1855."

ABUSES OF QUININE.

We have inserted the article of Dr. Stuve on the above subject, in this number. Although we differ with him in his conclusions, we did not on that account reject his article; for while we conduct a medical journal, it shall be done in a courteous and liberal manner. We may hereafter review the article in question, and show wherein we differ with the Doctor as to the effect of quinine.

OUR JOURNAL.

In accordance with a previous notice, we are enabled to present to our readers articles on new themes and from new contributors. We are determined that the Journal for the current year shall far surpass, in interest and practical utility, any previous volume. We have engaged several contributors of ability and experience, who will regularly furnish articles, of a practical character for its pages. The subject of the concentrated medicines especially, and therapeutics generally, will occupy a prominent position in the forthcoming volume.

So long as we conduct a medical journal we are determined it shall be independent in its character, courteous in its tone, and devoted to the interests of a broad

and liberal Eclecticism. We repudiate the idea of a journal devoted to the advocacy of the views of any particular school or clique in the Eclectic ranks. While, therefore, we shall support the interests of the Eclectic Medical Institute of Cincinnati, so long as it carries out the principles upon which it was founded, and we retain a place in its Faculty, we trust we shall never forget that in union there is strength, and shall therefore labor to disseminate our distinctive principles all over our broad continent, cultivating a spirit of benevolence and good will among the advocates of medical reform, wherever our Journal circulates.

BOOK NOTICES.

THE ANATOMICAL REMEMBRANCE, or Complete Pocket Anatomist, containing a concise description of the structure of the human body. Second American, from the fourth London edition. With corrections and additions by E. C. ISAACS, M.D., Demonstrator of Anatomy in the University of New York. S. S. & W. Wood, 261 Pearl street. 1855. 18mo, pp. 265.

This valuable little work, now in its fourth edition, has long been a favorite with students of anatomy, both in and out of the dissecting room. It presents, in admirable miniature, an outline picture of the whole subject, so concentrated, that a short time only is necessary to review the whole science. It is, in fact, anatomy in a nutshell.

HOW TO NURSE SICK CHILDREN. Intended especially as a help to the nurses at the Hospital for Sick Children, but containing directions which may be found of service to all who may have charge of the young. New York: S. S. & W. Wood, 261 Pearl street. 1855.

Every one who has charge of children should possess a copy of this little manual, and especially every one who aspires to the important position of nurse. Every humane physician has often felt the want of judicious and enlightened nurses to take charge of his infant patients. It is there-

fore to the interest of every practitioner to have this little work scattered broadcast over the land.

A TREATISE ON VENEREAL DISEASES. By A. VIDAL (de cassis), Surgeon to the Venereal Hospital of Paris; Author of a "*Traite de Pathologie Externe et de Medicine Operatione*," in 5 vols., etc. With colored plates. Translated, with annotations, by GEO. C. BLACKMAN, M. D.; Fellow of the Royal Medical and Chirurgical Society of London; formerly one of the Physicians to the Eastern and Northern Dispensaries, New York. Second edition. New York: S. S. & W. Wood, 261 Pearl street. 1855.

No better commendation of any work can be given than the fact that two editions of it have been called for in one year, which is the case with Prof. Blackman's edition of Vidal. The approbation of the profession is thus rendered a fixed fact. The present edition is much superior to the first one, both in its typographical appearance and in the quality of the paper, which speaks well for the enterprise and public spirit of the publishers.

OBITUARY.

Died, Nov. 28th, 1855, of typhoid fever, WM. A. BLACK, of Mechanicsburg, Champaign county, Ohio, a student of the Eclectic Medical Institute of Cincinnati.

The announcement was made to the class, when it was resolved to attend his funeral, and a committee of three was appointed to draft resolutions expressive of the feelings of the class. The following resolutions were offered and passed:

Whereas, the inscrutable dealing of Divine Providence has seen fit in his wisdom, to remove from our midst, by the hand of death, WM. A. BLACK, a highly respected fellow student:

Resolved, That while we deeply mourn the death of a brother student, and keenly realize that death has broken our number, yet will we bow in submission to Him who ruleth all things well.

Resolved, That we deeply sympathize with the parents of the deceased, who have thus suddenly been bereaved of one near

to them by the ties of consanguinity and love.

Resolved, That these resolutions be published in the Eclectic Medical Journal and Newton's Express, and a copy forwarded to the parents and friends of the deceased.

WM. M. WILLIAMS,

WM. C. SWEETZ,

JOHN M. SCUDDER,

} Com.

In accordance with the foregoing resolutions, on the morning of the 2d day of November, the students of the E. M. Institute formed in procession at the college, and marched to the residence of Mr. Botts, where their deceased fellow student Mr. William A. Black, had boarded. After prayer by Rev. Isaac Spangler, a fellow student, they followed his remains to the Catherine street cemetery, where they were deposited until removed by his friend. After a few appropriate remarks by Dr. Spangler, the class returned to the college.

DR. NEWTON—In the October number of the E. M. Journal I notice the record of the death of two of the recent graduates of the E. M. Institute. With much sorrow I have to announce that another of the class of 1848-9 has fallen—Dr. SAMUEL BROWNSON, Northville, Pa., died on the 28th ult. His perseverance in his profession led him far beyond his endurance, and he fell a victim to typhoid fever. The simple record of the death of such a man seems not enough. It is due that his many and manly virtues be recorded, as an incentive to like worth. He was a man of much energy and firmness of character; upright in his dealings with others, and a citizen whose loss is deeply deplored, and whose place will not soon be supplied. As a practitioner of the Eclectic school he stood second to none, sharing a most full and complete confidence of the community than is common. Nor was this confidence misplaced or unmerited; success in the treatment of disease furnished him to it. I hope that some one upon whose shoulders his mantle might fall deservedly, will soon occupy his place.

Yours, &c. H. C. TAYLOR, M. D.
Salem Cross-Roads, Nov. 19, 1855.

THE
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FEBRUARY, 1856.

No. 2.

Part 1—Original Communications.

SIGNS AND SYMPTOMS OF PULMONARY CONSUMPTION.—No. 1.

BY A. F. DUTCHER, M. D.

Regarding pulmonary consumption as a great constitutional malady, we would naturally look, in the first place, for some general signs or symptoms, whereby we might recognize its existence. These are sometimes very manifest, and at others very obscure. Hence, tubercles in the lungs are sometimes very easily detected, and at others very difficult; the latter is mostly the case when they are crude, scanty in number, thinly scattered, and individually small. We do not propose, in this article, to enumerate all the signs and symptoms of this disease, but will endeavor to point out some of the more prominent features of the malady, and show their bearing upon its diagnosis.

The course of consumption may be divided into three stages, according to the state of the lesions of the lungs.

The *first* stage is that of deposition and induration of tubercle.

The *second* is that of the conversion of the gray tubercle into yellow, with the extension of the lesion to other parts.

The *third* is that of their softening and evacuation, and the formation of vomica.

The first stage, or that of induration, is accompanied by various irritations, both local and general. Of the local irritations, the earliest is cough. It is this that commonly first attracts the attention, and awakens the fears of the patient or his friends. At first, it is generally slight, occasional, and dry. It occurs mostly upon the patient getting out of bed in the morning, or if he makes use of any unusual exertion in the course of the day. It feels to him as if it was caused by irritation about the throat. Sometimes it will cease for a while in warm weather, and recur in cold. By degrees it begins to be troublesome at night, and attended with more or less mucous expectoration. Another occasional sign of local irritation is pain in the chest, referred mostly to the sternum; sometimes it is a stitch in the side, sometimes it is a soreness more than acute pain; not unfrequently it is absent. These variations of pain are sometimes merely irritations, but not unfrequently they are the result of real local inflammation, excited in the lungs, the bronchi, or the pleura, by the tubercular infiltrations.

Of the more general irritations, quickness of the pulse is the most constant, but even this is not universal. The quickness is often not uniform at first, but depends on any cause of excitement, however trifling, and the pulse may be slow and weak in the intervals; but as the disease advances, it gradually becomes more constant, and is accompanied by an irritated state of other functions—a general febrile

state. But even then, there is not power enough in the circulation to maintain a general or constantly increased heat. It is manifest more toward evening, after the excitement of the day, when the fullness as well as the frequency of the pulse increases, and there is a flushing of the face and heat in the palms of the hands and soles of the feet. Like other weak and intermittent febrile movements, this generally terminates by perspiration more or less profuse, which, occurring in the night, leaves the pulse lowered, but the frame weakened and exhausted, in the morning. It is only in the severer cases that this general irritation, or hectic fever, as it is termed, becomes marked at this early stage of the disease. Often there is gastric irritation, with a white tongue, red at the edges, thirst, costive bowels and turbid urine. These symptoms are generally more remarkable in this than in the after stages, when the irritation is more confined to the organs of circulation and respiration. They are almost always attended by some diminution of flesh and strength, which, however, varies greatly in degree in different cases.

The principal physical signs during this stage, are dullness of percussion and prolonged expiratory murmurs. In the great majority of the cases of incipient consumption, which I have met with in my practice, the resonance of the chest was very little diminished on percussion. I have met with some cases, however, very marked, where the dullness extended over nearly the whole of one lung. But the most constant sign is the prolonged expiratory murmur. If we examine the chest of a healthy individual, we will find that, as a general thing, the expiratory murmur is very slight, and very little more distinct in any one part of the chest than in another. In some persons it is inaudible, except during hurried breathing.

The lungs are naturally very elastic, and this elasticity is necessary to soft and uniform inspiration and expiration. Now, when any considerable portion of their texture is consolidated, by tubercular or pneu-

monic deposits, bronchial expiration is produced; but between the healthy state and decided consolidation, there are various intermediate conditions.

"When the pulmonary cells," says Dr. T. Thompson, "as seen under the microscope, are only thickened, and the glairy, grayish deposit, studded with little bright cells, characteristic of phthisical disease at an early period, is beginning to permeate the structure, bronchial expiration is not induced, but the diminishing contractility of the cells, interrupted passage of air, and increased power of conducting sound, are sufficient to render the expiratory murmur more durable, coarse, and audible. In pursuing this investigation, be careful not to confound the inspiratory and expiratory movements with the expiratory and inspiratory murmurs. The duration of the two movements is nearly if not exactly equal. In the natural state the inspiratory murmur occupies the whole time of inspiration, but the expiratory murmur, at least to ordinary ears, only a fourth of the time of inspiration, the remaining part of the expiratory movement being accomplished in silence. I believe the expiratory murmur follows the inspiratory immediately, without a pause. With the progress of phthisis, the duration of the inspiratory murmur usually lessens materially, though not necessarily in proportion to the prolongation of the expiratory; and some practice is necessary in order to acquire an aptitude in determining how much of the alteration depends on diminution of the duration of the inspiratory murmur, and how much on extension of the expiratory. You will find much assistance in estimating the relative duration of these sounds, by adopting a plan suggested to me by Dr. Sibson, namely, that of counting the number of strokes which can be given, by beating time with the finger, during the presence of each murmur respectively. The expiratory murmur, as disease advances, may gradually increase, until, instead of occupying, as in the natural state, a fourth part of the period of healthy inspiration, it may even come to exceed, in duration, the inspiratory murmur."

One of the very earliest signs of phthisis is Thompson's *gingival border*. This is seen at the edge of the gums, where they are reflected around the teeth. This border is usually deeper in color than the adjacent surface, and has a festooned appearance. This mark is sometimes a mere

streak, and at others a margin of more than two lines in breadth. As the disease progresses and becomes more decided in its character, this margin will exhibit a vermillion tint, inclining to lake. As a general thing, this border is most distinct around the incisor teeth, but it is frequently apparent also round the molars. I attended a case of incipient phthisis, about a year since, wherein this line was very distinct; it included all the teeth. But as the case commenced to improve, under the use of appropriate treatment, it began gradually to disappear, first on the incisors and lastly on the molars, until there was not a trace of it left. But, of some thirty cases of decided consumption, that have fallen under my inspection during the last year, this mark was present in every case but two. This sign is not, however, to be taken without some caution. Tartar, mercury and iodine, will produce a redness of the gums which may be taken for it. In these instances the discoloration is more widely diffused; or if it assumes, in any degree, the appearance of the *gingival border*, it does not so directly merge in the natural tint of the adjoining membrane.

"As respects the value of this indication in prognosis," says Dr. Thompson, "I think you will find it a general rule, that the early appearance of the streak is an unfavorable circumstance—cases in which this occurs tending to proceed more rapidly than those in which the streak is absent; whereas, freedom from the streak, even in the third stage of the disease, has been particularly noticed in those patients in whom the result of treatment has been most encouraging. Breadth of the margin, and its extension around the molar teeth, you may regard as affording an unfavorable indication.

"In reference to diagnosis, there is reason to believe—

"1. That the absence of the streak in men affected with inconclusive symptoms of consumption, may incline you to a favorable interpretation of any such suspicious indications, but in women rather less weight is to be attributed to this sign.

"2. That the presence of the sign in women is almost conclusive evidence of the existence of tubercular element in the blood.

"3. When, in either sex, it coincides

with a pulse not materially altered in frequency by change from the sitting to the standing posture, the presence of phthisis may, with high probability be assumed, even before having recourse to auscultation."

In making out our diagnosis in the first stage of phthisis, there is another important sign that we should not omit in this connection. I refer to the size of the base of the brain. Dr. W. Byrd Powell has published, in the July (1855) number of the *Scalpel*, a very able article on the functions of the base of the brain. In this article he maintains that the breadth of the base of the brain indicates the vigor of life, and the depth determines the existing tenacity of life. The breadth of the base of the brain can be determined by observing the diameter of the head from one meatus to the other, and from one temple to the other. Its depth can be ascertained by extending a line from the occipital protuberance to the inferior lateral or external angle of the os frontis, and [the space existing between this line and the meatus auditorius, indicates the object of the measurement. This is Dr. Powell's measure of vitality, by which he determines the physical and mental vigor of mankind.

"The highest measure we have seen," says Dr. P., "is one inch and a quarter, and the lowest between an eighth and a sixteenth. One inch we regard as large, and at life's meridian it may indicate a longevity of eighty or ninety years, with a liability to disease proportioned to the incidental violations of the laws of hygiene, and a certain exemption from death, except by chemical and mechanical causes, till the space between the line and the meatus becomes reduced to four or five eighths of an inch. This amount of vital endowment may continue life for many years, provided it escape invasion by disease. Half an inch, in general, may be regarded as the pivot upon which hang suspended the chances of life and death in relation to disease. At this point, and at all points below it, life, against disease, is the reward of obedience to the laws upon which life depends. Life, at three fourths of an inch and above it, is a necessary condition, without regard to disease, with an ordinary obedience to the laws of health. When the vital measure is at half an inch, and goes

on reducing, death may be said to be already at work."

In fifteen marked cases of consumption, which I have examined with a view of testing this rule, the measure did not, in a single case, exceed half an inch. We would, therefore, always do well to attend to this sign, in making out our diagnosis of this important disease.

The signs and symptoms of the *second stage* of consumption are not as clearly defined as the first and third stage. There is no class of symptoms that I am acquainted with, from which we can deduce, during life, the conversion of the gray into yellow tubercle in the lungs. There is frequently an abatement of the more irritative symptoms, during the change, with an increased amount of expectoration and bubbling roushus. There is, however, often a full and more unequivocal development of the signs of an increased density of the lung; the partial dullness on percussion becomes more marked; the respiration becomes more obscure, or more bronchial. The vocal resonance may also increase in degree and extent, and altogether the signs become more localized. In this stage of the disease, the patient loses flesh and strength, and there is also a general depression of the functions of the body. The pulse loses strength, and its frequency is slightly increased. Being 90 in the first stage, it may now increase to 100 or 110. The chills are more severe; the fever is of shorter duration; the night sweats are more profuse; except at times of excitement, the color of the cheek fades, or is reduced to a circumscribed hectic patch. There is often less feeling of oppression or pain in the chest than heretofore, but the shortness of breath on exertion is undiminished, if not increased, and there are frequent transient pains in the shoulder, or under the clavicle of one side, which at times are quite annoying.

But we must turn our attention more definitely to the *third stage* of the disease. When the tubercles become soft or partially liquefied, they are evacuated by the aid of the secretion and ulceration of the

adjoining textures. When this takes place there is an augmentation of all the symptoms before described, with certain other additions and complications. We shortly have a copious and heterogeneous expectoration of pus, mucus, softened and occasionally solid tubercles, blood, shreds of lymph, and rarely portions of pulmonary tissue in a sloughy, fetid state. Then occur the usual constitutional concomitants of extensive unhealthy suppurating ulcers, confirmed hectic with its successive chills, heat, sweating occasionally, diarrhea, and increasing marasmus. Then are the dyspnea and cough increased by the continual discharge of matter into the air passages, and the extension of the diseased depositions and ulcerations of the tissues. As the disease advances the countenance becomes quite thin, with the sharpened nostrils habitually moving at every breath, and may have a clearness in it, with color in the lips, and a brightness of the eye, which are never seen in other serious diseases; and the frame of mind is often in a hopeful state, indicating a degree of freedom from those painful struggles in which the vital powers commonly contend with other serious disorders.

It is supposed by some writers, that the chief reason for this exemption from suffering lies in a sort of balance that is maintained among the injured functions. The available part of the lungs are reduced to a great extent, but so is the mass of blood that has to pass through them. The free expectoration, and the colliquative discharges from the skin and bowels, are continually bringing down the bulk of the circulating fluids to the lessening capacity of the remaining lung. The night sweats, especially, are a periodic discharge of the amount of fluid which is beyond what the reduced system of blood-vessels can quietly hold; they often cease when the fluid ingesta are judiciously reduced. So the secondary pulmonary irritations, congestions, and inflammations, are continually relieved by the purulent expectoration. It is a safety-valve which gives vent to these local lesions before they cause much distress;

and although the destructive process is perpetually proceeding, the lungs decaying, the body wasting, and the strength failing, yet it is all by even degrees. The thread of life dwindles away, fibre by fibre, without struggle or shock, and gentle is the parting of the last filament, when the body drops to the earth, and the soul rises to eternity.

But the progress of consumption is not always thus painless. The suffering from difficulty of breathing, cough, chills, heat, and feelings of extreme weakness and faintness, are sometimes very severe. In addition to these, there are other incidental lesions contingent upon it, which may render the disease rough and painful. Inter-current congestions, hemorrhages and inflammations, taking place in the lungs or their investing membranes, are very common, and may give rise to the symptoms of these several acute lesions, superadded to those of phthisis.

There are several other symptoms, unconnected with the chest, which frequently attend this disease. The throat is frequently inflamed and ulcerated, which symptoms often withdraw the attention from the seat of the more important lesion. There is sometimes great irritability of the digestive organs, attended with severe pain of the stomach, and vomiting, which frequently continues till the fatal termination, greatly adding to the distress and weakness of the patient.

In the great majority of cases that have fallen under my notice, the bowels, sooner or later, become deranged; constipation and diarrhea alternately prevail, dependent on inflammation and ulceration, often complicated with tuberculous depositions in the follicular structure of the mucous membrane of the intestines. The mesenteric glands frequently become involved in the same disease; sometimes the abdomen is very tender and very painful, throughout the whole course of the disease. These symptoms generally depend on granular or tuberculous deposits on the peritoneum, combined occasionally with inflammation of the membrane which may lead to the

agglutination of the folds of the intestines.

Sometimes tubercles are deposited in the brain or spinal marrow, or their membranes, and cause symptoms of mental derangement, convulsions or paralysis. The catamenia, in females, are generally defective or absent; their continued suppression is an unfavorable indication.

Let us now examine briefly some of the physical signs that present themselves in this last stage of the disease. In the first stage, we have dullness on percussion and prolonged expiratory murmur. In this we have added to the other sounds, the *cracked-pipkin sound*, and cavernous respiration. Dr. Thompson illustrates the first sound very clearly by the following case:

"The next patient, G. S., you observe, moves the right side of the chest moderately during inspiration, especially at the upper part, but the left side scarcely at all. You may suspect tubercular disease from this fact, and further examination confirms that opinion. Percussion yields a dull sound over the whole of the left side, and in the sub-clavicular region a sound is elicited, which some of you will recognize as amphoric, like that produced by flipping the distended cheek, and doubtless arising from the proximity of a considerable cavity almost full of air. If a smart stroke be given below the clavicle, whilst the patient's mouth is open, you will hear the sound denominated by the French, *bruit de pot fêlé*, resembling, as the designation implies, the noise produced by striking a cracked pipkin. You may imitate this sound by doubling the hands together rather loosely, and striking the back of one of them against the knee in such a manner as to allow some escape of air. The production of this particular sound, by percussion of the chest, is doubtless owing to the proximity of a considerable cavity, having yielding walls, and free communication with one or more large bronchial tubes. If, while the patient's mouth is open, you strike smartly over such a cavity, air escapes freely and suddenly from it into the bronchus, and thus the peculiar sound in question is produced.

Whenever a tuberculous excavation is completely emptied, we have the cavernous respiration and cough. This is a hollow sound, particularly when the cavity is large. Some writers have compared it to an exaggeration of bronchial respiration.

As soon as a portion of tubercular matter is separated and discharged through a neighboring bronchial tube, the cavity has commenced, and the sound produced thro' these little cavities may be of various kinds. It may be, and often is, a click, like the opening and shutting of a valve; or a chirp, or a creaking; but, as all these sounds, under certain circumstances, denote the formation of a cavity, for convenience sake they have all been included under one name—cavernous respiration. The varieties of sound, in cavernous breathing, are owing to difference in size, form and situation, of these cavities, and to different conditions of the surrounding lung. As a cavity may be very large or very small, several bronchi may open into it, or only one. It may be a simple cavity, or it may have many chambers. Its sides may be condensed and equal, or rough and ragged. The lung around it may be solid or indurated, or pervious and vascular. It may be near the ribs, or far from them; adherent to, or separated from the pleura. It is quite obvious that these different circumstances are calculated to modify the sound, which will, nevertheless, be always such as indicates a cavity.

If there is a cavity present in the lungs, some one or more of these sounds may be heard, by applying the ear or the stethoscope over that part of the chest beneath which the cavity is situated. Some prefer the naked ear, but I think the stethoscope is best. I use Dr. Camman's *Double Self-adjusting Stethoscope*. This instrument is so constructed that it intensifies all the sounds to a great degree. Healthysounds that can scarcely be heard by the naked ear, become quite manifest while using this instrument. So with morbid sounds. The slightest rales and rubbing sounds, that are not recognizable by the ear alone, can be distinctly heard by the use of this beautiful apparatus of Dr. Camman's. The reasons for this intensity of sound appear to be chiefly two: 1. Both ears of the observer are acted upon at once. 2. The ear pieces of the instrument fitting lightly into the meatus of both ears, all external

sounds are more thoroughly cut off, and the mind of the auscultator is thus forcibly drawn to the phenomena taking place within the thorax. I recommend this instrument to my medical friends, as one of great value and indispensable utility in diagnosing diseases of the chest. It is manufactured by Geo. Tieman & Co., New York. Price \$7.

A few additional remarks on the diagnosis of tuberculous diseases of the lungs, and we will conclude this number. We have already observed, that in the early stages of this disease, the diagnosis is often difficult, but in the second and third stages, after softening has taken place and cavities formed, the physical signs, joined with the general symptoms, are then more pronounced. If we regard pulmonary consumption simply as a local disease, the signs of it will frequently be wanting, because the local lesion is formed very slowly, and at first is so slight as to produce very little obstruction to the functions of respiration, or very little irritation to the lungs. But if the disease of the lungs be regarded in the light merely as a part, and, as it were, a sign of a great constitutional malady, which is manifested by certain definite symptoms, our diagnosis of the disease will be greatly facilitated. Viewing the disease through this medium, and being guided by the following circumstances, we shall be enabled, in nearly every case, to form a correct diagnosis of this formidable malady.

1. The diagnosis, in the first stage, is formed in part by way of exclusion; that is, many of the symptoms acquire their chief value from the absence of any apparent lesion which is capable of producing them. If they occur in young persons, especially if, from age or habits of life, they are exposed to consumption, the probability of the development of this disease is of course enhanced, and the diagnosis is more certain.

2. When the disease has been somewhat protracted, and the case has become chronic, the general signs are emaciation, often accompanied by a good appetite and a

tolerable digestion, and a changed color of the skin, which seems dusky or earthy in its hue. Rounding of the extremities of the fingers, the bluish tint of the sclerotics, and the occasional flush of the cheeks, have long been known as frequent symptoms of phthisis; but as diagnostic signs, they are of less importance than the color of the skin and emaciation.

3. In the more active forms of the disease, when it is acute, the general symptoms are more active in their character; the fever is high and continued, with a quick, jerking pulse; the fever continues throughout the whole twenty-four hours, but is more severe in the after part of the day than at any other time, and at night is apt to terminate in profuse perspiration. Chills are rarely present in the first stage of the disease; in this respect, the formative fever of phthisis differs from the hectic of the latter stage of it.

4. The last means of diagnosis, by the general symptoms, of commencing phthisis, is the existence of certain affections which are closely connected with the disease. These are the inflammations and the tuberculous infiltrations of other organs than the lungs, such as the small intestines and the serous membranes. When these are present they often explain the nature of the disease in the lungs, and are sufficient to distinguish it from ordinary inflammation. It is not unfrequently the case, that you will see an individual suffer for months with chronic diarrhea, before the lung difficulty will manifest itself. Sometimes the lungs will become affected first, and appear to be the only parts disordered, when all of a sudden, the bowels will become deranged and supercede the lung affection, and the patient die with chronic tubercular diarrhea. But the connection between all these various complications will be easily discovered, if we pay particular attention to the leading features which characterize this almost always fatal malady.

The prognosis of tubercular consumption is generally unfavorable. This, at least is the opinion of the older authorities. Later ones, however, among whom are

Thompson, Smelt, Woods, and Bennett, believe that it is more generally curable than has been supposed; and, indeed, that it not unfrequently undergoes spontaneous cure. I am satisfied that, during the past four years, I have seen several instances of recovery from tubercular consumption, where there could not be the least mistake as to the diagnosis. Let us hope that, by improvement in medical treatment, such cases will become more numerous, and tubercular consumption disarmed of its terrors to mankind.

Enon Valley, Pa., December, 1855.

TWELVE GOOD REASONS WHY I AM OPPOSED TO THE USE OF MERCURY AS A MEDICINE.

BY DR. F. J. BURNETT.

Mercury, *by itself*, is seldom employed as a medicinal agent. But the term is used by authorities generally, for convenience sake, to signify any one or all of its preparations, and chemical compounds. This use of the term is the more appropriate, as all these preparations and compounds *produce constitutional impressions precisely alike*. Whether mercury be combined with chlorine, making calomel or corrosive sublimate; whether it be rubbed up with confection of roses, making blue mass, or with carbonate of lime, making mercurial chalk: whether it be oxydized, making red precipitate, or rubbed up with lard and suet, making mercurial ointment, or in whatever other mode it is prepared or compounded, by established usage, it is still called mercury. The effects described hereafter, as resulting from the use of mercury, *may be produced by any one of its preparations*; by some of them more speedily than by others, but *certainly by any of them*.

With these explanatory remarks, I proceed to the presentation of the following twelve propositions, every one of which I prove by the testimony of men of the high-

est rank in the "old school" or allopathic branch of the medical profession.

I am opposed to the use of mercury because—

1. It produces, in many cases, a formidable and loathsome disease of the mouth, called *ptyalism* or *salivation*.

This result of the use of mercury is so common, that it may be thought needless for me to prove it by Old School authority. Nevertheless the following description of "*Mercurial Inflammation of the Mouth*" is introduced, the author being Prof. George B. Wood of Philadelphia. (Wood's Practice vol. 1 pages 480,481.)

"Among the first indications of the action of mercury are often a metallic taste in the mouth, like that of brass or copper, and some increase of the saliva. The patient soon begins to feel some uneasiness, complaining of soreness when the gums are pressed, and of pain when the teeth are forcibly closed together. There is also a sense of stiffness about the jaws when the mouth is opened, and the teeth feel as if projecting above their usual level. The flow of saliva increases, the inflammation extends, the gums and palate become obviously swollen, and the tongue covers itself with a yellowish white or brownish fur, and is often so much enlarged as to exhibit impressions of the teeth when projected from the mouth. The throat frequently becomes sore, and the cheeks and salivary and absorbent glands, swollen and painful. There is often severe toothache or pain in the jaws. A whitish exudation along the edges of the gums is very common. The breath, which, from the beginning, and sometimes even before the appearance of any one of these symptoms mentioned, has a peculiar disagreeable odor, now becomes exceedingly offensive, and in bad cases almost intolerable. Ulceration often occurs, especially about the necks of the teeth, which are consequently loosened, and in the cheeks, lips, and fauces. The whole mouth, with its appendages, is sometimes so much swollen that it can scarcely be opened; and the tongue so much enlarged as to project beyond the lips. The patient is now nearly or quite unable to articulate, or to masticate his food, and sometimes can scarcely swallow. A case was related by Dr. Physick in his lectures, in which an obstinate dislocation of the jaw, resulted from the enormous tumefaction of the tongue. Hemorrhage is not an unfrequent attendant upon these

bad cases, and is sometimes so profuse as to be alarming. Sloughing also takes place, and portions of the jawbone, are occasionally laid bare. There is always in the severe cases, more or less fever, which is partly symptomatic of the local affection, partly the direct effect of the mercury.—Death from the exhausting influence of the irritation, want of nourishment, and hemorrhage, has occurred in numerous instances; but the patient generally recovers from the worst forms of the affection, though sometimes with a deformed mouth."

The foregoing description shows salivation to be bad enough, in all conscience. How many diseases are worse? Is it urged that *ptyalism* may be slight and mild in many cases? So may almost all other diseases. In the name of reason, then, what sense is there in *producing* a disease that may and often does prove so loathsome and terrible, in pretending to cure disease?

2. Mercury occasionally acts on the system as a violent poison, in a manner not dependent on, nor proportionate to, the inflammation of the mouth, nor the quantity of the mineral taken. In other words, a small quantity occasionally poisons a patient to death, without making his mouth sore. This susceptibility in a patient, the doctors call an *idiosyncrasy*; but they cannot possibly tell whether the patient has such *idiosyncrasy* or not, till they try him. If they give him mercury and kill him, that proves he had it; but if they give him mercury and don't kill him, that proves he had it not. This form of poisoning is called *mercurial erethism*, and any of the preparations of mercury (*calomel*, *bluepill*, or any other,) may produce it. The following evidence on the subject, is taken from Cooper's Surgical Dictionary, part ii, page 170.

"From mercury occasionally acting on the system as a poison, quite unconnected with its agency as a remedy, and neither proportionate to the inflammation of the mouth, nor the actual quantity of the mineral absorbed, Mr. Pearson noticed that one or two patients, in general, died every year in the Lock Hospital. The morbid state of the system, which tends to the fatal event during a mercurial course, is named by him, *erethismus*, and is characterized by great depression of strength, a

ence of anxiety about the precordia, irregular action of the heart, frequent sighing, trembling, a small, quick, and sometimes intermitting pulse, occasional vomiting, a pale, contracted countenance, and a sense of coldness."

From the striking similarity of the symptoms here described as occurring in a case of mercurial poisoning, to those in a case (what is familiarly known in the West as "aking chill," I suggest the query, whether some of the cases said to be the latter kind, are not, in all probability, cases of mercurial poisoning,

From Dunglison's *Materia Medica*. Vol. 1, page 292, I quote the following:

"In some constitutions, mercury acts as a true poison, causing what has been termed mercurial erythema, or a febrile condition of the system, characterized by great dyspnea, in which, on the occurrence of some emotion or exertion, the individual suddenly expires. The author saw a fatal case of this kind, in which the mercurial erythema was induced by the application of some unguentum hydrargiri oxydi rubri to a sore on the leg."

That is, a patient was poisoned to death by the application of a little ointment of red precipitate to a sore leg.

3. "Occasionally the use of mercury brings on a peculiar eruption, which has the several names of hydrargiria, mercurial rash, eczema mercuriale," &c.—*Cooper's Surgical Dictionary*.

The following description of the disease is abridged from the same authority.

"The disease has three stages. The first stage commences by languor, lassitude, and shiverings; to these are succeeded next, quick pulse, nausea, headache, thirst, dry cough, difficult respiration, and a sense of constriction about the precordia. The skin is hot and itchy, the sensation being not unlike that produced by nettles. On the first or second day, a bright or dark red eruption, resembling measles, shows itself, the febrile symptoms become much aggravated, the thirst urgent, and the patient extremely restless, seldom enjoying any quiet sleep. The first stage closes by the peeling off of the cuticle in scurfy exfoliations, and if the disease continue, the second stage commences by the appearance of innumerable vesicles, filled with a pellucid fluid. These vesicles are burst by the patient rubbing or scratching them to relieve the troublesome itchiness, and dis-

charge a serous, acrimonious fluid, which possesses an odor so very disagreeable as to produce nausea in the patient and those who approach him. This fluid poured out most copiously, forms crusts on the surface of the body, and their formation commences the third stage. These crusts are sometimes yellowish, sometimes dark and dirty. When this stage commences, the fauces become more affected, the eyes intolerant of light, the tarsi inflamed and sometimes inverted. The crusts on the face crack, and the fissures produce a hideous expression of the countenance. The patient in this state is compelled to desist from every kind of motion, on account of the pain he experiences on the slightest exertion, and which he describes as if his flesh were cracking. This stage is attended with typhus during its entire course. The pulse is frequent, feeble, and irregular, the tongue black and parched, and at length there supervene diarrhea, delirium, convulsions, gangrene of the surface of the body, and death; the disease having been protracted, in severe cases, more than two months."

The above description, though abridged, is given in the very words of old school authority. That the disease is of very frequent occurrence, I would not affirm. Neither is it so very rare that any person who takes mercury eight or ten days, (or even a shorter time,) can be perfectly sure he will not have it. Dunglison remarks, concerning the case of poisoning before related as having been produced by the ointment of red precipitate, that "In this case there was the vesicular eruption, to which the name, eczema mercuriale, or hydrargiria, has been given, and which is unquestionably produced by mercury in particular persons."

That a disease so awful, loathsome, and occasioning such aggravated and protracted suffering to the patient, may "unquestionably be induced by mercury," even by rubbing some ointment of red precipitate on a sore leg, I offer as my third reason why I am opposed to the use of mercury as a medicine.

4. "It is a well established fact that mercury administered as a remedy causes disease of the liver, which sometimes presents itself under the distinct character of inflammation, and sometimes under the more obscure garb of jaundice."—*The Eclectic*.

In proof of the fact stated by Dr. Tweedie, as being well established, that mercury causes disease of the liver, we have the testimony of Drs. Dick, Cheyne, Chapman and others—all high names in the old school medical profession. Dr. Wood says that "Dr. Chapman, of the University of Pennsylvania, expresses, in decided terms, his opinion to this effect, and his experience entitles that opinion to great weight." Dr. Wood adds further:

"The well known excitant influence of mercury upon the hepatic functions, would of itself render the production of inflammation, from an excess of that influence, a highly probable result."

And yet, notwithstanding "it is a well established fact, that mercury produces disease of the liver," mercury is the great remedy, with old school practitioners, to cure liver complaints. Do they give it on the principle of the *Homœopaths*, that like cures like? or on the principle suggested by Dr. Dixon, who says, "If a medical man cannot find enough of disease to employ him, let him give calomel to that which he does find, and he will most assuredly find more?"

5. But perhaps the most serious evil resulting from the administration of mercury, is its tendency to develop scrofula and phthisis. It is estimated by Dr. Wood, that one-sixth or one-seventh of all the deaths, in temperate climates, are caused by consumption. It is probable that scrofula, consumption, and other tuberculous diseases, are not actually developed, at least to an extent sufficient to prove fatal, in more than half of those who are, by hereditary influence or otherwise, liable to them. How fearful, then, the responsibility of that medical man who resorts to a general use of mercury in the treatment of disease. He can do so only at the ultimate peril of one-third of all those whom he treats. But has mercury a tendency to develop scrofula and consumption? Concerning the use of mercury in scrofula, Dr. Wood says:

"Its use is generally considered hazardous, and has been abandoned by the most prudent practitioners, at least in reference

to its sialagogue action. It is thought, when pushed thus far, to act unfavorably by interfering with the healthy processes of the system, and thus favoring the *scrofulous diathesis*; so that, although the glandular affection might be relieved, there would be danger of tuberculous deposition in other and more vital parts."

Here, then, we have the opinion of the learned doctor, that the use of mercury does tend to develop both scrofula and consumption; and he declares that this is likewise the opinion of the most prudent practitioners, who, on that account, have abandoned its use in scrofula. Again he says, "Whatever has a tendency to produce permanent or long-continued debility, will generate, in some individuals, the consumptive diathesis." It has already been shown that mercury has a tendency to produce permanent or long-continued debility. Accordingly, Dr. Wood enumerates, among the causes of consumption, the abuse (which he is pleased to term it) of mercury.

Dr. Dunglison is no less decided in his testimony that mercury tends to produce scrofula and consumption. He says:

"In almost every form of cachexia, mercury has been administered. Many of these cachexia are accompanied by an impaired state of all the functions which the irritation of mercury is calculated rather to develop. Tuberculosis, for example, is evidently favored by impaired or defective nutrition, and can be developed under influences capable of inducing this. Hence, if salivation should be produced accidentally or by design, it could scarcely fail to prove injurious."

Dr. Hamilton says:

"Although a dose of calomel may seem merely to affect the stomach or bowels, may, by its influence upon some latent disorder, such as tubercles in the lungs, slight enlargement of the mesenteric or other glands, give activity to a disease, the source of which might otherwise have been removed by the natural powers of the constitution."

It is, then, established conclusively, that the use of mercury does tend to produce and aggravate a class of diseases (the tuberculous) the most formidable of all known to the human race.

6. The use of mercury produces dropsy. Dr. Wood says, "Inflammation and cons

lent obliteration of the veins themselves, occasion serous effusion in the parts from which the blood is conveyed by them. Organic disease of the liver, spleen and heart, in a similar manner, and are among the most frequent causes of dropsy." It was in my fourth proposition that mercury causes disease of the liver. Dr. Wood says that disease of the liver is one of the most frequent causes of dropsy. It is therefore clear that mercury causes dropsy.

7. Mercury indirectly produces rheumatism. Dr. Dunglison says, "Whilst the patient is under the effects of mercury, he should be careful to avoid partial and irregular exposure to cold and moisture. The system is rendered impressible, and rheumatic and other disorders have resulted from a neglect of these precautions, which have rendered the individual a cripple for life."

Dr. Dixon says, "The alterative effects (of mercury) are more sensibly experienced at night. Many who could formerly sleep the clock round, experience such an alteration that they cannot sleep at all. Those who formerly were incapable of comprehending what rheumatism is, are now capable of defining it. Their bones and ligaments now become so sensitive, that they are obliged to preserve them from the slightest touch of air."

8. Mercury produces several other diseases, as dyspepsia, hemorrhoids or piles, fistula, ulceration of the bowels, &c., as may be seen by the following quotations from old school authority.

Dr. Carlisle says, "It [mercury] disorders the digestive powers of the stomach, and in debilitated persons, the frequent employment of it sinks the strength, and provokes hemorrhoids, &c."

Dr. Hamilton says, "One of the most common disorders occasioned by the use of mercury, is indigestion. That there are many persons who have often, with impunity, taken calomel as a purgative, is not to be denied; but it is equally true that ulceration of the mouth, with caries of the teeth, *dropsy*, *epilepsy*, and various other modifications of disease, have followed its

use. In several cases the author has decidedly ascertained that ulcerations of the villous coat of the intestines of infants and young children, have been induced by the frequent repetition of doses of that medicine."

Dr. Blackall says, "It appears to me that no accidents, proper to the disease, can account for those fatal conversions to the head, which, of late years, have so frequently taken place in the fevers of children; and I have, on some occasions, been disposed to attribute them to excessive and repeated doses of calomel."

Dr. Dixon says, "Decayed teeth, bad health, foul stomach, irregular bowels, pains in the bones, weakness, and weariness, are a small portion of the large catalogue of ailments which are most distinctly traceable to calomel. Dyspepsia, dropsy, and piles or fistula, may be very easily procured by any one who will undergo a course of calomel."

9. Mercury destroys the teeth. This has been shown from the quotations already made; but so serious is the mischief thus produced, that it deserves something more than a passing notice. Good teeth are absolutely necessary to health as well as comfort in life. Their loss, then, if unattended with pain, is a calamity sufficiently great. But when, in addition to their loss, the excruciating torture generally attending their destruction, is taken into the account, and when it is remembered that mercury is their most potent destroyer, were there no other objection to its use, this should be sufficient to banish it forever from the materia medica. Nor are the loss of the teeth, the attendant pain, and the resulting permanent injury to health, the full measure of the evil. Deformity of the human face divine, which deformity Dunglison says is sometimes awful, helps to swell the dark picture. This deformity deserves special notice, so I dismiss it for the present.

The destruction of the teeth by mercury is occasioned in three ways.

First. Ulceration, resulting from salivation, destroys the gums and periosteum

from about the teeth, so that they loosen and fall out. Harris, in his Principles of Dental Surgery, says, "In persons of irritable habits, a single dose of mercury will sometimes produce ptyalism, and so increase the susceptibility of the gums, that the secretions of the mouth, in their altered state, will at once rouse up a morbid action in them. The effects of a mercurial diathesis upon these parts, is not unfrequently so great as to result in the loss of the whole of the teeth." He remarks—"But with these effects both the dental and medical practitioners are too familiar to require any further description of them." They must, then, of course, be quite common.

Second. Necrosis, or mortification of the jawbone, occurs as an effect of mercury; and more or less of the jawbone and the teeth attached are destroyed together. Cooper says, "It is well ascertained that mercury may give rise to the disorder, [necrosis,] especially in the lower jawbone." Harris, Principles of Dental Surgery, says, "We were shown, a few years since, the entire alveolar border of both jaws, the necrosis and exfoliation of which has been occasioned by severe mercurial salivation; and we have frequently had occasion to remove portions of both the superior and inferior maxillary bones."

Third. Mercury causes the teeth to be attacked by the slow, wasting process, called caries, familiar in fact, if not in name, to every one. Among the causes of caries of the teeth, Harris enumerates mercury. Drs. Hamilton and Dixon mention caries of the teeth among the effects of mercury. Inasmuch as caries are by far the most common cause of toothache, every one who takes mercury, in addition to the other risks he thereby incurs, lays himself liable to groan with the toothache.

10. The deformity of the face, caused in numerous instances by the use of mercury, demands further notice. Dr. Wood, it will be recollected, in describing salivation, says patients generally recover, though sometimes with a deformed mouth. Dungli on says, "The effects of ptyalism occa-

sioned by mercury, are sometimes accompanied by sloughing of the soft parts of the mouth and throat; loss of the teeth; caries of jaw bone; adhesions of the cheeks to gums; and ligamentous bands, preventing the depression of the lower jaw. A cases of deformity are occasionally occasioned from the abuse of this poison agent."

11. Mercury is bad on account of the persistence with which it remains in the system. The American Journal of Medical Sciences, vol. 24, page 269, says that a woman, who had been engaged in silver looking glasses, was obliged to desist a year previous to her death, on account of convulsive tremors, caused by mercury. After death, mercury was detected in the liver by chemical tests, thus proving that it may remain in the system for one year at least. Dunglison says that mercury has been detected in the blood and in the bones of persons who had taken it as a medicine. From the American Journal of Medical Sciences, vol. 27, page 258, I quote the following:—"It may be considered an established fact that the system may absorb and retain mercury for a number of years. Same vol. page 260, it is stated that compounds of mercury, latent in the system and remaining so for years, may become soluble and active, and the patient subjected anew to their effects; and there are not wanting instances on record where these effects were frightful.

12. Mercury is bad for the uncertainty of its action. As a cathartic, its action is so uncertain, as to have stereotyped a direction to "work off" the calomel or blue pill with some oil, lest failing to work itself off, it might play the mischief with the patients' mouth, and perchance work harm off. Enormous quantities have been given without producing any perceptible effect, while in other cases, very small quantities have produced results truly alarming.

Dr. Hamilton says, "In a lady who had taken small doses of blue pill combined with opium, for three nights successively the whole quantity amounted to no more than five grains of the mass. Salivation

on the fifth day, and notwithstanding every attention, the tongue and gums became swelled to an enormous degree, feeding ulcers of the mouth and fauces took place, and such excessive irritability lasted for nearly a whole month her life was in the utmost jeopardy."

Dr. Wood says, "One of the worst cases I have seen of the mouth which it has fallen to my lot to witness, in which the patient barely escaped with his life, arose from six grains of calomel, given in a case of dropsy."

Danclison says, "that in habits which are very impressible to the action of mercury, it is apt to affect the mouth, even when every precaution has been taken." He says too that its effects vary with the season and locality; "that at certain seasons and periods, almost every person in the wards of hospital, could be affected with mercury, by the exhibition of a few grains of calomel, or even of the bluepill." Indeed it may be safely affirmed that every practitioner, who has used mercury to any considerable extent, has met with cases in which he earnestly desired some manifestation of its influence, but could not obtain it; and with others in which the effects have transcended what he desired.

In view of its uncertainty, and of the melancholy train of evils that follow its use, it seems strange that it should continue to be administered as a remedial agent. And yet, notwithstanding it frequently produces a loathsome and dangerous inflammation of the mouth, resulting in a "death in numerous instances;" it sometimes poisons suddenly and fatally; it occasionally results in the horrible mercurial rash; it makes liver complaints; it induces and aggravates scrofula and consumption; it causes dropsy, rheumatism, dyspepsia, flatulency, fistula, and ulceration of the bowels; it destroys the teeth, deforms the face, and spreads the mischief generally; and all this witnessed and recorded by the most eminent men belonging to the "old school" of the medical profession—it still continues to be regarded as a *sine qua non*, as "the Sampson of the materia medica." Sampson, verily it is for mischief, than

which there is none more potent. Indeed it would seem as if its mission were to scourge and destroy the human race. How strange the infatuation of those medical men, who, with full knowledge of the foregoing facts, or at least with that knowledge within every one's reach, continue to give mercury! Indeed, in the language of the venerable Isaac Hays, editor of the American Journal of Medical Sciences, "the subjecting of a patient to this treatment has always been admitted to be an evil, and the only apology ever offered is its being a necessary one."

Is it necessary? It is not my purpose to argue this question. I would rejoice if the use of mercury were nothing worse than needless. But when in addition to the calamities incident to unavoidable diseases, people have to endure the foregoing horrible catalogue, produced by the doctor in pretending to cure, it is letting the thing off too easy, simply to say it is unnecessary. At present, however, I can only add that "those who persist in the mercurial treatment do so in opposition to as large and authentic a body of evidence, as has ever been collected to determine any point of practice;" and that they "must offer in extenuation, something more positive than their vague notions, idle fears, or a blind devotion to dogmas founded on prejudice, and miscalled experience."

THE HUMAN BEARD DIVINE.

BY PROF. E. FREEMAN.

"So God made Man in His own image."

The sacred historian, when writing a description of the creation, wrote as inspiration dictated, and thus gave us the idea of man's resemblance to the Creator, and from our conception of a perfectly formed and unimpaired man, the correct idea of God. Whether he had reference to mental or physical qualifications, we have no method of determining; but presume that,

inasmuch as he was writing of the creation, he had reference to both. Thus man, in his mental capacity, when perfectly developed, is called a demi-god. But inasmuch as he wrote of the image, we again presume that he designed to impress us with the idea that the form, physical outlines, and appearance of man, correspond with his inspired conception of the Creator. If inspiration be a reality, then, as all Christians believe, we have a correct idea of the external appearance of God. In creating the inferior order of animals, there were none among them whose cerebral organizations were fitted to bear the image of God, and so man was made as a perfection of His work, and called "good." He only was fitted mentally to bear the image of the Creator.

Physiologists agree in the fact, that every portion of the image bears some sympathetic relation to the brain, or its function, the mind, and that deformities have their impression upon the brain, and thus it is a common saying, "his mind is deformed like his body." This argues that man, if he wishes to preserve all of his native purity of soul, and be Godlike in all his designs and aspirations, with a full capacity to appreciate the universe of appreciable things, and the full amount of celestial associations in all their grandeur, sublimity and perfectness, must be "perfect, entire, and wanting nothing."

What hindrance to physical and mental excellence the constant shaving of the beard may cause, we do not pretend to measure, but physiologists may, by a proper series of reasonings and logical deductions, come to correct conclusions. The wearing of the beard was as common to the ancients as the wearing of their hair; and if any of them were disfigured, by being shorn, as a punishment, or as prisoners of war, they felt disgraced, and their effeminate appearance humiliated them and kept them from their friends and the social circle, until the beard had grown.

There is a natural grandeur in a fine, flowing beard. It is indicative of power and freedom—two elements that character-

ize nobility, decision, and determination. What presents a more attractive appearance in animated nature, to the eye of pleasure with grandeur and power, than flowing beard and mane of the lion? sight of which gives confidence in his superiority, so characteristic of his noble nature. The lion has a flowing beard, not merely a fragment. I care not for color of the beard, providing it corresponds with the color of the hair. Some may object to a white or a yellow beard, but if it is properly dressed, it is an ornament to the face. If the hair be brown, the beard may be of the same color, or auburn, which is the naturally corresponding color. If the hair is black, black is the corresponding color of the beard. But it is a common remark, that if the hair is brown, or a lighter color, and the beard black or dark, do not trust the wearer. What there is in the maxim, I submit to physiognomists to determine; but I still myself adhering to the motto, and so as I have observed, it seems correct. It is frequently the smallest difference in organization that determines points of character. Beards are indicative of character. Thus, men of great precision and nicest taste, somewhat aristocratic in their manner, and fond of dress and show, brush their beard forward; others, more democratic, brush their beard downward; others, indifferent, neglect it, leaving it hang in tangled locks. Some trim the moustache one way, and some another, responding with their own peculiar taste. Thus, some twist the end of the moustache like a pig's tail; others turn the points upward, directed in front of the ears; others wear a moustache that looks like a stubble brush, which is a curse for having spoiled the natural plastic appearance by constant shaving; these are called vulgar beards. Others allow the moustache to hang from the lip, and above the angle of the mouth, like elegant drapery, and as silky points touch the epithelium slightly shade the teeth, or extend by angles of the mouth, mixing richly with the beard below, it presents an excel-

er, contrasting beautifully with the redness of the lips and whiteness of the teeth. who has never shaved, has a soft, flowing beard and moustache, which can be used to suit the taste of the wearer.

Some of the young English noblemen wear their beards without shaving, and I should like to see our own young noblemen wearing theirs also. To be shorn of the beard was considered a disgrace, until the reign of one of the young English Kings, who was too young to raise one, and his effeminate courtiers, to conform to his effeminate appearance, disgraced themselves by being shorn, for the purpose of making themselves appear as a man among older smooth-shaven. The smooth face then became fashionable among those who speak the English language, and has continued so until late years. So much did it become the rage, that if a preacher or school-teacher wore a beard, he was ridiculed; and a teacher with a beard and moustache, was a target for every old woman and noodle-headed man's slander, until the poor martyr either had to forfeit his salary and office, or submit to the cruelties of the unfeeling razor. Also, if a man with a beard and moustache presented himself for a position of trust, or credit in bank, he was suspected of being an adventurer, and not worthy of it; while the sleek-faced villain could slip through by the smoothness of his countenance. But times have changed; and now the smooth, shorn, smiling man is watched, while the manly appearance of the God-like growth, on an undeformed face, inspires confidence and trust.

Physiognomically, I could enter further into the details, but the above will answer my purpose.

PHYSIOLOGICALLY.—Dr. Buchanan teaches that the development of the upper lip corresponds with the development and activity of the upper part of the lungs; the development of the parts between the border of the lower lip and chin corresponds with the development and activity of the lower portion of the lungs; and the development at the angles of the mouth corre-

sponds with the lateral development of the lungs. Thus, if a man has a well developed lip, long and firm from the nose to the mouth, the upper part of the lungs is also well developed and active; and if the parts between the mouth and chin are sparsely developed, and the chin receding, so as not to hold a balancing power with the upper lip, the upper part of the lungs is still the most active. Such a person seldom inflates the lower part of his lungs, and to do so is a voluntary effort. He usually speaks low, and his voice is finer. He prefers talking in a whisper, has but little volume of voice, and indeed is an excellent whisperer. While he who is well developed between the lower lip and chin, the parts being long, full and firm, and the upper lip being at the same time small, short and thin, has a strong, deep and firm voice, with a heavy intonation; has volume to his voice; cannot whisper well, if at all; when he speaks always speaks loud and firm, and even when desiring to whisper his voice has a deep intonation. Such a person inflates the lower part of his lungs, and exercises it in preference to the upper. But if both upper and lower lips, and the sides of the mouth, are well developed, then are the chest and lungs well developed, and the latter proportionally active—the person speaking in a high or low tone, firm, strong or weak, as suits circumstances, having perfect control over his voice.

Since listening to Prof. B.'s lectures, I have been constantly observing this fact, and have asked of many persons the condition of their respiration, and all of my observation corresponds with the above statement. (I do not mean such developments as characterize scrofula, or the Negro.)

Then, if the upper lip corresponds in development with that of the upper part of the lungs, and the lower lip and chin with the lower part of the lungs—the upper lip bears also a sympathetic relation to the air-passages, (throat, trachea, and bronchial tubes,) and the lower to its corresponding parts; and as you protect the lips, chin and surrounding parts, so you protect all

those important organs. Almighty God, in his wisdom, has perfected the arrangement and pronounced it "good;" and the protection of those parts, by their natural covering, is a matter of no small importance.

Thus, for the protection of the lungs, the beard should never be shaved, though it might be slightly trimmed. No person whose development indicates greater activity or excitability of the lower part of the lungs, should ever shave the lower lip and chin; nor should any one whose organization indicates greater activity and excitability of the upper part of the lungs, throat, air-passages, &c., ever shave the upper lip.

Tubercles generally form about the roots and in the middle and upper parts of the lungs; seldom in the lower, but *mostly* in the upper portions. If the upper portions of the lungs are the most active and excitable, they do the greatest amount of labor, depuration, &c., and are consequently the most subject to inflammation, abnormal deposits, tubercle, and diseases of various kinds, and need sympathetic protection; and in proportion as you protect the upper lip with its natural covering, you protect and strengthen the sympathizing portion of the lungs. All persons who are disposed to diseases of the throat, tracheitis, bronchitis, and diseases of the upper portions of the lungs, should forego the use of the razor on the upper lip, and parts about the angles of the mouth; and indeed the entire lungs would be better protected, by discarding its use altogether. I can call to my mind a number of my friends, and patients also, who were troubled with pain in the upper part of the lungs, and during the cold seasons, with a slight hacking cough, and some soreness of the throat; with frequent severe hoarseness; with coryza from the slightest exposure; with hoarseness and soreness of the throat, from lecturing, preaching, or talking loud and long; who, since they abandoned shaving their beard, have become entirely relieved, and seldom have what is called a "cold in the head," or any hoarseness. In-

deed, I can see no reason in shaving face, using warm soap water, during cold weather, and then wrapping the nose and face with a huge muffler, to keep them warm. It seems to me to be the highly folly.

I know of a number of persons, who during the cold winter months and winter months of spring, were constantly annoyed with chapped and fissured lips, which were very sensitive, bleeding from the slightest injury; who since they have ceased shaving the upper lip, have not been annoyed with a return of the disease, and during above mentioned seasons, their lips are soft and healthy as any normal lip.

Persons working at needle-grinding, stonecutting, or any dusty work, are protected by the moustache from the large amount of irritating dust, that was formerly inhaled by such laborers, when they shaved the upper lip. And according to statistics and authority, upon those subjects, those trades which were formerly fatal to artisans, are now considered nearly if not quite as healthy as any other—the mortality being so decreased by the protection afforded by the moustache.

Prof. B. and Prof. Powell, two of our country's eminent physiologists, complained to me of some irritation of the throat, and I suggested the wearing of the beard and moustache, using the above arguments in their favor; and although they never before wore a beard or moustache, (I think) they commenced wearing them. I have not heard Prof. B. complain since; and Prof. Powell expressed himself much benefited by the protection it afforded, and has not shaved since. Indeed, I never prescribe for a man, who has any irritation of the lungs, but I always direct him to wear his beard, and if the disease be in the throat, upper part of the lungs, or the air passages, I insist upon the wearing of the moustache.

During the last five years, I have taken much pains to observe the effect of wearing the beard and of shaving, upon the air passages, lungs, and upon respiration; and I am strongly convinced of the injurious

effects of shaving. The effect may be felt not only by the present, but through successive generations of shorn faces, the influence may be deteriorating to a sad extent. We need not blame woman with her tight lacing and other injurious habits, as the cause of so many weak respiratory organs; but look to the *shorn faces*, who, through successive generations, have, by leaving the respiratory organs unprotected by the beard, entailed upon us a pulmonary weakness, and an undue liability to diseases of the lungs. Let the many consumptives, asthmatics, those troubled with constant annoying coughs, and those weak lunged persons, who suffer from the slightest exposure, with one long, pitiful cry of wailing, plead for the abandonment of shaving the beard. Let folly give place to manly pride, and save our country from the *dreaded curse* (consumption) that is increasing upon us every year, especially in the northern and eastern States, where the beard is worn the least. Consumption and diseases of the air-passages, were not so common previous to the commencement of shaving; but the long and constant pursuance of the practice has done its fatal work, and time, by our abandoning the habit, may yet eradicate from a deteriorated race, the blemish and last relic of an induced physical debility.

Aside from physiological and pathognomical influences, there is a luxury and pride in a soft and flowing beard! (The Turk swears by his beard.) And as we pass the hand down over the beard, stroking it, its soft texture elicits a grateful sensation. And who, that wears a flowing beard, has not enjoyed, in an exquisite degree, the delightful sensation of coolness, while walking against the wind on a summer's day, as the breeze sifts through the beard, tickling the neck and face, with a salubrioness that defies all power of description. This is one of the delightful luxuries that the effeminate and smooth-faced have no conception of.

And, to close the subject, Paul, in his First Epistle to the Corinthians, chap. i, ver. 9, speaking of such as shall not en-

ter the kingdom of God, says, "nor liars, nor idolators, nor *abusers of self*, nor the *effeminate*, shall enter the kingdom of God."

Now, if man, with his perfect flowing beard, was made after the image of God, perfect, excellent, noble and God-like, I cannot conceive of any external circumstance, that can make him present a more effeminate appearance, and that may affect his noble nature, producing a mental effeminacy, than to shave his face, so as to make him look like a woman. Thus becoming effeminate, the door of the kingdom, according to authority, is forever closed against him.

Cincinnati, January 9, 1856.

THE ACTIVE PRINCIPLES OF PLANTS.

BY ADOLPH BEHR, A. M.

Notwithstanding the great superiority which the plants had gained, in medical practice, over the mineral substances, there were yet many disadvantages connected with their use. Not counting the inconvenience for the patient to take these articles in a crude form, and bulky doses, it was exceedingly difficult for the practitioner to foreknow the effect of a given dose, or even to obtain a certain desired effect; for the efficiency of plants is so various, according to their age, to the soil, and to the manner in which they are selected, as well as the way they are preserved. It is well known that some of the active properties of plants are lost after having been long stored.

To obviate these difficulties, *extracts* and *tinctures* were manufactured with water or alcohol. But these extracts are more defective still. First, they contain many useless constituents, as tannin, fruit, sugar, etc.; second, they do not always contain all the useful properties of the plant, for the reason that alkaloids are sometimes very hard to dissolve in alcohol; and third, in consequence of the tannin, fruit, sugar and

water contained, they are so very liable to decomposition and putrescence, that even with the most careful preservation, they become entirely useless for medicinal purposes. The physician is not able to know how much medicinal virtue he really has in the extract.

For these reasons, it is to be regarded as a great step of progress in science, that, with the aid of chemistry, we have succeeded in separating the active constituents in a chemically pure state, and bringing them into a form in which they are entirely safe from decomposition and putrescence, i. e., into the form of powder.

In accomplishing this, there were at the same time discovered different principles in one and the same plant, which, according to their chemical properties, became divided into different classes.

1. *Resinoids*. To this class belong all the oily, fatty, ceruminous and resinous principles, which are insoluble in water. They are all soluble in alcohol, mostly also in ether, and partially in fatty oils and caustic alkalis. They possess the properties of the plants in a very concentrated degree, and especially is the irritating character peculiar to them. In acids they are insoluble.

2. *Resins*, do we call, in contradistinction to the former, such resinous principles as are soluble in water. These have a great share in the efficiency of the plant. They are very easily dissolved in alcohol and alkalis, and by the acids they become separated from their solutions in water. They all manifest an *electro-negative* habitude.

3. *Extracted Principles* (neutral principles). By this name are designated a great number of very different principles, which are found in all plants. They all possess the taste and the qualities peculiar to the plant, in the highest degree, except the irritating properties. They are as soluble in water as in alcohol, and therefore become very quickly absorbed into the system. They deserve the first rank among medicinal agents. In solutions, particularly by evaporating the watery solutions, they very quickly become changed, as they

come in contact with the air, taking in oxygen, giving off carbon, and precipitating a brown substance, which is hardly soluble in water, but gives to it an intensive brown color. The same decomposition also takes place in these extracts, by fermentation of the fruit, sugar, and tannin. They do not permit a separation from their solutions either by acids or by alkalis. In some, however, as, for instance, the extracted principle of *hydrastis canadensis*, by addition of hydro-chloric acid, a precipitate is produced of a beautiful yellow color. This, however, is not any longer the original extracted principle, but a new product of decomposition, caused by the action of that strong acid upon it, by which a great amount of virtue is lost. For this reason, that they enter into combination with neither alkalis nor acids, they are denominated "*neutral principles*." Many of them possess such a brilliant color, that they are called coloring matter, and also, as such, are employed. Others, again, are colorless, and apt to be converted into crystals.

4. *Alkaloids*. These are organic compounds, which, in their chemical habitude, can be compared with the inorganic bases, particularly with the alkalis, as they restore the blue color of litmus-paper, after being reddened by acids, and as they combine with acids to salts, (mostly crystalizable salts,) from which a stronger inorganic base again separates the organic one. As characteristic *reagentia* upon them are used the chloride of platinum (Pt Cl_2), the chloride of mercury (Hg Cl), and the tannic acid. An alkaloid salt, mixed with a little hydrochloric acid, gives with the chloride of platinum a yellow, with the chloride of mercury a white, hardly soluble, double salt; the tannic acid precipitates the alkaloids as amorphous tannates. Iodide of potassium also causes, in many alkaloids, white or slightly yellowish precipitates.

5. *Alkaloid Principles* are those constituents which possess some of the before mentioned properties of the alkaloids, but not all of them, and not in such a distinct degree, as to entitle them to be classed among the regular alkaloids. There is a

peculiar principle so obstinately adherent to them, that, by all known experiments and processes, we are not yet able to separate it from the alkaloid; and this principle covers a part of the alkaline properties of these constituents, for which reason we may denominate them also *problematic alkaloids*, though they do not at all constitute a special class.

Experience has further shown that every one of these described parts or principles possesses an efficiency different from another, which fact enables us to avoid such collateral effects of many plants, as would be injurious in certain individualities and diseases. In order to produce the full effect of a plant in all directions, it will, on the other hand, sometimes be necessary to give all the constituents combined, and in the same proportions as they are found in the plant itself. So exists, for instance, a great difference in action between opium and morphia, and its salts. May intelligent and scientific physicians make it their especial business to search and experiment in this direction. They may be sure, in advance, of a rewarding success.

New York, January, 1856.

CLINICAL REPORTS.

ECLECTIC MEDICAL INSTITUTE,
FALL AND WINTER SESSION OF 1855-6.

SERVICES OF PROF. NEWTON & FREEMAN.

REPORTED BY PROF. S. FREEMAN.

CASE 351. Nov. 6.—Charles James, æt. 75. Dyspepsia. Has been affected about eight months. Complains of some pain and uneasiness in the chest, stomach and bowels; has no cough; bowels rather costive; has a sensation of nausea three or four times a day, particularly after eating and at night; appetite indifferent; slight acidity of the stomach; after the sensation of nausea, experiences a taste of bitterness in the mouth; no particular sensation of fullness in the right side; feels at times as

though there was something like a fleshy substance rising in the throat at the root of the tongue.

Treatment.—R Hydrastis canadensis 3j, water Oss. M. Take one-third of the above three times a day. Apply a sinapism over the epigastric region once per day. Use the alkaline bath with friction once per day.

Nov. 13.—Improving; bowels more regular. Continue the treatment.

Dec. 1.—Discharged cured.

CASE 352.—Nov. 6.—Mary Thompson, æt. 24. Ophthalmia. Has been affected three weeks. Vision slightly affected; complains of a dark cloud before the eye; has some pain through the temples and the region of the eye-brows; some intolerance of light; blood-vessels of the ocular conjunctiva engorged, which produce a sensation like sand in the eye. There is also an ulcer, one line in diameter, near the sclerotic margin of the cornea, with small blood-vessels running to it and terminating in it. The ulcer is only slightly sensitive, is cupped and has some small portions of lymph attached to it. The inflammation is not so severe as it was a few days ago. Patient has rather a whisky odor in the exhalation from her lungs; is also rather noisy.

Treatment.—Apply a small amount of sesq. carb. potass. to the ulcer, upon the end of the probe. R Tinc. arnica 3ss, water 3vij. M. Use constantly as a wet dressing to the eyes. Discontinue the whisky internally.

Nov. 9.—Eyes about the same, ulcer a little improved. Has not followed the directions; has taken too much lager beer. Discharged.

CASE 353. Nov. 6.—Harman Burgess, æt. 6. Ophthalmia tarsi. Two years ago he had sores upon his scalp; they healed, and immediately afterward the edges of the eyelids became inflamed as if by metastasis. Has some enlargement of the cervical lymphatic glands; tarsi thickened, red and inflamed; meibomian glands enlarged; tarsi

scabbed most in the morning; inflammation extends upon the palpebral conjunctiva; nearly all the cilia have disappeared from the tarsi. The eyes have been more inflamed than at present. Has external scrofula, and is of the sanguine encephalic temperament. Eyes constantly moist, and unable to bear exposure.

Treatment.—R Comp. syrup stillingia 3ij, iod. potass. 3ss. M. Take 3ss three times a day. R Sesq. carb. potass. gr. viij, hydrastin gr. iij, water 3j. M. Apply to the border of the lids morning and evening. Half an hour afterward, apply the mild zinc ointment to the lids, and if they become too much inflamed, apply the elm poultice at night.

Nov. 1.—Continues to improve. Continue the treatment.

Nov. 20.—There is scarcely any appearance of the disease. Continue the stillingia and iod. potass. one week; also the mild zinc ointment.

Dec. 1.—Discharged cured.

CASE 354. Nov. 9.—Miss W., æt. 24. Staphyloma sclerotica. Has been affected since childhood. Caused by a severe attack of scarlatina. The eyeball is much enlarged, and the staphyloma and opaque cornea protrude greatly between the lids, pressing the lids forward, and giving the eye a very deformed appearance. Patient otherwise healthy.

Treatment.—Prof. Newton excised the cornea, and extracted the lens and iris. The eye collapsed. Use cold water dressing. Keep the patient quiet. Use warm pediluvia morning and evening.

Nov. 13.—Eye much swollen, nearly of the former size, painful. Apply warm poultice of elm, alternating with fomentations of hops. Take comp. powder of sena to keep the bowels open.

Dec. 11.—Improving much. The pain and inflammation have disappeared; eyeball diminished in size; the opening in cornea has closed, and the eye is quite small.

Jan. 4.—Inflammation and soreness have disappeared. Eyelid somewhat drooping, but improving daily when she left for home.

An artificial eye was applied by Dr. F. A. Waldo, with such success that her friends, after her return home, could scarcely detect it from the other.

CASE 355. Nov. 16.—Mary Ragan, æt. 19. Intermittent fever (tertian type). Has been affected three months. Has a paroxysm every alternate evening. Symptoms of paroxysm of the usual character; tongue slightly coated white; bowels costive: some pain in the stomach after eating, and frequent vomiting; sensation of fullness in the right hypochondriac region. Has some cough in the morning, and a mucous expectoration. Is rather languid, and depressed in spirits.

Treatment.—R Quinine, prus. iron, ipecac., aa. gr. xx, syrup ginger 3iv. M. Take 3j every three hours. Diminish the time as the time for the paroxysm approaches.

Dec. 1.—Has had no paroxysm since. Discharged cured.

CASE 356. Nov. 15.—Patrick Sullivan, æt. 35. Intermittent fever (quotidian type). Has been affected four months. Was relieved of his chills for a few weeks, but was not entirely well. During the last eight days they have returned, accompanied with the usual symptoms. Paroxysm rather severe, commencing at six o'clock every evening. Tongue much coated, grayish white; is much nauseated when the chill commences.

Treatment.—R Hydrastin, prus. iron, aa 3ss, tinc. gelsemium f3j, syrup ginger f3ij. M. Take 3i every three hours. Use the alkaline bath, with friction, every morning.

Dec. 1.—Discharged cured.

CASE 357. Nov. 20.—T. R., æt. 17. Necrosis of the tibia. About two years since, while working in the field, he became much heated, and, stopping to rest, he became cold and chilly. Soon afterward a pain commenced in the knee joint. It left the knee, and fixed itself in the upper two-thirds of the tibia. This was treated for inflammation, rheumatism, &c., until an abscess formed around and in the bone, when it opened, and the condition of the bone

was readily recognized. When presented for treatment, the leg was much swollen. The bone was diseased from its middle to within two inches of its head. There was a large opening at the middle of the leg, through which the lower part of the diseased fragment of bone protruded, and also a large opening a little below the knee joint, through which the upper part of the same fragment could be seen, lying imbedded in pus and fungous granulations. The sequestrum (dead bone) was porous like a honey comb, and pus was exuding freely from those large openings, and also from six other fistulous openings. One of these openings was below the diseased bone; three upon the external side of the middle of the diseased bone; two on its internal side, each two inches from the diseased mass of bone; and one, one and a half inches above the sequestrum, near the knee joint, and opening directly through the middle of the healthy fragment, or head of the tibia. All those openings communicated with the purulent bed of the sequestrum. There was a constant discharge of fetid bone pus from the openings. A number of spiculae of bone had also passed away.

His general health was much impaired; skin pale and sallow, hectic and night sweats, and apparently he was failing fast, from the excessive secretion of pus.

Operation and treatment by Prof. Freeman. Occasion was taken to bring him before the class to exhibit the limb through all its stages of treatment.

Treatment.—I severed, with the scalpel, all the soft parts immediately over the diseased bone, making the incision about five inches in length; then, by seizing the lower end of the bone with my fingers, I raised it, cut the granulations and soft parts from it, that had become fastened to it, and raised it nearly out of its bed. The upper end of the sequestrum extended upward behind the head of the tibia, to the articulation, and required some force to extract it; but by using a pair of forceps, and cutting around it with a scalpel, I was able to extricate it from its fastenings. I then

trimmed off all the dark and black fungous growths and granulations with a scalpel; also, with a probe-pointed bistoury, reamed out all of the fistulous openings, cutting out their lining membranes. I then washed out the openings and sores with warm soap water, and applied warm water dressing.

Dec. 1.—The whole surface is granulating finely, and discharging healthy pus. The fistulae are discharging healthy pus, but are closing rapidly.

Nov. 30.—Presented to the class. Parts closing rapidly; some of the fistulae have closed. General health improving.

Treatment.—Approximate the sides of the wound with adhesive straps. Keep the limb quiet.

Dec. 14.—Still improving; parts closing rapidly; using the Basilican ointment to the surface of the ulcer, and approximating the sides with adhesive straps.

Dec. 20.—Returned home; ulcer nearly closed, parts doing well, fistula closed; general health greatly improved; feels as well as ever. Continue the treatment. Internally he used \mathcal{R} Ferri phos. 3j, hydrastin 3j, vinum operto 3viij. M. Take 3ij three times a day.

In this case, I extracted the whole of the diameter of the shaft of the tibia, from below its middle to about two inches from the knee joint. Previous to taking out the sequestrum, a shell of new bone had formed behind and on each side of it, which served the purpose of splints, to prevent disuse of, and to strengthen the leg. I think that he will soon recover the use of the limb.

CASE 358. Nov. 27.—Patrick Delanty, æt. 26. Varix of the internal saphenic vein, and its tributaries. About four months ago, he fell and injured his leg, and the vein at that place, by striking them against a stone. Did not rupture the skin. The part has pained him some since. Has had to stand much upon the leg since. The leg is much swollen and oedematous, pits upon pressure. The veins have now become much distended and weakened, also tortuous, and some of them puffed, pre-

scenting blood-knots. One of these blood-knots is quite sensitive and soft. The skin and cellular tissue around is somewhat indurated, and it presents the appearance of an incipient varicose ulcer. Foot and ankle also slightly varicose and somewhat swollen. Varix does not extend above the knee, though the thigh is swollen. If the disease in the parts continues progressing as rapidly as of late, there will soon be an open ulcer, and the disease be exceedingly aggravated. Pain in the hip over the region of the sciatic notch, upon pressure and bending forward. This is caused by a continuous sympathy from the nerves in the region of the varix. Bowels costive, some physical debility. No other prominent symptoms of abnormality.

Treatment.—Keep the limb in a horizontal position. Apply the roller smoothly, to make equable compression upon the whole limb, from the toes to the knee. Compress the parts about the ankle equally to prevent ulceration. Keep the roller moist with *R* Tinc. arnica 3j, water Oj. *M.* Scarify over the sciatic notch, and apply oleum tigllii to divert the excitement from the origin of the sciatic nerves. Use internally, *R* Iod. potass. 3j, syrup ginger, ʒiv. *M.* Take 3j three times a day.

Nov. 30.—Leg not so much swollen, thigh more swollen; leg not so painful. The spine of the tibia can be distinctly felt and traced. Continue the treatment, also use *R* Podophyllin gr. ʒ, bitart. potass. gr. x, *M.* morning and evening, to obviate the costiveness.

Dec. 4.—The leg and thigh are not so much swollen, parts seem improving. Pain in the hip considerable, and assumes a rheumatic character.

Treatment.—*R* Iod. potass. 3j, tinc. macrotys 3ij, vinum colchici 3j, syrup ginger 3j. *M.* Take 3j three times a day. Apply the irritating plaster over the region of the sciatic notch.

Dec. 7.—The lower part of the leg is not so much swollen; veins not so much distended, or disposed to form blood-knots; leg and thigh improving; bowels rather relaxed. Continue the treatment, excepting the podophyllin compound.

Dec. 14.—Bowels regular, leg improving. Continue the treatment. Hip rather sore from the irritating plaster—no deep-seated pain. Take off the irritating plaster, and apply Mayer's ointment.

Dec. 28.—Since the cold weather commenced, the leg has become more swollen. He has been using the limb too much during the Christmas times. Keep more quiet, and continue the treatment.

Jan. 4.—Improving; continue the roller, keep the part moist with a decoction of oak bark.

CASE 359. Nov. 30.—Mrs. Pierce, æt. 29. Laryngitis, and fauceo-pharyngitis.—Has had a hacking cough for twelve years; cough most severe during the cold weather. Has some pain in the chest, extending through in the region of the main trunks of the bronchial tubes; pain in the right shoulder; expectorates but little; coughs almost incessantly upon lying down; has to rest with her head in an elevated position; pain and soreness in the larynx; throat ulcerated; the posterior nares is excavated, and the soft palate fauces and posterior wall of the pharynx, are very much ulcerated. The follicles of the fauces and pharynx are enlarged and ulcerated, and tenacious purulent mucus adheres to the surface of the parts. The posterior nares look rather dry and coated with a glazed secretion. The throat looks diseased as far down as I can see it. General health has been middling good—not so much impaired as I should suppose it would be, under the circumstances.

Treatment.—*R* Sol. argent nit. (crystals 3j, water 3j. *M.*) Apply to the ulcerated parts with a probang, once per day for six days. Use internally *R* Comp. syrup stillingia 3ij, syrup sanguinaria 3j. *M.* Take 3j three times a day.

Dec. 1.—No report.

CASE 360. Dec. 4.—James Terry, æt. 40. Granulation of the eyelids. Was cured of ophthalmia here last winter. Was well until a month ago. During this last month his eyelids have felt stiffened, and the eyes feel dry and inflamed in the morn-

ing, but during the day they gradually become moist. No special cause for this condition. Eyes rather weak since last spring; lids slightly granulated, reddened and swollen. Upon everting the lids, the granulations look very small and red.

Treatment.—Evert the lids and scarify the granulated surface slightly, merely to relieve the congested surface, and cut off some of the larger granulations. \mathcal{R} Ext. stramonium gr. x, water \mathfrak{z} vi. M. Apply to the eyes at night, as a moist dressing. Bathe the eyes with the same during the day.

Dec. 7.—Granulations slightly diminished in size, eyelids not so much inflamed and swollen, not so painful; yet there is some intolerance of light. Trim the granulations again, and continue the above dressing to the eyes.

Dec. 11.—Granulations not so prominent, look paler; eyelids not so much swollen; improving. Trimmed off some of the larger granulations. Applied dry sesquicarb. potass. to the smaller ones. Continue the stramonium dressing. \mathcal{R} Iod. potass. \mathfrak{z} ss, syrup ginger \mathfrak{z} iv. M. Take \mathfrak{z} j four times a day.

Dec. 14.—Eyes much improved; the granulations have nearly disappeared; redness, swelling and pain have subsided. Continue the iod. potass. solution, and apply to the eyelids three times a day the mild zinc ointment. Continue the above wash at night as a dressing.

Jan. 4.—Discharged cured.

CASE 361. Dec. 4.—Catherine Bailey, et 37. Mercurial rheumatism. Her leg has been painful about the middle of the anterior portion, and her instep also, for about four weeks. Previous to this she had an ulcer upon the leg, and one on the foot—the latter caused by friction and pressure of a hard shoe. They have both healed. She experiences much pain with the changes of the weather; pain commences in the foot, and extends up the leg to near the knee, (leg slightly swollen at the seat of pain.) Has taken much mercury during the last seven years. General health otherwise good.

Treatment.— \mathcal{R} Tinc. arnica \mathfrak{z} j, tinc. stramonium \mathfrak{z} j, iod. potass. \mathfrak{z} j, water \mathcal{O} j. M. Apply to the painful part as a moist dressing—continue it.

Dec. 7.—No better; has a pain in the right hypochondriac region, most when taking a deep inspiration; has had it periodically six years. Bowels regular. Pain seems to be of a rheumatic character.

Treatment.—Discontinue the external application. \mathcal{R} Vinum colchici \mathfrak{z} ij, iod. potass. \mathfrak{z} j, tinc. macrotys \mathfrak{z} ij. M. Take \mathfrak{z} j four times a day. Apply a sinapism to the right side every night.

Dec. 14.—Improving; feels much better. Continue the treatment.

CASE 362. Dec. 4.—Mrs. McGinniss. Subacute palpebral conjunctivitis. Was here last spring. Has some of the remnants of the ophthalmia of that time. Left eye slightly inflamed; slightly nebulous condition of the right cornea; vision indistinct; palpebræ slightly swollen and reddened, but not granulated.

Treatment.— \mathcal{R} Ext. stramonium gr. x, water \mathfrak{z} vj. M. Apply to the eyes at night as a moist dressing. \mathcal{R} Iod. potass. \mathfrak{z} j, syrup ginger \mathfrak{z} iv. M. Take \mathfrak{z} j three times a day.

Dec. 15.—Improving; thinks she will get entirely well. Continue the treatment.

CASE 363. Dec. 7.—N. B. Clift, et 30. Lead paralysis. Has been affected twenty-one months. Caused by working in metals, casting type. Had paralysis of the whole body, and could not use his limbs for seventeen months. Has much pain and swelling of the joints; but since he has recovered the partial use of his limbs, the last three months, the pains have abated, although the swelling of the joints continues. Bowels regular. The bladder was not affected. At present he walks with a crutch, although he has not much use of his hands. His previous health had been very good.

Treatment.— \mathcal{R} Will try the galvanic bath (Groves' galvanism), and report the result. The patient has been using electro-magnetism during the last two months with decided advantage.

Dec. 26.—Is improving much. Will report the future results.

CASE 364. Dec. 7.—John Johnson, æt. 47. Opacity of the cornea. Has been affected twenty-seven years. Caused by inflammation. There is an opaque spot in the center of each cornea, about two lines in diameter. He can see to walk around, but cannot read, excepting with the aid of powerful magnifying glasses. The opacities are thinning, and thus vision is improving. Eyes not inflamed; patient otherwise healthy.

Treatment.—R Iod. potass. gr. v, tinc. arnica f3ij, water f3vj. M. Apply to the eyes as a collyrium, morning and evening. I do not expect any sudden change in this case, but hope to assist the absorbents to remove these opacities.

Dec. 29.—Thinks his eyes are improving slowly; continue the treatment.

CASE 365. Dec. 7.—John Keiser, æt. 40. Chronic ophthalmia. Has been affected six months. Is a rag-picker by trade, and probably has got some kind of virus in his eyes. Thinks the heat of the sun has injured them. There is a small ulcer upon the cornea in the axis of vision, with small blood-vessels running to it. Has had no pain in the eyes until last night. There is some inflammation and redness of both the ocular and palpebral conjunctiva. His habits are irregular.

Treatment.—R Comp. syrup stillingia fiv, iod. potass. 3j. M. Take 3j three times a day. R Sesq. carb. potass. gr. v, hydrastin gr. iij, water 3j. M. Apply to the ulcer with a camel's hair pencil, morning and evening.

Jan. 12.—No report.

CASE 366. Dec. 7.—C. H. Secondary Syphilis. Three months ago he contracted syphilis (from the water closet, as he says.) There was, in due time, a small spot upon the prepuce, a syphilitic pustule, which, upon the application of medicine, dried up and disappeared. Had incipient buboes, but they disappeared. Has a few dark spots upon the abdomen and pustules at the

verge of the anus. Has no soreness of the throat; bowels rather relaxed; appetite good; skin dry and husky; some pain in the bladder; urine reddish, and passing the ordinary amount once in two hours. Though he does not seem much diseased, yet he feels unwell, and that the virus still lingers in his body to annoy him.

Treatment.—R Comp. syrup stillingia fviij, iod. potass. 3iiss. M. Take 3j thrice a day. Use the alkaline bath once per day. Avoid greasy diet and the excessive use of tobacco.

Dec. 27.—Feels much improved, and better spirits. Continue the treatment.

HYDRASTIN.

BY GROVER COE, M. D.

Perhaps no article in the list of concentrated remedies is possessed of more valuable therapeutic powers, or admits of more varied and extended application, than the active principles of the *hydrastis canadensis*.

This character will not apply to those pseudo-representatives of the medicinal constitution of this plant, which, judging from the history of the process given for their preparation, and their physiologic effects, are but fractional parts of a therapeutic unity.

It has been demonstrated beyond a power of caviling to deny, that the medicinal properties of this plant reside, not in one but in four distinct and separate forms called *principles*; and that it is necessary to isolate each peculiar form or principle separately, and then combine them all together, thus forming the only true hydrastin.

These principles have been determined to bear the characters respectively of resinoid, alkaloid, and neutral principles. These, it is believed, constitute the therapeutic whole of the plant. Hence it is obvious that the absence of one or more of these parts would constitute an imperfection. Should future investigations establish

the existence of other principles, it would but argue the incompleteness of the present preparation, and not alter the fact that the absence of any of the principles here named would render the imperfectness greater.

My remarks, therefore, will apply only to that hydrastin wherein the developed principles have been isolated, and then recombined. But better than all other evidence brought to bear upon this question, are the *practical results* which this article gives when exhibited in the various types of disease, in which, by virtue of its established curative powers, it is indicated.

The properties which, from my experience in its use, I am induced to award the hydrastin possession of, are as follows:

TONIC.—This power is manifested by its giving vigor to the various functions of the system; as, for instance, increasing the force of the circulation, augmenting animal heat, quickening digestion, rendering muscular action more easy and enduring, &c. These effects entitle it to the appellation of a permanent stimuli. Acting primarily upon the stomach, its influence extends gradually throughout the whole system. Hence its utility in cases of both general and local debility. As these conditions are most frequently dependent upon want of proper action on the part of the nutritive functions, this remedy, from its capability of promoting digestion and assimilation, is peculiarly applicable. It not only promotes the preparation of the nutritive elements, but also assists in their appropriation.

ANTI-PERIODIC.—While it manifests an ability to augment the force of the circulation, when that function is below the normal standard, it also at the same time exhibits the peculiar and desirable power of controlling it when disposed to be capricious or inordinate. Hence we may reap much benefit from its exhibition in intermittent fever, and various other types of disease, provided we pay due regard to their periodicity. I regard its *modus operandi* in these cases to be auxiliary to the conservative forces, co-operating with them

to maintain a physiological action. Thus many diseases being marked by a distinct and complete remission of pathological symptoms, if we judiciously administer it during the comparative state of health, having marked our case well and paid due regard to the considerations of time, quantity, and repetition, we cannot fail to have our expectations realized. The judgment of the practitioner alone must decide its compatibility in any given case. He certainly will require no advice from me in regard to properly preparing his patient's system for its adaptation.

Among other forms of disease which may be benefited and cured by virtue of this property, I would mention deafness, ringing and other unpleasant noises in the head, neuralgia, spasmodic affections, and in short, almost any affection which is marked by a distinct remission. Combined with anti-spasmodics, hysteria has yielded to its influence when anti-spasmodics alone were inefficient.

LAXATIVE.—This property renders it peculiarly useful in the treatment of some forms of dyspepsia, particularly those forms dependent upon a deficiency of the biliary secretion, and consequent torpor of the alvine canal. Its power as an efficient remedy in the removal of hepatic obstructions has long been established. Its influence over the portal circulation is equally undeniable. Hence it will be found of singular efficacy in the treatment of hemorrhoids dependent upon, or complicated with hepatic torpor and constipation.

It cannot fail to be perceived that the possession of this laxative property, in conjunction with the tonic and anti-periodic powers previously described, renders it peculiarly appropriate in the convalescing stage of the various types of fevers, particularly those of an eruptive grade; for while it promotes the preparation and dispensation of material to replace the decomposition which has taken place in the tissues, it likewise promotes the action of the depurative functions, a result so much to be desired in all cases of disordered health.

This latter effect, in addition to its laxative powers, depends upon its possession of deobstruent, detergent, resolvent and diuretic properties. By diuretic I would not be understood as assuming that it manifestly increased the quantity of urine secreted, but that it changed the character, promoting the depuration of effete principles whose retention would constitute a source of irritation. Perhaps this property should be termed alterative; though I am inclined to the opinion that the appellations diuretic and alterative are both appropriate.

To recapitulate its properties, then, I shall accord to it tonic, anti-periodic, laxative, stimulant, detergent, deobstruent, resolvent, diuretic, and alterative powers. In my experience with this remedy, I have closely watched its effects, and have come to the conclusion, that it possesses a principle, which, like *theine*, or *caffeine*, retards the metamorphosis of interstitial tissue, and hence, in addition to its power of promoting the supply of material, absolutely hinders it by diminishing bodily waste. That this peculiar property attaches to some other remedies, which I may hereafter notice, I verily believe. Some authors have attributed narcotic properties to it, but this is apparent only when given in over doses. Its effects are analogous to those of quinine, when given in too large doses, or too often repeated, producing considerable cerebral excitement, constriction or sense of tightness, as if the head were compressed with a hoop, and a peculiar dryness of the auditory membranes, accompanied by a ringing or buzzing sound in the ears.

It will be remembered that I have recommended it for this latter symptom, when arising from other causes, which sounds somewhat *homœopathic*, but is nevertheless in accordance with facts.

There are some cases of deafness which are marked by a remission of longer or shorter duration within the period of twenty-four or forty-eight hours. If this remission be closely watched for, and hydrastin promptly administered at the pro-

per moment, and be persevered in, relief will certainly follow in many cases. The smacks of *chronothermalism*, but experience has established it as a "fixed fact." Hydrastin admits of many combinations which may be advantageously employed in a great variety of morbid conditions. Some of these combinations I will present in the form I have used them.

R Hydrastin, gr. x.
Super-carb. soda. gr. xx.
M. et in chart. No. x divid.

One of these powders administered three times per day in those cases of indigestion characterized by a predominance of acidity in the first passages, will not disappoint expectation.

As a remedy for leucorrhœa characterized by the peculiar acidity of the vaginal discharge, I deem it unsurpassed. As the hydrastin itself exerts an especial influence over mucous surfaces, the appropriateness of this combination will the more readily be perceived.

In chronic gonorrhœa and gleet, also spermatorrhœa, it has in my practice proved of essential service. In short, the judgment of the practitioner cannot fail to perceive that this combination is adapted to many cachectic conditions.

R Hydrastin, gr. x.
Xanthoxylin, gr. xv.
M. et in chart. No. x divid.

In atony of the digestive apparatus, particularly of the lacteals, paralysis, anemia and those atonic conditions of the bowels which frequently exist as the sequela of dysentery, diarrhea, and cholera infantum, this is an efficient remedy.

R Hydrastin, leptandrin, aa gr. x.
Podophyllin, gelsemin, aa gr. v.
M. et in chart. No. x divid.

With this combination I have cured *panama* fever of eight months standing, in forty-eight hours. Give one powder every two hours until free catharsis is produced, and then at intervals of four or five hours until the evacuations have assumed a more healthy character. This course usually removes all symptoms of the disease.

To insure permanency, the preceding pre-

Opium may be used for a period varying according to the amount of debility existing. In some cases it is advisable to administer half a grain of gelsemin at bed time for a few days.

This prescription is so successful in the treatment of intermittent fever in this locality, that I seldom find it necessary to resort to any other remedy. I am aware, however, that the efficacy of any prescribed form of treatment, varies with locality.—but I have already exceeded my intended limits, and must close with a few general remarks. To say all that could be said in favor of this remedy, would occupy too much space.

Hence I will speak of a few of its characteristics as an auxiliary, giving a few combinations, and leave it to the discrimination of the practitioner to decide in regard to the propriety of adaptation, time, quantity, and repetition.

Hydrastin increases the power of antispasmodics, nervines, &c.

R Hydrastin, caulophyllin.

R Hydrastin, cypripedin.

R Hydrastin, viburin.

R Hydrastin, lupulin.

R Hydrastin, scutellarin.

It gives permanence to stimulants, as,

R Hydrastin, xanthoxyllin.

R Hydrastin, sanguinarin, &c.

Also to astringents, promoting their appropriation, and enhancing their efficacy.

R Hydrastin, myricin.

R Hydrastin, gerarin.

R Hydrastin, rhusin, &c.

Externally its value is well known to Eclectics in the treatment of some forms of ophthalmia, opacity of the cornea, otorrhea, dermoid diseases, &c. For these purposes it is employed in solution, tincture and ointment. To give a brief synopsis then of the diseases in which it may be beneficially employed, I will mention the convalescing stage of all acute diseases, chronic enteritis, gastritis, dysentery and diarrhea; dyspepsia, hepatic derangements, gonorrhea, leucorrhea, hemorrhoids, spermatorrhea, catarrh of the bladder, gleet, aphthae, stomatitis, ophthalmia, otorrhea, etc.

Perhaps I may not have adduced anything new or original in regard to the virtues and modes of administration of this remedy, but nevertheless I am induced to believe that the testimony I have rendered in regard to its positive value, may inspire confidence in those who are inclined to look favorably upon this indigenous and truly Eclectic remedy.

Should I have confirmed the favorable opinion of a single reader in regard to this remedial agent, I shall feel gratified and induced to again take up my pen in behalf of this class of agents, which form so large and conspicuous a part in our great and growing American Materia Medica.

New York Jan. 1856.

FOREIGN BODY IN THE STOMACH.

BY D. S. FREEMAN, M.D.

Miss O. Skelton, æt. 35 years, had the misfortune to swallow an American one-cent copper coin. Three hours after the accident, she came to my office, to see what could be done for her. It caused some pain and great alarm. Having never seen such a case before, I hardly knew what to do. I could not recollect of ever having seen any course of treatment laid down in the books for such accidents.

I came to the following conclusions, viz: that it could not be raised by an ordinary course of vomiting, on account of the specific gravity of the foreign body. The stomach pump could do no good. And as for its passing the whole length of the intestinal tube, without danger and great irritation, it was extremely doubtful.

I then concluded to try the following course on my own responsibility. As she complained of pain in the upper epigastric region, I thought it possible that it had not passed the cardiac orifice, although the accident had occurred three hours before, and she had rode three miles in a stage.

TREATMENT.—I placed her on an inclined plane, upon the left side, with the chest lower than the pelvis. I then caused her to vomit by introducing the feather end of a common goose-quill into the fauces which caused a slight emesis, but without relief. By this time I was satisfied that it was in the stomach. I then gave her a pint of mucilage of *S. alnus pulv.*, the consistence of common soft soap. In ten minutes I caused her to vomit by the use of the feather, as before. While vomiting I caused her to be lifted by the feet until she was perpendicular, with the head downward. She vomited freely all that I had given her, but nothing more.

By this time I feared I should not succeed. Not being satisfied, however, I mixed another pint of the mucilage, and made it much thicker than the first, adding one table spoonful of tinc. lobelia inflata, with fifteen drops sulph. ether. In ten minutes, I had her lifted as before, with the head downward, and gave her a shake, then excited vomiting as before, and shook her by the shoulders while vomiting. She vomited freely, and in the contents we found the cent.

I do not think that I should have succeeded in removing the foreign substance from the stomach in this case, had it not been for the position in which the patient was held, during the act of vomiting. Some benefit may be ascribed to the mucilage, on account of its consistency, having a tendency to carry the foreign body with it. I ascribe no benefit to the emetic tincture in this case; perhaps it might be necessary in other cases. Vomiting, mechanically excited, was sufficient in this case.

As such accidents as this do occur, and are liable to be of frequent occurrence, I considered the above case worth recording.

Venango, Crawford Co., Pa.

NEW REMEDY.—We have observed a case of bad syphilitic warts improving, at the London Hospital, under a lotion of decoction of tormentilla.—*Lon. Lancet.*

Part 2—Progress of Medical Science

CAULOPHYLLIN.

Caulophyllin is obtained from the root of the *Caulophyllum thalictroides* (Berberidaceæ). This is the *Leontice* of Linnæus, but many American writers, following Lechaux, have called the American variety *Caulophyllum*. This plant is known by various names of blue cohosh, squaw root, papoose root, &c. It is said to have been in use among the Indians for many ages, as they say, and they have among them many traditions concerning the wonderful cures which have been effected by it. Within the last ten years, much has been written about it, and many physicians have thus been induced to use it, and, we are happy to say, with satisfactory results. The active principle has been separated only a short time; but it has been extensively employed by physicians every where qualified to judge of it, and, from all we hear, so far as our means of communication has enabled us to get an expression of opinion, there has been a general verdict in its favor.

Caulophyllin is a light resinous powder, somewhat pitchy when heated, of a drab color, with an odor similar to good powdered licorice root, and a taste somewhat pungent. It is only partially soluble in cold water, and not completely soluble in ordinary alcohol. In ammoniated water alcohol, it is perfectly soluble. Nitric and muriatic acids both add to its solubility in water. It is very likely that an alkaloid principle will yet be prepared from the *Caulophyllum*; indeed, a description of white precipitate was published some time since, in a New York journal, but of it we know nothing sufficiently definite to warrant its recognition in this work, it being our object to treat of the positive materia medica.

In proper combination, the caulophyllin is a reliable purgative; but we cannot

use it in a dozen classes of medicines, as others have done. It really is a stimulating tonic, and as such, in every way perfectly reliable. It seems also to possess slight narcotic properties, although not in such an eminent degree as we have been told by writers occupying high places in the medical world. Every one will see that an agent becomes parturifacient, when it possesses the properties of stimulation, acidity, and slight sedation as the reaction to stimulation. The continued administration of this agent, will undoubtedly improve the general health, and thus give a healthy tone to the uterine function; and will also, when pushed vigorously, exert special action over the uterus. We consider it dangerous to push the caulophyllin beyond the limits of parturifacients, (we mean by parturifacients such agents as prepare the patient for successful parturition, which remove obstructions, and tone up the system,) and in this, we presume, most intelligent physicians will agree with us. As a parturifacient, we should not hesitate to prescribe the caulophyllin alone, if we deem the following combination superior to the single article, varying the dose to suit the circumstances:

CAULOPHYLLIN, asclepin, helonin, macrotin, scutellarin.

During the administration of the above, which we give three times a day, before eating, we should recommend the free use of mucilaginous drinks and proper care of the excretory functions. During pregnancy, females are apt to be troubled with paroxysmic twitchings of the muscles, which sometimes prove troublesome; these will not appear when the above formula has been administered. When labor commences with a patient who has been thus treated, the expulsive energy will be seldom inefficient, and the indications for abortives seldom occur. Many females, who have frequent miscarriages, would avoid them, and carry their children to the full period, by the use of caulophyllin, with the above-named agents, and even single ladies, who have difficult or suppressed menstruation, would be greatly benefited,

if not entirely relieved, by adopting the use of the above combination.

But caulophyllin may be used in the treatment of numerous complaints, and especially to correct the harshness of the action of all cathartics, which cause tormina during the operation. In rheumatism depending on a syphilitic taint, the caulophyllin may be used to much advantage when thus combined:

Xanthoxylin, stillingin, CAULOPHYLLIN, hydrastin.

Before commencing the use of the above, we should clear out the system by the free administration of

Podophyllin, CAULOPHYLLIN, scutellarin, and administer freely of some ferruginous preparation, before and after each meal.

In the treatment of ordinary hysteria, we should give

Scutellarin, CAULOPHYLLIN, rubbed up with a small portion of castor and oil erigeron.

The caulophyllin has also been used with some success, in the treatment of epilepsy, spasm of the intestines, flatulence, and the whole catalogue of diseases requiring the exhibition of stimulating tonics. Being a tonic, it of course possesses alterative, or eutropic properties, and hence, is often used in the treatment of diseases demanding the exhibition of alteratives.

The ordinary dose of the pure caulophyllin is, for an adult, one grain, three or four times a day. We do not regard this as the best stimulating tonic, alterative, or narcotic known; but it is a *good* and reliable agent, from which, if it be judiciously used, we may expect very satisfactory results. In this opinion we are well supported by all who have used the pure article.—*Positive Medical Agents*.

TREATMENT OF CATARRH.

Several methods more or less novel for the treatment of the ordinary coryza, or catarrh, are just now occupying a good deal of attention. In hospital practice we

have not seen the plan of injecting a solution of sulphate of zinc, as recommended by Dr. Pretty, at all tried. The remedy is one, which from what we know of its influence on the conjunctival and urethral mucous membranes, might be expected to be very useful. The nares, however, offer considerable difficulties to its application. In the eye and urethra it may easily be got in contact with the whole inflamed surface, to accomplish which must be impossible in the case of the Schneidorian membrane. The trouble also involved is a drawback. A much more convenient method, and one which we hear spoken very highly of, is the inhalation of the fumes of opium as recently suggested by Dr. Lombard, of Geneva. A piece of metal is heated in a spirit-lamp and a few grains of powdered opium having been sprinkled upon it, the patient is directed to hold his head in the fumes, and to make a few forced inhalations. It is said to afford most marvelous and speedy relief to the distressing pain and sense of weight so commonly felt in the frontal sinuses. As addressed to this particular symptom, this expedient might be advantageously combined with "orange-juice treatment," so useful in allaying the fever, restlessness, and general disturbance, which often attend this common and most disagreeable complaint.—*Med. Times and Gaz.*

CLERGYMAN'S SORE THROAT.—A writer in a Medical Journal says that what is commonly called clergyman's sore throat consists simply in a chronic inflammation of the mucous follicles, or glands connected with the mucous membrane which lines the larynx, pharynx, trachea, &c. The office of these little glands is to secrete a fluid to lubricate the air passages. When inflamed it spreads an acrid, irritating fluid over surrounding parts, and excites an inflammation in them. This, if not arrested, ends in ulceration; the expectoration becomes puriform and undistinguishable from that of consumption, and the patient dies with all the symptoms of phthisis.

CHELONIN.

The Chelonin is obtained from the *Chelone glabra* (Scrophulariaceæ), a plant which is also known by the common name of balmony, snakehead, shell-flower, &c. It belongs to a small genus of American plants. Until recently, but little was known of the medical properties of the plant, yet it has been used from time immemorial by the Indians, from whom the whites obtained some knowledge of its virtues, and were thus led to experiment with it.

Chelonin, the concentrated active principle of *chelone glabra*, is a dark drab powder, which cakes in the bottle somewhat like tartaric acid. It has an aromatic, diffusible, pungent, slightly bitter taste, resembling somewhat both bayberry and Cayenne pepper. When put in water, it colors it of a buffish color. This resinous preparation is a rather curious compound; for, when put in water, a mucilaginous substance is set free, along with the bitter principle and the coloring matter, while the pure resin is left undissolved. In alcohol it is much less soluble, but imparts to it the same buff color. In acetic acid it is still less soluble, being connected by it into a pitchy, ropy substance. It is still less soluble in muriate of ammonia, to which it imparts a deep orange color.

Chelonin is an active, stimulating tonic, slightly cathartic, and a good remedy for destroying worms. In the treatment of diseases requiring the use of capsaicin or myricin, the chelonin may be appropriately combined with those agents, and used to promote the powers of chylolysis; to determine the blood to the surface; to excite perspiration, stimulate the glandular organs, brace up the system in the sinking stages of typhus or typhoid fevers, and to heighten the action of other medicines. In torpid conditions of the liver, in dyspepsia, constipation, &c., we usually combine it for administration thus;

CHELONIN, leptandrin, xanthoxylin, with the happiest results, and the most per-

ment advantage. Combined with podophyllin, it increases the action of the latter, and also modifies its tendency to gripe. The Chelonin has enjoyed some popularity as a vermifuge, though we do not make it very valuable as such. If we were to prescribe it for the purpose of removing worms, we should combine it thus;

CHELONIN, podophyllin, hydrastine, asclepiadin, rhusin, jalapin.

This prescription, persevered in for a few days, would certainly be beneficial, and make up the cachexy on which the formation of entozoa in the body depend. To understand how this results, it will be well to consider our remarks on anthelmintics. The dose of the chelonin, for an adult man, is three grains; but, in many cases where there is great languor of the functions, as in old persons, it may be given in five grain doses.

In the treatment of habitual constipation, the chelonin may be advantageously combined with the following agents.

Leptandrin, CHELONIN, hydrastin, asclepiadin.

If the constipation depends on a spasmodic condition, or upon an irritated condition of the intestines, it will be well to add stillingia, canthophyllin, and lupulin to the above. Within the circle of almost every physician's practice, there will be found many patients requiring such a combination of agents.—*Positive Medical Agents.*

of the first, second, and third metatarsal bones riding over the cuneiforms. The strong ligamentous union of this articulation, its slight mobility and the compactness of the bones implicated, show the impossibility of dislocation from all ordinary application of force. Consulting several surgical authorities, I do not find this species of dislocation described. In the present case I have only been able to account for its occurrence on the supposition that the force was communicated in such a manner as to double the phalanges and metatarsal bones upon the plantar surface, dislocating upwards the tarsal extremities of the latter.

Reduction was accomplished in the following manner: An assistant taking hold of the heel, made powerful counter-extension, while the surgeon, with both hands grasping the foot, made extension, and having brought the dislocated extremities in opposition, they were reduced by strong compression with the thumbs. There being not much tendency to displacement, in order to prevent the active inflammation which must supervene upon so extensive a laceration of the ligaments, light dressings and evaporating lotions were employed. A high grade of inflammation followed, and at one time the lividity of the surface gave strong indications of an approach to gangrene; this, however, did not occur, and with the subsidence of the inflammation the foot has progressed slowly, but favorably, to recovery.—*Boston Med. Jour.*

DISLOCATION OF THE TARSO-METATARSAL ARTICULATION.

BY DR. HERSHBY.

C. F., a robust and vigorous man, aged 35, while riding on horseback, was suddenly dismounted, by the stumbling and falling of the animal, whose whole weight fell upon his left foot. It presented upon examination the following appearances: the length of the foot was shortened about one inch. There was now prominent elevation upon the dorsum, indicating the tarsal extremities

DISLOCATION OF THE FEMUR INTO THE ISCHIATIC NOTCH.

BY PROF. W. H. VAN BUREN.

On the 28th of July, 1855, D. Donohue, a moderately healthy Irish laborer, set. 42, was standing in the hold of a cotton ship, and assisting in discharging her cargo, when a bale of cotton, which had been imperfectly balanced on the margin of the hatchway, fell back into the hold upon him. He

was struck by it upon the shoulders, in such a manner as to flex the trunk forcibly forward, and to prostrate him. He was unable to rise, and was immediately brought to the New York Hospital.

When examined in bed, shortly after admission, he was unable to move his left limb, which, on measurement, was found to be shortened three quarters of an inch. The thigh was slightly flexed, and strongly adducted, so as to overlie the knee of the opposite limb, the foot being inverted so as to rest upon the instep of its fellow.

The anterior curvature of the lumbar portion of the spinal column was decidedly increased, and, on attempting rotation of the thigh, the head of the bone could be distinctly felt beneath the gluteus maximus muscle, and occupying the ischiatic notch. The foot could not be everted without great pain; and, as he lay, the knee was raised some six inches from the surface of the bed, and could not be brought in contact with it without causing pain.

The patient was conveyed to the operating theater, and profoundly etherized, when reduction was attempted by the following manipulation: The leg of the dislocated limb was flexed on the thigh, and the thigh itself slowly and forcibly adducted and flexed upon the trunk, until its anterior surface was brought in contact with the abdomen, the knee being in contact with the margin of the ribs in the right hypochondrium. Meanwhile, by means of the leverage afforded by the leg, the thigh bone was being constantly rotated upon its axis. Whilst the thigh was thus in a position of forced flexion and adduction, it was gradually abducted, the knee sweeping across the front of the abdomen until it was bro't beyond the left side of the trunk, into a position of forced flexion and abduction, the rotatory or rocking motion of the femur being still continued. From this position of forced flexion combined with abduction, the thigh was gradually extended, forcible abduction being still kept up, when, the knee being about on a line with the symphysis pubis, a distinct shock was both felt and heard, which marked the return of the femur to the acetabulum.

The limb then fully extended, and all symptoms of dislocation were found to have disappeared. The two limbs were bandaged together, and the patient conveyed to his bed. He recovered without any untoward symptoms, and, on the 29th of August, was discharged cured.—*New York Medical Times.*

ON THE VENOM OF SERPENTS

BY J. GILMAN, M. D.

There is much in the history and habits of the reptile tribes, however repulsive they may be in appearance, that is very interesting. During a sojourn of two or three months in the interior of Arkansas, which appears to me to be the paradise of reptiles, I paid some attention to that branch of natural history called ophiology. I found four distinct varieties of rattlesnakes (*Crotalus*), of which the *crotalus horridus* and *crotalus kirtlandii* are most numerous. The former is the largest serpent in North America. The family of moccasin snakes (*Coluber*) is also quite numerous, there being not less than ten varieties, most of which are quite as venomous as the rattlesnakes.

By dissecting great numbers of different species I learned that the anatomical structure of the poisoning apparatus is similar in all the different varieties of venomous serpents. It consists of a strong framework of bone, with its appropriate muscles in the upper part of the head, resembling and being in fact a pair of jaws, but externally to the jaws proper, and much stronger. To these is attached by a ginglymous articulation, one or more moveable fangs on each side, just at the verge of the mouth, capable of being raised at pleasure. The fangs are very hard and sharp and crooked like the claws of a cat, with a hollow from the base to near the point. I have occasionally seen a thin slit of bone divide the hollow, making two. At their base is found a small sac, containing two or three drops of venom which resembles thin honey. This sac is so connected with the cavity of

fang during its erection, that a slight upward pressure forces the venom into the fang at its base, and it makes its exit at a small slit or opening near the point, with considerable force; thus it is carried to the bottom of any wound made by the fang. Unless the fangs are erected for battle, they lie concealed in the upper part of the mouth, sunk between the external and internal jaw bones, somewhat like a pen-knife blade shut up in its handle, where they are covered by a fold of membrane, which encloses them like a sheath; this is the *vagina dentis*. There can be no doubt but these fangs are frequently broken off or shed, as the head grows broader to make room for new ones nearer the verge of the mouth; for, within the *vagina dentis* of a very large *Crotalus horridus*, I found no less than five fangs on each side, in all states of formation—the smallest in a half palpy or cartilaginous state, the next something harder, the third still more perfect, and so on to the main, well set, perfect fang. Each of these teeth had a well defined cavity like the main one. Three fangs on each side were frequently found in copper heads, vipers, and others.

The process of robbing serpents of their venom is easily accomplished by the aid of chloroform, a few drops of which stupefies them. If, while they are under its influence, they are carefully seized by the neck, and the *vagina dentis* held out of the way by an assistant with a pair of forceps, and the fang be erected and gently pressed upward, the venom will be seen issuing from the fang, and dropping from its point. It may then be absorbed by a bit of sponge, or caught in a vial, or on the point of a lancet. After robbing several serpents in this manner, they were found, after two days, to be as highly charged as ever with venom of equal intensity with that first taken.

During the process of robbing several species of serpents, I inoculated several small but vigorous and perfectly healthy vegetables, with the point of a lancet well charged with venom. The next day they were withered and dead, looking as though

they had been scathed with lightning. In attempting to preserve a few drops of venom, for future experiments, in a small vial with two or three parts of alcohol, it was found in a short time to have lost its venomous properties. But after mixing the venom with aqua ammonia, or spirits turpentine, or oil of peppermint, or of cinnamon, or of cloves, or with nitric or sulphuric acid, it still seemed to act with undiminished energy. It is best preserved, however, for future use, by trituration with refined sugar or sugar of milk.

A very fine large cotton-mouth snake, being captured by putting a shoe-string around him, became excessively ferocious, striking at even the crack of a small riding whip. Finding himself a prisoner, without hope of escape, he turned his deadly weapons on his own body, striking repeatedly his well charged fangs deeply into his flesh. Notwithstanding this, he was put in a small basket, and carried forward. In one hour after, he was found dead, and no amount of irritation could excite the least indication of life. Four hours after, while removing the skin for preservation, the blood oozed slowly from the vessels in a dissolved state. No violence was done to his snake-ship, except what he did to himself.

Another moccasin, shot by a pistol about two inches back of the head, and skinned immediately, gave decided evidence of vitality four hours after being flayed, by wreathing the body whenever it was irritated by a scalpel.

A large rattlesnake, beheaded instantly with a hoe, would, an hour and a half after, strike at anything that pinched its tail. Of several persons who were testing their firmness of nerve, trying to hold the head steady while the serpent struck at it, not one could be found whose hand would not recoil in spite of his resolution, and one man, a great bully, by-the-by, was struck on the naked throat with considerable violence by the headless trunk of the serpent, and staggered back, fainted and fell, from terror. Mr. Stewart, of Missa, tells me he witnessed a similar scene once. An old hunter shot a rattlesnake's head off, and

after reloading his gun and standing some time, he stooped to pull off the rattles, and the bloody but headless trunk of the snake struck him in the temple, and he fainted and fell down with terror.

Seven venomous serpents belonging to five different species, were made to fraternize and dwell amicably in one den. A beautiful pair of long bodied, speckled snakes, known as king-snakes, and found to be fangless, and consequently without venom, were duly installed as members of the family. Some uneasiness was perceivable among the older members, but no attempt was made to destroy the intruders, though they might have been killed instantly. The next morning four of the venomous serpents were found to have been destroyed by the king-snakes, and one was still within their coil, and the two remaining ones would make no effort at self defence. A large rattle-snake seemed stupid and indifferent to his fate. He could not be made to threaten or give warning even with his rattles. The smallest king-snake was afterwards inoculated with the poison of one of the serpents he had destroyed, and died immediately afterward—thus evincing that they must have exercised some power besides physical force to overcome their fellow creatures.

In short, the results of a great number of experiments performed with the venom of a great variety of serpents, seem to lead to the following conclusions:

1. That the venom of all serpents acts as a poison in a similar manner.
2. That the venom of some varieties is far more active than that of others.
3. That a variety of the colluber, known as the cotton-mouth, is the most venomous serpent in Arkansas.
4. That the venom of serpents destroys all forms of organized life, vegetable as well as animal.
5. That alcohol, if brought in contact with the venom, is, to a certain extent, an antidote.
6. That serpents do possess the power of fascinating small animals, and that this power is identical with mesmerism.

7. That the blood of small animals destroyed by the venom of serpents, bears a close resemblance to that of animals destroyed by lightning or hydrocyanic acid; it loses its power of coagulation and can not be long kept from putrefaction.—*St. Louis Med. & Surg. Journal.*

SYRUP OF ELDERBERRIES) SAM BUCUS) AS A SUBSTITUTE FOR SARSAPARILLA.

BY WM. H. WORTHINGTON, M.D.

There being much dissatisfaction attending the use of the compound syrup of sarsaparilla in the hands of some physicians, the syrup of elderberries was recommended to my notice by Dr. Benjamin H. Stratton, of Mount Holly, N. J., who for some years has been in the habit of using it in all cases of disease, in which an alterative action upon the system was desired, and for which the sarsaparilla is usually employed. In the treatment of gout, chronic rheumatism, eruptive and syphilitic affections, he has used it combined with the iodide of potassium with marked benefit. The formula used by him is the following:

R^x Juice of elderberries, Oxxvj,
Sugar crystal, lbxxvj.

Mix and boil to a syrup; after allowing it to cool, add to every pint of syrup one ounce of the best fourth proof French brandy, bottling and keeping it in a cool place.

Dose, from a dessert to a table spoonful three times a day.

Flattering myself that an improvement could be made in the preparation of the above syrup without injury, I have prepared a compound syrup of elderberries, containing some, if not all of the most active ingredients of the compound syrup of sarsaparilla, (*guaiaci lignum and sennæ fol.*;) by this means, as I think, increasing the alterative virtues of the syrup, giving it a more marked and active character in the treatment of gout, rheumatism, &c., than

it possessed without them. To this syrup may be added the iodide of potassium to suit the views of those prescribing. The formula is as follows:

R Juice of elderberries,	Oxvj,
Sugar crystal,	lbxxvj,
Guaicain wood,	3iv,
Senna leaves,	3iij,

Put the senna fol. and the guaiac. lig. in three pints of water, boiling it down one-half, and strain. Put the juice and sugar in a kettle, place it on the fire, and when it has come to the boil, add the decoction of guaiac. lig. and senna fol., allow it to boil to a syrup, when it must be taken off, strained and let cool. To every pint of syrup add one ounce of the best fourth proof French brandy, bottling and keeping in a cool place.

Dose, the same as preceding.

The syrup of elderberries is given to the profession chiefly upon the recommendation of Dr. Stratton, whose skill and experience as a practitioner is entitled to the confidence of his medical brethren. If, as he believes, it possesses more certain and prompt remedial virtues as an alternative than sarsaparilla, it ought to be added to our catalogue of official articles. The difficulty of obtaining at all times good sarsaparilla, and especially in the country, increases the claims of this syrup upon our rural practitioners, who can command with facility, and in great abundance, the material for its preparation.—*Medical Reporter.*

A NEW OPERATION ON ANCHYLOSED JOINTS.

BY E. G. H. BUTCHER, SURGEON.

There is a condition of the elbow free from disease, the result of injury, when it has become fixed by bony ankylosis in its straight position, that requires special notice. I at once cede the point that, by many, such an inconvenience might be borne with rather than running risks, by submitting to a severe operation; but, on

the other hand, there are some upon whom the effect would be to deprive them of the means of earning their bread, and, having no resources, would of necessity consign them to be inmates of a poor-house for the rest of their days. Here, I think, surgery legitimately offers her powers to relieve.

In such a condition of parts I would not excise the joint, but would execute the following operation. I have frequently performed it on the dead body, and a dexterous hand may readily accomplish it in the living.

The arm being placed in the same position as that for resection, an incision should be made, about an inch in length, behind the internal condyle, and the ulnar nerve freed from its bed, and drawn forward with a blunt hook. A second incision should pass outward to the most prominent part of the external condyle, at right angles with the first, dividing the integuments and ligamentous expansion covering the olecranon. The fine blade of the saw which I use for resection being detached, it should be passed from the extremity of the transverse incision, that is, from without inward, in front of the condyles and the joint, its flat surface being applied to them. The blade being sharp at the point, can be readily made to pass along this direction, and by drawing the integuments a little in front of the internal condyle it will appear thro' the perpendicular incision, or that made in the first instance; the serrated edge may then be turned backward, the blade connected with its frame, a few movements will sever all resisting parts from before backward, corresponding to the line of the transverse incision through the soft parts the limb should then be bent at less than a right angle, and any vessels requiring ligatures must be secured. The after-treatment should be exactly in accordance with the rules laid down when speaking of resection.

An operation accomplished after this plan is not, I conceive, nearly so serious a measure as excision of the joint; the brachial artery need not be considered in danger, except through undue rashness, and

the hopes of a more perfect motion may rationally be expected, when no muscular attachments are divided.—*Dub. Quar. Jour. Med. Science.*

THE NEW ESCULENT ROOT—THE CHINESE OR JAPAN POTATO.

BY WM. R. PRINCE.

This most important esculent (*Dioscorea Batatas*, *Dioscorea Japonica*, or *Iguam de la Chine*,) was first introduced into Europe in 1850, it having been sent to France by M. de Montigny, French Consul at Shanghai, in Northern China, who transmitted a few roots to some learned men. It did not however attract their special attention to its great value and immense importance until the year 1853, when some highly intelligent botanists recognized the great advantages to be derived from its extensive culture, and devoted themselves to its increase and to the development of its merits.

Finding this precious root to be superior in its farinaceous properties to either of the species of potato, and that it was in no case subject to decay, whether in the ground or out of it, and was of so hardy a character, as to withstand the severest winter uninjured, they have now come to the conclusion, in common with English botanists who have made similar experiments, that the *dioscorea batatas* is destined to supercede the precarious and uncertain culture of the ordinary potato, so liable to rot and to other diseases, and that the grand desideratum, a substitute in itself more valuable than the ordinary potato, has at length been found. So strongly confirmed is this opinion in Europe, that we find it supported by all their leading agricultural and horticultural publications, and even by the *Mark Lane Express*, the principal representative and expositor of the agriculturists of Great Britain.

Roots of this plant have been produced in middle and northern France, weighing

two to two and a half pounds, from tubers planted in April and dug in October.

One great point of superiority possessed by it is, that it may remain in the ground two or three years, always enlarging in size, and equally nutritious and excellent in flavor. Experiments have proved that when the roots are left for eighteen months in the ground, the yield is more than treble that of roots left for but one summer; and it is also considered that the roots are improved in quality.

In the spring of 1853, the largest plantation in France contained but 700 roots. Yet such is the ease and rapidity of its propagation and increase, that it is already become most remarkably disseminated. Its growth is very rapid, and it seems suited to any climate and to any soil, although a sandy loam or sandy soil has been deemed preferable in Europe, where the sun-heat is much less powerful than with us. It has been tested in this country in sandy and in stiff loam, and grew vigorously in both, and from analogy it is more than probable that it will do well in humid soils. It may here be deemed worthy of note that in addition to the great similarity in the genera and species natural to China and North America, one of our most common native plants (also a vine) is the *dioscorea villosa*, found in great plenty in hedge-rows and on the borders of ravines, from Canada to Carolina, and every where called "wild yam;" and that another species is found growing very abundantly in Virginia and Carolina. It is, therefore, only placing the *dioscorea batatas* among its relatives and congeners, when we introduce it to the American soil.

One very peculiar characteristic of this plant is, that its roots run *perpendicularly* into the earth, thereby greatly enlarging its capacity to produce the greatest possible crops from a given space of ground. It has been calculated in the French publications, from the experiments there made, that an acre will, in six months, produce 36,000 pounds, and in eighteen months, 120,000 pounds.

It possesses another great advantage. The roots, when placed in a cellar, remain

firm and perfect as well as free from sprouts, and they can be kept out of the ground a year without injury or deterioration of their alimentary qualities. This property renders them invaluable for use in long sea voyages, and especially as a preventive of scurvy.

We deem this plant much better adapted to cold than to hot climates, as it has been proved that the greatest increase in the size of the roots takes place during the coolest period of our season—the autumnal months. The roots grown here the past summer, when dug at the end of October, were found to be in a vigorous state of growth.

Notwithstanding the fact that this root, as has been already stated, may be propagated with great rapidity, still the demands from all quarters, on the first cultivators, have been so rapid and numerous, that it has been found impossible to obtain any considerable supply for the country, and but limited quantities will be obtainable the present season. In fact, many years must elapse before even moderate supplies can be furnished to the numerous countries which will strive to establish its culture.

The manner of cultivation is very simple, and the same course can be pursued as with the sweet potato. It is said that the Chinese cultivate it in hills, as we do Indian corn, and plant but one tuber or piece of root in each hill, and plow between the roots twice during the summer to keep them free of weeds. We doubt this statement—first, because the Chinese exercise the utmost economy in the use of the soil; and secondly, because the labor of that country is generally manual. If cultivated in hills, we think that three or four pieces should be planted in each; but we would suggest the planting of them in double rows, and they will then need to be plowed but one way. We think, by adopting this course, a greater yield may be obtained from an acre, at less expense than otherwise. In several of the western States, where land is cheap and no manure required, and where the soil is so easily tilled, it will probably be most advantageous to cultivate

them in single rows, as is usually done with the common potato.

Having had opportunities of testing the quality of the dioscorea, the past autumn, grown in this country, the following will serve as a brief description:

Root fifteen to twenty-five inches long, and two inches in diameter, tapering from the head; the outward appearance similar to the white variety of the sweet potato; skin thin, readily peeling off when cooked; flesh snow-white, delicately farinaceous, with a slight almond-flavor, exceedingly grateful when used in the same manner as the ordinary potato, and deemed both richer in nutrition and superior in quality. It can be cooked by water or steam, or roasted, and in appearance and taste, is like the finest mealy varieties of the common potato. It requires but ten minutes' boiling, whereas the common potato requires twenty minutes.

This root possesses another great advantage—it produces a fine, pure, white flour, which will compare advantageously with wheat flour of any country, and is equal, if not superior, in nutriment.

The introduction of this invaluable vegetable is too recent for us to know all its qualities, it having been tested but for four years in Europe, and only one year in our own country. It may, however, be fairly assumed, that a vegetable which has, for centuries, formed the common food of the immense population of China and Japan—adopted as such by nations so regardful of domestic economy, and so careful and economical in their appropriation of the soil—must be possessed of no ordinary merits. Such we should consider to be the character of this vegetable, combining, as it does, the circumstances of immense production, diminished comparative labor, and an adaptation to soils where scarcely any other root will grow, with the additional fact of its remaining in the ground during the winter, and for a period of three or more years, furnishing throughout all seasons a fresh, wholesome, and nutritious aliment for all classes, at the cheapest rate.

With regard to the period of planting

and propagation, the following remarks may be made: As the dioscorea is perfectly hardy, the tubers, as hereafter described, or small sections or eyes of the root, (the same as potatoes,) may be planted at the first opening of spring, at a depth of about three inches; but, during the present scarcity of this root, the course has been adopted of planting the sets closely in an ordinary hot-bed frame to start their growth, and afterward planting them in rows in the garden or field. The same culture as pursued every where with the common potato, will serve successfully for the Chinese one. The propagation of tubers for the extension of stock is also very simple. Like the sweet potato, the dioscorea is a trailing vine. In six weeks from the time of planting the pieces of root, they will have formed shoots five or six feet in length. These shoots may be buried for two thirds of their length, in straight furrows, one inch deep, allowing the leaves alone to be out of the earth, and the extremity of the shoots entirely so.

Another mode is to take off two-thirds of each shoot, and cut it into sections, each having a leaf with a small portion of the stem, and planting these in a bed, covering all but the leaf. In either case, they will make roots after the first rain, or if watered; and in twenty to thirty days each will form a bulb or tuber. These must be carefully preserved when taken up in the fall, and will serve for spring planting the ensuing season, the tubers being as valuable and productive as sections of the roots. Tubers the size of a large pea, planted in the spring, form beautiful, regular roots, fifteen to twenty inches long by autumn, as has been fully proved here the past season, in confirmation of the European statements.

For any farther information, I would refer you to the the United States Patent-Office Report just issued; to the *Revue Horticole* and *Bon Jardinier* of France, and to *The Mark Lane Express* of England.—*N. Y. Tribune.*

Flushing, L. I., Dec. 26, 1855.

MANAGEMENT OF CHILDREN.

While there is nothing about which parents feel so natural an anxiety as the welfare of their children, we believe that the latter receive an amount of mal-treatment, at times willful, but oftener arising from ignorance, sufficient, were it fully realized, to occasion merited indignation, and which loudly calls for reform.

The evil influence is exerted in two ways; upon the physical, and the moral qualities and energies. At present we intend to refer, mainly, to the former. It is too well known to require more than mention, that the minds of the young are often seriously injured by being frightened into submission, when refractory, by awful contortions of the countenance, threats of being "left alone," or of being "shut up with black men," &c.; and again by dismal stories of what will befall them if they do not lie still and leave nurse to enjoy her ill-gotten leisure.

The disastrous consequences of these practices have been only too evident in many instances; and if the children thus treated fortunately escape idiocy, they probably always suffer in some form from the infliction. A timid, fretful or vicious tendency, and a mistrust of whatever is told them, are thus almost certainly acquired by the little victims of fraudulent selfishness or ignorance.

We remember seeing, several years ago, in "Punch" or some "Oharivari," a representation of a "powwow" between two nurses in a park. They were seated at their ease, each with a child in her arms; so intent upon their own affairs, that one was holding her charge *head downwards*, and the other, while gesticulating vehemently with one hand, was, with apparent unconsciousness, pressing the features of the infant entrusted to her care into a very singular and doubtless uncomfortable shape, with the other. The mouths of both children being represented widely open, we may infer that vociferous remonstrance was duly, though ineffectually, offered!

What then afforded us cause for laughter, has since often recurred, painfully, to our recollection, when witnessing similar abuses. While the satirico-comical exposure is inimitably given, the moral has a seriousness worthy of the deepest attention.

We can not expect hirelings to feel that absorbing interest which actuates every thought and impulse of a parent; and this is more especially true since foreigners have taken the place of native servants. At all events, whatever may be the cause, a vast amount of neglect and carelessness exists. Often, the parents are lost to discover this; kindness and attention are artfully shown to the child in their presence, but, once out of sight, too frequently a twitch, a pull, a cuff, with sharp hasty words, will be employed to bring the child to the nurse's ideas of things, instead of watching its ways and yielding to its wishes when not positively injurious.

When children are taken out for an airing, a degree of caution is requisite that they be not exposed to the dampness of the ground. In the low carriages commonly used, the child incurs a certain amount of risk unless drawn regularly, if not briskly along. We have frequently observed nurses loitering over the walks of our Common, or in the streets; stopping to greet an acquaintance; gazing about abstractedly, with little or no thought for their charge—feeling, themselves no chill from wet earth and east wind, while the passive infant, even if wrapped with ordinary care, must often suffer.

The habit of pushing the carriage, so that the child is rolled along *backwards*, is to be condemned. It is an easy and convenient process for the nurse, but we question its propriety as regards the child. It is an unnatural mode of progression—if riding backwards can be so termed—and should never be practised. It is well known that many adults can not ride with their backs to the horses without being nauseated; certain persons even vomit from this cause. The preference, at least, is for a forward motion. What is worse,

however, is the occasional trick of leaving both wagon and contents upon the sidewalk, while a run into the kitchen-quarters of some friend is taken for a bit of sly gossip.

That there are many creditable exceptions to our remarks, and that a large number of kind, faithful, and really conscientious nurses exists among us, is both true and a subject of felicitation to those who secure their services. An occasional visit to a sea-side residence during the past summer, where about thirty children were domiciled, afforded us a direct and easy opportunity for observation. While however, both there and elsewhere, we have seen excellent specimens of children's attendants, the converse has been the fact in the majority of instances; and, in conjunction with physical unfitness for their occupation or ignorance of their duties, a most lamentable deficiency too often exists in regard to their moral character. Children soon begin, after early babyhood, to appreciate language; gesture and attitude they notice and remember, even earlier. What can be more important than that nursery-maids be not only cleanly in person, but in thought and action, that their tongues be free from oaths and ribaldry, which, to our knowledge, too often defile them, especially in large boarding houses?

Many errors in the feeding, bathing and clothing of children might be mentioned—errors which frequently induce attacks of illness sufficiently serious to compromise life. Our space forbids us to specify these at present.

There are two things to which we allude, in conclusion; one is the very common practice of lifting a young child by one arm, while ascending stairs, or in stepping from the street to the curb-stone of the sidewalk. The child is thus actually *suspended*, its whole weight hanging from its delicate arm, and the latter drawn so strongly upwards as to exhibit a decided tendency to dislocation of the head of the humerus. This highly improper procedure, may be witnessed daily, and parents

are quite as apt to be the perpetrators as servants. The least reflection will show how inadvisable it is thus to strain the muscles, tendons and ligaments of children. Many may bear it with impunity; but others, of more fragile make can hardly escape injury.

The other point to which we would call attention is the positively cruel act of forcing young children to keep pace with adults in walking. How constantly is this seen in our thoroughfares? Long-limbed fathers, mothers or attendants stride on, most unconcernedly, actually *dragging* some luckless archin after them, whose short, weak arm must ache outrageously, drawn upward to the powerful hand that grasps the little fingers so firmly! The body, too, is thus borne onward by a necessarily sidewise, distorted mode of progression; and the tiny lower limbs and feet, though flying at their utmost speed, are quite unequal to the task. We have frequently seen a child fall under this barbarous traction, fairly pulled off its feet; and, worse still, when thus down, hauled up again by the one-arm-lifting process previously referred to! The child, moreover, becomes heated, tired out and excited; and forsooth its unconscious tormentors can not conceive what the matter is with Johnny, or why Angelina Matilda looks so red and blowzy!

There is really no exaggeration in these statements, and we are sure that if the little "army of martyrs" who encounter such experiences, every day of their tortured existence, could "tell us all they feel," the account would be harrowing indeed.—*Bos. Med. and Surg. Journal.*

THE CHARITY HOSPITAL, at New Orleans, consumes the following amount of supplies every year: Bread, over \$60,000; meat, \$12,000; drugs, \$6,000; marketing, \$7,000; milk, \$1,500; groceries, about \$4,000; lumber for coffins, \$900; ice in summer, \$250 per month, and other articles in proportion. The Hospital is not a source of expense to the State. Its principal source of revenue is the tax on passengers arriving in New Orleans from foreign ports.

Part 3.—Editorial.

ORGANIC CHEMISTRY.

The following communication, from Dr. GROVER COX of New York, came too late for insertion in the proper department:

MR. EDITOR—Before a person attempts to institute a critical examination into the character and works of others, it is necessary that his own shall stand the test of scrutiny; for society, at the present day, is so infested with dishonest and superficial pretenders, who, under the assumption of grave profundity, attempt to palm themselves upon the community as persons of character and science, that it behooves us to examine well their intrinsic worth, ere we give credence to their assertions.

In "*The College Journal*," of Cincinnati in the number issued for January, 1854 there is an article captioned with the name of "E. S. WAYNE." This article is invested with the dignity of a "chemical analysis," professing, as it does, to be a chemical examination of the medicinal preparations of B. Keith & Co., of New York.

This Mr. Wayne is not unknown to the drug dealers of New York and of Philadelphia, as the ready author of certain sleek financiering achievements in the mercantile way, and which, as they cannot be justified by precedent, would not be considered as worthy of imitation.

But it is not with Mr. Wayne's antecedents that we have to deal, as they have already caused him no little trouble and expense. We sit down merely to make a brief examination of his pretensions to science and literature. But in addressing ourselves to this disagreeable task, we would not have the reader suppose that we could stoop to pander to the least feeling of maliciousness against such an object. On the contrary, we shall extend to Mr. Wayne much more courtesy and kindness than he

really deserves; and in our review of his article, we shall treat it with somewhat of that dignity which we would accord to the production of a really learned and scientific mind.

There is a class of literature which might with great aptitude be styled, *doggerel in prose*, although much the greater quantity of it would perhaps subject the author to the necessity of even an apology to Hudibras, in respect to the mendacity with which it is written. This class of literature has become rife in our land, and every scribbler, who can compose a lucid sentence, is inflicting upon a community now rendered patient and enduring, a flood of this Hudibrastic literature.

A minority of this class of writers, from their style of literature, may, with great propriety, be classed as the scavengers of science. With but superficial education, limited experience, and weak mental powers, they collect, with singular pertinacity, the odds and ends of such scientific matter as may chance to fall in their way; and with this crude debris they attempt to build up sufficient reputation to enable them to pick up a precarious reputation through the credulity of the non-scientific.

It is with feelings of no little mortification that we learn of the advent of this class of writers in Ohio, illustrious as she is for her vigorous and scientific intellects, and that Cincinnati, the "Athens of the West," should at length be engrafted with this detestable excrescence. So long as respectable magazines can be prevailed upon to publish the lucubrations of these luminaries, and people indulgent enough to patiently read them, so long must community bear the infliction, and the taste of intellectual people be outraged by their superficiality and egotism.

In the Journal previously mentioned, there is one of the Hudibrastic articles referred to. It professes to be a "Chemical Analysis," and seems to be the production of one E. S. WAYNE. Now it is known to those chemists who have properly studied their profession, that before even the tyro begins his studies in organic analysis, he

must first have studied the initiatory lessons pertaining to the investigations of such complicated compounds as those forming the organisms of plants.

In this branch of study is included a thorough cognizance of the constituents of all organisms, and as far as our knowledge extends, the manner in which their constituents are combined to form the various organs of plants. It is necessary that the tyro should be taught that sulphur is an invariable constituent of certain plastic organic matter, and that unless this sulphur is contained therein, this matter cannot really exist—cannot be produced even by the wondrous fabricating power of the vegetable which forms it.

This fact happens to be entirely unknown to Mr. Wayne, or else, if he is cognizant of it, he hides it from the reader by his characteristic ambiguity of expression. That portion of his article, for instance, relating to VERATRIN, presents a fair sample of the ignorance alluded to, or else of his obscurity of diction. This "analysis" indicates a ludicrous example of what stupid deduction can effect, when not guided by scientific learning. Not aware that all the plants of the hellebore, and likewise those of the mustard species, contain especially a large portion of sulphur, he begins his "analysis" by heating a portion of the veratrin upon a platinum spoon, when his wondrous nose, upon which he greatly depends for his results, detects sulphur. From this he draws the philosophical deduction that therefore the article analyzed was adulterated with sulphate of potassa, although no qualitative analysis was previously made for potassa! This sagacious conclusion is drawn, so he informs us, because the indications presented the existence of a "soluble sulphuret." With the same propriety he could infer that the veratrin was adulterated with sulphate of magnesia, or soda, or with any of the alkaline sulphates, as they are equally soluble in water. But this wonderful analyst never suspects for a moment that the sulphur which his infallible nose so readily detects, was merely that *organized* sulphur which

the plant is known to contain so largely as a portion of its organism, or as sequently a portion of its proximate constituents. It was this sulphur, and no other, which the acetate of lead indicated, but which his ignorance of vegetable constitution precluded his even suspecting. The veratrin necessarily contains a large amount of sulphur, for the oils and resinoids which it contains, could not possibly exist or be formed by the plant, unless sulphur was present in the soil.

As this Mr. Wayne seems to be merely the tool of others, who would not hesitate to victimize him to their purposes, we would seriously advise him to stick to his drugs, and not subject himself to the ridicule of every druggist in Cincinnati, by his stupid efforts to assume that which nature never organized him for. We should judge Mr. Wayne to be quite a youthful person, for his writings bear indubitable evidence of that immaturity of thought and literary style, and of that over-weening vanity, which render young men so detestable to aged and experienced ones. We fear that it will be very many years yet, ere he gains that experience which will teach him the salutary lesson, that vanity is never so execrable as when it attempts to assume the aspect of learning; and that superficiality can not, in this age, pass for profundity, even though it be backed by the boldest impudence and pretensions.

In running over Mr. Wayne's "analysis" of HYDRASTIN, the same ignorance of the subject is indicated. It has fallen to our lot to be necessitated to examine the analyses of beginners frequently, and we have invariably been struck with the uniformity of their conclusions, in respect to the immaturity of their organic investigations. It is the great error of tyros, in organic analysis especially, that they fail in their generalizations, but are too prone to leap to conclusions, before having sufficiently had time to examine the result of their work. His funny examination of hydrastin is a pertinent illustration of our observation. Even the first line of the first sentence is illustrative. Mr. Wayne says—

"This substance has a decided salt (chlor. sodium.)" In a previous paragraph we noticed the wondrous faculty of analysis which resided in Mr. Wayne's nose. We are now called upon to record the astounding fact, that nature has likewise gifted this gentleman's tongue with qualities of chemical analysis, fully equal to those of his marvelous nasal organ; and we would furthermore add, that it is the decided opinion of all those who know a great analyst, that he is in possession of a couple of other organs pertaining to the senses, which, in length and conspicuousness by far surpass the two above mentioned.

It appears, from the analysis obtained through Mr. Wayne's tongue, that hydrastin is adulterated with chloride of sodium, or table salt, because it tastes salty. Are there no other salts among the many hundreds known to chemists, which have a salty taste, except common table salt? Either Mr. Wayne must be afflicted with greater stupidity than ever those who know him give him credit for, or else must be guilty of a deliberate and premeditated desire to injure the business and reputation of the firm of B. Keith & Co. The man who, under the semblance of smattering of scientific learning, could so passionately and deliberately sacrifice the noblest moral attributes that belong to the species, for the sake of a paltry stipend, sunk even deeper in moral degradation than we could possibly conceive of. Such a person, had he the force of character and the mental strength, would prove a more formidable monster, to whom the blackest iniquity would be as familiar as deeds of charity to an honest man.

Our chemist, as he styles himself, then proceeds with his analysis. He washes with hot water fifty grains of hydrastin and then separates the filtrate into two portions. Into one of these he throws a taste of lead. The result is, that a precipitate of sulphate of lead is caused, arising from the decomposition of the alkaloid salt contained in the hydrastin.

* The acetate of lead likewise throws down

This sulphate of lead, our analyst infers, without even the further resort to his nose or tongue, is the *chloride of sodium*!

He then adds to the other portion of the filtrate, nitrate of silver, which throws down the coloring matter of the hydrastin as a copious yellow precipitate. This reagent also throws down the alkaloids. These mixed substances he blunders upon as the chloride of sodium! This last analysis is confirmed by the wonderful qualities residing in his tongue, although there are various other salts which possess a salty taste—using the expression in its popular sense. Had this great analyst added either mercury, or gold, or platinum to his solution, he would have equally obtained precipitates.

From the above lucid analysis he draws the inference (for the whole of his analyses are but mere guesses) that the precipitate he obtained by nitrate of silver is common salt, because it is soluble in ammonia, as if all the precipitates by that reagent were not equally soluble in that menstruum! Were we to search throughout the annals of scientific twaddle, for a half score of chemical blunders, perhaps when they were obtained, they would not present a more ludicrous array of stupidity than this pretended analysis of Mr. Wayne. Were the clerk of any druggist in Cincinnati to be guilty of such gross error, with his analytical directions lying before him, his employer would be serving him justly if he were to discharge him for incompetency, as even a mere pharmacist. Here we have the singular instance of a person professing to be an expert, who undertakes, for a stipulation, to analyze a complicated organic production, and yet who is not really cognizant of the constituents of vegetable organisms, and who, mistaking the elementary matter which naturally belongs to vegetable organisms, is straining his little intellect to contort it into adulteration!

The neutral principle, and the coloring matter associated with it, but these principles are not noticed by our analyst, who probably deemed them of too little consequence to come beneath the cognizance of his vast intellect.

Not cognizant of the fact that GERANIN is only tannic acid in one of its various isomeric conditions, each of which exerts upon the system its own specific therapeutic effect, he analyzes it, and with great gravity announces that the addition of a sesqui-salt of iron gives the indications of tannin! Then he records it as his "opinion," that geranin "is a mixture of tannic acid and other substances."

Before even a competent chemist is capacitated to analyze organic medicinal preparations, it is highly obligatory upon him, that he shall acquaint himself with the therapeutic properties of the substance he is about to analyze. The hideous blunder of Mr. Wayne's, alluded to above, is strongly significant of the force of our remark.

The "analysis" of the LOBELIN is another of those funny investigations which the propensities of Mr. Wayne have run him into. He draws the conclusions from the nature of his tastings, and from the results obtained through his balances, (and which it seems do not weigh fractions less than half a grain,) that the lobelin is more than one-half carbonate of magnesia, the balance being "foreign organic matter, probably the powder of lobelia." Mr. Wayne deals profusely in probabilities, instead of actual facts. For a chemist, and especially an analyst, to assert that *probably* an article which he is examining is another which he has not examined, is but child's play. If Mr. Wayne suspected that the article he was examining was lobelia powdered, why did he not submit it to the test of the microscope? for if he knows any thing of that instrument, he must certainly be aware that its revelations would at once determine that *probability*.

How does this astute analyst know that the one half of the lobelin is carbonate of magnesia, when he has never even tested for carbonic acid, and could not find it if he would, as he informs us that he had previously submitted the insoluble portion of the lobelin to a strong heat?

In a word, this whole proceeding in regard to the lobelin, like that with all the others, is the most booby-like blundering

that we have ever seen. Now, almost any clever person, gifted with ordinary discernment, with Rose's Analytical Chemistry lying before him, could far surpass this Mr. Wayne, in qualitative analysis, for he evidently does not possess the mental organization which fits him for any thing like such investigations as chemistry requires.

We have merely alluded to one or two matters that have presented themselves first to our eye, as we glanced over Mr. Wayne's article; but the reader must not suppose that we have attempted a review of that unique production—for we do sincerely disclaim any pretension of that kind—but we have simply written sufficient to impress the reader, we trust, with the conviction, that egotism and pretension, when they overleap themselves, only subject their recipient to that fate which he so justly merits.

It was our intention to allude briefly to Mr. Wayne's literary abilities, as displayed in the article noticed, and in one or two others which he has previously written—to point out their grammatical and syntactical blunders—but as he does not pretend, we believe, to the possession of any literary ability, the most impartial and truthful criticism upon his last two or three articles would perhaps present the semblance of premeditated persecution.

We shall now take our leave of Mr. Wayne, and in another article pay our respects to higher game. In taking our leave of this gentleman, we would suggest that, instead of our remarks arousing within his breast any emotions of resentment, he should feel indebted to us; for, if we have not really indicated to him the fact, that actual study and some experience are necessary to qualify a person for the duties of a chemist and a writer, we have at least taught him the salutary lesson, that it is not policy to attract the attention of a community in which he lives, and is best known, to a character which can escape censure and derision, only when it avoids public observation.

G. C.

New York, January, 1856.

NEW REMEDIES—HOW TO TRY THEM.

We copy the following from the *American Journal of Pharmacy*, edited by W. Proctor, M. D., Jan., 1856.

Dr. Proctor is fully of the opinion expressed in the last sentence, and in we fully agree with him, that the *only* way to determine the *value* and *action* of medicines is by the result of their therapeutic action on the human system. He condemns a medicine without ever having used it, or witnessed its effect upon the human system in the hands of others, no lover or friend of progress. If the great Eclectic principle, "Try all things and hold fast to that which is good," could be adopted among all those who are connected with the Eclectic system of Medicine, it would be a glorious achievement.

ECLECTIC REMEDIES AS PREPARED BY THE SHAKERS.—During a visit to the Shal village last September, we were shown some crude specimens of the "concentrated preparations," so called by the Eclectic physicians, which were in course of preparation. Since then, Mr. Fowler, the enterprising chief of the medicine department of that people, has sent us specimens of *Leptandrin*, *Myricin*, *Podophyllin*, *Colocynthin* and *Macrotin*, neatly put up in ounce vials, enclosed in paper boxes, the vials covered with tin caps. The *Macrotin* and *Podophyllin* appear to be the resinoid matter of the respective drugs contained in the way described in Eclectic books. They have not been treated with animal charcoal or otherwise deprived of coloring matter, but possess the odor and appearance of pure preparations. In reference to the *Colocynthin* resin, we have some theoretical doubts. *Colocynthin* contains about 13 per cent. of resin, and 14 per cent. of *colocynthin*, but we are not prepared to say how much of the latter is retained in the resin after it is washed with water, nor will it be easy to decide the question without resort to physiological experiment. If it does retain its activity this preparation may become a valuable agent in hands of the physician. The *Myricin* and *Leptandrin* of the Shakers, are simply dry alcoholic extracts reduced to powder. They appear to possess the active properties of the respective plants yielding them, and

can not but believe that the really true principles may be more nearly reached than by a simple extract, as they do not seem to be resins. We would advise in all cases where the character of the preparations, obtained by certain processes, is not well established, that the products be therapeutically tested by medical men before they are thrown into commerce, and their relative medicinal activity determined.

FACTS VS. THEORY.

There is, to some extent, a mutual dependence existing between fact and theory; yet, while no man can prove or demonstrate a single position theoretically, without facts upon which to base his conclusions, he may demonstrate any doctrine he wishes upon facts, even though he may have no theory upon the subject, or even the most distant notions of its philosophy. As we find to be most beautifully illustrated in the practice of the healing art—especially in regard to the use of medicine for the removal of disease. The following extract which we make from the writings of one of our Eclectic contemporaries, so fully expresses our views on this subject, that we transfer it to our pages:

"A physician is he who endeavors to understand the functions of this complex organism, and to relieve it of pain and disease, when it is not in a physiological condition—whose knowledge of anatomy and physiology enables him to comprehend the extent of a pathological condition, to perceive the therapeutic indications, and whose knowledge of the *materia medica* enables him to substitute a healthy for a diseased system. And he is the best, most skillful and trustworthy physician, who loses few patients in practice—who, knowing the frailties of the flesh, ministers in kindness to us, whether appreciated or not, and whose sense of correct motives is so predominant, that he will treat with indifference every remark which might tend to destroy the equanimity of his mind and judgment, thus lessening the value of his opinions. We do not believe that the most learned physicians are necessarily the most skillful practitioners. Indeed we know that such is by no means the case; and we account for the fact by supposing that no

amount of learning can compensate the deficiency which attaches itself to a man of mere theory, who has had no experience. A physician may be enabled to analyze any agent in the *materia medica*, aye, even to determine the proximate principles which enter into its composition; yet with all his knowledge of physiology and general therapeutics, he will be but little conversant with the real therapeutic action of special agents, unless he shall stand by the bedside of his patients, and there observe for himself those minor facts in medicine which are all important to the successful practitioner. Even more, some physicians, no matter how extended their opportunities, nor how profound their learning, seem never able to read the symptoms of disease, or if they do, are unable to adopt those means by which alone the disease may be broken up. There are *theoretical* physicians, and there are *practical* physicians. Teachers, we fear, are too often to be classed with the former, and practitioners too often hold in contempt the mere pratings of theory. We do not feel disposed to place our lives in the hands of a man who has had little or no practice in his art; nor are we willing to trust ourselves to the chance practice of one who makes no pretensions to a knowledge of the theory of medication. Whatever takes place in this world of causes and effect, is determined by certain precise laws; and whoever understands those which preside over the actions of medicines, and has made himself familiar with the phenomena of effects, so as to recognize the operating causes—who has a correct knowledge of physiology and pathology—has very nearly found the philosopher's stone of the healing art. If under such circumstances, a physician is an unsuccessful practitioner, and no adverse conditions pertain to his business, such as the employment of impure or inert agents, we may safely conclude that the defect is in his mental constitution, and that physic is not his province. So much for our opinions of the science of medicine and those who practice the art.

Nineteen-twentieths of the physicians in America, would, most probably, admit the justness of our remarks; and, in truth, have painted some similar picture, as their beau ideal of that standard by which medical men ought to measure their motives. A large part of the non-medical community will, however, contend that our picture is a freak of the imagination, drawn to please ourselves, and that it is as new to us as to themselves. It is not a reason

that such is the case, however, for though all do not see motives in the same light, and many judge of others by themselves, yet does every phase of the physician's mission clearly prove that when he departs from our standard, the fault is with those who trammel him, and oblige him to do that to please others, which his own better judgment condemns.

The following extract of a letter just received from Dr. William Hewitt, of Tennessee, contains some suggestions on the subject worthy of notice, and we have concluded to present them to our readers, hoping some of them will take the hint and act accordingly:

"Is it not a waste of time to seek the cause, or causes, of the so-called contagious diseases. I have never seen a demonstration of the physical entity of contagious disease, and can form no other opinion, than that disease is a metaphysical nonentity, solely presentable by its lamentable effects. It is not divisible into numbers, not distinguishable by colors, sound, weight, volume or odor. It is incapable of analysis or synthesis. Let the gifted intellects of the profession cease to chase the etiological phantasm, animalculi, fermentations, geological and astrological concatenations, and give us a well arranged classification of statistical facts, in relation to the peculiar effects of disease, the remedies made use of to combat the effects add the success obtained. Such a course, I think, would be far more serviceable to man, than the fine spun theories of the most imaginative minds."

MERCURY EXTRACTED FROM THE SYSTEM BY GALVANISM.

Our readers will have perused in the last number of the Journal the article upon this subject from the pen of Prof. Sanders with much interest. He has, in that article, fully answered all the objections which have been raised against this new application.

We have succeeded in covering the copper plate with mercury from the human body at a single sitting—so much so as to leave a complete and perfect impression of the feet upon the plate. We use a powerful battery, yet it is unattended with any

unpleasant sensation. We have applied in a number of mercurial diseases, and with the most happy effect—so much so as to warrant us in saying, that we can now remove every particle of mercury from the system—affording, in many cases, almost immediate relief from all that peculiar and agonizing suffering which attends mercurial diseases. Having a fine suit of room for this purpose, we are fully prepared to attend to all cases of this kind. We have in some cases removed drachms of mercury which had been deposited in the system and producing its baneful influence, for years.

PROPERTIES OF PLANTS.

This subject is now becoming one of so much interest that every investigation made in this direction should be generally known. We make the following extract from the American Journal of Pharmacy of May, 1855, when speaking of the experiments which had been made, in analyzing the *Gelsemium sempervirens*.

"The foregoing experiments show that the root of the *Gelsemium sempervirens* contains albumen, gallic acid, starch, gum, pectic acid, fatty resin, fixed oil, dry acrid resin, yellow coloring matter, volatile oil, extractive matter, tannin, gelseminia (a peculiar alkaloid), salts of potassa, lime, magnesia, iron and silica.

The following is from the same article:

"A tincture was made by exhausting two ounces of the bruised root by displacement with eight fluidounces of alcohol, 835°. The filtered liquor was of a reddish brown color, and of an intensely bitter taste. One half of this was evaporated to dryness which yielded a fine garnet colored extract partially soluble in water and ether. The other half was evaporated to a syrupy consistence and thrown upon a quantity of water, which caused the resin to be precipitated in the form of a yellow powder; this was redissolved in alcohol 835°, and some animal charcoal was added; it was then boiled after maceration for twenty-four hours; the solution being colorless, was again thrown upon a quantity of water, by which the resin was precipitated in the form of a colorless powder; it was then

lected by decantation and filtration, and when powdered it resembled powdered tannic acid. To this product, the Eclectic Association have appended the name of *placemim*, alleging that it is the active principle. By these experiments we may infer that dry acrid resin is one of its constituents."

This is now found to be one of the most valuable therapeutical agents in use, there being but one opinion upon this subject, by those who have tested it upon the system. We find also, in the same Journal an analysis of *Corydalis formosa*.

"From the foregoing experiments, therefore, the bulb of the *Corydalis formosa* may be said to contain the following organic and inorganic constituents:

ORGANIC SUBSTANCES.

Corydalis.
Tannic acid.
Yellow bitter extractive.
Acrid resin soluble in alcohol and ether, containing volatile oil.
Tasteless resin soluble in alcohol, and insoluble in ether.
Brown coloring matter.
Mucilage.
Gummen.
Gum resin or soluble gum.
Resorcin or insoluble gum.
Cellulose and corticle substance.

INORGANIC SUBSTANCES.

Soluble.

Salts of potassa.
" lime.
" magnesia.

Insoluble.

Carbonate of lime.
Lime.
Sesquioxide of iron.
Oxide of manganese (a trace).
Silicic acid.
Siliceous sand.

MEDICAL PROPERTIES AND USES.—*Corydalis* is considered tonic, diuretic and alterative. In syphilitic affections it is thought by Eclectic practitioners to be the best remedy they possess for that peculiar complaint, and they speak with confidence of its efficacy, ascribing to it almost magical powers. It is also deemed valuable in the treatment of scrofula, and particularly diseases of a cutaneous character. As a tonic its properties are similar to the pure bitters. As an alterative it is spoken of as a remedy of great value. Here, then, we have a medicine uniting three important properties of remedial agents—that of the tonic, diuretic and alterative—and must, if true

and successful in standing the test of practice, give us a remedy of no mean value, as the future may determine. Dose of the powdered bulb, ten to thirty grains. Formula for a tincture and decoction are given in the Eclectic Dispensatory, as also one for the alkaloid "*Corydalis*," but the substance it produces is nothing more or less than a mixture of *corydalis*, resin, bitter extractive, hydrate of magnesia and coloring matter, and is administered in one grain doses.

"As the pure alkaloid is tasteless, and does not seem to possess any sensible medical properties, I may, in truth, state that *corydalis* is inert; and the medicinal properties of the plant (if any) must reside in resin and bitter extractive, and perhaps volatile oil."

DIPLOMAS FOR SALE.

Two young men who have attended the lectures of the Eclectic Medical Institute a few weeks, during the present term, and without much previous reading, have gone to another school in this city, assigning as a cause, that they will be able to graduate there this winter. We pity the afflicted who may be so unfortunate as to fall into their hands.

OPHTHALMIC SURGERY.

During this winter we have had an opportunity of witnessing several surgical operations, at Newton's Clinical Institute, one of which was upon the eye of our little boy. He was entirely blind of one eye, resulting from inflammation, which caused a protrusion of the cornea or front portion of the organ, to such an extent as to produce continual pain and swelling of the eye lid; this increased until much irritation of the brain ensued; the child became very fretful, lost his appetite, and was sinking rapidly.

The protruded, or staphylomatous, portion was removed, and he is now entirely well; the eye that was diseased is now as smooth as the other—all deformity has disappeared, and he has gained several pounds in weight.

Another operation was upon the eye of a lady from Canada, who was laboring un-

der an enormously enlarged eye-ball; she was operated upon in a similar manner.—She remained until the parts were healed: after which an artificial eye was inserted; its motion, color, and appearance, is so perfect that none but a very close observer could detect the artificial eye.

A third operation was upon the eye of a Mr. Henry, of Warren county Ohio. He had a malignant or cancerous disease of the eye, externally, which caused the entire lid to protrude more than an inch. His suffering was great, having been confined to his bed for several weeks. In this feeble condition he was brought to the Institute, and the operation, like the other two, was performed there. At this time the patient is well, and gone home. We have never seen any one who manifested more gratification at being cured, than did Mr. Henry.

Having witnessed these and many other important cases treated successfully by the surgeons of this establishment, we are induced to make this notice.—*Cin'ti. Daily Times.*

In the case of the lady from Canada, the artificial eye was applied by Dr. F. A. Waldo, with such success that her friends, after her return home, could scarcely detect it from the other.

BOOK NOTICE.

AN INTRODUCTION TO PRACTICAL PHARMACY, designed as a *Text-book for the Student, and as a guide to the Physician and Pharmacist, with many formulæ and numerous illustrations.* By EDWARD PARKER. Philadelphia: Blanchard & Lea, pp. (about) 500, octavo. 1855.

We make the following extracts from a notice of this work in the *American Journal of Pharmacy*:

"Since the publication of the American edition of Mohr and Redwood's *Practical Pharmacy*, no special work has appeared on this subject in the English language. The announcement, therefore, that a new treatise on practical pharmacy is about to issue from the American press, is calculated to attract the attention of pharmacists and lead them to inquire into its character and scope. Although not yet published, an opportunity has been afforded us to examine a large portion of the work in sheets, and we are able to give an outline of its contents for the information of our readers.

"The book is in five parts: the *first* is preliminary, and relates to the furniture of the shop and the country physician's office to weights, measures, and specific gravity, and to a notice of the *Pharmacopœia*.

"The *second* part treats of *Galenical Pharmacy* in fourteen chapters, embracing the collection and dessication of plants, the processes of pulverization, solution, filtration, maceration, infusion and percolation.

"The *third* part is called 'The Pharmacology of Plants, their products, &c.,' and is an account of the proximate principles of plants, and the products and preparations derived from, or made with them; commencing with lignin starch, gum and sugar, and ending with the alkaloids; occupying about ninety pages.

"The *fourth* part treats of 'Inorganic Pharmaceutical Preparations,' under several heads of acid, alkaline, earthy, non-metallic, and metallic substances used in medicine.

"The *fifth* and last division is entitled 'Extemporaneous Pharmacy.'

We would call the especial attention of those gentlemen of this city, who are making such extensive analytical investigations, to the third division of the above work, especially that relating to the neutral principle, as we have heard these gentlemen ask, with much gusto, what is the neutral principle?

NEW MEDICAL COLLEGE.

Dr. R. C. Currey, one of the editors of the *Southern Journal of Medical and Physical Science*, published at Knoxville Tenn., one of our best exchanges, has an article in the last number, advocating the organization of a medical school at that place, under the charter of the East Tennessee University. He says that all the necessary buildings and chemical apparatus are already provided.

OUR WORK ON SURGERY.

This work is being prepared as rapidly as our professional engagements will permit. It will be out in a short time. & advertisement.

THE

ECLECTIC MEDICAL JOURNAL.

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No. 3.

Part 1—Original Communications.

MONSTROSITY—A CASE IN OBSTETRICS.

BY W. P. TEATS, M. D.

On the 16th March, 1855, I was called to see Mrs. L., aged 25, feeble constitution, sanguine encephalo-bilious temperament, about seven months in her second gestation. She informed me that she did not expect to be confined until May, but from the symptoms she had experienced for the last six weeks, she was apprehensive of danger, and perhaps premature delivery. She complained of pain in the abdominal and lumbar regions, which was increased almost beyond endurance by the slightest exercise, and for the last week had become continual, so that she found it impossible to sleep or rest in any position. She expressed her feelings as being altogether unnatural, and was unable to describe them. Being so different from her former or first pregnancy, she had become alarmed. Her appetite had been good up to this time, but from the loss of sleep and the acuteness of her pains, her general health had become slightly impaired. Her bowels had continued in a healthy action. From the general history of her case I was unable to detect any disease, independent of pregnancy, and was somewhat at a

loss to determine the cause of her acute sufferings. She assured me the fetus was alive, which I easily ascertained to be correct. In watching her symptoms, I could not discover any thing like natural labor pains, or even the slightest contraction of the uterus.

After satisfying myself as well as I could, that her distress was caused by no disease, aside from the common difficulties attending the gravid uterus in an energetic state, I came to the conclusion that the administration of some permanent sedative would be admissible, and afford her relief, if properly given, without affecting the fetal life or action.

R Tinc. serp. com. f3j,
Tinc. gelsminum f3ss. M.
Give f3ss every hour in warm tea f3ij.

Two or three doses appeared to have the desired effect in relieving her pain and affording some sleep. Ordered the medicine to be discontinued, unless pain should recur, then to be given same as above till relieved.

March 17, found her some better; had taken no medicine; still complaining of the same unnatural feelings, yet, upon the closest examination, I could not detect any unnatural development of the uterus or abdominal region. Not thinking it good policy to give much medicine to females in the condition of gestation, I ordered the above dose to be given every three hours, which I supposed would gradually subdue the pains, and assist nature in restoring a healthy action.

March 18, found her not quite so well; did not rest well during the night; said if she could sleep, thought she would feel better; pains more acute than yesterday, with occasional slight nausea; bowels sufficiently loose; urine voided free and easy; no indications of parturition. Gave the same formula, increasing the dose to f3j every hour. After taking two or three doses, felt much relieved. Ordered this medicine discontinued, and directed our common diaphoretic powder, gr. x, to be given at bed time.

About 5 o'clock, on the morning of the 19th, she sent a messenger for me in haste. On arriving at her room, I discovered that her pains had changed from their unnatural character to actual labor. She informed me she had fallen asleep, and dreamed she was in labor, which so frightened her on waking that she sprang out of bed on the floor, and fell over a chair. Her husband, hearing the noise, ran and helped her on the bed; but the effort in jumping out had ruptured the membranes, expelling the liquor amnii, and labor immediately followed.

Upon an examination to ascertain the fetal presentation, I found the os uteri well dilated, and already four well developed feet protruding into the vaginal cavity. By carefully selecting two feet belonging to one body, I endeavored to assist in bringing it down, at the same time offering sufficient resistance to the other to prevent its descent. This process I continued during several well marked pains, which were increasing in force and frequency. I discovered that my resistance to the one held the other in check, and *vice versa*.

At this crisis, the thought occurred to me that these children were united, and the position of their feet indicated that their faces were looking toward each other. I could not discover any motion in the children, independent of the uterine contractions, to show they were alive. Believing them to dead, and also united, I determined to ascertain their connection, which was the most easily done by permitting their gradual descent into the pelvis,

keeping my hand in a position to detach the attachment, in order, if necessary, sever the union. Meanwhile, the pains labor were fast increasing, powerfully contracting the uterus. When I succeeded in reaching their umbilicus with my finger, I discovered the attachment, but finding only one cord, I supposed it but slight, and the other cord must be above, and this cord being pulseless was evidence of their being dead. But in endeavoring to feel the minutude of the connection, I discovered it extended to the sternum; upon further examination, I traced their union to the neck, and finally ascertained that their heads were so completely united that it did not differ materially in size from an ordinary normal fetal head. By assisting the expulsion of their shoulders and arms, a properly elevating their bodies, parturition was accomplished without any very unusual effort on the part of the mother. The time occupied in labor was less than twelve hours. There was but one umbilical cord, and it was not more than seven inches in length; but one placenta, which, owing to the shortness of the cord, immediately followed the expulsion of the fetus.

The heads of these children were united as to leave no external marks of division, with two normal occipital regions, parietal and temporal regions normal, frontal regions of each turned to either side, on a line with the sides of the head, with faces looking over the two shoulders on either side; the upper and lower maxillaries were attached to the temporal regions of each on either side, giving a forehead, eyes, nose, mouth and chin of flattened appearance; the neck had the appearance of two medulla oblongata, connecting laterally with each spinal column; the sternum of each was turned like the frontal bones of the head, on either side, occupying a space of about two inches between the shoulders of each, giving the appearance of one child on either side, with the shoulders thrown forward. The connection continues to the umbilicus, so complete that no line of demarcation could be distinguished. Thus these children v

fluence, appears to be allied to emotions, as the character of a strong emotion will excite a corresponding influence upon whatever part or body it is reflected. An emotion manifested in one individual will excite corresponding emotions in associates. This law of radiating sympathy is experienced to a certain extent, by every member of the animal kingdom, and its superior force in humanity is demonstrated by the science of psychology. The nervauric force one person may produce upon another, by completely controlling the powers of mind and motion at the operator's will, is a proof that this law is inherent and forms a part of our nature; and the influence one may impart to another, may be exercised upon self; else, how is it one person may be well purged upon seeing another swallow a dose of physic. This alone is proof that there are laws governing human economy that are not yet well defined; and in this case which I am investigating perhaps the greatest philosophical truths may yet be hid.

This nervauric influence which every one possesses to a certain extent, appears to exercise specific relations between the mother and her fetus in utero gestation; and as in the external man, a strong or positive force may subdue, remodel and completely change the weak or negative force, or by union of nervauric powers, two distinct forces become similes—so the mind of the mother possessing greater power, and being under the influence of strong and continuous mental emotions, will, by its nervauric connection with the uterus in an energetic state, impart an influence upon the unorganized fetus sufficient to change its normal development, and produce an organization similar to the impress of the strongest emotions of the mother. That this power, force, or emotion of the mother, was instrumental in the production of this monstrosity, I have not the least doubt.

Peru, Illinois.

THE PROCESS OF ANIMAL ORGANIZATION.*

BY ADOLPH BEHR, A. M.

The simplest animal structure originating from the parenchymatous fluid of primitive formation, and which again is the main seat of the latter, is the *cellular tissue*. The object of this tissue is to bring all elementary parts into contact or combination.

The formation of this cellular tissue stands in direct ratio with the amount of accumulation of the parenchymatous fluid of primitive formation. Does the latter become excessive either in the whole body or in single parts, there will also awake in it a tendency to continual new formation which consists primarily even in the formation of cellular tissue. With this, however, is also, at the same time, another metamorphosis of the parenchymatous fluid of primitive formation connected; it becomes deprived of that higher animal element, *nitrogen*, or perhaps has been more or less deficient in it from the beginning, as would be the case in the use of nutriments lacking nitrogen; then it becomes transformed into animal fat, oil or train oil. The more the nutriments correspond in their composition with that of the fat, etc., the stronger will be the tendency of the parenchymatous fluid of primitive formation to convert itself into fat again. This fact alone points out to us how extremely important is the presence of nitrogen. This element conditions the capability to the higher formation of *albumen*, while its absence, in matter where it should be and could induce a tendency to the formation of lower products.

In the same degree as the excessive formation of cellular tissue and fat is but the consequence of abundant and not properly assimilated parenchymatous matter, on the other hand, by the occurrence of a deficiency of the parenchymatous fluid of primitive formation, will the fat of

* Continued from January number, page 103.

lar tissue be dissolved and used for nutrition. Thus an excessive and particularly too weak or tender formation of fat, proportionate to the presence of too much amount of denitrogenized albumen; it is an established fact, that all parts deficient in the normal quantum of nitrogen, are in want of that higher *organic* quality for the one, and of that higher *inference* for the other, and so establish a tendency for lower formations, for diseased conditions and morbid products. Then it flows necessarily, that the formation of this is a common and very fertile soil for the development of disease.

Having once clearly conceived how important and necessary the aid of nitrogen is in all true animal structure and products, their origin as well as for their preservation; and having clearly comprehended its importance already the mere presence of nitrogen is for the higher formation of organic parts—how nitrogen often, by its mere presence on the galvano-electric, catalytic principle, favors and causes the higher organization without going itself, and all its amount, into combination with the matter to be formed—then will we also become able to see clearer into *pathogenic* relations, and to act more consciously and scientifically in the department of *therapeutics*.

We need but observe how manure rich in nitrogen, favors the vigorous growth of plants, notwithstanding the plants themselves do not take up or retain so much of nitrogen; and only consider the admirable and highly important act of transforming venous blood into the arterial in the lungs. The liberal proportion of nitrogen in the atmospheric air appears to be necessary to accomplish the process of respiration, notwithstanding there is so very little, if any at all, of the nitrogen given off to the blood. Doubtless the nitrogen here serves to favor that high transformation of the blood on the catalytic principle, without being into any material combination.

Now, if the general and the special fluid of primitive formation is wanting in nitrogen, so will also the whole mass of fluids

be deficient in the power to sustain itself in a higher organizing dignity, and the single elements of the fluids and solids will acquire a tendency to combine and form compounds, after the laws of a lower degree of organization. As soon as the one or the other of the elementary constituents of the fat formation is again predominating for itself, or two or more of them in combination, so soon will there also appear different ranks and conditions of disease. If a predominance of carbon establishes itself, it will produce a *venous* disposition, venous diseases; a prevalence of hydrogen and oxygen will cause dropsy, and if the formation of fat becomes unable to sustain itself as such, dropsy also or mucous formations will be the consequence.

While nothing else but the blood and the parenchymatous fluid of primitive formation serve to the production and nutrition of all structures, and also to their dissolution and destruction again, it is evident that the blood and this parenchymatous fluid represent the fluid body, and that the developed body is nothing but the solidified parenchymatous fluid of primitive formation; and so the whole organizing life consists in a continuous mutual transformation of the fluids into the solids, and the solids into fluids. Therefore, it necessarily follows that the main character of diseases in organic life, also manifests itself again in an organization and disorganization, (that is, in a morbid degree,) provided we have nothing to do with conditions of accessory functions. Here very often does this tendency to morbid organization go so far as to bring on new organized products, true individualities, as, for instance, worms.

The cellular tissue (*tela cellulosa*), the first structure of the parenchymatous fluid of primitive formation, is a peculiar network, spread out through the whole body, and surrounds all its organs, so that, in some measure, it serves as a packing by which all empty spaces are filled up. It is a cuticular, woven texture, softened in water, consisting of fine filaments and transparent lamellæ, which are united in

such a manner that they form small cells, being in connection with each other. These cells are not visible, but can be filled with air, so that the cellular tissue of the entire body can be inflated through one spot. It then gives a very similar appearance to that bubbled mass which forms itself upon blowing into a solution of soap. Some authors, however, have maintained this tissue to be mucus, swelled up in water, without any organization at all, and they have based their views upon the circumstance that the cellular tissue in the fetus, and also in the lower classes of animals, shows distinctly a habitude like mucus, and that the cellular tissue in several classes of animals is not inflatable to cells. This, however, is not an evidence, as the organic tissue, notwithstanding its inner texture, can sometimes become swelled up in water exactly like mucus; and in animals of the lower classes, the organized parts are of such an alluviated and tender consistence, that it could even be properly called an *organic mucus*. When, however, an organic matter is soaked in water, this will penetrate it uniformly, without ever accumulating in smaller or larger bubbles; but we see, in a frozen dropsical corpse, that the pieces of ice of the congealed hydropic fluid, are separated from each other by cuticular septa or partition.

The cellular tissue is of two different kinds: the one is firmer, its texture more filiform, has small and but few closed cells; it is found in those organs provided with mucous membranes, the back part of which it covers. The blood-vessels and nerves are also surrounded by it. The other kind is softer, is full of cells, and fills out all interspaces between the parts—even penetrates the muscles, as we will see afterwards, in speaking of them.

The cellular tissue consists of a gluey, yielding matter, which gets softened by long-continued boiling; it then becomes mucus, and can be converted into the same kind of glue which is obtained from cartilage and skin.

In injured lungs, it often occurs that air enters into the cellular tissue, and so the

whole body becomes swelled up as in dropsy (emphysema.) This condition is accompanied with pain, and disappears gradually when the entrance of air ceases, but it is not exactly known where this contained air is gone, or how it became absorbed.

In certain locations of the body, the cells are filled with fat, especially in the case next below the skin, where the collection of fat is called *parmiculus adiposus*; also within the abdominal cavity, the omentum, which forms a covering one part of the intestines, around the kidneys, in the tubular canals of the bowels, and occasionally in the interspaces formed between the muscles. In smaller quantities we sometimes find it deposited also in other parts, and, as previously remarked, occasionally the whole cellular tissue becomes filled with fat. Its formation and origin we have already learned, and therefore we will further consider only some of its chemical properties.

The fat, as it is deposited in the cellular tissue, though we find it in the fluids of the body as fatty or oleic acids in solution, is never acid in its healthy condition. It is of different quality in different animals, the fats or oils of the animal, as well as those of the vegetable kingdom, are different in their properties. The relationship of animals, according to their food, causes also a similarity in their fats. The fat of the human body and that of the carnivorous animals, belongs to that kind of fats, which, in the language of house-keeping, we call *lard*; while the fat of the herbivorous animals gives the so-called *tallow*. In most of the amphibii, and fishes, the fat is in a fluid condition in a common temperature.

The fat of all consists of two kinds, different according to their fusibility—*stearin* and *elain*. The first denotes the solid, the latter signifies the fluid principle. However, not all solid fats give by saponification stearic acid, and such are denominated *margarin*. Human fat and that of carnivorous animals, form, by saponification, only *margarin*, and not stearic acid. All fats, however, contain *elain*.

All fats are compounds resembling salts, consisting of an oleic acid, neutralized by an indifferent, organic oxyd, which, in an unaltered state, can not be separated from it. This oxyd, in the before mentioned compounds, is called *lipyl* oxyd. Treating these compounds resembling salts, with strong inorganic bases, they become decomposed, the oleic acids combine with the base, and the indifferent organic oxyd will be set free, while it, *statu nascendi*, takes up the elements of the water and appears in an altered combination, *glycerine*, the sugar of oil. This is a colorless odorless, and sweet tasting syrup, mixable with alcohol and water, but insoluble in ether; with yeast it does not pass over into vinous fermentation, but forms metacetic and acetic acid when it is left with it at a place of 60–80° F. Glycerine has found some employment in medicine.

Human fat belongs to the softer kind of fat, commonly called lard; it is odorless, and of a yellowish color. 100 parts of alcohol, free of water, dissolve 21 parts of this fat, of which, by cooling, the most part crystallizes in the form of fine needles. It contains, in 100 parts, about 95 or 96 parts oleic acid, and 9–10 parts glycerine, separated by saponification.

If we now put together all that can be said in general of organic life, we will have the following functions and operations:

1. The vital action of the blood itself.
2. The mechanism which moves the blood in closed vessels.
3. The formation and action of the parenchymatous fluid of primitive formation.
4. The functions of the digestive system.
5. Functions of the lymphatic and glandular system.
6. Functions of the respiratory system.
7. Functions of the uropoietic and general system.
8. Functions of the general investing skin.

All these we will take up in their order. The human body and all the processes working on it, have been studied the most, and therefore are best known. The principal subject which I shall hereafter treat

of, will be the physiology of man; but the mammalia, birds, fishes and amphibia, designated by the common name, *vertebrata*, have such a similar physiological relation to each other, that a good deal will also have reference to them.

[TO BE CONTINUED.]

New York, January, 1856.

ECLECTICISM.

BY S. A. MERRILL, M. D.

"True philosophy is that which is the faithful echo of the voice of the world; which is written in some sort under the dictation of things; which is only the rebound, the reflection of reality."—*Bacon*.

"Philosophy is the last victory of thought over every foreign element and form. It is the highest degree of liberty and intelligence—the last enfranchisement of thought."—*Cousin*.

"The price of liberty is eternal vigilance," as a regulative maxim, should be as broadly inculcated in the scientific, as in the political world. For, paradoxical as it may seem to us, although no one of the elements of civilization has contributed so much to the advancement of mind, (viewed as the champion of human rights,) or been so closely identified with the great crises of human liberty, as science itself, yet in none of these has the fearless and tolerant spirit which characterizes all incipient movements, been succeeded by a more servile and pedantic spirit of authority and intolerance.

While, then, science, *par excellence*, has ever been the uncompromising foe of tyrants, and headed the advance columns in the march of free principles, in its turn, when its doctrines have made the conquest of human society, and has concentrated sufficient power to attract the selfish cupidity of mankind, it has become the most arrant despot and foe to the further progress of rational investigation.

There are few causes, perhaps, which have tended more to retard the growth of science, than the many *petitiones principio*

rum, which naturally find their way into various departments, on the presumption which the mass of mankind readily fall into, viz., that certain minds have established the *ultima thule* of the human reason, in the directions in which they investigated.

It is needless to turn aside to notice an error so superficial, although so prevalent, since, were we to waive entirely the question as to the psychological growth of the human mind, there is sufficient testimony in the superior conditions which are furnished to all more recent investigators in science, in the developments of science itself. The scientists of each succeeding age stand upon the shoulders of those of the preceding, so that the visual angle of science is ever enlarging.

But what has been remarked of science in general, applies still more particularly to the science and practice of medicine. In no organization has human selfishness and professional *esprit de corps* played so large a part in suppressing the incubations and free deliveries of thought. With the innumerable traditions and authorities which are the peculiar heritage of the profession, and the almost universal tendency in man to subject his reason to the *ne plus ultras* of professional leaders, and sacrifice his individual capabilities to the *dicta* of numbers and the influence of organization, medical science has jogged on at a sorry pace, in this age of intellectual activity.

In looking around upon the profession at large, indeed, the intelligent mind may well inquire, whether the successive revolutions which theoretical medicine has undergone, for centuries, have enlarged, to any important extent, the authority of man over the diseases of the human system; or whether, in truth, the philosophy of disease and cure is any better understood to-day, than in the days of Hippocrates and Galen.

While the medical profession has for centuries been accumulating a vast number of detailed and isolated facts, but little progress has yet been made toward drawing from them their legitimate principles, and reducing them to a simple unity. These

discerpta membra form rather the *material* of a science, than science itself; and it remains for the positive inductions of a rational philosophy, to indicate the principles which they contain, and elevate them to the rank and dignity of a system.

While, however, we cheerfully recognize the immense value of the materials which have been contributed to science by the past, we at the same time as boldly maintain our opinion, that with those facts it could not have given to the world a philosophic system of them, as such a system necessarily postulates a vastly higher notion of the nature of man and his psychophysical and social relations, than the past could have produced, in order to reduce them to a rational and simple unity.

What is thus predicated of science in general, may be said, with peculiar force, of the professional science of medicine; which, inheriting the opinions of the past, without the spirit in which those opinions originated, has been more intent on preserving the *status quo* of the forms and usages transmitted from the past, than in enlarging the domain of science by the discovery of new principles.

In this respect the medical profession has not departed from the usual law of limitation inherent in all human organisms, viz: that the leaders in all important movements on the stage of history, usually establish the premises and prescribe the limits, from which all who thereafter enter the organization shall make all their deductions, and within which they shall perform all the stereotyped functions of their thought.

There are few facts, drawn from the attentive study of history, more humiliating to the sentiment of moral independence in man, than this almost universal pliability, and sycophantic imitation of those minds which, armed with a bold uncompromising individuality, have given character to the movements of their times. The generations of satellites who succeed to their opinions, with their eyes eternally fixed upon their premises, seem to lose entirely their own sense of vision, and to become

the mere reflections of them—the image losing its distinctness in the ratio of its distance from the primary.

In the midst of this universal genuflexion, servility to the established decrees and shibboleths of organization, it becomes a matter of much agreeable reflection to witness the rise of a new movement, which seems destined in time to completely change the existing systems of medical science, by embracing whatever truth each may contain in a catholic or rational Eclecticism. It is scarcely forty years since this new spirit appeared in the philosophies of the old world, under the auspices of the illustrious founder of Eclectic philosophy, and at a much more recent period has been reproduced on this side the Atlantic, to renovate the dead systems of medical science, and yet it has wrought wonders.

It is less, however, for its actual achievements in science, much as we believe it has accomplished, that we welcome the appearance of this new element in modern civilization, than for what it has done, and promises yet to do in the future, to emancipate the spirit of inquiry from the rule of pedantic and intolerant absolutism which prevails in the profession at large, and for the broad and liberal conditions which it establishes for the investigations of science. It fixes the Archimidean stand-point, the fulcrum upon which the incipient spirit of philosophy of to-day shall yet raise a lever that shall move the world.

It is this fixed *point of departure* of the new philosophic movement, which recognizes the generic reason as the only legitimate and ultimate authority in the pursuit of truth, which forms the distinctive feature of Eclecticism. It is the republican element descended into the domain of science and philosophy; for Eclecticism is Republicanism, *par excellence*, and stands out in striking antithesis to the servile, exclusive and pedantic dogmatism which so extensively characterizes the exanimate and fossilized systems of the past.

In every civilization, ancient and modern, science has begun with dogmatism and ended with freedom. The law of the develop-

ment of the reflective powers of the human mind, is first authority, and afterward liberty, which is its ultimate and highest possible condition.

This law of the growth of reason is stamped upon all the elements of progressive civilization, whether civil, religious, or scientific; so that while autocracy tends finally to democracy, an authoritative religion ends in a pure philosophy, and scientific dogmatism in the arbitration of reason.

History is then the mirror of universal thought—the visible reflection of the elements of the generic mind. "All men," says Cousin, "are only fragments of men," since every individual is an image, more or less incomplete, of humanity, which is the human mind on a grander and more perfect scale. Every man, then, becomes the complement of every other, and hence is the natural counterpoise and limitation to the excesses of his character.

Hence the necessity and glory of Eclecticism, which, taking man in his subjective and objective relations as the subject of inquiry, and reason as the only legitimate authority, has commenced the work of interrogating the opposed and hostile systems of philosophy and science.

Eclecticism is not a system, but a spirit, the inchoate condition of the incoming era of thought. It is neither an accident nor a discovery, but the spontaneous and necessary out-birth of the reflective energies of the progressive element in human society. It is to do for the religions, sciences and philosophies of modern civilization, what Socrates did for Grecian philosophy—to "bring them down from the heavens." Starting with the profoundly tolerant principle, that every system which has found its way into the world, has received its origin from the spontaneous intuition of man, and hence contains more or less of truth—for as Cousin has justly said, "Error proceeds from reflection, and not from spontaneity"—Eclecticism becomes at once the arbitrator among the diverse systems of society, and introduces the first and only legitimate condition of tolerance.

Though still in its infancy, it has done much for philosophy and science. The young Hercules, while yet in its cradle, has throttled the vast serpentine coils of the confused systems of modern times, and they have yielded to his grasp. If Eclecticism sometimes generalizes more hastily than wisely, it carries within its own bosom the conditions which must inevitably correct the errors which an ardent and impetuous spirit of inquiry and systemization naturally often falls into. An attempt to arrange the *disrupted* elements of a science, even though it include many and grave errors, is better than confusion, as it forms a starting point for fresh efforts, which will correct the mistakes of the first. "*Veritas citius emergit ex errore, quam ex confusione.*" says Bacon, and reason sanctions the remark.

Eclecticism, in medicine, is but the growth of yesterday, and yet it has advanced with a rapidity which has well excited our surprise. The natural offspring of this time, it is not a *doctrine* but a *sensiment*, the profoundest condition of thought itself. It existed in the incubations of man's reflective thought long before he uttered the word. It is not confined exclusively to any single system; its surges have rolled themselves in upon the dead systems of the past, despite all their resistance, seeming to impart to them a temporary simulation of life. If it has had but a brief past, that "past, at least, is secure;" while before it lies an expanding and glorious future. "It is better to have a future than a past." We may, *a priori*, predict for it a wonderful career. The product of an age which has begun to impart life and form to the thought of the masses, it cannot become the theater of the few but the many; and its development is destined to be equally grand and co-extensive with the numbers which shall engage in it. "Philosophy before Kant," says Sir Wm. Hamilton, "was rather a deduction from principles, than an inquiry concerning principles themselves." While this is true of the various medical systems of the day, Eclecticism seeks to bring back inquiry to sift

the pretensions of those premises, (*meritum principiorum*), which have *ab initio* been assumed as the data of all scientific research. It is determined to interrogate the claims of many things hitherto concealed in the mists of venerable darkness.

Astoria, Illinois, February, 1856.

ELECTRIC INTENSIFIER.

BY PROF. J. MILTON SANDERS.

Perhaps it is not generally known, that although a number of galvanic batteries when connected together, produce more brilliant effects than a single one, the actual quantity of electricity is not increased. It is true that decomposition is greatly promoted by connecting several batteries together, but this is caused by the fact that the increased intensity, by its power of forcing the current through the electrolyte, thus accomplishes what could not otherwise be produced. Therefore, whenever electrolysis is to be sought, it is accomplished by connecting several batteries together, and the intensity thus obtained enables the current to effect a passage more rapidly through the compound, and thus to attain the decomposition. But the amount of decomposition, after all, depends solely upon the *quantity* of electricity obtained from the battery, for it is a law in electrolysis, that for one equivalent (32) of zinc dissolved in the battery, one equivalent of any other element will be decomposed out of it, if the current be passed through it. For instance, if 32 grains of zinc be dissolved from the positive plate of the battery, they will supply electricity sufficient to decompose 200 grains of gold or 108 of silver, or 103 of lead, or 32 of copper, &c. If sufficient intensity, however, is not given to the current set free by the dissolution of the zinc, it cannot effect decomposition at all between the electrodes; therefore, it is a great desideratum in all kinds of decomposition, as those of gilding, silvering, platinizing, &c., and like

wise in the use of the voltaic current for medicinal purposes, or for the extraction of the mercurial particles from the system, that the battery current should possess considerable intensity, otherwise it will not have sufficient force to go through the electrolyte, or through the system.

The method hitherto resorted to for the purpose of giving intensity to the quantity-current, was to combine several batteries together, when, (although by this arrangement the quantity of electricity was not increased,) the intensity, or force, was greater. It certainly appears like a great expenditure of money, to use some forty or fifty batteries connected together, that we may intensify the quantity of electricity possessed by one cup. A great want has therefore been felt, of some easier method of obtaining this result.

The intensifier, which I have recently invented, supplies this desideratum; for, by its use, at least one-half of the batteries can be dispensed with.

My intensity apparatus consists of a helix of large copper wire covered with silk. Through this the battery current is passed. Around this coil of wire there is another of fine wire, but disconnected with it. The former wire is only some forty or fifty yards in length, while the latter is at least several hundred. So far, this apparatus is analogous to the common magnetic machines sold in the shops, but the currents induced in the outer helix or coil, in those machines, are to and fro, the initial current going in one direction, and the terminal in the other. In this intensifier, these currents, by means of spring arrangements, are turned the same direction. This intermitting current is then passed through the pole-wires of the battery, in the direction of the positive current. This induced current possesses great intensity, and as it passes along the wire, or through the conducting substance, it bears along with it the quantity current of the battery.

That this induced intensity current does actually bear along with it, in its more impetuous course along the wire, the quantity current of the battery, I have thoroughly

satisfied myself by repeated and well attested experiments. It was ascertained that two cups of Daniel's battery, which would not decompose pure water, when the intensifier was not attached, would, with its attachment, decompose the water with equally as much copiousness as if eight or ten cups were in use. It has been ascertained that one cup of Daniel's battery, with the intensity apparatus attached, will do as much electro-plating, as six or ten batteries alone.

Thus the fact is established, not only that the real power of the battery—the quantity intensified—is increased by this apparatus, but that the intermitting induced current does not at all interfere with the electrolytic power of the current.

It is also ascertained that this induced current need not be a forcible one—that is, need not be *sharp*, as it is called—in order that it shall convey with it the battery current. It is also found, as *a priori* reasoning would suggest from the previous experiments, that this intensified battery current possesses likewise all the medicinal effects, and those which implicate the electrolysis of mercury from the system, that would be derived from a battery of considerable combination.

New York, January, 1856.

A REVIEW—PHYSIOLOGICAL EFFECTS OF WATER.

BY N. S. KEITH.

Every department of science is so crowded with pretenders at the present day, that unless we shall chance to be tolerably well acquainted with the subject upon which they scribble, it is almost impossible to distinguish mere assumption from real worth. As a good counterfeit, from the fact of its close resemblance to the genuine coin, is calculated to effect the more mischief—so bogus science, if gotten up with an air of speciousness and a semblance

of erudition, is well calculated to deceive the unwary, or those who are incapable of fathoming its empty pretension.

The subject of electricity is at present a popular one, and every scribbler who is capable of composing a sentence containing lucidity enough to be half comprehended, is riding the poor subject to death. A weak and unmethodical thinker is perhaps the most to be dreaded, when once he has fixed his attention upon a subject. Possessed of great pertinacity and little wit—of large enthusiasm and small judgment—he strides his hobby, and rides the unfortunate jade, until the wretched thing is absolutely broken down and ruined.

Electricity has become, of late, a tremendous hobby with many persons, who, extending its correlations from one thing to another, have at length gifted it with the dignity of thought and of the soul. While really several writers, with inductive thought and philosophical acumen, have traced this subtil entity into its physiological co-ordinations, the greater number have played with it the most fantastic freaks, revealing not only their own ignorance of the laws which govern its manifestations, but likewise the fact of their own incapacity to handle any subject of a recondite nature. The article in the number of the "*College Journal*," lately published in Cincinnati, is a striking illustration of the latter remark, and from which we make the following extracts:

"The most manifest, prompt, and powerful action of water, on the system, results from its great tendency to absorb galvanism or electricity, and thus to abstract this great stimulant from a part, or from the whole of the system. It matters not whether the water be cold, or warm, or hot—pure water will always absorb galvanism, and will thus always remove this stimulant. It is this power which renders water so prompt and so active a *sedative*."

"Whenever the temperature of the water is below that of the surface of the body, its application tends to the removal of *caloric*, another stimulant, from the system. Even when the water is considerably warmer than the surface, if allowed to evaporate, it will still absorb caloric, and as this stimulant is removed along with the animal

galvanism, the water proves doubly a *sedative*. * * * * By the abstraction of caloric, an agent is removed, which, when present, tended to separate the particles of matter; and as the parts become cold, the atoms of the tissues pass nearer to each other, and become *constringed*, or lessened in volume, and in this way cold water produces condensation of tissues, and constringency of structures, tissues, ducts, vessels, and glands; and thus gives an appearance of firmness and tonicity to the parts, which is owing, not to any strength water has imparted, but to the *debility* it has induced."

"As the presence of heat in particular, and of an excess of galvanism, aids chemical decomposition, the abstraction of these agents by water, will tend to prevent or retard chemical decomposition."—(See pp. 4, 5 and 6.)

The writer of these paragraphs has evidently got hold of a subject, of the physiological laws of which he is not at all cognizant; otherwise he would not publish to the world so many paragraphs vulnerable to the attacks of a scientific man. The rules appertaining to scientific literature have now become so rigid, that he who attempts to write must necessarily be cognizant of them. Mere assertion, devoid of substantial, actual proof, is now of no avail whatever; and therefore, he who reverts to the latter, must either be supposed to be deprived of that proof, or must suffer the imputation of a mere empiric, a wild theorizer, who, devoid of the faculties of inductive reasoning and research, is likewise devoid of that sensitiveness of disposition, which inspires the well organized mind with an intuitive appreciation of that modesty which stays the pen from inflicting nonsense upon a discerning community.

The article of Prof. Cleaveland is open to severe criticism, if not to actual censure; for, when a man, with all the pretension and gravity which the Professor can so easily and safely assume before his class, asserts things which neither he nor any other person has experimentally demonstrated, his pretension, if not actually ridiculous, is at least amenable to the severest reprehension.

Before Prof. Cleaveland begins his dis-

sertation upon the wonderful absorptive properties of water in regard to "galvanism," he should first enlighten us upon what is already known of this fluid, so far as it relates to its actual entity or being. He should tell his readers whether the philosophers of Europe and America have themselves arrived at conclusions respecting the nature of "galvanism," as he calls it. He should inform us whether galvanism consists of two fluids gifted with opposite natures, or of one fluid to which is imparted specific qualities in harmony with the manifestations of certain well known laws. He should inform us upon the method by which he arrived at the great result, that galvanism, like heat, can be absorbed from the body by water, or whether the body does really contain galvanism at all. He should enlighten us upon the nature of galvanism, with which he appears to be so familiar; and really whether it is a certain absorbable something distinct from heat, and susceptible of elimination analogous to the endosmosis of fluids.

How does Prof. Cleaveland know that water absorbs galvanism from the body? Wherefore, to put this troublesome doubt at rest, did he not describe the experiments he instituted, and the irrefutable proofs he obtained, in substantiation of his assertion that the body contains galvanism, and that water possesses the properties of absorbing from the system that entity? Wherefore did he not, before he introduced his own assertions, set aside the fact that water has been proven to be almost a non-conductor of electricity, and less capable of absorbing it than almost any other body in nature? Wherefore did he not record the fact, that electrical baths are now used extensively, not for the purpose of absorbing galvanism from the system, but that the system may absorb the galvanism from the water? And then, ere he promulgated his great discovery, he should have proven that these electricians are entirely wrong, and that their baths do not furnish electricity to the system. Having effected this by such well arranged experiments as, while they would have been defi-

nite on that point, would have been likewise easy of execution, he then might have erected the structure of his theory upon the debris of that successful demolition.

But Prof. Cleaveland has done nothing of the kind. He thrusts forward mere assumption as proof, and that assumption directly in the face of not only the proofs to the contrary, but the acceded facts that electricity and light are identical. For the ablest exposition of this fact, he will with profit consult *Gmelin's Chemistry*, vol. i, p. 336.

But instead of water possessing the property of absorbing galvanism, (as not the fluid itself but the science is termed,) that body is really the great reservoir of electricity, and is, we might safely assert, so highly charged with it that no more could possibly be absorbed. Prof. Cleaveland should bear in mind that electricity is possessed of the properties belonging to all matter, and that it too has its equivalent or combining proportion. Just the quantity of electricity that is required to saturate or combine with an equivalent of one metal, is just the quantity necessary to combine with the equivalent of another metal. This law is established beyond all doubt, and therefore it is ascertained that water cannot absorb more electricity than its normal amount, or that which exists in it to hold its atoms together, without undergoing electrolysis. Any further electricity which is forced into it, only polarizes its atoms, neutralizes their electricities, and then releases the elementary atoms—the hydrogen at one electrode, and the oxygen at the other.

But it would be irrelevant to attempt to disprove what has not been proven, nor even attempted to be, for Prof. Cleaveland has only asserted that water absorbs the galvanism from the body, when he produces no authenticated record of experiments which prove that electricity exists so loosely in the body as to undergo elimination by contact of water. We do not pretend to assert that the body is devoid of electricity in one of its allotropic conditions, but we do assert that there is no

proof that this electricity is so deprived of dynamic force—so dissociated with the vital organs—as to be absorbed by merely immersing the body in water. In fact, the late experiments of Dr. Du Bois Reynoud have proved beyond refutation, that the nerves and muscles are possessed of their specific electrical currents, and that if they are deprived of that electricity, they lose the functions belonging to them. What, therefore, would be the result, were bathing to deprive these nerves and muscles of their electricity? The assertion that water absorbs galvanism, therefore, is entirely gratuitous, without a shadow of proof, and not consonant with the well known properties of that fluid. Instead of its possessing an avidity for electricity, it is, on the contrary, the great magazine of that fluid, and of its allotropic co-ordinates, light and heat.

But Prof. Cleaveland, without in the least compromising his dignity as a Professor, might have easily made the experiment whether water will really absorb galvanism. That experiment could easily have been accomplished by simply dipping the positive electrode in water, when, if that fluid were to absorb the electricity, the voltaic current would continue to flow from the battery. But Prof. Cleaveland would soon have convinced himself of the fact, that the moment he introduced either one or both poles of the battery in the water—it being pure and the poles sufficiently separated—the battery currents would instantly cease to flow; which would not be the case, were the water to absorb the current, for then the electricity would continue to pour into the water in a continuous stream, so long as the water absorbed it. But there are a number of ways in which the experiment could be effected, each of which, as they did Prof. Faraday long ago, would convince him that his assertion of the absorptive properties of water in regard to galvanism, is but a mere myth, entirely gratuitous.

The man who has comprehended the beautiful arrangement of the physical forces, as well as that of the matter with

which it is associated, would scarcely make such loose assertions as Prof. Cleaveland has done. The physical forces are not so dissociated from matter, that a little water by its mere presence, can alter their properties to such a degree, that they shall leave their intimate and chemical combinations with matter, and become absorbed. This we might give credence to, were we not now so thoroughly cognizant of the laws of combination of electricity with matter. We know that 9 grains of water are combined together through the presence of that quantity of electricity which would first saturate and combine with 31 grains of zinc, or 32 grains of copper, or 108 grains of silver, or 103 of lead, &c. This law of definite combination, or of stoichiometric association, is now as well known as that pertaining to ponderable matter. Therefore, we perceive how absurd the statement of Prof. Cleaveland is, that water possesses the property of absorbing galvanism out of the human body. All previous investigation is against it; the knowledge that we have acquired in regard to the intimate combination of electricity with ponderable matter, excludes for a moment such an assumption, and the cognizance that we now have of every manifestation of that agent, is directly against it. It is, therefore, a gratuitous assumption—mere wild guessing, without a shadow of truth.

Having informed his readers, with all the pretension and gravity of one communicating a fact proved beyond disputation, that water "absorbs galvanism" from the system, Prof. Cleaveland then takes up the matter of heat, and not being aware that this agent has been proved to be an allotropic condition of electricity—as is also its co-ordinate, light—he dashes into his subject with that enthusiasm which characterizes all his writings.

He gravely informs us that the reason why the muscles become constricted, is because they have lost heat; for, says he, heat expands while cold contracts, and, therefore, when the muscles lose their heat, they become contracted "by passing nearer to each other."

Did the grave Professor ever try the experiment by submitting the human body to different degrees of temperature? If he never has, others still more competent to institute such experiments than he, have, and they have arrived at the conclusion that the human body remains at about the same temperature, whether it be placed in the atmosphere of an oven which will cook a turkey, or in that of the frigid zone, with the thermometer sometimes 60° below zero. We are informed by physicists whose words upon such subjects are never doubted, that if the temperature of the body were to sink only a few degrees below its normal one, death would inevitably ensue. It is true that the application of cold water to certain local parts will diffuse and equalize the heat, or perhaps absorb it from that part; but the idea that by immersing the entire body in water, we abstract so much of its vital heat as to contract the muscles through its absolute loss, is erroneous. It is true that the temperature of the water rises, as the thermometer will indicate, but the metamorphic action of the tissues which then rapidly ensues, develops sufficient heat to compensate for that abstracted from the body, and therefore the latter retains its normal temperature, as the most delicate thermometer will indicate. Were so much heat to be absolutely withdrawn from the body, that the muscles would contract with the diminution of the temperature caused thereby, the person could not possibly live. This is the indication derived from the investigations of the most eminent physiologists living. It would be well, perhaps, if Dr. Cleaveland were to study the subject of animal heat a little more attentively, especially as the subject has been elucidated lately by the German physiologists.

We find that heat, too, bears an especial correlation to matter, as we should expect from the behavior of its allotropic, electricity. We may absorb heat from the body by immersing it in water, until the latter perhaps reaches the temperature of 90° , but we will find that the body still retains its temperature also of 98° . To steal the

heat, therefore, from the body, before it shall have time to compensate for the loss by the gain of more, would be nothing less than the act of freezing.

The Professor tells us that the excess of galvanism in the system aids decomposition. Perhaps this idea was suggested by the fact that a voltaic current of strong intensity and quantity, *out of the body*, will decompose bodies. But how "an excess of galvanism" *in the body*, is to accomplish that purpose, is not comprehensible to the electrician or the physiologist. This is another of the Professor's assumptions, or dreams, and is as little in harmony with the nature of electricity, when associated with the vital functions, as the previous assertion of its absorbability from those organs by water.

In a word, the entire article of Prof. Cleaveland presents indubitable evidence, that he has fallen on a subject upon which he is but little informed. The entire article exhibits that want of knowledge, and that immaturity of thought, which certainly indicate that its author has devoted but little attention to the subject of the imponderables.

Before a person attempts to illuminate others upon a subject, it is highly obligatory upon him, that he shall acquaint himself with it, at least so far as the writings and investigations of others have gone. He is then, and then only, prepared to progress onward to the goal his predecessors have attained. We regard Eclecticism as the dynamic expression of medicine, at the present day, while Allopathy is certainly its static condition. It therefore rests upon the Professors of Eclecticism to develop the laws pertaining to matter, and the agents which give to that matter its vitality and motion. But in doing this, they should not lose sight of the true inductive method, so ably developed and elucidated by the physicist of the present day. Mere theory or guessing will not answer the purpose, but when an original conception is advanced, it must be supported by those experiments which, when respected by others, bring conviction in their train. The

day of bold assertion without proof, and of loud pretension without evidence, is past. The day has now arrived when assertions must be backed by irrefutable testimony, in the way of illustrative experiment, so that he who reads may resort to them, and thus have all doubts removed from his mind.

New York, January, 1856.

CLINICAL REPORTS.

ECLECTIC MEDICAL INSTITUTE,

FALL AND WINTER SESSION OF 1855-6.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. E. FREEMAN.

CASE 367. Dec. 11.—*Mrs. G. S. Cancer* of the mammary gland. Has been affected two years. During that time the diseased part has continued to extend, and become more malignant. The gland is now much enlarged and scirrhous, and the axillary glands of the same side are also much enlarged and sensitive. Has suffered much for two years, but more severely during the last two weeks.

Treatment.—The mammary and two of the axillary glands were extirpated by Prof. Newton, and the part dressed with cold water dressing.

Dec. 20.—Parts suppurating and healing. Applied zinc sulphate to the diseased granulations. Dressed the sore with mild zinc ointment.

Dec. 29.—Parts healing; the surface of both incisions looks healthy. Continue the mild zinc ointment. Left for home.

CASE 368. Dec. 10.—*John Duncan, æt. 29.* Congestion of the portal circle and general debility. Has been affected three months. His illness commenced as intermittent fever. Had taken very large doses quinine which arrested the paroxysms, but thinks it has injured him. It produced a sensation of roaring and ringing in the ears, which terminated in obtuseness of hearing. Skin dry and husky, also pale

and of a yellowish hue. No perspiration during the day, nor much at night. Quite nervous and feeble, can scarcely walk around. Is unable to labor; and his spirit and constitutional vigor are very much depressed. Bowels costive, having about two dejections per week; has had no sleep for a month; appetite indifferent; pain in the stomach after eating, and some uneasiness there at all times; bowels painful at times, and tenderness on pressure in the right and left hypochondria; his tongue has not the red tip or edges, although there is a slightly furry streak near its middle and root; passes about a pint of urine every two hours; tenderness upon pressure over the spine, from the middle down to the last lumbar vertebra; has a slight hacking cough.

Treatment.—*R* Comp. cath. pills, one every night, until his bowels seem regular. *R* Hydrastin, ferri phos. aa. gr. j. M. Take three times a day. *R* Oleum tiglii 3ss. spts. terebinth 3ss, tinc. cantharides, 3ss. M. Apply over the affected spine, and to the sides over the region of the pain.

Dec. 24.—Improving in every respect. Pains less, bowels regular, feels stronger, and quantity of urine diminished.

Treatment.—Omit the comp. cath. pills. Use *R* Hydrastin 3j, ferri phos. 3ij, syrup ginger 3ij, water 3ij. M. Take 3j four times a day. Continue the application of the pustulating liniment.

Dec. 28.—Is improving rapidly; feels that he is getting well. Continue the treatment.

Jan. 12.—Discharged cured.

CASE 369.—*Miss M., æt. 22.* Albugo. Was affected with severe acute ophthalmia one year ago. When the inflammatory symptoms had subsided, they left the cornea opaque around an albugo in the center (the axis of vision.) The albugo was the result of a cicatrix from a corneal ulcer.

Chloroform was administered by a physician in the country, who attempted to scrape off the albugo with a small knife. This induced a severe inflammation of the part, and now there is a permanent albugo

The deposition of lymph seems much thicker in the center of the cornea. The inflammation has disappeared entirely. The patient can distinguish day from night, but cannot see to read. General health good.

The case was presented from its peculiar character, and not for treatment; hence no treatment was suggested.

CASE 370. Dec. 18.—Maggie Welsh, et 2 years. Burn. About two weeks ago she fell against the stove and burned her right arm. The burn extended about four inches above the elbow, and two inches below, nearly encircling the arm. She has been using a poultice of elm. The part is not painful, but improving in the healing process. Some parts of the sore are morbidly sensitive, and inclined to be backward in healing.

Treatment.—R Pulv. wood soot 3ij, common lard q. s. M. Apply as an ointment to the sore once per day.

Dec. 22.—Part nearly healed; the soot ointment has had an excellent effect, removing the unhealthy granulations, and correcting the secretion of the part. Be careful to extend and flex the joint frequently, or cutaneous bridges may form at the elbow, and thus produce, by their contraction, permanent flexion of the forearm upon the arm. Discharged.

CASE 371. Dec. 18.—Julia McDowell, et 10. Tinea capitis (favosa). Has been affected three years. The back of her head only is affected, and in this location it resembles *granulata*. Sores small and of about two lines in diameter; secretion fetid, hair matted, forming large scabs over the sores. General health much affected, skin pale, appetite indifferent, habit scrofulous, slight enlargement of the cervical lymphatic glands, probably from sympathy with the tinea.

Treatment.—Shave the hair from the sores, and cleanse them with castile soap water. Apply to the tinea, R Oxalic acid 3m, water 3ij, M. morning and evening, and half an hour afterward apply to them the mild zinc ointment. If the part be-

comes painful, use an elm poultice at night, putting a thin cloth between the cataplasm and the sores. Use internally, R Comp. syrup stillingia 3iv, iod. potass. 3ss. M. Take 3j four times a day.

Dec. 21.—Improving; looks better; the sores are cleaner. Continue the treatment.

Dec. 28.—Head looks well, sores healed; appetite still indifferent. R Hydrastin 3ss, comp. syrup stillingia 3iv. M. Take 3j three times a day.

Jan. 4.—Appetite good, general health much improved. Discharged cured. F.

CASE 372. Dec. 28.—L. J., Secondary syphilis. He became affected ten years ago. At that time he had a small chancre near the frænum preputii; this was healed with the *black wash*. Since that time he has not been as vigorous as formerly, and at times has had scaly eruptions upon the chest and back, and some small sores about the glans penis and behind it. Has now a few copper-colored eruptions upon the abdomen and thighs, a slight soreness from eruptions behind the glans penis, small buboes, and some tenderness of the fauces. Has also a slight stricture of the urethra, with some difficulty in passing the urine. Bowels costive, appetite variable, with symptoms of oppression in the cardiac region.

Treatment.—R Comp. syrup stillingia, 3vj, iod. potass. 3j. M. Take 3j three times a day. R Oxalic acid 3ss, creasota 3ss, water 3j. M. Apply to the small sores upon the penis morning and evening. Take one comp. cath. pill every second evening.

Jan. 8.—Sores upon the penis healed; bowels more regular, feels better in every respect. Continue the stillingia and iod. potass., omitting the other treatment. F.

CASE 373. Dec. 21.—A. H. Mercurial affection of the bones of the face. He is of the sanguine lymphatic temperament, will not bear with impunity the exhibition of mercury. Seventeen years ago he was scalded severely, and took a considerable quantity of mercury during the period of his recovery, which induced severe saliva-

tion. He has taken much mercury. Since the time of the scald, he contracted syphilis; says he had no chancre, had a slight bubo at the time, but none since. About five years since, a scaly eruption made its appearance upon the face near the eyes, causing a drooping of the eyelids and weakness of the eyes, with some inflammation and lachrymosis. A small ulcer commenced upon the forehead, and one on the cheek. Much ulceration of the lining membrane of the nose, and destruction of the bones. Discharge from the nose fetid and ichorous. The ulcerated surfaces have healed, but the parts continue sensitive, and the nose inflamed and dry, excepting a fetid scabby secretion. General health feeble, bowels constipated, appetite indifferent. (I am of the opinion, that the tertiary form of syphilis is affecting him as much as the mercury, and this may be called, as Erichson describes it, the "mercurio-syphilitic" disease.) His gums are also swollen, indicating some scorbutis.

Treatment.—R Hydrastin gr. xxx, sanguinarin gr. xx, stillingin gr. xx, myricin gr. x. M. Use as a snuff. This is to excite the secretions of the nose.

Dec. 28.—Nose feels better, not so dry. Continue the treatment.

Jan. 4.—Improving; secretion from the nose less fetid. The application does not excite so much pain as at first. Continue the treatment, and add iod. potass. and stil., usual R, alternating with acid.

Jan. 22.—Is much better; fetid discharge arrested; gums reduced to their normal size and color. Continue the treatment. General health improving also. N.

CASE 374. Dec. 28.—Cornelius Range, et. 10. Tinea capitis (favosa). Disease commenced about six months ago, by inoculation from a comb. At first there was only a small pustule, secreting an ichorous and fetid secretion. From this the disease extended, and it is now over the whole scalp, extending to the border of the neck and forehead. There are a great many very large sores upon the scalp, and the

interspaces are covered with thick heavy scales and small scabs. The hair has been trimmed off closely with the scissors. Effector of the part resembling the urine of the cat. Lice and their ova have collected in quantities upon the head, and burrowed among the scabs.

Treatment.—Shave the scalp and cleanse it with soap water. R Oxalic acid ʒss, creasote ʒss, water ʒiv. M. Apply to the head night and morning. If the part inflames too much, use the warm water dressing at night. Half an hour after using the wash, apply glycerine over the parts. Use the oxalic acid solution on part of the scalp at a time, lest it produce too much pain and inflammation. Use internally, R Comp. syrup stil. ʒiv, iod. potass. ʒss. M. Take ʒj three times a day.

Jan. 12.—Improving; head looks clearer of scabs and filth, and to all appearance is improving rapidly. Continue the treatment.

Feb. 10.—Head entirely clear of sores; hair commenced growing. Discharged. F.

CASE 375. Dec. 28.—Margaret Eagon et. 16 months. Tubercles of the scalp. Had severe attack of the summer-heat eruption last summer, which terminated in those tuberculous enlargements of the scalp, resembling boils. There are four of them, located over the vertex and parietal ridges. There is a slight enlargement of the cervical lymphatic glands, sympathetic from the inflamed tubercles. Otherwise there are no symptoms of scrofula. Those tubercles have abraded surfaces, and discharge a sanious secretion.

Treatment.—R Comp. syrup stil. ʒiv, ferri phos. ʒss. M. Take ʒss three times a day, in a little water. Apply the milk and zinc ointment to the sores, upon a small piece of linen, three times a day.

Jan. 4.—Improving; continue the treatment.

Jan. 12.—Sores improving, tubercles less inflamed. Continue the treatment, and apply over the tubercles a compress and roller.

Jan. 24.—Tubercles much lessened in size, sores nearly healed, general health good. Continue the treatment.

Jan. 28.—Nearly well; sores healed. Discharged. F.

CASE 376. Dec. 28.—Hannah King, æt. 23. Intermittent fever (quotidian type). Commenced three months ago. The disease continues one week at a time, and then is broken by quinine; but it soon returns. Bowels constipated; pain in the epigastric region, also in the loins; taste of bitterness in the mouth; tongue coated whitish gray, and rather sleek; has some cough at night.

Treatment.—R Comp. pod. pill (Dispensatory) every night. R Gelsemin, quinine, prus. iron, aa. gr. xx, capsicum gr. ij. M. Make powders xv; take one four times a day. Use the alkaline bath once a day.

Jan. 4.—No return of the ague. Discharged cured. F.

CASE 377. Dec. 28.—Ann Hughes, æt. 21. Asthma and masked ague. Has been affected about four weeks. Has a sensation of much oppression in the region of the heart. Has chilly sensation like masked ague about 4 P. M. every day; then she has some constriction of the lungs immediately following, and cough commences; coughs severely night and morning. Has to sit up in her chair at night; thinks she would feel better if she could lie down; has much wheezing and oppression of the lungs; vomiting relieves her for a while; the ejections are bitter and considerably acid; bitter taste in the mouth; does not experience any particular symptoms of acidity of the stomach; bowels constipated and irregular at times. She is nursing her child.

Treatment.—Take one comp. pod. pill (of Dispensatory) every night until they operate upon the bowels. R Stillingia gr. xx, gelsemin gr. xx, lobelin gr. x, hyocianin gr. iv, sach. alb. 3j. M. Triturate and make powders xv; take one four times a day. Use the alkaline bath once per day.

Jan. 12.—Feels entirely relieved. Take one of the powders once per day, and use the alkaline bath frequently, to strengthen the system, and prevent a return of the disease. N.

CASE 378. Dec. 28.—Michael Esbey, æt. 31. Intermittent fever. Has been affected three weeks. Previous to the commencement of this disease, he had a severe attack of bilious fever. Has repeated attacks of the ague paroxysm and fever every seven days; these keep him in a prostrated condition. The chill continues about three hours, and the fever a longer time. Always vomits when the chill comes on; has pain in the back and in the bones; tongue coated white, appetite indifferent, bowels irregular. He says the doctors in the country gave only pills, and so he left them for the city.

Treatment.—R Gelsemin, quinine, prus. iron, aa. gr. xx. M. Make powders xv; take one four times a day. Use the alkaline bath at night.

Jan. 4.—Improving, feels better; has some headache, but no chill since; no vomiting since; tongue looks better. R Hydrastin gr. xx, prus. iron gr. xv, tinc. gelseminum 3j, syrup ginger 3ij. M. Take 3j every three hours.

Jan. 8.—No chill since; appetite much improved; is doing well indeed. Continue the treatment. Need not return unless the fever returns.

Jan. 18.—Has had diarrhea and vomiting until yesterday, when they became arrested. R Podophyllin gr. iij, leptandrin gr. x, gelsemin gr. iij. M. Make powders xij; take one night and morning.

Jan. 28.—Feels entirely well. Discharged cured. N.

CASE 379. Dec. 7.—Mr. H., æt. 40. Malignant degeneration of the cornea (cancer of the eye). During the last harvest time, he received an accidental blow in the eye by a stick, which caused much pain at the time. Previous to this his eyelids had been inflamed and granulated, as a sequel to an attack of ophthalmia. Soon after the injury, the eye became swollen and inflamed; the cornea became opaque and thickened, presenting a staphylomatous appearance, protruding from between the lids, and presenting a fleshy appearance, studded with large fungoid and bleeding

granulations. They did not bleed unless rubbed, but their combined surfaces accumulated a dark crust of blood and purulent secretion, which resembled the soiled and dried surface of a piece of meat. This mass seems confined to the protruding cornea, or scarcely extends upon the sclerotic coat. The growth is of a cauliflower shape, attached to the cornea by a narrow neck. It protrudes about four lines anterior to the tarsi, and is circular, being about one inch in diameter. The disease has been in its present condition, or near it, only a few weeks. His general health is yielding rapidly to its pernicious influence.

Treatment.—Prof. Newton administered chloroform, and then seizing the morbid growth with a tenaculum, severed it from the eye, the incision passing through the sclerotic coat about two lines posterior to its corneal margin. The crystalline and vitreous humors, and iris, were extracted, and the eye allowed to collapse. The cold water dressing was used, and the patient placed under the care of the nurse, with an occasional anodyne of diaphoretic powder.

Dec. 17.—Patient is doing well; had not much inflammation, but being feeble, and of the sanguine encephalic temperament, he had considerable cerebral disturbance. The parts healed by suppuration.

Dec. 22.—Eye nearly collapsed, somewhat swollen, although not much inflamed. General health improving rapidly.

Feb. 23.—Entirely well. N.

CASE 380. Dec. 28.—Thomas Nolen. Chronic Dysentery. Has had diarrhea for the last three months, until of late it has changed into dysentery. Can give no cause for it, excepting a cold, and some accidental causes. Has about nine discharges from the bowels per day, of a mucous character, small in quantity, accompanied by a great deal of pain and griping in the lower part of the rectum. Feels feeble and sickly, also very much dispirited. Skin pale and dry, tongue red and dry, appetite indifferent.

Treatment.—R Leptandrin, pulv. Turkey opil, aa. gr. ss. M. Take three times a day.

Dec. 29.—Symptoms better. Continue the treatment a few days.

Jan. 4.—Has about twelve discharges from the bowels per day; discharges mixed with blood, mucus and serum, causing at each effort at stool much pain and tenesmus. Has continued the leptandrin too long; did not return as was ordered.

Treatment.—R Tinc. xanthox. frax. fʒiij, neut. cordial fʒj, tinc. opii ʒj, gerani ʒj. M. Take ʒj every two hours until relieved. Use warm pediluvia at night. Continue the dry heat to the feet in bed. Apply sinapisms over the abdomen.

Jan. 7.—Feels well. Discharged cured. F.

CASE 381. Dec. 28.—John Ham, æt. 50. Obscure and migratory rheumatism. Has been affected about two months with pains in the breast, back and limbs, but more particularly under the middle of the sternum, and in the region of the diaphragm. The pain shifts about considerable, and is more severe at night. It is a pain characteristic of a location in the fibrous tissue of the ligaments, periosteum, &c., and so, from its peculiar character, we have to class it among rheumatic pains.

Treatment.—R Comp. syrup stil. ʒiv, iod. potass. ʒj. M. Take ʒj four times a day.

Jan. 4.—Feels some better, but thinks the pain does not disappear fast enough. R Vinum colchici fʒss, iod. potass. ʒij, syrup ginger ʒiv. M. Take ʒj four times a day. Use a mild solution of sup. carb. soda internally.

Jan. 7.—Feels much better; thinks he will soon be entirely well. Continue the treatment. He has internal hemorrhoids, which bleed freely upon defecation.

Treatment for hemorrhoids.—R Convallaria racemosa. Make an infusion (ʒss to water Oj); drink freely through the day and continue. The convallaria racemosa (Solomon seal) has been used by me for a number of years in cases of any form of hemorrhoids, either in their incipient or most matured stages. It acts upon the hepatic and enteric secretions, increasing them, and thus making the faces more sol-

nable and more easily voided. It also acts as an emollient, soothing the irritation of the lower bowel, from its specific influence upon the part. I have relieved a great many severe cases of broad-based hemorrhoids, and incipient hemorrhoids, with this remedy.

Feb. 15.—No report since, and of course can come to no correct conclusion as to the effect of the convallaria upon him. F.

CASE 382. Dec. 28.—Joanna Perry, æt. 15. Tinea capitis (granulata). Is of a scrofulous habit. When two years of age she had some small abscesses upon the back of her neck, and some enlargement of the cervical lymphatic glands. The abscesses were lanced at the time, and soon healed. About one year after the abscesses healed, small sores commenced upon the scalp over the occiput. They commenced as small pustules and formed small scabbed ulcers, the secretion having the peculiar odor of rancid butter. Her hair had become matted with the secretion. General health feeble, and still some enlargement of the lymphatic glands of the neck. Appetite indifferent, skin pale, tongue rather red.

Treatment.—Shave the hair from the part, and cleanse it with soap water. R Oxalic acid ʒss, creasote ʒss, water ʒiv. M. Apply night and morning. Use the glycerine to the part, half an hour after each application. Internally, R Comp. syrup stil. fʒiv, ferri sulph. ʒss. M. Take fʒss three times a day.

Jan. 4.—Improving. Continue the treatment.

Jan. 12.—Sores healed, feels much better, appetite improved. Discharged, but continue the stillingia and iron. F.

CASE 383. Jan. 8.—Wm. McBride, æt. 21. Burn. Four days ago, he fell against a stove, and burned the side of his face and forehead. Burn as large as an adult hand. The part is now inflamed, the cuticle abraded, and the surface partly scabbed, exuding an ichorous pus. He does not keep the dressing clean, and so it is rather fetid.

Treatment.—Cleanse the part with warm soap water, and apply a warm elm poultice. Continue it until well.

Jan. 15.—Part entirely healed. Discharged. F.

EXTRAORDINARY CASE—MALFORMATION OF THE HEART.

BY H. C. TAYLOR, M. D.

The history and description of this case are presented, on account of the singularity of some of its features.

In the month of June last, I was called to visit Mr. J. Barney, of the town of Chataque, in this county, aged about 56. After carefully examining his case, nothing presented itself but well marked symptoms of chronic hepatitis, with the addition of a heavy throbbing in the right side, which was at first attributed to the diseased condition of his liver. After making a prescription I left him, but visited him occasionally for the next four weeks; at the end of which time, the symptoms had but slightly improved. In a week from this time, he began manifestly to decline. Dropsical effusions took place in the feet and limbs, and subsequently in the abdomen. Some slight evidence of disease of the heart appeared, great difficulty of breathing at times, and an uneasy, restless condition truly distressing and almost insupportable, more particularly at night—never, from the first, experiencing more than slight pain. He continued to fail, and finally died about the middle of September, three months after I was first called.

As it had been a case of much interest in the neighborhood, as well as to myself, a *post mortem* examination was decided upon, which took place six hours after death. After the examination, I noted the result as follows:

About two-thirds of the omentum, the peritoneal covering of the transverse colon and jejunum, together with a large portion of the mesenteric glands, were consumed,

and floating in putrid shreds in a sero-sanguineous fluid collected in the cavity of the abdomen. The pancreas was in a like condition, except about one inch of its right extremity. The liver had apparently, for some time, ceased its functions, not the least particle of healthy structure appearing. It was composed of an innumerable number of *hydatids*; was about twice its natural thickness; its size in other respects normal. The gall bladder was filled with a thick black substance, nearly resembling half melted glue in consistence. The left kidney was much enlarged, and contained several hydatids, from half to three fourths of an inch in diameter. The right lung was entirely hepatized, and occupied but a small space in the superior portion of the thorax, and probably had not been of service to him since his fourteenth year. The left lung was healthy, but very much increased in size, from performing the labor of both lungs. It had crowded over the mediastinum, and was occupying nearly the position of both naturally.

But the most singular thing brought to light by this examination, and which I more particularly wished to notice in the outset, was the position of the heart. It was found lying upon its side, on the diaphragm, right ventricle down, or next the diaphragm, base to the left, having perforated the mediastinum and passed two-thirds of its size through that fold of the pleura, to which it was firmly attached, as also to the diaphragm, and from which it was with difficulty dissected. Had not the mediastinum been crowded over by the demand of the left lung for more room, the heart would have been entirely within the right chest. The right side of the heart and the liver were in contact, the diaphragm only intervening. The ascending aorta was five inches in length, the arch short and abrupt, and the descending aorta, instead of being situated between the laminae of the mediastinum, and in contact with the left lamina, was exterior to it—not within the cavity of the left chest, but close in contact with it. The arteries given off

from the arch of the aorta, the arteria innominata, from which is formed the right subclavian and right carotid, the left subclavian and left carotid, the pulmonary arteries, &c., were much lengthened, to accommodate the heart in its strange and unnatural position. The heart was nearly one-third larger than usual. The pericardium, after a careful examination, was not to be found, but in its stead, the heart was invested with a fleshy substance, one-fourth of an inch in thickness, and disposed in concentric layers, each one overlaying the other, from the base to the apex. There was considerable ossific deposit on and about the semilunar and mitral valves, and the orifices of the coronary arteries. Such was the result.

It has been a question whether this condition of the heart, &c., was congenital or brought about by some influence at a later period. It is my opinion that it was produced, or a train of changes commenced that resulted in that condition, in his fourteenth year, from violent exercise in carrying a cask a considerable distance, and from which he did not recover for eighteen months. It was not a little surprising, that there should have been such extensive disease and decay, and no symptoms present to indicate them, aside from those peculiar to chronic hepatitis, and the restlessness before spoken of; but still more singular that the lamp of life had not gone out months before.

To me this was a most interesting case, and if the readers of the Journal take but a tithe of the interest in perusing this article, that I did in performing the autopsy, I shall be amply repaid for writing it.

Salem Cross-roads, N. Y. Jan. 1856.

SPINA BIFIDA CURED BY EXCISION.

BY E. B. TREAT, M. D.

This disease occurs but rarely, and I have met with only three cases in my practice; one of which was very small, and

readily cured by suitable compresses, saturated in solution of tannic acid, and secured by a roller bandage about the body.

The second was not, to my knowledge, placed under treatment, and I am unable to say how it terminated, as the parents left the country a few weeks after the birth of the child.

The third case came under the notice of an esteemed medical friend, Dr. S. P. Thornhill, then of this city, who called me in consultation on the fifth day after the birth of the child. The subject was a male child, of respectable parentage; it presented, on the lower lumbar vertebrae, a tumor one and a fourth inches in diameter at the vertebrae, raised about two inches and a half, and presenting a pear-shaped appearance. The skin was not discolored, but the summit was flat, and serous fluid could readily be seen through the thin texture. This, with the absence of several of the spinous processes, characterized it plainly as a case of bifida.

I immediately advised its removal by the knife, which was done on the next day. The sharp-pointed bistoury was passed through the base of the tumor, and the incision carried outwardly. Some two or three ounces of fluid escaped, and the hemorrhage for a moment was alarming. Failing to secure the bleeding vessels readily, the edges of the wound were brought directly together, and secured by a strip of linen open in the center and saturated with collodion, over which was laid a lint compress of sufficient size, and the whole secured by a roller bandage round the body.

The recovery was rapid, the child nursing and seeming well during the whole time occupied in its recovery. Two years have elapsed since the tumor was removed, and he remains very healthy, with the exception of slight paralysis and atrophy of the left limb. I would here remark that the head of the child was of normal size.

In every case of this character, where the tumor is broad and of the pear shape, I should advise an operation with the knife, followed by suitable compression, in preference to any other mode of treatment.

Janesville, Wis., Feb. 1856.

MACROTIN.

BY GROVER COE, M. D.

Among the positive medical agents which pertain to the Eclectic materia medica, this article holds a deservedly high rank. In the crude state it has been in both popular and professional employment for many years, and few remedies have enjoyed a reputation so well merited as the *macrotya racemosa*.

From many years' experience in the use of the crude root in the hitherto recognized forms of administration, I have been enabled to test with more satisfaction the reliability of the isolated principles in the form of macrotin. My experiments with this remedy extend through a period of several years, and have been in the highest degree satisfactory.

Having noticed some manifestations of dissatisfaction in various quarters, in regard to the failure of this article, in not manifesting the possession of all the therapeutic powers attributed to it, I set about investigating the cause of the discrepancy between this alleged want of results, and the positive sanative results accruing from its employment in my own practice. My labors were soon ended. On turning to page 345 of King's American Eclectic Dispensatory, the merest tyro in organic chemistry could not have failed to speedily draw the inference that this *questionable* macrotin was prepared after the formula there given. As it is distinctly stated here to be a *resinoid principle*—as the process given is capable of extracting the resinoid principle only—and as the presence of no other principle is claimed, nor processes given for their extraction, it is fair to presume that the author was alike ignorant of the existence of other principles, and of the methods of procuring them.

Now as the medicinal virtues of the plant reside in three distinct and separate forms, termed respectively resinoid, alkaloid and neutral principles, and as these several principles require to be isolated, and then re-combined in order to represent

fully the therapeutic constitution of the plant, it must be apparent to the most discursive reader, that the macrotin obtained by the process given in the Dispensatory is but a decimal representative of the therapeutic whole of the plant, and consequently that its exhibition must be followed by partial results.

It will be perceived that by this process two important principles, the *alkaloid* and *neutral*, are lost, and with them so much of the therapeutic power as they represent.

For a fuller exposition of the character of these principles, the reader is referred to an article on "The Active Principles of Plants," by Adolph Behr, A. M., in the February number of the E. M. Journal.

I have been thus explicit on this subject in order that those who may be disappointed in their estimate of the value of concentrated medicines might be led to an understanding of the true cause of their deficiency.

The methods detailed in the above mentioned work are equally inadequate for the procurement of the active principles of plants in every instance in which they are given. From two to three principles are invariably thrown away. Thus in the *podophyllin two*, *leptandrin three*, *irisin two*, *et sic de similibus*.

A due regard for the reputation of these remedies demands that the spurious character of the articles manufactured in accordance with the directions given in King's Dispensatory should be made public in order that the profession may protect themselves against imposition. If there be one crime which, more than another, will beget the universal condemnation of little minds, it is that of him who is *first discoverer* of some process in art, science or manufacture, whereby a large proportion of his race is to be benefited.

This, I take it, constitutes the "unpardonable sin" of Messrs. B. Keith & Co. Having been the *first* to direct their attention to the importance of obtaining *all* the active principles of plants; having been the *first* to demonstrate the fact that the therapeutic powers reside not in *one*, but

in *several* separate and distinct principles; and having been the *first* to discover and perfect processes whereby such desirable results might be attained, they have subjected themselves to the senseless vituperations of chemical charlatans. But with the ignorance and mendacity which prompt these thwarted pretenders to such a course, I have nothing to do at present. Motives so ignoble must, under the chastening eye of professional liberality and intelligence, ultimately work their own purification, and, together with their progenitors, be swallowed up in the vortex of their own malignity. The hand of progress is fast tearing off the illusive drapery of crocodile-tear-shedding philanthropists, and any further wholesale expenditures of "virtuous indignation" will but illy serve to conceal the contemptible chicanery of such disreputable proceedings.

The reader will please remember that the article of macrotin, to whose remedial value I wish to call his attention, is composed of the *three* defined principles of the plant, each one having, by an established process, been isolated, and then re-combined, thus representing fully its medicinal constitution. It is therapeutic entity, divested of non-medicinal combinations. Conceiving this point to be tenable against all attempts at refutation, I might here conclude my remarks, by referring my readers to the various works on materia medica for a history of its properties and employment, simply giving a table of the doses usually exhibited in this form.

But, hoping a brief statement of my experience in its use may serve to aid in confirming its character as a remedial agent, I am induced to notice it further.

It possesses tonic, stimulant, diuretic, diaphoretic, narcotic, nervine, anti-spasmodic, resolvent, alterative, expectorant, and emmenagogue properties. From this it will be seen that it will admit of a very wide range of application. It manifests the possession of the two last-named properties in an eminent degree. In the treatment of affections of the respiratory system, such as phthisis, bronchitis, pertussis,

asthma, &c., I have found it of singular value. By virtue of its diuretic and diaphoretic powers, it exercises a depurative action over the functions of the skin and kidneys—a result so desirable in the management of these diseases.

In croup, after the urgent symptoms are abated, its employment is highly advantageous. As an expectorant it may be employed with confidence, in all cases where such a property is indicated.

In the treatment of amenorrhea, dysmenorrhea, leucorrhœa, and the various derangements of the uterine system, it is invaluable. It has obtained considerable celebrity as a parturifacient, but in this respect is inferior to the caulophyllin.

In the treatment of rheumatism, it has proved of eminent service. I have derived much satisfaction from its employment in this disease, particularly in those cases dependent upon a deranged action of the renal, cutaneous, and hepatic functions.

Its power of removing obstructions of the portal system, and imparting a healthy tone to the functions of the liver, is one of its most remarkable and valuable characteristics. Its stimulant power is exerted in an especial manner over the digestive organs, restoring appetite, promoting digestion and assimilation, and imparting activity to the nutritive functions in the digestion and appropriation of material. This, together with its power of expediting the depuration of effete materials, entitles it to the appellation of an efficient alterative.

As an anti-periodic, I have used it in combination with xanthoxylin, in many cases of intermittent fever, with complete success.

Its nervine and anti-spasmodic powers are well marked in the treatment of cholera, hysteria, convulsions during dentition, &c. Some practitioners value it very highly in the treatment of small-pox. I have used it in several cases of this disease, and am inclined, from my observations, to award it considerable power in modifying the symptoms, and depriving the disease of much of its malignancy.

As it is identical in therapeutic power with the plant from which it is derived, I will avoid prolixity, by giving a synopsis of the diseases in which it may be advantageously employed:

Asthma, bronchitis, laryngitis, croup, phthisis, pertussis, indigestion, hepatic derangements, amenorrhœa, chorea, dysmenorrhœa, leucorrhœa, gonorrhœa, gleet, prolapsus uteri, rheumatism, gout, convulsions, epilepsy, neuralgia, scrofula, small-pox, intermittent fever, cutaneous diseases, &c. It enters into many combinations, and in this manner admits of a wide range of application. The following are among my favorite combinations:

For phthisis, asthma, croup, &c.—

℞ Macrotin, prunin.

℞ Macrotin, asclepin.

℞ Macrotin, stillingin.

℞ Macrotin, eupatorin (purpu.)

℞ Macrotin, sanguinarin.

℞ Macrotin, senecin.

For rheumatism, gout, &c.—

℞ Macrotin, phytolacin.

℞ Macrotin, xanthoxylin.

℞ Macrotin, stillingin.

For spasmodic diseases generally—

℞ Macrotin, cypripedin.

℞ Macrotin, scutellarin.

℞ Macrotin, viburin.

℞ Macrotin, gelsemin.

For prolapsus uteri, leucorrhœa, &c.—

℞ Macrotin, helonin.

℞ Macrotin, hydrastin.

In indigestion, with eupatorin (perf.), lupulin, rumin, &c.

In short, it would occupy too much space to enumerate all the combinations which may be effected with advantage, and which the discrimination of the practitioner will suggest.

The average dose is from one to two grains. Many patients are so susceptible to its influence as to require not more than one-fourth or one-eighth of a grain.

In over-doses it produces considerable cerebral disturbance, nausea, prostration, and an indefinable sensation of aching about the joints of the system. In its general influence, when taken in large quan-

tities, it simulates alcohol. When taken by mistake, coffee will prove the best remedy, preceded by an emetic, if too much time has not elapsed.

New York, February, 1856.

Part 2—Progress of Medical Science

VERATRIN.

Veratrin is the concentrated resinoidous principle of *Veratrum viride* (*Melanthaceæ*.) The *veratrum viride* is also known as American hellebore, swamp hellebore, indian poke, itchweed, crowfoot, &c. As this is an important plant, and not very well known, we shall give its botanical characteristics. The stem is annual, round, solid, striated, pubescent, and from three to six feet high; being throughout the greater part of its length closely invested with the sheathing bases of the leaves.—The leaves are alternate, and gradually increase in size as they descend; the lower ones are from six to twelve inches long, oval, acuminate, pubescent, strongly ribbed and plaited, the lower part of their edges meeting round the stem. The upper leaves are gradually narrower; the uppermost or bracts, linear-lanceolate. The flowers are numerous, yellowish green, and arranged in compound racemes, axillary from the upper leaves and terminal. Each flower is accompanied with a boat-shaped, acuminate, downy bract, much longer than its pedicel. Peduncles: roundish, downy. The perianth is divided into six oval, acute nerved segments, of which the alternate ones are the longest, and all contracted at the base, into a sort of claw, with a thickened, cartilaginous edge. The stamens are six, with recurved filaments, and roundish. Anthers, two lobed. Ovaries, three, cohering, with acute recurved styles as long as the stems. The fruit consists of three capsules, united together, and separ-

ating at top, and dehiscing on the inner side. Seeds: flat, winged, imbricated.

The *veratrum viride* is indigenous from Canada to Florida, growing in swamps and wet places, or on the banks of branches and creeks, and flowering from May to July. The root, the part used in medicine, consists of a thick abrupt top, and a thick fleshy base, from which numerous rootlets shoot off in all directions. It should be taken to the pharmacist, soon after gathering it, if it is to be used in procuring the veratrin, since it is much impaired in age. There is much similarity in the virtues of the *V. album* and the *V. viride*, according to the older works, but recent writers and physicians disagree with such statements. We, ourselves think there is a vast deal of difference, and that the advantage is on the side of the *V. viride*. The virtues, and want of general information in regard to this agent, warrant us, we think, in extending our remarks on it beyond the limits we have assigned ourselves for each agent.

Owing to the powerful character of the *veratrum viride*, it has long been an object to prepare an active principle—or get to the medical properties of the plant in a concentrated form. As all the specimens found in drug shops were not of the same relative strength, it was plain the physician could not positively know how much of the medicine, or rather, of the active principle, was administering; and as the agent was too powerful to be recklessly prescribed to all who used it seemed so far as we could learn, to look forward with much interest to the numerous experiments which bore for their object the obtaining of a concentrated form of the *veratrum viride*, which in consequence of its uniform strength should enable practitioners to know precisely how much medicine they were giving. These experiments were unsuccessful, until a few months since, when B. Keitt & Co., chemists and druggists, N. Y., succeeded in getting out the veratrin—which is a resinoid, powdered, and, from its mode of preparation, necessarily of uniform strength. No agent has been lately

red which is calculated to promote
tive medication more than this.

he veratrin is a light snuff-colored, dry
der, with very little odor or taste. It
esses the properties of the plant in an
only concentrated form. It is proper
ate, in this connection, that three sub-
ces have been prepared from the V. al-
, and V. sabadilla, which have been
ed respectively, veratria, sabadilla,
veratrin. These substances, except
veratrin, are not used in medicine, and
ug to the impure quality, and necessary
prices, not likely to be used to any
siderable extent. The veratrin, here-
re said to have been procured, and
ch has been noticed by most recent
era, is an apothemean substance,
residuum of the true sabadillin.—
*it be borne in mind, that we speak only
proper veratrin—obtained only from the
trum viride.* The veratria heretofore
ained, and used to some extent as a
icine, is veratrine, an alkaloid, and
ntially different from the resinoid ver-
a, of which we are to treat. We should
ke the veratrine also in this connection,
it not been so extensive treated of by
er writers. Some of its medical proper-
are not very dissimilar to those of the
strin. But, while it has long been
own and used by the profession, there
been but little harmony in the statements
those who have used, and written on it.
rown knowledge of its therapeutic ef-
fs, does not warrant us in deciding who
ight or who is wrong, in the published
counts which we have seen.

It is, however, in reference to the vera-
trine, prepared from the veratrum viride,
that we would now speak, and while we
do treat fully of this article, saying many
things of it, we trust we are prepar-
ed to treat of it only as its merits demand
frankly disputing whatever has been
claimed for it, not founded in fact. Those
who discover active principles, or first call
attention of the profession to medicines,
are too apt to see only the fair side of the
question; but situated as we are, entirely
removed from those who are interested in the

reputation of this drug, and laboring un-
der a full consciousness of our duty to our
fellows, we hope to convey to our readers
a correct impression of the veratrin and its
virtues.

The veratrin is a sedative, and when
given in overdoses is powerfully emetic.—
Its action is exerted primarily on the ner-
vous system, and by its impressions on it,
most effectually controlling the heart's ac-
tion—and has been called by some, in refer-
ence to its superior power of controlling
the circulation, an arterial sedative. It
is, of course, to be ranked also among the
sedative expectorants, as are most other
sedatives; but the veratrin exercises a pe-
culiar and well marked influence over the
function of expectoration. As an expect-
torant, perhaps it has no equal in the ma-
teria medica—we shall refer to it as such
again. It is also a reliable diaphoretic,
promoting free perspiration, even in cases
where the asclepin had failed. It is also a
most powerful and reliable alterative. It
possesses some narcotic properties, which
may be qualified by *ol. erigeron*. This
quality is denied by some very respectable
writers, but we must still think it some-
what narcotic. As a nervine it has been
employed in various diseases requiring the
exhibition of such agents. When used as
an emetic, its operation is prompt and sat-
isfactory, provided the stomach is not in an
irritable condition. In small doses it is
a gentle tonic. It should never be given
with either quinine or hydrastin.

We have already treated particularly of
typhoid fever, but as the medicine acts so
exceedingly well in the high stages of this
disease we must refer to it again. When
we are treating a case in which the pulse
is often up to 130 or 150 in a minute, very
small and rather soft, as we often see, with
hurried and difficult breathing, much cough-
ing and but little expectoration, we may
administer the veratrin with perfect con-
fidence. It will reduce the frequency of
the pulse often as low as fifty beats in a
minute. The breathing will become easy,
the skin will moisten, the coughing become
less frequent, and the expectoration much

reer, and the disease be broken up. Keep the patient for a while on reduced doses, and he will soon be well.

In pneumonia, when the condition of the patient is more inflammatory, the veratrin relieves the pain, subdues the inflammatory action, promotes expectoration and diaphoresis, reduces the frequency of the pulse, and induces a speedy cure, as has been proved over and again in daily practice. When prescribing veratrin, we should never neglect to ascertain whether or not the stomach is in an irritable condition, for should it be only slightly irritated our medicine is almost sure to act harshly. We do not believe it necessary to give the veratrin until nausea or vomiting has been induced, as has been recommended in using the tincture of *V. viride*. When given in proper doses, the veratrin will not occasion emesis if there is no gastric irritation, and we should never neglect to learn what the condition of the stomach is before we administer this powerful agent,

The best and most correct idea of the worth of this peculiar agent is to be obtained by inquiring into the phenomena of inflammation, and the power of this remedy in controlling it. If we shall learn to divest human tissues of inflammation, we shall have but little difficulty in controlling disease in general. We must remember that there are various forms of inflammation, and that it may exist without presenting us at all times with the phenomena of increased heat, redness, pain and swelling. It is not unusual to find well marked inflammatory action, of a low grade, almost, or quite unattended with pain, but there will be manifested more or less tenderness on pressure. The redness of inflammation is, perhaps, the most constant symptom of this diseased action. It varies from a slight flush to a deep crimson, according to the degree of inflammation, and the part in which it occurs. But even redness is not always present, for in the example of white swelling, while we have the increased swelling, heat and pain, we see but little redness. The increased temperature, which seems to depend on the increased capillary

circulation, and an increased amount of vitality, centered on the surface of the inflamed part, in consequence of the increased action of the vitalizing fluid—the blood. Yet the cases are not few in which the high grade of inflammation, with but a little increase of heat. Pain is yet more variable than either of the other of the symptoms, which are generally referred to by authors, as particularly characteristic of the disease. The pain may be of all kinds during an inflammatory action. It is often obscure and dull, at other times it is exceedingly severe and sharp, and may be of a burning character. It is the parts which are more sensitive in disease that are so in disease; nor is it always the case where the seat of disease is. This fact must be borne in mind or we are liable to be led into grievous mistakes. The swelling often amounts to no more than a thickening of a mucous membrane, and else it may be very excessive and lead us to suppose that there is more disease there really is. In some structures of the body, as the mucous membranes and alimentary canal, we see no swelling, while in others inflammation may be very well marked and even intense. It will thus be seen that we must study well the phenomena of inflammation if we would understand the nature of a therapeutic agent capable of controlling it.

There are other important considerations which we must understand, and in regard to them, our only object is to prepare the mind of the reader for our conclusions. We refer to the action of the veratrin as an agent capable of controlling inflammatory action. And we find our excuse for the particular pains we are at, by asking the reader to consider how all-important it is to possess an agent which shall enable us to control some of the most formidable phases of disease, which evidently depend upon the degree of inflammation present.

During the forming stages of true inflammation, we see increased natural secretion of the part; but when the inflammation has been fully established, and has been

there is an almost total paralysis of secretory function of the part, which is indicated by dryness of the skin, or by unmistakable evidences of that no matter what organ or tissue is involved. When the inflammation has continued for some time, we see again, as in former stages, an increase of the secretory function, as we see illustrated in bronchial inflammation of the bronchial tubes. Inflammation depends on causes of two kinds—local and general. Local irritation, when long continued, local inflammation, which may become general, tends the system to be favorable to the development of inflammatory action.—In a local irritation exists, and has been observed to affect the general system, we may entirely arrest it by giving veratrin. It acts on the general system, restraining the velocity of the circulating fluid, and at the same time making such applications as calculated to remove the local irritation. Where general inflammation comes on, we may not notice it until we observe one organ or viscus display all the symptoms of local inflammation; and naturally enough suppose the general inflammation has been caused by the local inflammation, when such is by no means the case. Under such circumstances, we almost commonly find that there was a disposition to inflammation of some particular viscus, and that it had been developed under the excitation of the general inflammation. Measures intended to remove such local inflammation ought to be brought to bear on the great circulating system. Veratrin will control such local inflammation, by its power over the heart and arteries.

As to the results of inflammation, we do not occupy space in noticing them—they may terminate in disorganization and death. The great question is, how can we control this inflammation, which is known to be so all-important in disease? When it is present, it is always the physician's care to remove it, and in all times means have earnestly sought the best

means of treating it. Some have depended on certain medicines, some on a general antiphlogistic course, and others on venesection. The object with every physician is to subdue the inflammation, and if it can be done with medicinal agents, it is certainly more convenient to do so. We do not only believe that inflammations may be generally reduced with veratrin, but we know from experience that it is capable of controlling the heart's action, and consequently, by controlling the force of the circulating medium, the blood, we can do as much with veratrin in the treatment of disease, as we can with the strictest antiphlogistic regimen and the lancet combined. We do not state this upon a theoretical premise, but we know it to a certainty, because our knowledge is based on experience—by the bedside of those who were laboring under inflammatory disease. We have seen the veratrin produce diaphoresis, relieve cough, reduce the pulse, and in short, do more in a given short time than any agent we have ever used. It is true we have used agents with which we could as surely reduce the pulse, and in as quick a time, but the effects of such medicines were always temporary, and the good results as quickly supplanted by increased vital action, as had been its diminution.

One cannot feel otherwise than surprised at the remarkable changes he witnesses when watching the effects of veratrin when it has been administered in proper doses. And he will thus feel the force of all we have said in reference to the use of this agent. The dose of the veratrin is one-eighth of a grain. But, owing to the character of this medicine, we must be exceedingly cautious. We must see to it, that there is no gastric irritation, or we shall find that only small doses are required to produce hyper-emesis. But vomiting is not necessarily a dangerous symptom in the use of veratrin, for many, in using even the crude article, or the tincture, never think it proper to stop before violent emesis has been induced. We can not, however, see a particle of good which is to result from this production of emesis; and

hence we endeavor always to suspend the veratrin as soon as slight nausea, or a reduction of the pulse, indicates its influence over the system. We think it best to commence with one-sixteenth of a grain, and increase it to an eighth, or in some instances to one-fourth of a grain. In saying that the dose is one-eighth of a grain, we of course, mean that it is a medium dose for adults with an evenly balanced temperament. It will be well to remember our remarks on the modifications resulting from the temperaments. We must also be careful how we combine this agent with others which irritate the mucous membranes. To such as cannot procure the veratrin, we say, use the tincture, which any one can make. Let the reader remember that this agent, veratrin, will control inflammation, and he will at once see how very valuable it must be to the practitioner; he will comprehend at once its extended application, and he can be always positive, not only as to the amount of the medicine used, but as regards the results which will follow its administration.—*Positive Medical Agents.*

[Since the above work was published, Messrs. B. Keith & Co. have obtained additional principles from this plant, which are as follows: neutral principle, alkaloid principle—all of which we have in their isolated form.—N.]

ON THE EMPLOYMENT OF TANNIN AND TANNIC ACID.

Dr. Berthold draws attention to the great efficacy of a very simple mode of treating chilblains, and preventing their relapse. Twelve drachms of bruised galls are boiled for a quarter of an hour in half a pint of water, and strained. The fluid is applied to the parts two or three times daily for a quarter of an hour. The itching and burning diminish in two or three days, the ulcers heal in about a week. The same effects result from an infusion of oak bark, made with ℥j of water to ℥j of bark, and standing twenty-four hours. The so-

lution of half an ounce of tannic acid in half a pound of water may also be used. For preventing the occurrence or relief of these may be employed once a day, or if the chilblains are not broken, tincture of galls may be used.

Dr. Buhning speaks highly of the power of tannin in arresting hemorrhage, applied thickly on a piece of soft sponge to the bleeding part. No pain or irritative results, the healing process is expedited, and the firm plug that is formed offers security against future bleeding. Dr. Buhning also states its styptic power is remarkable especially in epistaxis and hemorrhage from tooth-drawing. A plug of charpie moistened in water, and dipped in powder.

Its use, however, is far from being limited by its styptic agency, it being applicable to most disordered secretions dependent on debility of vessels. Thus, in chronic hemorrhæa, ℥j of tannin dissolved in four ounces of water, with the addition of ℥j of Arabic, forms a good mixture for internal use, as well as an injection, and the affection soon yields. The same mixture is an excellent one in chronic diarrhœa, the third stage of dysentery, although it is taken unwillingly by the patient. It is also useful in the third stage of pertussis, given in the following form: R.—Tannin gr. vj; ext. belladonnæ j; ext. cicutæ gr. iv; infus. sennæ c. aq. fœnic. syr. althææ, aa ℥j. A spoonful every two hours. Dr. Kipp testifies to the great utility of tannin in menorrhagia, excessive fluor albus; a continued use for two or three months, in increased doses, has, in many cases, completely succeeded, when organic mischief has been present. Sometimes oppression of stomach results from its use, which is usually relieved by temporary suspension, diminution of the dose, or the addition of aromatics. The dyspeptic condition, which results from the loss of blood, is relieved by its use, the loaded tongue cleaning, and appetite and stools returning. He generally gives it in the form of pills, of five grains, three or four times a day, ad

herb or aloes, in the event of constipation occurring, a due regulation of the bowels being essential during its employment. He also uses it with advantage externally in various forms of ophthalmia, as in that of infants, catarrhal ophthalmia, etc., increasing the dose from three to ten grains *per* drachm. — *Buchner's Report*, 1855, p. 4.

THE NON-MERCURIAL TREATMENT OF SYPHILIS.

Mr. Henry Lee read a paper on this subject before the Medical Society of London, Nov. 10th, 1855. He began by stating that the opinions of men of eminence should not form rules of practice, except those opinions could be corroborated by well ascertained facts; and in alluding to the treatment of syphilis, he showed how diametrically opposed had been the opinions of the mercurialists, and non-mercurialists. He (Mr. Lee) thought that the different kinds of syphilitic affection, from which these authors originally took their opinions, might account for the different treatment which they seem to have been inclined to adopt without discrimination, in all cases. He considered, for his part, that there are distinct morbid actions produced by the application of the syphilitic poison, which actions might be divided into four classes. These had been mentioned in a former paper, and required distinct methods of treatment. The first class referred to the syphilitic ulcer, presenting adhesive characters, the globules of the pus exhibiting a smooth outline; the second included those cases in which the secretion from the infected part consisted of well-formed pus from an early period; the third class was that in which the local disease extended to the lymphatic vessels, and in which the glands consequently suppurated; and the fourth where the contact of the syphilitic matter produced mortification or phagedæna of the part to which it was applied. The author had proved on a former occasion, the truth of the propo-

sition enunciated in the third class, supporting his opinion by forty-nine cases, in which suppurating bubo was a symptom. As he had failed at that period to convince some of his hearers, he had again put this proposition to the test of experience, and had caused statistical tables to be drawn up, including all the patients treated at the Lock Hospital. These tables are extremely elaborate, and, from their analysis, Mr. Lee concludes that those sores which infect the patient's constitution are not often accompanied by inflammation of the absorbents; and that when they are, this inflammation may be traced to some accidental complication. Hence the author lays it down as a practical rule, that when a primary ulcer has clearly given rise to an inflammatory bubo, there will be no infection of the patient's system from that disease; and inasmuch as the local disease will, in general, heal as soon without mercury as with it, and will not be more likely in the one case than in the other to be followed by secondary symptoms, such a mode of treatment is, as a rule, unnecessary, if not injurious. Mr. Lee, in referring to some of the other classes above mentioned, came to the conclusion that there were three of them which do not require mercury:—

1. Those accompanied by lymphatic inflammation.

2. Those in which the inflammation produced by the contact of the poison terminates in mortification, which latter may be either superficial or deep.

3. Those in which the poison gives rise from the commencement to suppurative inflammation.—*Med. Times and Gaz.*, Nov. 17, 1855.

ON FISTULA IN ANO.

Mr. HIRD read, Oct. 20th, before the Medical Society of London, a paper on this subject, and also gave his opinion in favor of the treatment of many special cases of complete fistula by means of the ligature. After alluding to the painful

and hazardous operations practised by surgeons for the cure of fistula, until a more correct view was taken of the disease by Perceval Pott, by whose influence and example the barbarous treatment at that time resorted to was renounced by the profession in this country, the author gave a minute description of the anatomical structure of the lower part of the rectum, and of the tissues which fill up the ischio-rectal fossæ, and observed that many obscure collections of matter can only be diagnosed by those who are familiar with the complicated fascial and muscular boundaries of the space surrounding the extremity of the gut.

Mr. Hird then described the varieties of spontaneous abscess which affect this region, and gave the result of several cases of fistula which had not entered the rectum, or laid bare its walls, in which no operation was performed; and strongly opposed the assertion made by Mr. Syme, and many other surgeons who had written on this disease, "that all remedial measures, except the knife, are ineffectual."

As a preventive treatment against the formation of fistula, he urged the necessity of freely laying open all abscesses in the neighborhood of the rectum, before the walls of the bowel are laid bare. The incision should be directed from before backward, and not transversely, so that the discharge may have no mechanical difficulties to overcome in its exit. When the abscess does not close by the ordinary process of granulation, Mr. Hird advises the use of mild injections of nitrate of silver (four grains to the ounce), and the application of well adjusted pressure on the part.

In two cases of eight and ten years' standing, in which this treatment was not successful, he effected a cure by means of a platinum wire heated by electricity, and connected with the poles of a galvanic battery similar to the one used by Mr. Marshall for applying electric cautery to fistulous openings in the cheek, and advises the use of this agent before resorting to division of the septum.

In cases of complete fistula, the author

has no confidence in any treatment except that of laying the cavity of the abscess an of the rectum into one by dividing the sphincters. This, he said, might be accomplished either by means of the knife, the ligature, or electric heat. Although the knife is the favorite instrument of the majority of surgeons, he prefers the use of the ligature in all cases where the hemorrhoidal veins are unusually large, or when the patient has a dread of the knife. He considers also that this method of operating possesses advantages over the knife in many special cases, and, if judiciously applied, and only tightened by means of the fistula-tourniquet to a degree of tension sufficient to accomplish the division of the septum, is not so painful as the operation with the knife, less so in the after treatment, and frequently accomplishes a cure in a shorter space of time. Hemorrhage and the dread of a cutting operation are avoided by this plan.

Mr. Hird's experience does not confirm the opinion of Sir B. Brodie, that all fistula have an internal orifice leading into the rectum; neither do his observations verify the opinion of many writers, that fistula are most frequently found in phthisical patients; but, on the contrary, are in harmony with the views of Andral and Louis both of whom demonstrate, by statistical inquiries, that these affections, occurring simultaneously in the same individual, are merely the result of accident, and that they do not stand to each other in the relation of cause and effect.—*Med. Times & Gaz.*

ON THE PATHOLOGICAL AND THERAPEUTIC EFFECTS OF THE CHLORIDE OF AMMONIUM

Dr. Alex. Lindsay has published (*Glasgow Medical Journal*, Oct. 1855,) some interesting investigations on this subject.

So far, he says, as he is aware, the influence of medicinal doses of the chloride of ammonium (*sal ammoniac*) continued for a certain time in healthy individuals has

been recorded. He was anxious to ascertain this, and was aided in doing so by intelligent pupils, who agreed to subject themselves with him to the action of the chloride.

"Daily, for a week previous to the experiment, the state of the appetite, the nature and amount of the food, the condition of the bowels, the frequency of the pulse, and the amount and density of the urinary secretion, were carefully noted. The medicine was then taken for a week, and similar observations recorded. The amount taken was in one case 18 grains per day, a second 13½ grains, and the third 9 grains. These quantities were divided into three equal doses, and were swallowed dissolved in two ounces of water. No comparison of the results was made till the observations were concluded. The following is a brief summary of these, from the notes before me:

"On the second day after beginning the medicine, a buoyancy of the system was experienced that rendered ordinary pursuits a pleasure, and fitted body and mind for increased exertion. The uniformity of the result was the more remarkable, as the experimenters represent types of the nervous, sanguineous, and lymphatic temperaments respectively. The feeling was not developed in the last. He employed the smallest dose. In all, the appetite was improved. Where the smallest quantity of the salt was taken, the amount of it was doubled. The feculent discharges were in all much augmented. The mucous follicles of the intestinal tube seemed to be stimulated to a much increased secretion. In two the force and frequency of the heart's action were diminished. The rate of the pulse in the gentleman employing the smallest dose was elevated. In all the chloride increased urinary secretion. It can not, however, be classed as a real hydragogue. The release of fluid ranged from six to twelve ounces in the twenty-four hours. In the cases where the largest and smallest doses were used, it acted as a renal depurative, the excess of solids varying from 70

to 160 grains daily. In the other no change in this respect was noticed; but it may be necessary to remark, that the effect on the bowels appeared to be greatest in the person making use of the medium dose.

"The cases in which I have employed the chloride of ammonium in practice have been limited to chronic diseases, such as result from inflammatory action, or where there is a local ailment existing as the expression of a dyscrasial condition. Particularly, I have prescribed the salt in cases of chronic bronchitis, in enlargement of the lymphatic glands, whether resulting from scrofulous disease or dependent on a syphilitic taint, in chronic skin diseases, and in cases of chronic rheumatism.

"The chloride has been, I may remark, exhibited also in acute diseases; in some forms of fever, and in the milder cases of pneumonia. Further, Dr. Watson, in his lectures, has testified as to its efficacy in certain forms of facial neuralgia; and Dr. Ebdon, in the *Indian Annals of Medical Science* for April, 1854, states that it is a powerful and valuable remedy for the relief of neuralgic pain generally. He writes: 'In facial neuralgia, tic douloureux, nervous headache and toothache, not excepting sciatica, and even in one case of neuralgic dysmenorrhea, I have often given it, and been convinced, after a full trial, of its merits.'

"Of its therapeutic effects in acute diseases, I have no knowledge, nor have I prescribed it in neuralgic affections; but from what I have seen of its physiological action in small doses, I can readily believe that the quantities prescribed by Dr. Ebdon must have had an important influence.

"I commenced the use of the salt in morbid conditions of the pulmonary mucous membrane, where the exuded (mucus) secretion was tough and tenacious. In such cases its action was often remarkable, the exudate becoming speedily altered in quality and consistency: It has probably been from observing this effect, that some have attributed to the chloride of ammonium qualities similar to the mercurial

preparations. As liquefacients, their influence is well known. On this account, they are frequently employed. But in cases in which their use is contra-indicated, as frequently happens in chronic bronchitis, I can confidently recommend that their place be supplied by the preparation under consideration—certain that if the case be well chosen, the benefit will soon be apparent, and equally certain that no prejudicial result will follow its employment. In this respect it differs from the alkalies or their carbonates—the prolonged employment of these disordering the digestive or assimilative functions, and ultimately producing a condition similar to scurvy, the nutrition of the body generally becoming impaired. It is very different with the chloride, its long-continued use never giving rise to symptoms of general cachexia. The testimony of many observers agree in this.

"The efficiency of the ammonium salt, as a remedy in the cases noted, led me gradually to extend its use, and subsequent trials, frequently repeated, have shown that in cases of chronic rheumatism, it often proves of great advantage. It is doubtless true we will occasionally be disappointed. This, however, happens with our best remedies; but in those forms of rheumatic disease in which there is but little constitutional disturbance—those cases, in short, in which the iodide of potassium is found advantageous—the chloride may be given with every likelihood of benefit. In this affection, I have given the salt a very extended trial; but, in recommending its use, I need scarcely hint that it is not to be depended on to the exclusion of those secondary means—warmth, frictions, &c.—that form a part of any treatment we may employ.

"I have also tried the chloride in periosteal inflammation of a chronic character, and having a syphilitic origin. Here its advantages are not so apparent, yet it seldom fails to give relief, and in cases where the iodide of potassium had ceased to exert any apparent influence on the disease, the substitution of the chloride has been followed by a rapid cure.

"In enlargement of the lymphatic glands I have not had such an experience of the use of the chloride as enables me to speak with confidence of its action; yet more or less benefit will follow its prolonged employment. In that variety of bubo apt designated indolent, which so often exhausts all other remedies, and frequent our patience, the use of the chloride often speedily effects its removal. I am in the habit here of applying it also externally. A strong solution being employed (3ij to the 3j), lint is soaked in this, applied to the swollen surface, and covered with oil of silk. In such cases the general treatment must not be forgotten. The state of the bowels must be watched, and corrected, if necessary, the diet employed being nutritious. Carefully applied pressure over the swelling is also a valuable auxiliary.

"In another point of view, the chloride of ammonium has an advantage: it is cheap. This precludes the likelihood of intentional adulteration. Sometimes it is impregnated with iron, and, it is said, occasionally with lead. As regards the former, when present, it exists in such small quantity that it can in no way interfere with its action; and as regards the latter, any samples I have tested showed no evidence of its presence.

"By writers on the materia medica, the dose of the chloride is stated to be from 5 to 30 grains. The quantity prescribed to me has varied from 5 to 10 grains, three or four times a day. Dr. Edden, in the paper already noticed, states that he employs from 25 to 35 grains in neuralgic affections, repeated at short intervals. I have never given the salt in such doses. His experience, however, accords with my own as to the effect on the system of the quantities I am in the habit of administering. This agreement was to me the more gratifying, as I was not aware of the existence of his paper till these remarks were nearly completed, and it adds to the confidence we have in urging the medicine on professional attention.

"The chloride of ammonium may be administered in simple or medicated water.

are there is evidence of febrile disturbance, small doses of emetic tartar may be antagonously added. I frequently prebe it with some bitter infusion, as quassacascarilla, gentia, &c. In cases where nodyne may be necessary, the solution be muriate of morphia may be conjoined appropriate doses. It need scarcely be ad, that the alkalies with their carbonat, as also the nitric and sulphuric acids, incompatible.

The preceding observations have been ited to a mere narrative of observed reza. Any endeavor to explain the nature the influence exercised by the chloride r the organism has been carefully avoid-

To judge of the action or effect of a licine is always sufficiently difficult, hout attempting to accomplish more. en where the mind is least biased, the idential is often apt to be confounded h the essential, and antecedents linked h results with which they may be but y remotely related. This is not to be adered at, when we think on the very ed influences that combine to modify ease, and, as a necessary sequence, the ions of those agents we employ for its seval. Of disease we know nothing er than what is made known by sympms and observed structural change, and medicines only so much as they alter or dy these. Frequently the mind is not ment with this, seeking to penetrate ther, leaving the true field of observa-a, and attempting to grasp at what is sed far beyond mental reach. Thus it hat the science of therapeutics has not nced with that steady onward step ich has marked the progress of other de-ments of knowledge. The properties matter are studied, the circumstances h modify these observed, and the infor- tion so acquired is applied to the pur- ses of life. The day is past in which it sought to elicit its ultimate nature or nace. So ought it to be with medi-ns. Their actions and the circumstan- t that modify these, should alone be in- stigated. The therapeutic power of the erial compounds is acknowledged, and

every day applied in the treatment of dis- ease; yet how little, how very little, of use- ful knowledge is to be gleaned by the study of the various hypotheses that have been offered to explain their action.

"These remarks may be considered by some, foreign to the subject of this paper. They will, however, serve to show why I have not thought fit to attempt to explain the *modus operandi* of the chloride. Of this I know nothing. I have seen its beneficial employment, and presume to think that when in more general use, it will be assign- ed a position amongst our more valuable alterative, resolvent, and liquefacient rem- edies."

PRACTICAL PHARMACY.

[We copy the following recipes from Dr. Parrish's new work on Pharmacy.—Ed. E. M. J.]

COMPOUND FLUID EXTRACT OF BUCHU.

Take of Buchu in coarse powder 12 oz.

Alcohol	-	-	-	3 pints,
Water	-	-	-	6 pints.

Treat the leaves by maceration and dis- placement, first with a portion of the alco- hol, and then with the remainder mixed with the water; evaporate the resulting liquid by a gentle heat to 3 pints, and to this add

Sugar	-	-	-	2½ lbs.
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Continue the heat till it is dissolved, and, after removing from the fire, add—

Oil of cubebs,	
Oil of juniper, of each	f℥i.
Spirit of nitric ether,	f℥xij.

Previously mixed; stir the whole together.

MARSHMALLOW PASTE. OPAQUE GUM PASTE. PÂTE DE GUIMAUVE.

Take of Gum Arabic (white),

Sugar, of each	-	-	lbj,
Water	-	-	q. s.
Orange-flower water,			f℥ij.
White of eggs	-	-	No. x.

Bruse the gum, dissolve it in the water, and strain; put the gummy solution upon the fire in a deep, wide pan, add the sugar

stirring continually until it has the consistence of thick honey, carefully regulating the temperature. Then beat the eggs to a froth, add them and the orange-flower water gradually to the paste, which must be continually stirred; continue to beat the paste until, in applying it with the spatula upon the back of the hand, it does not adhere to it, then run it out upon a slab, or into pans covered with starch.

Formerly this contained marshmallow; now it is, properly speaking, only an opaque paste of gum.

The *Iceland moss paste*, so extensively advertised of later years, may be closely imitated by this process, slightly varying the flavor. The asserted presence of Iceland moss in it improves it only in name.

MEDICATED SECRETS, OR COUGH CANDY.

To ten pounds of melted candy, add the following mixture, and divide into secrets:

Take of Tincture of squill,	f3iv,
Camph. tinc. of opium,	
Tincture of Tolu, of each	f3ss,
Wine of ipecacuanha	f3j,
Oil of gaultheria	Mvij,
" sassafras	Mvj,
" aniseed	Mij.

Used *ad libitum* in ordinary coughs.

A NEW REMEDY IN HEMORRHOIDS.

Take of Oil of erigeron	-	f3j,
Sugar	- - -	3ij.
Gum Arabic	- -	3j.

Triturate the oil with the gum into a dry powder, then add

Water	- -	f3ij, f3vj.
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Sig.—Take a tablespoonful three times a day.

Dr. E. Wilson and others have had considerable success in the treatment of uterine hemorrhage with the oil of erigeron, in the doses here prescribed; each f3 contains gtt. v of the oil.

EFFERVESCENT FEVER POWDERS.

Take of citric acid, dried and powdered, 3v. Divide into 12 parts wrapped in white writing-paper.

Take of bicarbonate of potassa, dried and

powdered, 3viss. Divide into 12 parts wrapped in blue paper.

Inclose these white and blue powders alternately in a tin box.

Directions.—Dissolve the contents of white paper in a tumbler, one third full of cold water, then stir in the contents of blue paper and drink immediately.

A dose is usually given every three hours during the prevalence of the fever.

TINCTURA CINCHONÆ ET QUASSIÆ COMPOSITA TONIC TINCTURE.

Take of Cinchona, in coarse powder,

Quassia,	"
Columbo,	"
Gentian,	"
Serpentaria,	"
Chamomile, of each	3ss,
French brandy	Oij.

Macerate 14 days and extract by displacement. A very valuable combination of bitters, which, by the absence of the disagreeable resinous coloring matter of saunders, and by the employment of an acceptable form of alcohol as the menstruum is adapted to supercede Huxham's tincture of bark. Dose f3j to f3ss.

"CHLOROFORM PAREGORIC" OF DR. HENRY HARTSHORNE.

Take of Chloroform,

Tincture of opium,	
" of camphor,	
Arom. spt. ammonia, each	f3iss,
Oil of cinnamon	gtt. iij.
Brandy	f3ij.

Dose, f3ss, or less, in spasmodic affections of the stomach, cholera, &c. Several practitioners have used this preparation with favorable results in severe cases.

SPICE PLASTER. (Dr. Parrish, Sen.)

Take of Powdered capsicum,

" cinnamon,	
" cloves, of each	2oz.
Rye meal,	
Spirits,	
Honey, of each	sufficient.

To be made into a cataplasm by trituration on a plate, and spreading upon a cloth fabric. It should be made up when required.

THE TREATMENT OF EPILEPSY BY INDIGO.

BY DR. HUBERT RODERIQUES.

The writer directs attention to the fact, that the cures obtained by indigo in the hands of M. Ideler, at La Charite Hospital in Berlin, were effected by very large doses of the medicine; and expresses a belief that the want of success of others—as of M. Rech, at Montpellier—arose from administering it in too small quantity. The difficulty of following M. Ideler, in his practice, arises from the intense repugnance of patients to the continuance of such doses as he gave. M. Rodrigues' experiments with the medicine were made upon eleven epileptics. Four of these took the medicine according to the Berlin formula, viz: Powdered indigo 15 grammes, aromatic powder 2 grammes, simple syrup sufficient to make an electuary. To four others it was given in pills, or suspended in water. To the first he administered, at first, half the dose; and then, at the end of some days, the entire dose, increasing it gradually, according to the tolerance, to 10 grammes and more, *per diem*. To the second the dose was constantly much less, commencing with a gramme or a gramme and a half a day, and not exceeding 30 grammes. The remaining three patients were treated by a mixed method, which he regards as adapted to most chronic cases. This plan consists in making a marked impression upon the system at first, by means of a sufficient dose, which is carried as far as possible during the first five or six days, and then in sustaining the action of the remedy by small doses, which have advantage of being readily borne during the necessary period, reviving the therapeutic influence of the drug at regular intervals, by the repetition, from time to time, of the first large dose, which may even be increased if necessary.

When administered by the first method, the indigo at first produced intense distress, nausea and vomiting. From the

twelfth to the twentieth day, borborygmi, colic and diarrhea set in; the stools—seasons, pultaceous, and blackish—varying from three to six in the day, but without lessening the patient's strength; the urine, colored like the stools, was not increased, nor altered in taste or odor, and chemical analysis discovered nothing special in the secretion. The fits were immediately lessened in frequency and violence. In two, who were children, aged ten and twelve years, a radical cure was effected. In the other two, who were adults, the disease recurred. The duration of the treatment was three or four months, and the quantity of the drug taken varied from 900 to 1500 grammes.

The patients of the second category were two females, a young man, and a child. The small dose of the indigo—9 grammes per diem to commence with—induced nausea from the first, but no vomiting. On the fifteenth day, the dose being 3 grammes, the stools and urine exhibited the bluish coloration. About half through the second month, while at a dose of fifteen grammes, the child lost appetite, suffered from spasms referred to the base of the chest, and vomiting. After some days at 30 grammes, all presented diarrhea. The treatment was continued to the fourth month, the repugnance to swallow it increasing; and no benefit, or scarcely any, resulted from its use.

Two months subsequently he again commenced treating the child, who had a fit every three days. He gave 8 grammes the first two days, 15 grammes the third and fourth, and 30 grammes the fifth and sixth, allowing roast meat and wine as diet. Nausea, slight colic, blackish stools, and colored urine occurred. At the end of the week the attacks were trifling. On the seventh day the dose was reduced to one gramme, and continued thus till the twentieth day. The attacks were now replaced by a sort of absence of mind, which passed off in a moment. On the twenty-first and two following days, 40 grammes per diem were given, and then the one-gramme doses returned to till the end of the month. The

epilepsy had completely ceased. The same treatment was continued during the second month. A fall which the child had did not renew the disease. In the third month 5 deci-grammes per diem were given, and 20 grammes on two occasions at ten days' interval. A complete cure was accomplished. Two adults were treated with complete success in a similar manner.

Commercial indigo was used, which contains, among other foreign matters, an albuminous substance resembling leucine or casein, and to the presence of these matters it is that chemists attribute the production of valerianic acid, when fused potash acts upon indigo. Is valerianic acid formed during digestion of the indigo in the stomach, and is the curative operation of indigo due at all to such a change?—*Rev. Med. Chir.*

FORMULÆ FOR THE INTERNAL ADMINISTRATION OF CHLOROFORM.

M. Dannecy employs oil to dissolve the chloroform. The formula he uses is as follows:

Take of pure chloroform 2 grammes, oil of sweet almonds 8 grammes, gum arabic 4 grammes, syrup of orange flowers, 30 grammes, distilled water 60 grammes. Mix the oil with the chloroform, and make with the mixture an oily draught in the ordinary way.

When gum alone is employed to suspend chloroform in a draught, separation of the latter sooner or later takes place, and where alcohol is used, as by many practitioners, in the proportion of one part chloroform to four parts alcohol, an excitant is introduced which may not be desirable, and if the quantity of chloroform prescribed be considerable, this objection is a serious one.

The advantages which M. Dannecy sees in his formula are—1. That a perfectly homogeneous and stable mixture is produced, whatever be the proportion of chloroform

prescribed. 2. That no excitant like alcohol is introduced into potions which most frequently intended to be calmant. 3. That it dispenses with every kind of precaution on the part of the patient those who have the care of him, in administering the remedy. He thinks further that the mixture of the chloroform with the oil, without any detracting from the limpidity of the latter, is a test of the purity of the chloroform.

The Commission of the Societe de Pharmacie, (*Bull. Gen. de Therap.*) while admitting M. Dannecy's formula as rational, propose the following: Chloroform 2 grammes, sugar 12 grammes, gum arabic 10 grammes, water 100 grammes. Chloroform is added to the sugar in a mortar, then the gum is added, and lastly degrees, the water.

M. Deschamps, in commenting on several formulæ which have been suggested, considers that of the Commission preferable to both that of M. Dannecy and M. Wahn, who dissolved chloroform three or four parts of alcohol, and then mixed it with a solution of gum, on the ground that submitting all patients to the action of much alcohol or oil, is not a matter of indifference. It is true, that at first time, a whitish flocculent deposit takes place, but a little shaking restores the appearance of the mixture. M. Deschamps proposes another formula—viz: Chloroform 2, 4, 6, &c. grammes, syrup 30 grammes, yolk of one egg, water 150 grammes. Dilute the yolk of egg with the water, strain; weigh the syrup, then the chloroform; add the strained liquor, and shake the whole together.—*L'Union Medical.*

GELATINE PAPER.

Mr. Dobell has called the attention of the Royal Society to gelatine paper as a medium for coloring light, likely to be useful in many employments, and in cases of weak sight. This kind of paper, which was first invented at Rouen, in 1829

now produced in great perfection. It is highly transparent, and in sheets measuring sixteen inches by twenty-two, but can be made, if required, of the dimensions of the largest plate glass. These sheets, moistened with a solution of gelatine, may be stuck on the panes of a window, and thus change the light admitted to any required color. A green light falling on the white silk made up by dress-makers, deprives it of all its painful glare; and in the same way, yellow silk is made to appear green by a blue light, as has been proved by actual experiment, and it is attended with the happiest results. Jewelers who have tried the green paper, say that when once accustomed to working in a colored light, they find it greatly relieves their eyes. In reading, too, a sheet of the green paper laid on the page preserves weak eyes from being injured by the strong contrast of black and white, and enables many to read with comfort who have been hitherto obliged, by too susceptible vision, to abstain from books.

Other applications of gelatine paper naturally suggest themselves. It may be used as screens and shades for many purposes; the glasses of spectacles may be coated with it; gardeners may use it in their conservatories; and the yellow will probably be taken into their service by photographers.

By the addition of a small quantity of acetate of alumina, during the process of manufacture, the gelatine paper becomes water-proof, just as linen or woollen cloth is rendered water-proof by the same chemical substance.—*Chambers' Journal*.

FLUID EXTRACT OF SCUTELLARIA LATERIFLORA.

BY JOSEPH BATES, M. D.

Lately I have been using Tilden's fluid extract of scutellaria, with signal success, in the treatment of diseases attended with nervous irritation and irritability, restless-

ness, &c. In the treatment of children, it is invaluable for allaying these symptoms. The dose is a teaspoonful, repeated as often as the circumstances for indications require. It may also be relied upon in some forms of hysteria. Patients convalescing from typhoid fever, pneumonitis, arthritis, &c., or any disease with those symptoms, will be shortly relieved by one or two teaspoonfuls of this preparation. I have no hesitation in saying that those who give it a fair trial will find it efficient in the treatment of many diseases for the relief of which small doses of opium are frequently given, without any of its unpleasant sequences. Much more might be added in bringing this subject before the profession, but I have already, doubtless, trespassed in making my communication too long.—*Boston Med. & Surg. Jour.*

NEW MODE OF TREATING PROLAPSUS OF THE RECTUM.

BY M. CHASSAIGNAC.

Under this name very different pathological conditions have been comprised, that must be well distinguished from each other in order to judge of the value of any form of treatment. Foremost are we to distinguish the cases which consist of mere prolapse of the mucous membrane, and which ought not to be termed prolapsus of the rectum at all, from those which are formed by the descent of the higher portions of the rectum, presenting externally, after a time, invagination. In the first the tumor is formed of mucous membrane alone, while in the other it implicates all the coats, not excepting the serous. Prolapsus of the mucous membrane, too, must be distinguished according as it is simple or complicated with hæmorrhoids. A prolapsus is often a trifling affection, especially in children; if such cases be excluded, any method may be pronounced successful in its treatment. It varies indeed from an ailment that calls for mere precautions

rather than treatment, to an affection of the most obstinate nature, perplexing to the surgeon, and most discouraging to the patient. Before describing his own treatment, M. Chassaignac adverts to the different modes of managing the disease.

1. *Reduction.*—The patient is to be placed in the horizontal position, the surface of the tumor cleaned by an astringent lotion, and smeared with a fatty body, and having passed the fingers equally around it, a concentric compression is to be exerted, avoiding on the one hand, all intermission, and on the other, all sudden increase of this. Various are the contrivances for retaining the part when reduced; but many of the means used for this purpose have the effect of dilating the rectal tumefaction, rather increasing the laxity of the tissues than tending to restore their tone; so that, if they mechanically and temporarily remedy the prolapsus itself, they do nothing for its definitive cure. In slight cases, M. Chassaignac has had recourse to ice suppositories, seven or eight centimetres long, with most excellent results, the affection rapidly yielding to the influence of these introduced once a day.

2. *Debridement.*—This M. Chassaignac has never resorted to, and he feels convinced that neither in this case nor in paraphimosis, is an operation ever requisite to effect reduction—let the size of the prolapsus or the amount of constriction be what they may. When it fails, compression is performed in a defective manner, or with insufficient perseverance.

3. *Excision of the folds around the anus.*—This mode, which in the hands of Dupuytren and other surgeons, led to successful results, is based upon the expectation that the contraction arising from cicatricial tissue will impede the future descent of the gut. Moreover, the adhesion of the skin to the subjacent parts which takes place, prevents the too easy sliding of the integument that surrounds the orifice, and opposes that laxity of this part which notably predisposes to prolapsus of the mucous membrane. M. Chassaignac believes the advantages of this procedure have been exagger-

ated, while it exposes the patients to the danger of diffuse suppuration, purulent infection, and inguinal adenitis. But besides these inconveniences, which are common to all the operations by cutting instruments, there are others which especially attach to this. The anal extremity of each incision terminates at the mucous membrane, just above the anal orifice, and this is just the point where a varicose state of the hæmorrhoidal veins often complicates the prolapsus—hence danger of hæmorrhage and phlebitis. The more attentively surgical affections of the lower extremity of the rectum have been studied, the more surgeons have shown themselves disposed to refrain from the use of cutting instruments in a region so eminently vascular.

4. *Ablation.*—With the above, Hey's operation of ablation has been confounded. On examining his narrations, it is evident that he has frequently mistaken hæmorrhoidal tumors for prolapsus of the rectum; and for this class of tumors, excision, owing to the dangers it gave rise to, has been well nigh abandoned.

5. *Actual cautery.*—This means has been much recommended by several surgeons, and especially by M. Begin; and it is the procedure to which, in spite of the great suppuration it gives rise to, M. Chassaignac gives the preference next to his own operation.

Linear ecrasement is the title given by M. Chassaignac to a new operation that has recently excited much attention in Paris. It is especially applicable to the removal of pediculated tumors and growths in which the occurrence of hæmorrhage is feared; and the great success that has attended its adoption for hæmorrhoidal tumors has induced M. Chassaignac to extend it to the present affection. The operation consists in surrounding the part to be removed by a loop of chain-work, the ends of which are contained in a tube, and are susceptible, by the aid of a balance lever, of being drawn to any required degree of tightness, the constriction being operated at slow and regular intervals, and the part separated at the will of the operator. The noise

of a ligature is first thrown around the part, to mark where the chain of the *ecraseur* is to be applied, the mucous membrane being previous drawn down by an expanding six pronged tenaculum, that had been introduced in its closed state. A completely dry section results, no blood being lost. In complete prolapsus, the muscular and mucous coats are divided, but the implication of the peritoneal *cul-de-sac* is to be avoided. There is no exact line of demarcation which enables us to point out the limits of this; but for the cure of the prolapsus it is not necessary that the whole of it should be excised, and the surgeon will incur no risk if he does not remove more than two fingers' breadth of the proapsed part.

M. Chassaignac speaks in sanguine terms of the results he has hitherto obtained; and in the present paper relates two cases that had lasted several years, and three others that were complicated with hæmorrhoids.—*Revue Medico-Chirurgicale*.

REMEDIES FOR INTERMITTENT FEVER—SUBSTITUTES FOR QUININE.

PARSLEY OIL (APIOL).—MM. Joret and Homolle state that parsley oil, in doses of fifty centigrammes to one gramme, determines a slight cerebral excitement similar to that produced by coffee, with epigastric warmth, and a sense of strength and comfort. After doses of two to four grammes, phenomena of intoxication are observed, scintillations, dizziness, vertigo, hissing in the ears, frontal headache, &c. They compare these symptoms with those which follow a strong dose of sulphate of quinine. It is only exceptionally that they have found borborygmi, nausea, and colic, with bilious diarrhœa, to supervene. They also consider that it is emmenagogue, and they place it in the class of tonics.

In discussing its applicability to the cure of intermittents, they describe briefly the particulars of forty-three cases treated by

M. Lefevre at Rochefort, M. Dupre at Bourg-en-Bresse, M. Denis at the hospital of Auray, M. Fernet, of Paris, and by M. Amic in Martinique. Of this number, thirty-seven were cured and had no relapse; and in six, though the fever was not removed, yet it was modified in intensity. Of these forty-three cases, twenty-one were quotidians, eighteen tertians, and four quartans; five quotidians and one quartan resisted the remedy—all the others were cured. The writers consider that a proportion of cures, thus amounting to eighty-six per cent., suffices to prove the value of parsley oil in indigenous intermittents. As respects the intermittents of hot countries, they group together the observations accumulated by a Commission of the Society of Pharmacy to test the substitutes for quinine, at Rome, Perpignan, and Ajaccio, with those of Dr. Amic of Martinique. Of thirty cases thus treated, sixteen were cured; nineteen of these were quotidian, of which twelve were cured; ten were tertians, of which four were cured; and one quartan which was not cured. The conclusion drawn is, that if parsley oil is not of equal value with quinine in treating the intermittents of hot climates, it may yet be very well substituted for that remedy in indigenous intermittents, and they consider that it may also prove serviceable in intermittent neuralgia, and the night sweats of phthisis.

SULPHATE OF CINCHONINE.—M. Hudelet having used this salt very extensively, has arrived at conclusions respecting its value quite at variance with those of M. Torget, who, after administering it in ten cases, only found it efficacious in three. M. Hudelet administered it in quantities similar to those in which he has administered the sulphate of quinine, in order that a fair comparison might be instituted—viz., thirty centigrammes. He has, however, combined it with ten to twenty drops of laudanum, given in three or four doses. The following is a summary of his results: 1st. In five hundred and seven cases of every type of intermittent, the treatment has only been unsuccessful in nine. 2nd.

In the doses above noticed, neither the digestive nor cerebral organs have been in any way disordered by it. 3d. The relapses have been neither more nor less numerous than those after sulphate of quinine. 4th. It has acted as quickly as the sulphate of quinine. 5th. Its action on the spleen is the same as that of the sulphate of quinine—i. e., none at all on spleens enormously enlarged (five to ten kilogrammes,) but very marked in less voluminous, and especially very recent engorgements. 6th. It is the only substitute proposed during the last ten or fifteen years which has furnished M. Hudelet with satisfactory results. It is preferable to the sulphate of quinine also as being half the price. He has found a small dose, taken each morning by laborers exposed to malarious poison, prove preservative against fever.

OLIVE LEAVES are no new remedy for intermittents, but attention has of late again been drawn to them by M. S. H. Maltass. He states, in a letter to Mr. Daniel Hanbury, that in 1843, when fever and ague of the worst description were raging in the island of Mytelene, the quinine being exhausted, he commenced the administration of a decoction of olive leaves, made by boiling two handfuls in a quart of water down to a pint. He has since informed Mr. Spencer Wells that he has even found it more effectual than quinine.

QUINIODINE.—Dr. Da Costa furnishes in a tabular form, the notes of fifty-three cases of intermittent, treated by *Quiniodine*. In many of these it is said the disease was of long standing; the chills were arrested in forty-nine cases by the first administration of the medicine, only four requiring a repetition of the dose. In ten cases the disease returned. The doses in which it was given varied for adults from sixteen to forty grains. The average dose was twenty grains, six of which were given shortly before the expected paroxysm, while the rest was taken during the intermission. These doses did not give rise to headache, ringing or buzzing in the ears, nor to sickness.

OXALATE OF IRON.—Dr. Gamberini recommends the use of an oxalic ferruginous lemonade, prepared according to the following formula:—Take of sulphate of iron 3 ss, oxalic acid gr. vj., distilled water ℥ iij, white sugar 3 iss—mix. An oxalate of iron results, of a pale yellow color, and nearly insoluble in water. This quantity given in divided doses during the apyrexia

USE OF ACONITE IN DISEASE

Dr. Schroff draws attention to two conclusions which he drew from his experiments with aconite—viz.: 1. That both aconite and aconitin in adequate doses produces in healthy men and in rabbits increased secretion of urine. 2. That the act remarkably in depressing the action of the heart, either immediately or after brief increase of the heart's action. He now says that he has observed both these effects, also, on administering aconite in disease. He relates, by way of illustration a case of pleurisy in which he gave it with these results:—Appropriate treatment had already lessened the fever, and reduced the frequency of the pulse to 100; but the urine remained scanty. On the 13th July, he began to give one-sixth of a grain of the alcoholic extract of the root of the *Aconitum neomontanum* four times a day. After the first six doses the frequency of the pulse was reduced about six beats, and the urine became somewhat more abundant, lighter colored and less thick. The dose was now increased to one-third of a grain four times a day, and then the quantity of urine became increased in a very remarkable degree, simultaneously with a diminution of all the morbid symptoms, while the pulse sank to 50. He considers the employment of aconite adapted for those cases in which it is desired to reduce increased action of the heart, and mentions especially hypertrophy of the heart, aneurism of the aorta and larger arteries, and effusion into the pericardium, pleura, &c.—*Wochenblatt der Zeitsch.*

Part 3.—Editorial.

COMMENCEMENT OF THE ECLECTIC MEDICAL INSTITUTE.

The closing exercises of the winter session of this institution, were held at Greenwood hall on Friday evening, February 1. According to the report of the Dean, a class of 172 matriculants has been in attendance during the past session.

In the absence of Rev. Dr. Strickland, the President of the Board of Trustees, the Degree of Doctor of Medicine was conferred upon the following 38 graduates, by Prof. Buchanan, as Dean of the Faculty:

DAVID ADAMS, Ohio.
HENRY THOMSON BATES, Mass.
BRIGHT BIRCH, Penn.
FLAVIUS JOSEPHUS BURNETT, Indiana.
JOHN BYBEE, Missouri.
WILLIAM SPENCER CALDWELL, Mich.
JAMES V. D. COON, New York.
YOUNG H. COVEN, Canada West.
HARVEY NEWTON DALE, Indiana.
ISAAC HARRISON DAY, Ohio.
FRANCIS MARION EVELETH, Maine.
JAMES HERVEY GIFFIN, Ohio.
CHARLES G. GOODRICH, Maine.
ELIJAH BENJAMIN HAMMOCK, Missouri.
JAMES ELIAS HENDERSON, Georgia.
BYRON P. LATHROP, Ohio.
WILLIAM McMULLEN, Ohio.
ALEXANDER BROWN PENNIMAN, Ohio.
LUTHER PHILLIPS, Penn.
JANE MARY PLEWS, Canada West.
DANIEL H. PRUNK, Illinois.
JAMES ANDERSON REID, Iowa.
G. H. C. RICHARD, Ohio.
JOHN FRANK RIDGWAY, Ohio.
CHARLES ROSENDALE, Ohio.
THOMAS JEFF. SPURLOCK, Tennessee.
SAMUEL STATON, Indiana.
THOMAS ELLIOTT ST. JOHN, Wisconsin.
FREDERICK CAMAK SUMMEY, Tenn.
WILLIAM HENRY SURREY, Virginia.
JOHN THOMAS SUTTLE, Mississippi.

WILLIAM CAROLUS SWEEZEY, Ohio.
ALEXANDER SPRATT TANDY, Ky.
CHARLES EMERSON WITHAM, Ohio.
HENRY WHITE WADSWORTH N. Y.
WILLIAM MORRISON WILLIAMS, Miss.
SAMUEL BENJAMIN WRIGHT, Indiana.
THOMAS ALEERT YARRELL, Kentucky.

Honorary Graduates.

Dr. J. F. MOSES, Mass.
Dr. N. P. BROWNELL, Mass.
Dr. F. TALBOTT, Illinois.
Dr. O. R. SWIFT, Michigan.
Dr. MOSES TRUMBLE, Ohio.

The valedictory address, on behalf of the graduating class, was delivered by Dr. T. E. St. John, one of their number. It was, in the main, well conceived, and admirably delivered.

There was a large audience in attendance, which indicates the popularity this school enjoys at home.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The next meeting of this body will be held in the city of New York, in June next. This Association was first organized in this city, on the 25th day of May, 1848. There was in attendance seventy-eight members. Prof. T. V. Morrow was elected as its first President. He was a warm friend of the movement up to the time of his death. Several of the annual meetings were well attended, and much good resulted from them. Yet it must be confessed, that it has not received that united support of the reformers in medicine, which so good a cause merits.

We learn that a great effort is being made for a general meeting in June, and we do hope to see every one of the friends of Eclecticism lending his influence and support, to make this one of the largest and most interesting meetings ever held. Prof. W. Beach, one of the old pioneers in the cause of medical reform—one whose labors and publications did more to estab-

lish and spread a spirit of liberal investigation in medicine than any man now living—is the President of the Association for the present year.

We feel confident that measures will be adopted by which a more friendly and harmonious co-operation may be secured, among all who may attend the meeting.

It is the desire of the committee of arrangements to see a large body of delegates from every State in the Union. So far as we have been able to learn from our friends, there is at this time a lively interest manifested in the matter. In the April number we will give a copy of the constitution and by-laws of the Association.

SULPHATE OF QUININE—HOW MADE.

This article is now, and has been for many years, manufactured extensively in Philadelphia, by Powers and Weightman. This is the most extensive laboratory in the United States, and, in many respects, not inferior to any in the world. But strange to say, notwithstanding this article is used by almost every physician in America, not a single man who has ever used it, knows how they make it. The manufacturers have never given their formula or process for its preparation. They have not even admitted into their establishment, since its organization, a single visitor.

This we have from these gentlemen themselves, through our druggists of this city, who have, at different times applied in person, but have invariably been told that this part of the business is for their own benefit, claiming that it is their business to manufacture the quinine, while it is for the physician to administer it—knowing that their article will be used only so long as it produces the desired effect upon the human system. This may be considered by some as rather on the *“secret order of things.”*

Yet, notwithstanding it is so extensively used, and we are only allowed to guess how

it is made, it does really fulfill the indications desired. Now who will quit using it, until their process of manufacture is published?

ANONYMOUS SCRIBBLERS—SOUTHERN MEDICAL REFORMER AND REVIEW.

Ever since we have had the management of the E. M. Journal, we have set our face as a flint against the admission to its pages of anonymous communications, especially where they contained an attack on the character or reputation, either private or professional, of another.

We regret to see a departure from this rule (which we esteem to be a good one) by the editors of the journal above mentioned. In the December number, just received, we find an article under the caption of “B. Keith & Co.’s Concentrated Preparations,” and over the anonymous signature of “*Medicus*,” which we are astonished that they admitted to their columns, unless over the *bona fide* name of the writer. The following extract contains the main point:

“It is amusing to notice the remarks of a certain editor of Cincinnati, Ohio, lauding the preparations manufactured by B. Keith & Co. His laudations date back about one year, since which time it is very current in Cincinnati, that he has owned \$5,000 stock in this company. I think it right that the public know this, so that they can judge for themselves as to the sincerity of all this ado about these remedies, manufactured secretly by B. Keith & Co., and palmed off as pure resinoids, alkaloids, &c.

“In the November number of Newton’s Express I find an account of a recent visit paid to New York; and while there, a visit to B. Keith & Co., of course, in which he takes occasion to speak in customary terms of praise. All this is well, only let the motive be known.”

In reply to the above statement, it is sufficient to say, that it is wholly untrue. We do not now, nor have we ever owned any stock in the house of B. Keith & Co., or had any interest in the concern, either directly or indirectly, any more than the

itors of the Southern Medical Reformer and Review, or even the writer of the slander in question.

All we have said and done in reference to these preparations grew out of a desire to place within the reach of our practitioners remedies which possess all the active and medicinal properties of the plants from which they are manufactured. And having tested them in our own practice, we have not hesitated to speak of them as we found them, and shall continue to do so as long as we derive from them the same therapeutic action.

SPRING SESSION OF THE E. M. INSTITUTE.

The present class is very large, and we think will be one of the largest spring classes ever held; the greater proportion of it are second course students, among whom are also several graduates of other medical colleges. We are pleased to see this spirit of liberality and investigation. We think it may be said that the college never was in a more prosperous condition. The clinic of the college is well supplied with interesting cases, in both medicine and surgery. The great efforts which our Faculty have made to keep up this part of the college course, under the embarrassing circumstances that have attended it, will ever be remembered with gratitude by the students of the Institute.

SANDERS' INTENSIFIER.

In this number, our readers will find a description of this new invention for increasing the intensity of the galvanic current of the battery. We learn that Prof. Sanders is about making arrangements to supply those who wish to avail themselves of a strong battery, combining both the requisites of quantity and intensity, at a small price, compared with what the bat-

tery would cost, *minus* the intensity apparatus.

He is also preparing a manual, which will contain a treatise upon the use of his batteries, and upon the thorough application of electricity to the electrolysis of mercury from the system, and the cure of diseases, and which will enable any person to practice after very brief study.

The great benefit derived from electricity in the cure of disease, is now admitted by all persons, not even excepting those slow old coach horses, the Allopaths. In fact, so significant has this potent agent become, in the cure of disease, among the most enlightened physicians of Europe, that no physician's office in that country is considered finished, unless it contains a series of galvanic batteries. Therefore, how necessary that the enlightened Eclectic physician should be furnished with this powerful curative agent. We hope that day will soon come, when no physician, especially none professing to be Eclectic, will be without a good voltaic battery—especially since the late discovery of Professor Sanders has so cheapened the apparatus, that it can be brought within the means of every practitioner.

Should any of our readers wish to procure an apparatus, or information upon the subject, they can doubtless be gratified by addressing Prof. J. Milton Sanders, No. 590 Houston street, New York.

WHY THERE IS NO RAIN IN PERU.

In Peru, South America, rain is unknown. The coast of Peru is within the region of perpetual southeast trade winds. Though the Peruvian shores are on the verge of the great South Sea borders, yet it never rains there. The reason is plain. The southeast trade winds in the Atlantic ocean first strike the water on the coast of Africa. Traveling to the northwest, they blow obliquely across the ocean until they reach the coast of Brazil. By this time they are heavily laden with vapor, which they continue to bear along across the continent, depositing it as they go, and

supplying with it the sources of the Rio de la Plata and the southern tributaries of the Amazon. Finally they reach the snow-capped Andes, and here is wrong from them the last particle of moisture that the very low temperature can extract. Reaching the summit of that range, they now tumble down as cool and dry winds on the Pacific slopes beyond. Meeting with no evaporating surface, and with no temperature colder than that to which they were subjected on the mountain tops, they reach the ocean before they become charged with fresh vapor, and before, therefore, they have any which the Peruvian climate can extract. Thus we see how the top of the Andes becomes the reservoir from which are supplied the rivers of Chili and Peru.—*Maury's Geography of the Sea.*

In view of the fact stated above, we will ask the believers in "Malaria" as the sole cause of all "fevers," why it is that the inhabitants of the above mentioned climate are more afflicted with intermittent fever than any other we know of. Will such evidence as this, have the effect at least, to make the profession investigate the subject, and not always follow in the old beaten track, because it is easier to follow than investigate.

NEW REMEDIES—HOW TO TEST THEM.

"An article appears in the *Eclectic Medical Journal* for the present month, under the above caption, purporting to be from the pen of Dr. Grover Coe, of New York."

We copy the above paragraph from the February number of the *College Journal*. We regret exceedingly that the conductors of this young journal manifest so early such evident signs of "human depravity." We are at a loss to determine whether to consider the article the result of premeditated misrepresentation, or to sheer carelessness. The above is not the caption of Dr. Coe's article, as the readers of the *E. M. Journal* well know; his article was headed "Organic Chemistry," therefore all the twaddle they have uttered, based upon that assumption, falls to the ground.

We are well aware that Dr. C.'s search-

ing and truthful review of Mr. Wayne's analysis, has placed both him and sundry of the editors of the *College Journal* in a very unscientific position; and we are sorry to see them pursue such a course to extricate themselves from the dilemma, and at the same time mislead their readers by false statements.

A NEW METHOD OF MAKING MONEY.

At the present time there is a great disposition on the part of some persons, to endeavor to extort money, by law or otherwise, from surgeons, on the ground of want of capacity, or rather what they call mal-practice—no difference whether the surgeon is to blame for a failure to cure or not. We extract the following form of an indemnity bond from Dr. Nelson's *Lancet*, which we recommend every surgeon to copy and keep on hand, and require all parties to execute a similar one, before he undertakes a case. We also make an extract from Dr. Dixon's *Scalpel* on the same subject.

"We had made up our mind to avoid treating such injuries entirely, unless we received an indemnity bond, and while writing this very article, here comes Dr. Nelson's *American Lancet* for Jan. 7th, from which we extract the following; he has profited by Dr. Snell's experience, and wisely has he acted. Gentlemen in the country, do likewise; we extract it for your benefit. You owe Dr. Nelson your thanks:—ED. SCALPEL.

"A few days since, we were requested to attend a fracture of the external condyle of the humerus, with dislocation forward of the head of the radius, in a child two years old—an exceedingly pleasant case in a prospective point of view, as you will see. We called for a bond; it was refused, and we left. After consulting with friends, the mother returned, willing to comply with our request; the bond was made out, she paid the cost (25 cents), and we attended the little patient. We are now safe, let

the result be what it may. We have been urged at for our scrupulous caution; but some of these days a few may be brought all standing to defend their surgery, as we must do next February. Our services being retained in this case, we shall speak of it when it comes on; meanwhile here is a copy of the bond in our possession, and our readers are wise they will provide themselves with such an instrument before they proceed in any case of dislocation or fracture. We have resolved not to stir one peg till we see we are safe, till we have the thing in our hands. Such a course adopted throughout the country, would soon bring the people to their common senses, and let them know that we can and will protect ourselves. The change of locality, the name of the parties and the nature of the injury, is all that is required to make the bond good in any State of the Union."

STATE OF NEW YORK, }
CLINTON COUNTY. }

Know all men by these presents, that I, *Louisa Bovee*, the wife of *Orrey Bovee*, am held and firmly bound to *Doctor Horace Nelson*, practising surgeon, of the town of *Plattsburgh* in the county of *Clinton*, in the sum of two thousand dollars, lawful money of the United States, to be paid to the said *Doctor Horace Nelson*, his executors, administrators, and assigns; for which payment, well and truly to be made, I bind myself and each of my heirs, executors and administrators, jointly and severally, firmly by these presents. Sealed with my seal. Dated this 28th day of December, 1855.

Whereas the above bounden has this day applied to, and requested the said *Horace Nelson*, surgeon aforesaid, to set and reduce a fracture and dislocation of the right elbow joint of *Charles Leonard Perry*, an infant, and now child by adoption of the above bounden, the wife of *Orrey Bovee*, of *Plattsburgh*:

Now, therefore, the condition of this obligation is such, that if the above bounden, *Louisa Bovee*, shall well and truly keep and bear harmless, and indemnify the said *Horace Nelson*, surgeon aforesaid, his executors, administrators and assigns, and all and every other person or persons aiding and assisting him in the premises, of and from all harm, let, trouble, damages, costs, suits, actions, judgments and executions, that shall or may at any time arise,

come, or be brought against him, them, or any of them, as well for the setting of said arm, as for the inconvenience and damage arising therefrom—then this obligation to be void; else to remain in full force and virtue.

LOUISA BOVEE. [L. S.]
Sealed and delivered in presence of }
F. L. C. SAILLY, Justice of Peace. }

OHIO AND MIAMI MEDICAL COLLEGES.

The closing exercises of the winter session of these schools were held on Monday evening, February 25th. There were 18 graduates from each school. We do not know whether these schools will publish a catalogue of students or not. The number of students in attendance is not really known to the public, at least so far as we are informed.

We hope the medical colleges of this city will adopt some uniform action, in regard to hospital facilities, which will make this city the great point for the acquisition of medical knowledge. This can only be accomplished by doing justice to all parties, and discontinuing the course of quarreling that has been pursued for years. Let every school stand upon its own merits, and no one try to live by the death of others. Let each one fully represent its peculiar system so as to be known as the exponent of the practice it advocates.

MEDICAL JOURNALS.

During the year 1855, a number of medical journals have been discontinued for want of patronage.

The *Family Guide to Health and Happiness* edited by *Dr. Samuel Kyle* of this city died after issuing two numbers, notwithstanding every assurance was given that it was permanently established.

The *Quarterly Homœopathic Magazine*, the organ of that school at *Cleveland, O*

and edited by Drs. Pulte, Gatchell and Williams, is no more.

The American Journal of Homœopathy, edited by Dr. S. R. Kirby, of New York, is also dead.

The two Journals published at Richmond, Va., have consolidated to ensure their existence.

The Memphis Journal of Medicine is discontinued, also one at New Orleans, two at Philadelphia, one at Boston, one at Worcester, Mass., and one in Michigan.

The Louisville Medical and Surgical Journal, edited by L. P. Yandall, M. D., is also dead. It was commenced in 1848, and from that till the day of its death, was the organ of the Louisville Medical College. It was a valuable journal, although edited by one who is no friend to reform. It was a five dollar journal, and notwithstanding its size and price, did not contain as much matter as the Eclectic Medical Journal. We do not understand why the Faculty of that College allowed its discontinuance; we suppose, however, that there are but few who are willing to bear the loss that usually attends the publication of medical journals. We hope that the college will not, like its organ, die for want of patronage. We should be sorry to see the discontinuance of our *alma mater*, for really the value of a diploma from any medical college is but little after the institution is dead.

EDITORIAL CHANGE.

The Journal of Medical Reform, published at New York, by an association of physicians, for some time edited by Prof. J. M. Comins M. D., is now conducted by Prof. J. D. Friend, M. D., to whom we extend our fraternal congratulations, and hope that he will prove as vigilant as his predecessor in detecting and pointing out any tendencies of Eclecticism towards Allopathy. The racy remarks of our friend Comins, have frequently provoked our laughter-loving propensity and caused us no little amusement, especially his caustic

articles on the "solvent properties of mercury." This Journal is published at No. 68 East Broadway, N. Y., at \$1 per year.

PROF. W. BYRD POWELL, M. D.

We are gratified at being able to inform the friends of medical reform, and all who have felt an interest in his contributions to the various journals during the last five years, that Prof. Powell is fast recovering from his severe illness, which has confined him to his bed for the last four months. He is now able to be out, and has promised us a visit as soon as the weather will permit. The attack was induced by too close and constant application to his work on Human Temperaments, and which he now has ready for the press. It is intended as an introduction to a large work on general physiology, which he also has nearly ready for publication.

Prof. Powell is one of the most original thinkers and investigators in the profession, and no man's writings are read with more interest and instruction. We copy the following notice from Dr. Dixon's Scalpel.

"Dr. Powell's observations are evidently founded in the true physiology of the brain; in our view, they will do more to elucidate the great truths of phrenology, than all the expositions and arguments of the devotees of the old system since its discovery. We hope he will favor us with further instruction."

OBITUARY.

C. H. POWELL, of Somerville, Tenn., died in this city on the first inst., after a lingering illness, from an attack of typhoid fever.

We attended Mr. Powell through his illness; he had every attention shown him by his landlord and fellow students, every want was fully supplied. During his whole sickness he manifested a degree of calmness and resignation seldom equaled. We deeply sympathize with the bereaved parents, knowing that they have lost a noble son, and the profession a promising and ambitious supporter.

THE

ECLECTIC MEDICAL JOURNAL.

THIRD SERIES, VOL. II.

APRIL, 1856.

1-Original Communications.

THE SIGNS AND SYMPTOMS OF PULMONARY CONSUMPTION, No. 2.

BY A. F. DUTCHES, M. D.

There are several symptoms attending progress of pulmonary consumption, but were but briefly noticed in our first paper, such as expectoration, hemoptoe, diarrhoea, hectic fever, the state of the blood and urine. These symptoms, when taken separately and alone, are of little value as diagnostic marks of this; but, when coupled with the red-pipkin sound, and cavernous respiration, they are of great value, and we can study them too closely.

Thus, then, in the first place, notice the coloration, and see to what extent we rely on its appearance, to aid us in our study of the existence and stage of pulmonary tuberculosis.

In the first and second stages of the disease we have the mucous expectoration, which is indicative of either pulmonary irritation, congestion, or bronchial inflammation. It belongs, however, more particularly to affections of the bronchial tube. It is in the third stage that we have the purulent expectoration; this is highly indicative of vomica. Some authors have made it a very nice point in

their diagnosis, to distinguish the difference between mucous and purulent expectoration. Perhaps it would not be out of the way here to describe these two fluids.

Purulent matter, or *pus*, when pure, appears to the naked eye as a creamy, thick, opaque, and homogeneous fluid, communicates unctionous feeling when rubbed between the fingers, is of a yellowish tint, sweetish or insipid, and while warm gives off a peculiar mawkish smell. Its specific gravity is 1,030 to 1,033. If allowed to stand some time in a tall, narrow glass, the fluid separates into a thick sediment, more or less abundant, and a supernatant serum. This serum, according to Vogel, is identical with the serum of the blood, containing much albumen, extractive and saline matter and fat. The reaction is alkaline, but it readily becomes acid, from the generation of an acid which is commonly supposed to be the lactic. In some cases, however, it has an acid reaction, even at the time of its formation. The sediment consists almost entirely of small organized corpuscles, the well known pus-globules. These are of spherical form, have a well defined contour, formed by a distinct homogeneous envelop, inclosing a mass of soft granulous substance, and a varying number of nuclear corpuscles. They are, in well formed pus-globules, for the most part concealed by the surrounding substance; but in the younger cells, even of healthy pus, and in all those of pus of an inferior kind, they are very perceptible. Occasionally, a single nucleus exists; but more

commonly it is made up of two, three, four, or even five large granules.

The single nuclei are always the largest, and indicate the most perfect kind of development. The more numerous the nuclear corpuscles, the less perfect the development. The nucleus is generally seated on the envelop, or its partetal, as it is termed. Its diameter is about 1-6000 of an inch; that of the entire pus-globule about 1-3000. Single as well as composite nuclei are seen floating in the serum of pus, but they are not very numerous. There is generally a small quantity of diffused granular matter mingled with the pus-globules. This is more abundant in pus of low development. It is not to be confounded with the elementary granules, which are originally discrete, and subsequently grouping together, constitute the nuclei. The formation of the pus-globule does not appear to take place in one uniform manner. The nucleus is generally stated to be formed by the grouping together of granules, which appear in a fluid blastema. Around this there may be formed, first, the envelop, closely embracing the composite mass, so as only to be brought into view by the endosmotic action of water, or a granulous deposit formed round the nucleus, and afterward becomes limited and inclosed by a cell wall.

The chemical constituents of pus are as follows :

Water,	- - -	908
Fibrin and albumen,	- -	63
Extractive matter,	- -	20
Salts,	- - - -	6
Fat,	- - - -	9

Mucus may be distinguished, like pus, into a fluid, the *liquor mucii*, and *corpuscles*. The liquor mucii, as we find it in the secretions of a membrane which has been subjected to moderate irritation, is a transparent, tenacious, more or less stringy fluid, of alkaline reaction, and more or less saline taste. The addition of acetic acid, or any weak acid, produces a kind of coagulation, and the formation of a granular precipitate, which is the mucine, the principal constituent of the fluid. This is held in solution by means of an alkali, and consequently

falls on the latter being taken up by an acid. Not much is known of this substance, excepting that it is a protean compound. The proper corpuscles of morbid mucus are quite identical with those of pus. They are usually mingled with epithelial particles, in various stages of their formation, from the simple nucleus up to a complete cell. In mucus expectorated by persons of very feeble powers, the corpuscles may be seen incompletely formed, like those of pus secreted under similar circumstances; the granular contents of the cell are deficient, and allow the composite nuclei to be distinctly seen.

As has already been observed, great importance is attached, by many physicians, to the distinction between pus and mucus, and the records of medicine abound with pus-tests, which at present are of no value, only as showing the slender foundations upon which they were based. They were formed, for the most part, on the chemical relations of the pus corpuscles toward various reagents. But the microscope has rendered all the chemical tests superfluous. It enables us not merely to distinguish pus from mucus, broken epithelium, blood, &c., but likewise to determine the amount of these different substances, which chemical analysis has never succeeded in doing. It is only in a few cases that no certain conclusions can be deduced from microscopic examinations.

Dr. T. Thompson, in his lectures on consumption, makes the following remarks in reference to the microscopical examination of the expectorated matter of phthisical individuals, &c.

"Some months since, I attended a patient in whom the principal symptom was dull sound on percussion, attended with increased vocal thrill, as communicated to the hand, over the greater part of the right side of the chest, but without any accompanying symptoms adequate to determine the question whether the pulmonary consolidation was the result of inflammation, or of tubercular deposition. Some of the expectoration, which presented a flocculent aspect, having been placed under the microscope, exhibited the peculiar granular character distinctive of tubercle. In this patient, there is no evidence of the

ence of vomica, and the tubercular affection has not made progress. It is therefore reasonable to conclude that the tubercular material is chiefly eliminated on the external surface. Such an instance, however, of information thus derived in the stages of phthisis, is probably rare.

In the way of diagnosis, as derived from the sputa, I fear you will not find the microscope aid you much. Now and then, however, in the expectoration, of fragments of bronchial tube or pulmonary structure may furnish evidence of disorganizing disease. I could, indeed, give you an instance, in which the existence of advanced phthisis was thus detected, on the examination of a drop of expectoration sent from a patient, and microscopically examined; at this advanced stage of the disease, no conclusive signs are usually present, yet the microscopical testimony may be insufficient. At any period, unless a patient is practiced in such investigations, you will be embarrassed by the great variety of substances combined in expectorated matter. In a specimen now under the microscope, you will find, in addition to pus, mucus globules, chloride of sodium, salivary mucus, epithelium from the mouth, muscular fibre, elastic tissue, and also tartar from the teeth, the materials of a meal having become entangled for a considerable time. Nevertheless, the investigation, although limited in its practical utility, is of some interest.

It may be ready to ask, "What are the most usual characters and progressive changes of the expectoration in phthisis?"

In the earliest stage of the disease, the expectoration is either quite dry, or attended with mucus, or slightly viscid, frothy, or colorless fluid. This, on the approach of the second stage, gradually changes into a thick, greenish, thick fluid, intermixed with small lines or fine streaks of a yellow color. At this period, also, the expectoration is sometimes intermixed with small pieces of a dead white or slight yellow color, varying from the size of a pin's head to that of a grain of rice, and which have been compared, by some writers, to this when boiled. After the complete formation of the tubercles, the expectoration puts on various forms of purulency; frequently assumes one particular character, which is almost invariably pathognomonic of phthisis. The expectoration

to which I allude consists of a series of globular masses, of a whitish-yellow color, with a rugged, woolly surface, and somewhat like little rolled balls of cotton or wool. These commonly, but not always, sink in water. At other times, in the cases in which these globular masses are observed, and also in those in which they have not appeared, the expectoration puts on the common characters of the pus of an abscess, constituting a uniform, smooth, coherent, or diffuent mass, of a greenish or rather grayish hue, with an occasional streak of red, and sometimes more or less fetid, and shortly before the final termination of the disease, it is often surrounded by a pinkish halo.

Such is the general character of the expectoration in phthisis, but it is by no means conclusive evidence of vomica in the lungs; for we often meet with the same kind of expectoration, or nearly so, in inflammations of the bronchial membranes. Dr. Thomas Watson says:

"The sputa most characteristic of tubercular disease consists of globular flocculent masses, which look like little portions of wool more than any thing else. * * * This kind of expectoration commonly marks a confirmed and advanced state of the disease, but it will sometimes continue for weeks. It is not perfectly pathognomonic, but nearly so. On one occasion I found expectoration of this nature from a man, whom I did not very diligently examine by my ear, and I set the case down as one of phthisis, chiefly on the observation of that symptom. The patient evidently had not long to live. Our apothecary at the hospital had more time to explore the condition of the chest, and he came to the conclusion that the disease was not tubercular phthisis, but extensive chronic bronchitis; and sure enough, he was right. When we came to examine the lungs after the patient's death, not a tubercle could be found. I am satisfied that there is no kind of expectoration which indicates phthisis with perfect certainty; but that which I have just described very seldom occurs unless there is phthisis."

As to the quantity of expectoration, very much will depend upon the stage and progress of the disease. In the first stages it is sometimes absent or quite scanty, but as the disease advances, it becomes more

copious. If the vomicas are small, and the bronchial membrane and glands not much affected, it will not be very abundant. But on the contrary, if the vomicas are large and numerous, it will be very great. I attended a young lady about two years since, with pulmonary tuberculosis, who expectorated nearly *sixteen ounces* of matter, every twenty-four hours. Her case was one of great severity, and terminated very speedily. Few constitutions can withstand such an extensive drain very long. Pus and mucus are no doubt both effete in their character, and a constant flow of either becomes a serious drain upon the system, and soon exhausts the vital forces, and no doubt tends greatly to keep up that state of the system upon which this disease depends.

The following table, compiled from Dr. Thompson's lectures, shows the age of the patient, daily quantity, and character of the expectoration, in nineteen cases of confirmed phthisis:

No.	Age.	Daily quantity.	Character.	Stage.
1	29	4 ounces.	purulent, frothy.	2
2	46	4 ounces.	mucus, frothy.	1
3	46	4 ounces.	mucus, frothy.	1
4	32	10 drachms.	purulent.	3
5	17	2 drachms.	purulent.	2
6	33	1½ ounces.	mucopurulent.	2
7	16	none.	none.	3
8	18	none.	none.	1
9	21	3 drachms.	improving.	3
10	21	½ ounce.	mucus, frothy.	1
11	29	1 ounce.	frothy.	1
12	25	4 ounces.	mucopurulent.	2
13	27	4 ounces.	mucopurulent.	3
14	13	4 ounces.	flocculent.	3
15	18	1½ drachms.	mucus.	1
16	29	1½ ounce.	frothy.	1
17	29	2 ounces.	purulent.	3
18	20	none.	none.	3
19	34	3 ounces.	purulent.	3

When purulent expectoration diminishes from day to day, it may be regarded as a favorable indication. It is generally a sign of contraction in a cavity, and a return of health.

[TO BE CONTINUED.]

MALIGNANT OR CONGESTIVE CHILLS.

BY J. E. JOHNSON, M. D.

By malignant or congestive chills, I mean a chill in which reaction is retarded for a longer time than common. These chills are commonly called congestive, to distinguish them from the common chill, but we must admit that all chills are congestive in character. In many cases of congestive (or malignant) chills, reaction would never take place, if no assistance was given the patient by art. As to the cause, there has been enough written already, unless it could be made more satisfactory than it is. I suppose the malignant chill is brought on by the same cause that produces a common chill, only there must be more of the poison in operation in the malignant than in the common chill; or the vital powers of the patient may have been weakened by previous disease, which may prevent reaction from taking place.

The malignant chill usually manifests itself like a common chill; the premonitory symptoms are the same. It first shows itself by a coldness of the extremities and surface, and a cold perspiration over the whole surface. The patient feels a sensation of debility and distress about his epigastrium, becomes weak, languid, listless, and unable to make any bodily or mental exertion. He breathes deep sighs and groans, and stretches himself; he feels chilly, particularly in the back and along the course of the spine. The blood deserts the superficial capillaries. He grows pale in the face; his features shrink; his respiration is quick and anxious; his pulse frequent, but feeble, and sometimes not perceptible at the wrist. These symptoms are sometimes attended with vomiting of bilious matter. He is very restless, throws his extremities about, and pants for breath. He often brings long and deep sighs, as though he could not get fresh air enough. He throws off the bed clothes, and can not be induced to be still. He often rises up to get breath. The stomach is irritable;

there is great craving of water, which is almost irresistible. Some patients will have it, unless it be prohibited. If water or any other fluid, except it be of a nature to quiet the stomach, be taken, it is very soon ejected. The tongue is generally red on the dorsum, and sleek and dry in the center, though sometimes it is covered with a brown coat. We often see preternatural discharges from the bowels, of a sero-sanguineous character, which pour in from the congested mucous membrane of the stomach and bowels. Sometimes the discharges are of a bilious matter only. The quantity discharged is sometimes very alarming, and hard to combat. We very often have hæmatemesis, though sometimes the vomiting is only of a bilious nature. In the last case of malignant chills that I attended, there were very large lumps of coagulated blood vomited. At this stage, the pulse becomes irregular, intermitting, and very feeble, sometimes not perceptible at the wrist. The chest is preternaturally warm, while the extremities are cold. The patient's clothing becomes wet with cold perspiration. He is aware of his perilous condition; his countenance has an anxious expression; he often complains of heat, and throws off the clothing.

If these symptoms are not soon arrested by appropriate treatment, death will soon ensue.

Malignant chills are sometimes very insidious in their attacks. The patient nor his friends do not become alarmed until it is too late for treatment to be of any avail. The patient says nothing is the matter with him, but shows signs of sinking all the time, to the physician who is acquainted with the disease. He does not complain of any pain. The malaria seems to have a benumbing influence in these cases.

The duration of these chills is very indefinite. I have known cases to continue, with all the grave symptoms, for ten or twelve hours, and recover. I attended one case that lasted twenty-four hours, though the symptoms were not so grave as they are in some cases. I visited her but a short time before the paroxysm, but did

not apprehend any danger. She had been having chills for some days, but they did not seem to be of a malignant character, though I had not seen her when with a chill. She stated that her extremities became cold soon after I left, and continued to increase until I returned the next day. She had not been in any pain, though she knew that something was wrong. The family did not apprehend any danger in her case. Vomiting had just commenced as I entered the house. As soon as I saw her I perceived that she had sunk a great deal since I left her; the pulse was hardly perceptible at the wrist.

In the malignant chill the face loses its fullness; the hands and feet shrink very rapidly; the skin on the hands shrinks or becomes wrinkled; the lips, ears and nails turn blue. Finger-rings, which fit tight, drop off. The hands look like a woman's who had been washing all day.

TREATMENT.—When the patient is restless and vomiting, I generally commence my treatment by giving a dose of sulph. morphia, say one-fourth of a grain, in a small quantity of cold water; but when I cannot get it to stay on the stomach in this form, I give it in pills, which will stay when the solution will not. One dose will do some patients. If they do not show signs of its effect, I repeat it in half an hour. If this fails, I give the boiling powder of soda and tartaric acid, in very small quantities, say not more than one table-spoonful at a time, and repeat as often as nausea comes up. Also at the same time, apply sinapisms to the epigastrium and extremities. When mustard will not produce a sufficient effect, I rub the parts with a flannel cloth, wet in spirits of turpentine, then apply the mustard on the parts rubbed; this will generally cause the mustard to take effect on the surface. The mustard should not stay on long enough to cause vesication. I sometimes apply a sinapism on the spine.

It is very evident that the first indication is to allay the emesis, or reaction will never take place. When the means recommended fail, we must try others. Some-

times peach brandy and laudanum will give relief. I have found toast water to answer, (made by parching Indian meal, adding cold water to it while hot, and let it steep a while,) given in table-spoonful doses, for the stomach will not retain large draughts of any kind. I have succeeded with mint tea when other means had failed; also, in two or three cases, with Dr. Hunn's drops, (*Eclectic Disp.*) given in warm brandy toddy. In the last case I treated of this kind, I ordered coffee as strong as it could be made, and gave it without sugar or cream, in table-spoonful doses, often repeated. The vomiting ceased after the first dose. In this case there was an irresistible craving of water, which could be overcome only by force.

The nurse will have to stand by the patient and fan him gently all the time, or it seems that he would suffocate. When the morphine does not check the bowels, I give *ess. peppermint*, *ess. cinnamon*, and laudanum. If this should fail, an enema of starch, gruel, and laudanum, will check them.

As soon as we find that the emesis is checked, we should commence giving sulph. quinine in three or five grain doses, every one, two, or three hours, according to the indications or the urgency of the case; or we may give the quinine in less doses, and give brandy toddy with it. I prefer the peach brandy to any other spirits, but if it can not be obtained, good rye whisky will do. The quinine should be given at longer intervals after reaction takes place, until near the time of the next paroxysm, when it should be given in three grain doses every hour. And if the stomach will not retain it, combine one-fourth grain of morphine with one dose, which will generally be sufficient to quiet the nausea. If the patient be restless, it would be well to give the morphine if the stomach is not nauseated. Half an hour before the expected chill, have a mush poultice, with a small quantity of mustard on it, laid over the epigastrium. This will keep up a gentle rubefacient effect, and determine the circulation to the surface. I have applied

a sinapism along the whole length of spine. If the bowels have not been acted on, and I have time for medicine to act before the next paroxysm, I give one or two grains of *pod.* with ten or fifteen grains of *rhei*. If this should not act in due time I repeat, if there is time; if not, I give a dose of castor oil to carry it off. The bowels should not be acted on near the time for the chill, as they may be hard to control at this time, if the chill should come on. If I am not called until near the time, I commence giving quinine, five grains at a dose, in solution, (for it will act quicker than when given in pill,) and repeat every hour, applying the poultice and sinapism as in other cases. The quinine should be continued some two or three hours after the chill, as it is not so regular in its approach, as the common chill. When a patient is having chills, and remains sick at the stomach from one paroxysm to another, we may expect a severe chill the next time, unless prevented by treatment. When the surface is cold and wet with perspiration, I have it rubbed with a flannel dipped in warm brandy or whisky, and dried with another immediately; this seems to stimulate the capillaries to action; the spirits are not allowed to stay on long enough to evaporate and carry off the heat of the body. When the surface is wet with perspiration it should be often dried with a towel or flannel cloth.

When the paroxysms are broken up it will be well to brace the system for some time with a tonic. This may be done by giving one grain *leptandrin* to two grains quinine twice per day, (or the same amount of *salsolin* with the *leptandrin*,) for a week after the attack. If the liver is torpid, or the bowels have not been acted upon, it will be well to give a full dose of *podophyllin* and *leptandrin* first; after it has operated, then give the above, made into a pill. I sometimes add *sanguinarin* to the quinine and *leptandrin*, in one-fourth or one-half grain doses. If the *leptandrin* does not act as an aperient, I combine a small portion of *podophyllin* with it. If this acts too much upon the bowels, discontinue the

podophyllin; or if the leptandrin produces more than two operations per day, give it in smaller doses, with the same of quinine. When the chills make their attacks every seven, fourteen or twenty-one days, give this for five or six days before the regular time for them to return, (or it may be continued regularly for the twenty-one days.)

In cases of debility following chills, I give some calybeate tonic for a while, such as tincture ferri chloride, (or ferri ammonio-citras,) which is a favorite preparation of iron with me.

This course, with proper attention to hygiene and dietetics, has been universally successful in my practice, and has succeeded when arsenic has failed in the hands of others.

Cross Keys, S. C., Feb. 4, 1856.

QUININE AS AN ANTIPERIODIC.

BY ELIJAH KAGON, M. D.

My attention was called to the above subject by an article that appeared in the January number of the *B. M. Journal* for the year 1856, on the abuse of quinine, from the pen of B. Stuve, M. D.

The writer of the above, after a somewhat lengthy treatise on the evils arising from the injudicious use of quinine, informs us that he inclines to the views of Headland, that it is a hæmatio of the restorative genna. Now I trust it will not be considered presumption in me, if I should disagree with the gentleman in regard to the manner in which quinine exerts its curative influence over the system.

That quinine may be used as a restorative in certain cases, I shall not pretend to deny, but I shall attempt to prove that it acts differently in other cases, and thus account for its antiperiodic qualities, which by the way, the gentleman calls a very vague expression.

Let us notice the effects of sulph. quinia, and see whether its action must be referred to as arising from purely restorative prin-

ciples, or shewing those which in diseases of which the blood is the element in which sulph. quinia exerts its benefit than physicians have that quinia is a bile (taurine) in this way, can periodic diseases I ask what arises that we may liken on the same class regard to the taurine, proof that there is a constituent of the blood in hence we must not conclude restores an article that we is deficient. Arsenic is equal in the cure of periodic diseases quinia, yet no one presumes that the biliary product to the blood; it does not, how are we to cure a disease which had as its cause, a deficiency of material, without first restoring or making up that deficiency.

More proof might be brought to bear on this part of the subject, but I trust that enough has been said to prove that quinine does not act on the restorative principle in the cure of periodic diseases. I pass to the second proposition, that it is a blood medicine of the class catalytica.

Periodic disorders, says Headland, are known to be attributable to the entrance into the blood of a peculiar aerial poison. The mild malaria of England, excites a comparatively tractable ague. That of the Maremma and of the Pontine Marshes in Italy, brings on very fatal fevers; while the remittents that are due to the exhalations from the ground on the west coast of Africa, and in the West India Islands, are of a still more virulent character; and, says the same author, accurate observations have shown that they are all caused by exposure of the system to this poison, and by its working in the blood.

Then if periodic disorders are all caused by the working of malarial poison, how are

without making use of counteract or destroy material? Arsenic, and in all intermittent ph. quinia is admitting periodic diseases catalytic principle, act to sulph. quinia, so that quinia cures the disease? But what is that the blood is malarial poison which is the cause; and how are we to destroy it without making use of an agent which is calculated (either chemically or otherwise) to destroy this morbid material with which the blood is charged and is vitiated in quality.

It has been clearly shown that sulph. quinia can act as a restorative, and that it does so by the catalytic principle in the cure of the periodic diseases, by destroying the morbid material with which the blood is charged, which is the cause of the disease, and it only remains for me to give the definition of the term *antiperiodic*, and thus to prove the position which I took in the commencement of the article.

An antiperiodic, says Dunglison, is a remedy which possesses the power of arresting morbid periodical movements. This sulph. quinia is capable of doing, and so well is this fact understood, that in some communities it is adopted as a household remedy.

Then in conclusion, I think that I have clearly shown that we must not refer the curative properties of sulph. quinia to its restoring anything to the blood, in periodic disorders, but on the contrary, that it acts on the catalytic principle, by destroying the malarial poison, the cause of the disease; and if we adopt the definition given by Dunglison, we are bound to admit that it is an antiperiodic, whether restorative or catalytic.

Elmore, Peoria Co., Ills., Feb. 1856.

NITRATE OF SILVER, ethereal solution of. Dissolve eight grains of nitrate of silver in one ounce of nitric ether.

THE HUMAN BEARD.

BY W. P. TEATS, M. D.

I notice a very elaborate essay on the human beard by Prof. Freeman, in the February number of the E. M. Journal.

I have long been of the opinion that the human beard was intended by the Creator to fulfill certain specific functions in relation to the laws of hygiene; and as recent developments of human organism have demonstrated every part to hold strong relations, by sympathetic force, to every normal action—we are thus taught, that the partial or complete removal of the beard, by partially disabling any organ, either by excision, extraction or ligation, the part most depending on such disabled organs are rendered partly, and sometimes completely abnormal, or very imperfectly perform their functions to the laws of hygiene.

The importance of wearing the beard unshorn was first impressed on my mind while crossing the Plains en route to California. This journey has proved so beneficial to people afflicted with pulmonary disease, that a trip across the Plains is frequently recommended by western physicians.

But all attribute its benefit to arise from a change of climate, a mountain atmosphere, and the change of diet and exercise necessary to accomplish the journey; and no doubt all these produce their influence of hygiene upon the invalid. But in performing this journey, as a general rule, the razor is never uncased, and the beard is suffered, or rather allowed, to confide to nature's laws—that is, to grow unshorn, and by the time the journey is accomplished, those who have not shaved have a luxuriant and beautiful beard; and having become familiar with this law of nature, most of the emigrants continue to support this life preserver, and are frequently observed to say, "when I was at home or in the Atlantic States, I was an invalid; but now I am hale and hearty; the trip across the Plains cured me," &c.—never as much as dreaming that the growth of the beard has

contributed to their recovery more than any thing else pertaining to the trip.

In corroboration of Prof. Freeman's opinion, I have witnessed the benefit arising from the growth of the beard under my recommendation, with several patients, and it is my humble opinion, that the fashion of shaving the beard is an infringement of the laws of hygiene, and its baneful effects upon the constitution cannot be retrieved until the razor, as is said of the sword, shall be beaten into plowshares.

What would be said of him who would shave off his eye-brows, pull out his eyelashes, or shave his head all over? Such a practice would be pronounced uncooth, unreasonable, unhealthy, and necessarily wrong; yet if the hair of the head pertains to the laws of life and health, who dare say the beard has a less office to fill.

The hair of the head is carefully cultivated; thousands of dollars are annually expended for hair-dyes, catharion wash, pomade and cologne to promote the growth and beauty of the hair; whilst the beard is treated as an excrescence on the face, and cut asunder; yet nature hastens to reproduce it—thereby admonishing our foolishness, teaching that the constitution will become impaired by the loss of its hygiene. But vile man, deaf to the warning, scarcely allows the beard to make its appearance, and prove its importance, when it again is put to the torture; and thus continually keeps up the warfare with the elements that would, if left to nature, conduce to his own happiness.

Peru, Ills., Feb. 1856.

AMERICAN MEDICAL COLLEGE.

To the Editor Eclectic Medical Journal:

SIR—I again ask to be heard through your journal, by such of the friends of medical reform as may chance to see this article. It is designed as a reply to the false and abusive effusion from the pen of Dr. T. J. Wright, which appears in the Janu-

ary number of the *American Medical and Surgical Journal*, in reference to myself.

Although that journal is the organ of the college founded mainly by my hard labors, and the money which I advanced, and its Professors indebted to me for their positions, yet it was the organ through which Dr. Wright made his first attack upon me, and its pages are still open to his falsehoods and abuse, while I am not permitted to be heard by the friends of reform thro' the same source. I am therefore compelled to seek another channel through which to reply. I cannot wonder that Dr. W. dislikes the expositions which I have felt it my duty to make, in reference to his arsenico-mercurial associates, whom he pronounces the purest faculty of reformers in the country.

Dr. W. says those letters which I addressed to Prof. Freeman, and which were published in the December number of the *E. M. Journal*, were "*written while filling two offices in the American Medical College.*" This assertion is basely false, and Dr. W. knew it to be so when he penned it. He well knows I ordered him, in person, to omit my name in the circular, both on the 18th and 19th of June, telling him it was a burlesque on reform, and the faculty mongrel. He also knows I sent a written message to him, on the 29th of June, from Northern Ohio, through Prof. Baldrige, forbidding the use of my name in the circular, and another from New York re-affirming my former verbal and written refusals to longer co-operate with avowed mercurialists, and telling him if he did, he was their aider and abettor, and indirectly a supporter of the mercurial practice. Dr. W. said to me but one week since, (Jan. 14th,) in the presence of Prof. Potter, that the two letters named served to destroy his friendship for me forever. In them I charged him with using my name contrary to my orders, telling him he had done so for dishonest purposes—that his object in doing so was to deceive students, and that I would not be made a willing instrument of a scheme so dishonorable. Prof. Baldrige well remembers

these facts, and the offense which Dr. W. took at the language used; for he wrote to me the particulars of their interviews when he delivered them. Their publication will prove either Dr. W. or myself a liar, and I now call upon him to make them public, or acknowledge his published falsehoods, and cease to repeat them. He knows I was not identified with the Faculty as one of its members, unless it was by his *ipse dixit*. I am ready to prove by physicians of this city, other than his associates, that he informed them early in July I was no longer a member of the Faculty.

I sent those letters to Dr. W. through Dr. Baldrige. I will give short extracts from his letters confirmatory of my assertions.

Under date of July 11th, he says: "Your second letter reached me yesterday," and goes on to say they had made two or three additions to the circular, (one of which contained the only words in it appertaining to reform,) and then says Dr. Wright said in reference to my resignation, "it is no use, we cannot get along without you," [me.]

Again, July 25th, he says: "When I informed Dr. Wright of your request to take your name from the circular, his reply was that it was too late; the circular was then in type and striking off." It will be recollected, some three or four weeks before this, Dr. W. had received two verbal and two written orders to omit my name.

Again, Dr. B. writes the Faculty met, and "concluded to have but six chairs;" again confirming my assertions.

He writes, on two subsequent occasions, to this effect: "Prof. Witt said he had given nitrate of silver, sulphate of zinc, antimony, arsenic, and sugar of lead, and would do it again if he thought best. I thanked him for his candor. Stockwell nor Wright made no objections. * * * Hence we see the suitableness of the circular, and the objections to having reform mentioned in it."

I feel assured Prof. B. will pardon me for thus using these short extracts from his letters for the sake of truth and the

cause of medical reform. They clearly exhibit Dr. Wright's statements untrue; they show the use of my name without my consent; they show the Faculty regarded my chair vacated, and resolved to have but six chairs; and this, too, long before I had written a line to Prof. Freeman.

Prof. Witt informed the Board of Trustees, that Prof. Baldrige was mistaken in saying he had given his patients antimonials, and amended by saying he had given "mercurials" and each of the other agents named, and would do it again whenever he thought them necessary.

I call upon you, Dr. Wright, to state publicly whether these are facts or falsehoods, and not charge me with "double-dealing," and arraying "pretended facts." Again I ask you to say whether Dr. Witt said, in the presence of the Trustees, he had given mercury and arsenic—that they acted like a charm—and if Dr. Stockwell did not, at that time, endorse their use and the success of Dr. Witt's practice? I appeal to the Board of Trustees for the truth of these charges, and dare you, Dr. Wright, to deny them. Prove them false if in your power, and exonerate yourself like a man. By silence you will virtually acknowledge your charges false.

He says the doors of the American Medical College are open, and any one can test the reformatory character of its teachings, &c. No one questions their hypocrisy and powers of dissimulation. Dr. W. knows no men can use stronger protestations against the use of mercury, arsenic, &c., than his very colleague who said he had used them, and the other who endorsed the practice. Since they fail to allure young men of the Allopathic school into theirs, by declaring that "we have no principles but those of the old school"—"we can not reject mercurials"—"that reform consists in our greater liberality than that of Allopaths," and by the use of mercury, arsenic, &c., they feel the necessity of falling back upon reform, and now profess to be the most thorough reformatory Faculty in the United States, as Dr. W. told me a short time since. In the midst of his

boastings, why does he conceal the facts that he could not check uterine hemorrhage with Eclectic agents, and was compelled to use sugar of lead internally—that Witt could not check bowel complaints without mercury, nor fever and ague without arsenic? Dr. W. evades the question, and charges me with arraying "*pretended facts*."

As a further proof of the injustice of Dr. W.'s charges, I will state that both Prof. Baldrige and myself wrote to Prof. Potter early in June, urging the necessity of a new circular—one setting forth the necessity for a new college, in 1853—the causes which led to its organization—its principles and distinctive character, &c. Prof. Potter wrote to me in June, saying, "I have no time to write a new circular," &c. (that for 1855-6 then being in manuscript.) I then ordered Dr. W. to strike my name from the circular, and ordered Prof. Potter not to publish it in his Journal, and I repeated this order six or eight times, telling him the Faculty was mongrel, and hence the character of the circular. He replied by saying, "It is not as full and thorough as I could desire, but the best that could be obtained under the circumstances." * * * I talked to them about the circular, and wrote to Galloway, and the four, out of seven of us, stood firmly, and could not be moved. The truth is, I found that Wright, Stockwell, Witt and Galloway, all were on the very eve of resigning and leaving the college without Faculty, and would have done so, had I not arrived in C. as I did."

It is unfortunate for reform that they did not resign, as there were already three mercenary colleges in the city, and a fourth was not needed.

Dr. W. and Dr. P. both said they had no power to omit my name, but would this decision of theirs make me one of the Faculty contrary to my assent?

Dr. W. next charges me with an endeavor to rule or ruin, &c., because I would not submit to the imbecile policy of those whose tool he was. The extract from Prof. Potter's letter clearly shows the same charge which Dr. W. urges against me, is

in fact true, so far as his acts and those of his associates are concerned, for he virtually says they were about to resign, unless they could exercise supreme control. If his charge applies to me, it applies also to them. Let us examine the relative rights of each at the time the discord first arose. At that time (Jan. 1855) Dr. W. was not a member of the Faculty; he acted only as Demonstrator. He had advanced not one cent to aid the college. Prof. Baldrige and myself had organized it. In addition to bearing an equal share of all its cash expenses with my five colleagues, (Baldrige, Stockwell, Kelly, Witt and Galloway,) I had advanced over \$700 in cash, over and above any other man in the college, (only a part of which has been refunded.) Prof. Baldrige and myself were the oldest men in the Faculty, and certainly the most experienced, and we knew not but our judgment was equal to that of Dr. W. & Co. as to what was for the interest of the college. We had the greatest pecuniary interest in it, and we thought we had the best right to control it. I did think I had the best right to protect my interests, especially so as the policy adopted had given an impetus to the enterprise, before unknown in the history of medical colleges. Prof. Baldrige and myself wished its triumphant success, and therefore wished the continuance of our policy. Had it been pursued, I am now prepared to prove, beyond a reasonable doubt, from facts in my possession, that instead of the little class of some 30 *bona fide* matriculants, there would have been at least 130, and next year the largest class in the city.

But this English "*specimen of the genus homo*," & Co. virtually said, Prof. Baldrige and myself must be ruled, or the college ruined. They could not accomplish the former, for I resigned, and Prof. B. would have done the same, had he not permitted the use of his name in the circular before he knew their reform had resulted in the exhibition of mercury, arsenic, and the acetate of lead. The latter (ruin) they have effectually accomplished.

Knowing a part of the Faculty had used

those agents, and that others had sustained them in so doing; and knowing that such an amalgamation was utterly incompatible with *true* reform, and a perversion of the objects and purposes for which the college was incorporated; and believing I could not consistently co-operate with a Faculty who used them in preference to Eclectic remedies, I abandoned the enterprise.— Whether I acted right in so doing, I leave to the decision of *true* reformers, not to hybrids.

I do not oppose those who use mercury, arsenic, and the sugar of lead, because they believe them better adapted to the cure of disease than Eclectic agents, but for those who have grossly deceived us by acting the hypocrite, I have no sympathy—in their success no confidence. They have forfeited all claims to the respect of both Eclectics and Allopaths.

For Dr. Wright's special benefit, I will offer additional reasons for my resignation. I believed it impossible to obtain justice at their hands. Dr. W. Well knows that he, as Dean of the Faculty, divided every dollar of the funds among favorites in the Faculty, leaving Prof. Baldrige and myself without one cent. Those who had done nothing pecuniarily for the college, and delivered not half a course of lectures, received the spoils. His colleagues well know that in the first division of the funds in Jan. 1855, while I was prostrated on a bed of sickness, unable to take part in it, a note was forced upon me, in lieu of cash, not payable for eight months, and subject to all the chances of deferred payment tedious and expensive litigation, offsets, judgment liens, &c., which, after keeping four months, I got discounted at the rate of ten per cent.; while each colleague took the cash, one more than double, another nearly double, and each of the others nearly fifty per cent. more than I received in the note.

Again, I ask Dr. Wright why he, as one of the arsenico-mercurial and sugar of lead trio, ordered the janitor of the college (Mr. Pollock) not to suffer Prof. Baldrige or myself to enter it? I call upon that rare

specimen of English aristocracy, to say by what authority he, who had aided the college not one dollar, commanded Pollock to shut the door against us? To explain that act of villainy, or forever hang your head. Were you fearful that a man was going there to rob you of your obtained booty—that which belonged to others? Dr. Wright, you well knew you were in the State of New York when you were as Dean, with Witt and Stockwell, in that English bull to injure that aged man who never knew what it was to suffer from reform. Did you intend, by that act of villainy, to drive the last *true* reformer from the Faculty, that mercury, arsenic, and the sugar of lead, might have no opponents in the college? It really seems so by the gross insult which you offered Dr. B. and myself, that this flagrant outrage was designed for that purpose.

To that class of pusillanimous boys who now attempt to exercise a supererogative over that to which no honorable man would even claim a right—to which I paid nearly \$500—which they now wish me to surrender to them, for a special benefit, without one cent of compensation, I am bound to "stick to and live on," until that black insult meets with its just reward.

The friends of reform may judge why Dr. W. & Co. have the small class of 30—less than our first session, if the reports of the tutors are true, and only about one-half the number of 1854-5, and even that list swollen since the books passed from their charge, by inserting the same names twice, by the names of several persons who never saw the college nor even the State of Ohio.

Dr. Wright's shallow device to improve his greatness upon the public, will only serve to disgrace its inventor. Irregular attendants often swell the list of matriculants, but this scheme had its concept in the fruitful brain of Dr. W., whose brilliant genius and rare adaptation fitted him in a remarkable manner for carrying this into execution. Their catalogue for 1854 presents the names of 82 matriculants made by double entries, and the names

as who never saw Ohio. This gives of some 16 more than the true number after estimating all irregular attendance.

By parity of reason, we cannot doubt late catalogue of 60 for 1855-6 (22 less than last year) may be reduced to the number said to be in attendance, both by teachers and students, which is about half the number of 1854-5, notwithstanding the number of the entire college of Syracuse is 100. A. M. College during the present year, which makes no small part of the number now in attendance. Had it not been for these accessions, they would have had but 15. We had no such auxiliary force to swell our list last year.

L. E. JONES, M. D.
Cincinnati, January, 1856.

B. Since writing the above, I have received a letter containing the following message: "I received a letter from Prof. [?], a short time ago, trying to explain to me the reasons for using mercury, arsenic and zinc. Well, sir, I was disgusted with the excuses he gave, and I am almost in my mind to send you his letter, but, as the boys say, 'it wouldn't pay.' * * The mercurial system is growing more and more unpopular every day, and to see the number of good locations for true Eclectics, and then to see professed Eclectics going back to old fogyism, is lamentable indeed. There is no excuse for it."

They accuse me of falsehood, and "an array of pretended facts," &c., for the reason that I declared the faculty mongrel, unreliable reformers, and before their ink was upon the paper they write to reform in distant States "to explain their reasons for using mercury, arsenic and zinc." They charge me with uttering falsehoods, and yet send private letters abroad virtually admitting my assertions true. Furthermore, I learn a large number of Prof. [?]'s prescriptions containing mercury to be seen at drug stores in this city, and that he often boastfully asserted to Al- [?], he used mercurials about as freely as they do. Drs. Wright and Stockwell are not ignorant of these facts. Their acquiescence and continued co-opera-

tion with him can be construed into nothing short of a full endorsement of his mercurial practice. Were this not the case, they would not be associated with him, nor silently approve of a course so disastrous to medical reform. He is their mouth-piece. Dr. S. endorsed the success of his mercurial practice before the Board of Trustees, and Dr. W. has never been heard to disapprove of it; therefore, his doctrines may be regarded as their doctrines.

L. E. J.

AMAUROSIS TREATED BY ELECTRO-MAGNETISM.

BY A. J. EMIES, M. D.

November 21st I was called upon to visit a Mrs. D., ten miles from my residence, stated to be blind and in great pain at the time, having been in bed for about ten weeks. On my arrival I found her much prostrated, high fever, vision so far gone that only a ray of light, but no object, could be noticed; pupil very much dilated, and the eye had a dull glassy appearance; iris, on the alternation of light and darkness, not moved. On inquiry as to any local pain, I was informed that both legs were much swollen, and the nurse said "red as fire." Erysipelas was present, and had been from two to three days.

The history of the case was given to me as follows: About ten weeks ago, the lady was afflicted with the ague, for the cure of which she applied to Dr. F. in D. The second dose of his medicine she said made her blind, and she had been so ever since. The Doctor could not be persuaded to make a second visit. A Dr. S., pretending to be a friend to the lady, volunteered to make a cure, visited her twice, salivated and blistered her scientifically, and did not return, without ever giving notice of so doing. Three weeks have passed since.

On seeing the patient, I discovered that more than a few visits were necessary to accomplish a cure. Being very busily engaged and far from home, I declined

treating the case, stating that Dr. S. was close at hand, had volunteered and had not dismissed her; but if said Doctor would make a statement to the brother of the lady, that he could do nothing for her, I would take the case in hand.

The next day I was informed by the brother, that the Doctor had made up his mind to quit practising medicine, and thought that nothing could be done for the patient towards restoring her sight.

According to promise, I took the case, removed the erysipelas and other complications by the common Eclectic treatment, (see Newton on Erysipelas,) in a few days; and then proceeded to the treatment of the eye.

My main reliance was electro-magnetism; I applied the positive pole, connected by a moist sponge to the region of the medulla oblongata, manipulated, holding the negative one in my hand, over the frontal region and orbits. There was hardly any sensation felt in the eye during the first day of operation; the second day a slight sensation and accumulation of red blood in the tunica albuginea were perceptible. Was it the iron in the red corpuscles striving to get to the negative pole? I think it was. But let that be as it will, the eye became alive; pain, a prickling sensation and contraction of the iris followed in a few days; the sight returned by degrees, the red blood disappeared by application of water dressings, and the lady is now doing needle-work.

The opinion of the family is that she got belladonna for the cure of the ague. A lady acquainted with medicine told her before she took the second dose that the medicine would make her blind.

Long Grove, Iowa, Feb., 1856.

LINIMENT FOR NEURALGIC AND RHEUMATIC PAINS.—*R*. Ol. hyosciam. 200 parts, camphor, laudanum, ext. belladonna, and chloroform, each 3 parts. To be applied several times a day.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE.
FALL AND WINTER SESSION OF 1855-6.
SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. A. FREEMAN.

CASE 384. Jan. 8.—J. Donohue, *et. 8.* Tinea capitis (favosa.) His head has been diseased about five years. Was caused by inoculation with virus from a comb that was used upon a boy (in Ireland) laboring under the same affection. The disease commenced upon the top of the head in small, distinct pustules; these opened and discharged pus, which, drying, formed scabs and matted the hair together, so that the sores seemed to the cover the whole head, from the eyebrows to the back of the neck. When he presented himself for treatment, the hair had been cut close to the scalp, and the scalp was white with a preparation of chalk and sulphur. The sores were not very painful, though a constant itching and irritation was kept up in them.

Treatment.—Cleanse the scalp with castile soap water, shave the hair off closely, and apply morning and evening. *R*. Oxalic acid 3ss, creasote 3ss, water 3ij. *M.* Take internally, *R*. Comp. syr. stillingia 3iv, iod. potass. 3ss. *M.* Take 3j three times a day.

Jan. 14.—Head has been cleansed. There are small, distinct ulcers and pustules over the scalp, and the part seems somewhat inflamed from the wash used. Continue the treatment. Half an hour after applying the solution, anoint the scalp with the mild zinc ointment. If the head is inflamed, use at night a bread and milk poultice between thin cloths.

Feb. 26.—His head is much better. On account of the medicine being rather more severe than was comfortable, he would not return until forced here by his mother. This is the reason why his head is not well. Has had no medicine for some time. Continue the above treatment by renewing the medicine.

March 4.—His head is nearly well; there

a few distinct and isolated pustules on rent portions of the scalp. Continue treatment, applying the wash to the alea, and the mild zinc ointment over whole scalp.

USE 385. Jan. 11.—R. M., æt. 40. Fungous cancer of the face. Was caused summer by a sharp second molar tooth striking the inside of the cheek. This caused a deposition of lymph, or thickening of the mucous membrane, and a fungous excrescence of the part. The disease extended a short distance upon the gum, through the cheek to the skin, and it opened externally and internally, large fungous granulations protruded in both directions. Internally, the fungus extended upon the side of the lower jaw and pressed against the teeth; externally, they imitated the appearance of a full blown chancre becoming everted and rolling in every direction. Sanious pus discharged externally, and also internally, giving the breath a very offensive odor. The parts were not very sensitive nor painful. The cheek was swollen. The disease extended from the ramus of the jaw to within six lines of the angle of the mouth; from the lower border of the molar bone to near the angle of the lower jaw, and was extending over the granulations were also growing rapidly. His general health, which before the operation was very good, has been gradually failing, since the commencement of this malignant disease. Had been using some kind of treatment applied by his previous physician, but only irritated it.

Treatment.—Chloroform was administered.

Prof. Newton passed a scalpel through the cheek, encircling the whole of the mass with an incision, and took it out.

By placing one finger within the mouth to guide the point of the knife, he was enabled to dissect the fungus from the skin without wounding other parts unnecessarily. The angle of the mouth was left closed by a narrow portion of muscle. The duct of Steno (parotid salivary duct) was cut off in the operation. Two small branches were ligatured, and the

wound covered with the cold water dressing.

Jan. 15.—The pain in the head which was experienced previous to the operation, has disappeared, and the enlargement of the cervical lymphatic glands is much less. Continue the cold water dressing.

Jan. 22.—There are some fungous granulations of a pale and insensible character upon the lower border of the wound. Apply the sulphate of zinc to the upper border of the wound, and an ointment of R Chloride of zinc, hydrastin and mild zinc ointment, M, to the fungous granulations of the lower border. Cover the whole surface with the zinc ointment.

Feb. 15.—Doing well; slight fungous granulations upon the lower border. Apply the chloride of zinc paste as mentioned above.

March 6.—Had to apply chloride of zinc to the fungous granulations frequently. Now they seem nearly all destroyed. The opening in the cheek is contracting, and is nearly closed; cheek somewhat puckered by the cicatrix. Saliva discharges externally from the duct of Steno, which keeps the dressing constantly wet. Will perfect the operative treatment when the parts are ready for it.

CASE 386. Jan. 15.—Michael O. Neil, æt. 29. Sequence of intermittent fever. Was taken with masked ague last August, which continued about two weeks. Since then he has had frequent chills like ague paroxysms, but no regular ague. His bowels have been tender and irregular, appetite indifferent, dull heavy pain in the head, and pain and sensation of oppression in the precordia; has also much pain and aching, or sensation of distress, in the lumbar region. Slight enlargement of the liver and spleen; tongue slightly coated white, skin sallow and dry; feels quite feeble and lethargic.

Treatment.—R Quinine, hydrastin, gel-semin, aa. gr. xx. M. Make powders xij; take one three times a day. Use the tepid pediluvia every night, and apply a sinapism over the region of the stomach once

per day. Use the alkaline bath with friction daily.

Jan. 10.—After the second dose of the above medicine, the pains disappeared, and blindness and stiffness of the tongue were produced. Took only half the above dose, which did not produce such serious effect. Those peculiar symptoms (blindness, a sensation of ocular protrusion, &c., are among the specific effects of gelsemin, and by giving of it three or four times a day, it will usually produce a slight aching sensation of the eyes, and of an increased protrusion of them. It affects different constitutions to a different degree. Continue the above medicine in doses of one-third of those first prescribed.

Jan. 22.—Has had no chilly sensations since; uneasiness at the precordia has nearly disappeared; appetite improved. Has some pain in the right shoulder; stools slightly streaked with blood. *R* Hydrastis canadensis 3j, ferri phos. 3j. M. Add half to a pint of water; use in twenty-four hours; then mix the remainder and use as above, and so continue for three or four weeks, and then return.

CASE 387. Jan. 18.—John Kelsey, æt. 2 years. Necrosis of the ulna. About four months ago, a small abscess, resembling a boil, formed upon the internal and posterior border of the forearm, over the lower part of the upper third of the ulna. In due time it opened and discharged pus. Other openings formed near it; also one two inches lower down, and one still three inches nearer the wrist. These all discharged pus, which, after a while, assumed a fetid odor, and some gritty substance was detected in it, which characterized it as bone pus. Afterward some small scales of bone passed away through the fistulous openings, showing that exfoliation was occurring. I passed a probe into the upper opening, along the whole length of the diseased track, and out at the lower opening. There was a sequestrum there, and some roughness of the surface of the bone. The habit of the child was slightly scrofulous; otherwise I know of no cause for this disease. His health is otherwise good.

Treatment.—Prof. Freeman cut down upon the diseased bone, and extracted a sequestrum about two inches in length, narrow and thin, (an exfoliation.) A new shell of bone had formed over the diseased surface, and it was through the large opening (cloaca) that the dead bone was extracted. After rasping off the rough surface of the diseased bone with a rough instrument, I inserted some dry sesq. carb. potass. into the whole length of the passage, to assist in disorganizing and clearing away the diseased structures. Applied the cold water dressing. Inject a solution of the sesq. carb. potass. (3ss to 3j water) into the openings once per day.

CASE 388. Jan. 18.—Peter Coffin, æt. 29. Rheumatic affection of the heart. Has been affected eighteen days. Thinks it was caused by exposure from working in the water. Has much pain in the left side and right arm—"feels as though the heart would burst"—palpitation of and burning sensation at the heart. Has dyspnoea, dizziness, and sensation of fullness of the head; respiration 40 per minute, pulse 130. Had much cough previous to the attack, has none now; has constant tremor of the lower extremities; pain comes on mostly in the evening; restlessness, thirst more toward morning. Bowels regular, appetite good, heart's action regular.

Treatment.—*R* Veratrin, gelsemin, aa. gr. iij, sach. alb. 3j. M. Divide into powders x; take one three times a day. Use alkaline bath with friction to the whole surface once per day. Avoid work; use light diet.

Jan. 22.—Has had slight pain in the heart, but the most about three hours last night (from 9 till 12). Appetite good, pulse 112, respiration 40. There is a decided change for the better.

Treatment.—*R* Veratrin, gelsemin, aa. gr. v, sach. alb. 3j. M. Make powders x; take one three times a day.

Jan. 25.—Has had no palpitation since last clinic. Pulse 100, respiration 34, appetite good, bowels regular, rests well at night, no pain, says he never felt better.

continue the treatment for a few days.
Feb. 19.—Is entirely well, and has been
some time. Discharged.

CASE 389. Jan. 18.—Eliza Miller, æt.
Felon. Disease located upon the
thumb; parts much swollen and painful.
Treatment.—Opened it to the bone with
abscess lancet, making a free incision;
dressed out some of the pus. (It is not
all to press an abscess of any kind too
deeply, because it irritates unnecessarily
the already irritated tissues, and favors an
extension and continuance of the disease.)
Applied an elm poultice to the part, and
tried suspending the hand in a sling.
Jan. 25.—Part has discharged freely.
Applied an adhesive strap to the wound
approximate the sides; omit the poultice.
Part nearly well. Discharged.

CASE 390. Jan. 22.—P. M., æt. 21.
permatorrhæa. Commenced the practice
"onanism" when but a child; continued
until the age of puberty, when nocturnal
emissions commenced, and have continued
more or less until the present time. Was
married about one year ago, since which
time his health has much improved. He
says that "last August, while walking along
the street, he had a sensation in the left
leg and the region of the stomach, as
though the blood had left the head and
staid there." Has singular sensations of
excessive heat in the left side at night,
which lasts about ten minutes. Bowels a
little costive, tongue coated white, rather
restless and uneasy at night, has frightful
dreams; cannot tolerate to be looked in
the face; flinches from pain upon pressure
over the cerebellum; some pain from pressure
over the spinal column, with pain
in the back; urine occasionally high colored.
"Have been taking some preparation
of mercury for my disease; my doctor
called it hysteria." The patient seems
much debilitated, anxious, and nervous.

Treatment.—R. Iod. potass. 3j, comp.
p. stillingia ʒiv. M. Take 3j three times
daily. Use the alkaline bath daily. Apply
the irritating plaster over the cervical

region, or as close to the base of the brain
as possible. Diet may be generous, but not
stimulating, and avoid causes of an exciting
nature. Bathe the feet at night in warm
water, and when the head appears heated,
apply cold water at night. Use a hard
pillow, which will make him lie upon his
side, for in the greater portion of cases the
attack will be prevented, if this rule is observed.
(See an article in the E. M. Journal for March, 1856, by Prof. W. Byrd
Powell.)

CASE 391. Jan. 25.—Michael Katon,
æt. 9. Contracted knee. Is of ænemic
habit, inclined toward scrofula. About
two years ago, abscesses formed about the
knee, one above the knee upon the anterior
and internal face of the thigh, and the
other upon the anterior face of the leg, near
the knee joint. Neither opened into or
communicated with the cavity of the joint.
Both abscesses were very large, and discharged
much pus, but neither seemed to affect the bone.
The abscess above the knee extended into the
popliteal space. About two months ago, the
abscesses became healed, presenting large cicatrices,
and a deep excavation above the knee—the
result of the destruction of the soft parts in
that vicinity. The leg and thigh have become
much wasted. The condyles of the femur are
quite prominent. The hamstring muscles have
become much contracted, flexing the leg upon
the thigh to an angle of about forty degrees;
toes turned outward. The leg can be flexed
close upon the thigh, showing that there is no
difficulty in the joint; but extension is prevented
by resistance of the hamstring tendons, and the
condensed cellular bridges formed in the ham.

Treatment for ænemic habit.—R. Comp.
syrup stillingia ʒiv, ferri phos. 3j. M.
Take 3j three times a day.

Apply Day's angular extending splint to
the limb to extend it. If it causes much
pain around the knee joint, apply a solution
of tinc. arnica (3j to water Oj) as a
wet dressing.

Feb. 1.—The limb has been under extension;
the knee forms an angle of about 60

degrees; the joint is somewhat inflamed and painful. Continue the treatment.

Feb. 19.—The splint has been taken off, and the leg has returned to its former position. Some inflammation about the joint.

Treatment.—Apply a fomentation of hops, and continue it, and as soon as the inflammation has subsided, I will perform tenotomy upon the resisting tendons.

Feb. 26.—Administered chloroform—operation by Prof. Freeman. Placed the patient upon his face on a table, extended the leg sufficiently to make the hamstring tendons tense, inserted the tenotome, and cut first the tendon of the biceps flexa cruas, near the head of the fibula. Then I withdrew the tenotome and inserted it upon the inner aspect of the popliteus, and incised the tendon of the semi-tendonosus, then the semi-membranosus. The gracilis then offered some resistance; so I severed it. I also severed some dense cellular bridges in the ham, that were very tense, avoiding with care the popliteal artery and vein. I cut all of the tendons by passing the tenotome under them, and cutting toward the posterior surface of the thigh. There were only two small punctures made in the integument, though the subcutaneous dissection was considerable. Applied adhesive plaster over the punctures.

By applying Day's angular extending splint, I was enabled to extend the leg to an angle with the thigh of about one hundred degrees. The ligaments and attachments of the joint and parts had become adapted to the acquired position, and resisted any further effort at extension. Applied a fomentation of hops over the knee. Gave the patient an anodyne, for the pain from the stretching of the part had become considerable.

March 4.—The leg and thigh at an angle of about 120°. No pain except when an attempt is made to extend it. Keep up the extension with the angular splint, and apply over the joint and surrounding parts, R Spirits terebinth, goose oil, aa. ʒss, M, morning and evening. It was not advisable to cut away all the resisting parts about the knee joint, and force the limb

straight at once; the laceration might have resulted in serious consequences. The knee joint and parts had become adapted to their position, and could not be straightened suddenly with impunity.

Mr. Michaelis, I believe, was the first to perform this operation for contracted knee previous to the year 1810. Since then Mr. Ferguson and Mr. Stanley (English surgeons), and others, report several cases. This is an uncommon operation, and new warranted unless there is motion in the knee joint. We shall abide the result of this treatment with a great deal of anxiety.

CASE 392. Feb. 5.—A. L., æt. 30. Scorbatis. Has been affected about six weeks. Gums swollen, red and painful, bleed easily, elevated about the body of the teeth. Cannot eat any thing saline; breath fetid; food hurts the mouth, and the parts seem exceedingly sensitive. Was confined to bed one week during the commencement. Has much headache, bowels constipated, appetite middling good, eats only bread and coffee. She has been, for some time, affected with chronic derangement of the liver and kidneys.

Treatment.—R Hydrastis canadensis citric acid gr. v, water ʒviij. M. Use as a gargle and wash for the mouth and throat three times a day, swallowing a little at each time. Use farinaceous diet, potatoes, &c., freely; also cabbage, with vinegar as a condiment. Avoid salt.

Feb. 15.—Mouth feels nearly well; pain or soreness, yet there is some swelling of the gums. Continue the treatment.

March 4.—Discharged cured.

CASE 393. Feb. 5.—Mary O. Donn æt. 38. Chronic pleuritis. Has been affected three weeks. Caused by a fall, which she injured herself upon her left side below the axilla. The pain has changed to the right side; has also some pain and pressure in the left breast (in the mammillary region.) Dull sound from percussion over the posterior part of the lungs; harsh sound in respiration, from functional derangement of the lung—pain continuing

even when not respiring. Bowels constipated. After the injury she vomited much for two days; was thirsty and drank much water. Has used sinapisms over the seat of pain.

Treatment.—R Lobelin gr. xxx,gelsemin gr. x, lupulin gr. xxx. M. Make powders xx; take one every four hours. Apply over the right side of the chest anteriorly, (over the seat of pain,) an irritating plaster five inches square.

Feb. 15.—Has improved much. Omit the irritating plaster, but continue the internal treatment. Apply rheumatic liniment over back opposite the lungs.

March 4.—Still improving. Continue the treatment, excepting to take only two powders daily. Discharged.

CASE 394. Feb. 5.—Mary Duncan, æt. 16. Dysmenorrhœa. Has been affected with pain in the front and left side of her head for four years. Once per month, at the time when her menses should appear, the pain is more severe, accompanied by nausea and inclination to vomit. The sickness comes on gradually. Appetite indifferent, vomits after eating, bowels regular. Has pain between her shoulders; tenderness upon pressure in the sub-occipital region. Has palpitation of the heart, especially when she vomits. She had her courses one year ago; since then they have disappeared until two months ago, since which time they have been accompanied by some considerable pain.

Treatment.—R Macrotin gr. xxx, senecio gr. xxx, lupulin gr. xxx. M. Make powders xv. Give one four times a day.

March 4.—No report.

HOW DOES MERCURY EXIST IN THE SYSTEM?

BY PROF. J. MILTON SANDERS.

Now that the fact of the electrolysis of mercury from the system, has ceased to be doubted by those who are most competent to judge, the question has arisen—in what

state does the metal exist within it? We shall attempt to answer the query in this article, but if we do not succeed to the satisfaction of the reader, we respectfully request that he will avail himself of the columns of this Journal, for the purpose of suggesting a more plausible theory.

It is a conceded fact, that before electrolysis can ensue, there must take place with it simultaneously, a decomposition of the electrolyte. In some of my earlier experiments, I was led to deny this law, but subsequent investigation has convinced me that I was led into error in several particulars. It therefore appears that a separation of either alimentary matter, or of compounds from each other, shall take place contemporaneously with electrolysis. In that case, the mercury must exist within the system as a compound, from the fact that the voltaic current does eliminate that metal from the system. It is known to chemists that many metals form chemical compounds with the animal and vegetable tissues. The art of dying furnishes illustrations of this. If a piece of cotton fabric be dipped in a solution of alum, a portion of the aluminum will be removed from the alum, and will combine chemically with the cotton fibre. As the combination can be affected even without the aid of an alkali, the chemical power which determines the result must be a powerful one. Perhaps no persons more than the ladies, are aware of the obstinacy with which iron moulds adhere to woven fabrics. No soap nor water can wash them out, for scouring really renders them brighter than they were before. These iron moulds present an instance of the combination of iron with organic tissues, for that metal has formed a true chemical compound with the fabric. It is known that the bi-chloride of mercury possesses wonderful antiseptic properties. In consequence of this property, it is used for the preservation of anatomical preparations. The reason wherefore this takes place, is that the mercury forms a true chemical combination with the albumen of the tissues. This compound is insoluble and indecomposable. The metal tin also

possesses the property of combining chemically with organic tissues. This is the case likewise with silver. If one of the latter salts be administered for any length of time, it appears at the surface and colors the skin of a dark blue. This blue color is a true chemical compound of silver and tissue, which is so stable that the most powerful voltaic current cannot decompose it, as I have lately ascertained by ample experiment. Alkalies have a strong affinity for vegetable fibre, especially that of cotton. This fact is taken advantage of by the dyers, who turn it to great account in their beautiful art. In the case, too, of the alkalies, it would be more in conservice with science, if we were to say that the metal of the alkali is that which combines so intimately with the cotton fibre. Tanning is a familiar illustration of the combination of an acid with organic substance, the tannic acid forming, with gelatine of the skin, the tannate of gelatine. This combination, although a purely organic one, is analogous to those formed by the inorganic elements with organic tissues.

If albumen, and tin, and iron, and silver, and gold, and lead, and a number of other metals, form with the organic tissues true chemical compounds, wherefore not mercury? Is it not consistent with analogical reasoning, to suppose that the metal mercury does form with certain tissues, with which it has an affinity, a definite compound? If this were not the case, how is it that the voltaic current which electrolyzes nothing except a compound, extracts that metal from the system? But we have no direct proof that mercury does form a definite compound with organic matter. If the gastric juice be neutralized with lime-water, evaporated to the consistence of syrup, and then precipitated with anhydrous alcohol, and this precipitate be dissolved in water, and the bi-chloride of mercury be added, an insoluble precipitate falls. This is a true chemical compound of the metal mercury, and the former testable principle of the gastric juice. The protochloride of tin, and the basic ace-

tate of lead, form likewise compounds with this principle of the gastric juice.

From the few instances we have adduced whereby the metal mercury can be made to form true chemical combinations with organic matter, the analogy is rendered strong, that mercury, when taken by some constitutions, which do not possess a very energetic expulsive power, will form with some of the tissues chemical combinations, which only the power of the voltaic current can disrupt.

Some experiments which were made in my presence by Dr. S. B. Smith of this city, only a few days ago, illustrate and prove that the metal mercury can be readily withdrawn from the system by the voltaic current. In the center of a large piece of raw beef, we placed consecutively several compounds of mercury, such as calomel, corrosive sublimate, red precipitate, nitrate of mercury, &c. The anode of the battery was placed in contact with the mercurial compound, while the cathode was outside the beef, submerged in the fluid which surrounded it, and which in this case was water acidulated with sulphuric acid. In each instance, in five minutes from the time the battery current was closed, the copper cathode (highly polished) was coated over with bright metallic mercury. The series used comprised ten cups of David's battery.

Then a freshly boiled bone of the ox (the tibia) was taken. In its hollow, among the marrow, were consecutively placed the above mercurial compounds. Then a piece of bladder was tied hermetically over the entire bone. The anode was placed in the hollow of this bone, and the cathode, as before, was submerged in the fluid. The result, upon closing the current, was as before. In five minutes the cathode was rendered silvery white with the reduced mercury.

In order to simulate the process as much as possible to the passage of the current through the human body, the current was afterwards passed through the beef, then continued through the bone, and through the opposite portion of the

beef to the cathode. The result was the same—only five minutes elapsed when the metal was transferred in a reduced state from its compound in the bone, to the cathode.

Here we have positive evidence that the voltaic current searches out every crevice of organic matter, and decomposing the compounds of mercury, whether the metal be combined with organic tissue or bone, transfers it to the negative pole. If it effects that in dead organic matter, it will do it with still more facility in a living organism, as the latter possesses a vital expulsive power of its own, which conspires with the voltaic to expel a foreign body.

The New York Medical Association met in this city not long ago. During its session, the question was brought before the meeting, whether the voltaic current does possess the power to withdraw mercury from the system? This created a tremendous emotion, for the question really appeared like assailing the formidable giant as he basked in his own castle. The subject, however, was quickly disposed of by the agitated members, who declared with one voice that it was all a "humbug"—nothing but the "quackery" of the reformers! It is really a lamentable spectacle for this intelligent age to contemplate, when a body of men, whose position in society should place them in the front rank of science, exhibit to the world such ignorance and prejudice. If electrolysis is really a "humbug" and "quackery," why did they not appoint a committee to investigate the subject? or if its members were not possessed of the requisite qualifications to institute such investigations, to have it done by those who have? But no. They felt conscious that the subject was too susceptible of direct proof, and that the great modern instrument of research, the voltaic battery, is the arch-enemy to their formidable giant, calomel. And they felt conscious that the trickery of hiding their quackery so long within the secret crypts of the human system, was about to be exposed by the silent, though none the less powerful agency of galvanism—and they

trembled at the close approximation of that exposition.

The day appears to be rapidly approaching, when the two hydra-headed monsters of Allopathy, calomel and depletion, will be driven into that obscurity which they so justly merit. This great reformation is destined to fall to the lot of those who now claim fraternity with Allopathy, assisted; as they will eventually be, by those whose eclectic principles will not allow them to associate with men who sacrifice all desires of accomplishing good to the bitterest prejudices. The most enlightened physicians of Europe are now cognizant of the fact, that calomel and depletion are the worst enemies the profession have to contend with. At the present time, especially in this country, we must hope to see but feeble results from a portion of the Allopathic profession, for prejudice has so embittered them against all innovation—as discoveries are regarded by them—that nothing which has not accumulated the venerated dust of antiquity about it, can expect to meet with the least countenance. The precepts of Galen, and of that arch-booby, Paracelsus, are more valued by them than all the great discoveries which have resulted from the investigations of modern science. A small portion of the Allopathic profession of America are becoming pre-eminent for their pretension, their inveterate prejudice, and their general ignorance. This we should anticipate, while the stock which is being annually added to it by some colleges, is composed of men of such superficial education. The great majority of the young men who are prevailed upon to attend those colleges, are enticed from the plow and the workshop, and commence their studies without the benefit of that initiatory training required of those medical students who expect to attain eminence in their profession. They are then submitted to the care and guidance of men but little their superiors in general education, and who, instead of inducting them into the principles of medicine, generally occupy the greater portion of their time in instilling into their too

plastic minds the poison of a bitter prejudice against all those members of the profession, who may have the independence and intellect to progress beyond the little creed prescribed by them.

We are happy to think that the great majority of the Allopathic profession are men of liberal minds, and of accomplished education. The Allopathy of Europe, which is really modern Eclecticism, is now presenting to the world the singular fact of the medical profession marching forward in the van of scientific progress. This is the case likewise with a large portion of American Allopaths, who, having at length thrown off their prejudices, and with them their associated ignorance, are now progressing in parallelism with general science. To these physicians, and to those of the Eclectic ranks, we must look for the dynamic expressions of modern science, leaving its static condition to those fogies in Allopathy indicated above.

To the enlightened man whom we have described, we leave the discovery of the extraction of foreign metals from the system. We feel assured that if it be what we have really indicated and contend for, no prejudice will deter them from investigating the subject with that care which its importance requires; and that when their conviction does at length arrive at the truth of our position, they will not hesitate to make use of the powerful aid of the voltaic current, to undo the great mischief their former folly had done.

Before concluding this paper, we wish to refer to another subject of importance to the medical profession. In the winter of 1842, in a series of experiments made at New Orleans, we discovered that the inhalation of oxy-hydrogen gas (a mixture of oxygen and hydrogen gases in the proportion of one volume of the former to two volumes of the latter) produced anæsthesia equally as effectual as that by chloroform, not attended with the dangers said to be sometimes produced by the latter. The compound gas is breathed from a bag similar to that used in experimenting with laughing gas. The effect soon commences to

manifest itself. A feeling of drowsiness ensues, followed by a delicious sensation of dreaminess, and a brilliancy of thought, which, although irresistible, is attended with feelings of luxuriant happiness. These are followed by unconsciousness. It is then that the patient loses all sensation, and for several minutes no surgical operation can disturb that somnolency. At least, such is our impression. It lies with the Eclectic physician to verify that impression, or prove its falsity.

New York, February, 1856.

HEMORRHOIDS (PILES)—THEIR PATHOLOGY & TREATMENT.

BY PROF. E. FREEMAN.

Piles are small vascular tumors and tumefactions or thicknesses, occurring at or within the verge of the anus; being more or less painful, according to their location, constitutional circumstances, and the amount of local irritation and congestion. They are called external, internal, or inter-external, according to their location. When they lie at the verge of the anus, external to the external sphincter-muscle, they are called *external piles*; when they lie internal to the sphincter and cannot be seen, except by pressing the mucous membrane down, as in defecation, or by dilating the anus, they are called *internal*; and when they are intermediate, lying opposite the sphincter, part within and part without, they are called *intermediate*, or *inter-external*. In the cellular plane, between the mucous and muscular coats of the lower part of the rectum, is the hemorrhoidal venous plexus, which is the connecting medium between the portal venous system, through the superior hemorrhoidal veins, and the general venous system, through the middle and inferior hemorrhoidal veins. These two latter empty principally into the iliac veins.

When from weakness of the parts, sedentary habits, riding on horseback, constant standing upon the feet, pressure of the gravid uterus, pressure from recto-fecal

obstruction, drastic purging with rhubarb, aloes, &c., local irritation, or from hepatic obstruction, the portal blood cannot circulate freely through the portal circulation of the liver into the hepatic veins and vena cava, these veins or the venous plexus become distended and swollen. Also under these circumstances the mucous lining of the rectum has not present its normal amount of lubricating mucus, and is irritated and inclined to be constricted from contiguous irritation of its muscular coat; then the hardened and compacted feces being pressed downward by the bowel contracting behind them, crowd against the tumefied and distended veins, and produce vascular enlargements. If these continue any length of time, the pressure of the congested blood in them produces more or less inflammation, and with it an effusion of serum and a deposition of lymph, which form the matured pile tumor, more or less vascular, hard, or spongy. The use of the preparations of mercury, as a cholagogue, has been one of the most efficient causes of piles.

In most cases, when calomel (protochloride of mercury) is taken into the stomach, it, meeting with hydrochloric acid among the juices found there, takes to itself another part of chlorine, and thus forms the bichloride of mercury, (corrosive sublimate,) which, unless the stomach and duodenum are well protected by mucus, irritates them, and sometimes irritates the whole length of the alimentary tube. This irritation is radiated along the ductus communis choledochus and hepatic duct, and then the liver is affected by continuous sympathy. The first impression is like that of an excitant but is soon increased to excessive stimulation, and while the irritating cause is continued in the duodenum, the stimulation increases to irritation. From the excitation, we have a slight increase of the biliary secretion; from the excessive stimulation, excessive discharges; and then, as irritation sets in, congestion supervenes, and the function of the liver becomes arrested as its vigor is prostrated. The sequel is hepatic torpor, and congestion, a sen-

sation of fulness and sometimes inflammation. The bile is the natural stimulus to the enteric secretions, and when this is absent, the small amount of enteric secretion that is thrown out, is soon absorbed with the fluid portion of the fecal matter, which leaves the feces quite compact and dry, by the time they get into the lower part of the rectum. The liver being congested, the blood in the portal vein cannot pass freely through it, and is thus retained by its tributaries in the organs from which they emanate. Thus we have more or less congestion of the stomach, with symptoms of dyspepsia, and a sensation of uneasiness there; fullness of the spleen and pancreas, and distention of all the veins of the intestines. Also, from the superior hemorrhoidal vein having no valves, the column of blood gravitates into its capillaries which form part of the hemorrhoidal plexus; and the blood being injected into the plexus from the capillaries of the inferior mesenteric artery, distend those veins, sometimes to their utmost. You can now see how defecation under those circumstances, would cause piles, both blind and bleeding. If they bleed, they are called bleeding, if not, blind.

Was it not that a part of the hemorrhoidal plexus was formed by the middle and inferior hemorrhoidal veins, which communicate with the iliac veins, piles would occur more frequently, and of a worse form; but under this arrangement, a large amount of the blood is carried away by this diverticulum, and thus the parts are relieved.

External piles are broad based; at first of a pinkish color, then becoming purplish, and afterward bluish. Being formed of the epithelium, they are very sensitive, and seldom if ever bleed. They are generally small, but may become quite large like tumors, and sometimes form circular ridges or tumefactions. These may soon disappear by resolution, or becoming congested, ulcerate; or from a deposition of lymph occurring, become organized, and at last terminate in thick folds of epithelium, and cellular tissue, at the border of the anur-

The linen sometimes chafes them, and they cause much pain when the patient is sitting. They are more painful than the internal pile, from the greater nervous distribution at this point.

The *internal* piles may be large or small, but generally about half an inch in diameter, frequently globular in shape, though often irregular, broad based or pedicelated. Some are very vascular or inflamed, red and bleeding easily; others indurated, pale or blue. Some of them have ulcerated surfaces, with florid granulations, from which they bleed readily. Between the tumors and upon the surface of the gut we sometimes find large florid granulations which ooze blood at every rectal motion.

Some piles bleed only at defecation, others exude blood constantly, which accumulates in the rectum, creating a desire to stool, and then only the blood, mixed with some mucus, passes away. Thus many patients bleed to death by the constant draught upon the vascular system, leaving them pale, emaciated, looking careworn and feeble; the veins filling up their indurated vacuum by absorbing the fluid elements in their vicinity.

Nervous headaches, palpitations and syncope, may be the result of this hemorrhage; and while this is prostrating in the extreme in some, in the plethoric it seems to be a protection against apoplexy and visceral congestions.

If the blood is fresh and red, it comes from near the anus, if it is dark and grumous it comes from higher up the bowel. A small amount of blood passed will frequently relieve the patient. Piles, after spontaneous ulceration, are apt to terminate in *fissure* of the rectum and anus, or in *fistula*.

Young men from seventeen to twenty-one years of age, and men from thirty-five years and upwards are most subject to piles. Young women are not so subject to them; the presumed reason is on account of the catamenial flow relieving the fullness of those parts. The internal pile is generally accompanied by a sensation of something in the rectum, inclining the patient to mo-

tion; also pricking sensations, heat, smarting upon defecation, straining and bearing down as if the bowel was not emptied, producing a sickening and prostrating sensation. The latter is frequently the result of the sphincter catching the elongated pile tumors, and pressing them, or holding them as the mucous lining returns after the motion. Frequently the unpleasantness of defection is such that the patient, to avoid it, allows the bowels to become constipated, which makes the matter much worse. Sympathetic irritation of the vagina, uterus, bladder and testicles, are of common occurrence. Pain in the groins and lower portion of the loins around the hips is a common accompaniment—this seems to be from radiations along the connecting and reflex nerves.

The longitudinal pile is generally located about one or two inches up the rectum, and is rather fleshy, forming thickened folds of the columns of the mucous membrane, with their base downward. They have a purple or reddish appearance and are spongy in their texture. Hardened fecal matter may lodge between them in the pouches of the rectum. These are not so apt to bleed as the globular form, but frequently ulcerate. By dilating the anus with a speculum, they present the appearance of folds or rolls of mucous membrane, and sometimes their surface is covered by thickened purulent mucus; also they sometimes have distinct ulcerated spots upon them. When these are inflamed they assist in stricturing the gut, and fissures may be a sequel to them. If a fissure follow this variety, you will generally see at its internal extremity, a short longitudinal pile tumor, covering its border like a valve.

In my dissections I have taken much pains in investigating the hemorrhoidal plexus, and the ramifications of the hemorrhoidal veins, with their relation to piles, and have paid much attention to the anatomy of piles, which makes the whole matter exceedingly interesting to me.

TREATMENT.—The treatment of piles depends upon their local and constitutional causes, their peculiar character, location and duration.

In a recent case, if there are no visceral obstructions, and they have been brought on by local irritation, as riding on horse-back and recent constipation, or too long standing upon the feet, &c., correct the habit immediately, by avoiding the cause. Take a horizontal position and apply over the inflamed and congested part the cold water dressing, (a cold wet towel,) keeping it cold. Eating at the time a few of the dried roots of the Solomon seal, (*convallaria racemosa*.) These may be carried in the pocket, and the patient may chew a little once in a while, as he would habitually eat raisins. Such a course generally relieves in a short time, much more readily than any other method that I have ever tried.

Frequent dashings of cold water against the perineum and anus, relieve the pain and heat in these parts much. Lying upon the face seems to relieve the pain or assists the ready return of the blood from the hemorrhoidal plexus to the iliac veins, by some peculiar physiological action.

I have used the *convallaria racemosa* in the treatment of all kinds of piles, from simple recent congestion and tumefaction at the anus, to the worst forms of bleeding piles; and I have found it a most excellent auxiliary in the cure of this disease. It seems to act upon the diseased rectum with the same soothing and salutary effect, that the *althæa officinalis* does upon the inflamed kidneys and bladder, lessening the irritation, favoring the enteric secretion, and assisting in relieving local congestion. In many cases it acts upon the liver, to increase the secretion of bile; but I suppose its salutary effect is not so much from stimulation, as from lessening, by its soothing influence, the irritation and inflammation of the mucous membrane of the bile ducts (in their ramifications through the liver) and bowels, and thus favoring the natural performance of their normal functions.

In treating any form of piles during their inflammatory stage, whether it is the primary inflammation, or a secondary induced inflammation, the antiphlogistic treatment is distinctly indicated, and must be

adopted—the activity of the treatment depending upon the activity of the symptoms. By paying the required attention to the treatment of piles during their active or acute stage, you may in most cases entirely eradicate them, thus obviating a tedious course of the chronic form.

When the parts are much swollen, inflamed and painful, and the patient becomes morbidly sensitive to impressions, the warm water dressings in some are preferable and should be used. The feelings of the patient should be consulted, and if cold water is disagreeable, use the warm, and *vice versa*. Anodyne fomentations, poultices, and other dressings, I often use with much advantage, in allaying the almost intolerable pain. Fomentations of *datura stramonium*, or solution of ext. *belladonna*, smeared over a warm cataplasm of *almus fulva*, or the ext. of *stramonium* used as above, answer a good purpose. Tinc. *opii* seems too stimulating for a local application. Prof. Morrow used to recommend the tobacco leaf, softened in warm water, and applied to the inflamed anus, which would, from its anodyne properties, relieve almost immediately, in the most stubborn cases, when other means had failed. I have also used it with equal advantage. He used to tell an anecdote of the early history of this cure, over which he laughed heartily. He said that some man was upon a Mississippi river steamboat, coming north to visit a certain physician of considerable pile-curing notoriety, and meeting the physician of whom he was in search upon the boat, he immediately reported his case to him, and the object of his northern tour. The old doctor was busy at the table playing a game of eucher. Upon looking at the patient, he observed that he chewed tobacco; hesitating a moment, he remarked to him, "Take what you are chewing, and bind it upon your anus, go home, and keep it there until you are well." He then continued his game, and would not make any other prescription for the offended dignity of the sufferer. His traveling companion persuaded the patient to try it, and he got well. Prof. Morrow used

to laughingly remark, that "in the general reversion of things, it had become a popular habit to use tobacco at the wrong or non-indicated extremity of the alimentary tube."

The constitutional treatment consists in stimulating the liver to its normal functional activity. This allows the portal blood to circulate freely through the liver, thus relieving all the organs (stomach, spleen, pancreas, intestines and hemorrhoidal veins,) of their accumulated blood, or congestion; and with their relief the dependent unpleasant symptoms disappear. The bile then becoming secreted normally stimulates the enteric secretion, and the fecal matter becoming fluid, no longer presses against the undistended hemorrhoidal veins, and thus the cause is obviated. For this purpose I use the comp. cathartic pill, the formula for which was published in the December number of this Journal for 1855. Any combination of podophyllin and leptandrin will answer a good purpose, but I prefer this: *R* Podophyllin gr. v, leptandrin gr. x, ulmus fulva gr. x, ext. valeriana officinalis q. s. *M*. Make pills x; take one every night, or oftener, or not so frequently, as the keeping of the bowels in a soluble and free condition demands. Continue the use of a decoction of the roots of Solomon seal (*R* Convallaria racemosa, rad, *Jss*, water *Oj*. *M*. Use the amount in twenty-four hours, and repeat.) Let the diet be light and vegetable. Use the alkaline bath with friction.

The "electuaries" mentioned in the standard works upon this subject, do not seem to produce the desired effect as satisfactorily as the above treatment, which can be modified to suit the case. I treat plethoric habits upon the same principle, regulating the diet. If there is a relaxation of the mucous membrane of the rectum, and an inclination to prolapsus, and the pile tumors flabby, being more a source of annoyance than pain, an injection to the part morning and evening of, *R* Sulphate iron gr. j, geranin gr. v, hydrastin gr. iij, water *Rj*, *M*, will generally stimulate and

strengthen the part. If the external pile is congested with coagulum, you may puncture it and let it out; or you may open it more freely and turn it out; but not unless there is coagulum in it.

I have frequently used an ointment as an application to external and internal piles, composed of *R* Charred bottle cork pulverized and sifted finely, common lard sufficient to make an ointment. Use as much of the powder as can be worked into the lard and not make it too hard. Wear this constantly, and it has an excellent effect to overcome the congestion, and restore the tone of the parts in many cases, where any means short of an operation will relieve. Also, *R* Mild zinc ointment *Jss*, ext. belladonna gr. x, ext. stramonium gr. x, geranin gr. xx. *M*. Use this as the former, attending also to such of the above constitutional or local antiphlogistic treatment as seems indicated.

OPERATIVE TREATMENT FOR EXTERNAL PILES.—When the external pile is narrow necked, I excise it with the knife. If hemorrhage occurs, it is readily arrested, from the external position of the bleeding surface. Styptics, as tannin, tinc. ferri mar. geranin, &c., with or without compression, are used for this purpose. If they are broad-based, and demand operative interference, after reducing the inflammation, I seize the tumor with the *vulsellum*, press the base into a narrow neck, and then apply the ligature. As the *vulsellum* is taken away, the ligature cuts in deeply, and the tumor is soon strangulated, and in two or three days, becoming gangrenous, drops off. I think the surface heals better, leaving a smaller cicatrix, than when the tumor has been excised by the knife. This is the best way of tying the pile, as the patient has less pain to endure, and you do not have to tighten the ligature.

OPERATION FOR INTERNAL PILES.—On account of the uncontrollable character of the accompanying hemorrhage, in the excision of internal piles, the use of the knife has been almost entirely abandoned. Some patients have lost their lives by such hemorrhage, even in the hands of excellent sur-

sons. Thus the ligature and caustic are alone used. When it is desirable to delineate those tumors, the patient should have cleared the rectum within a few hours of the time, either by defecation or some soothing enema. Let him sit over a vessel with decoction of hops in it, and steam the parts well, bearing down, so as to press the pile tumors below the anus; then let him make a position on the bed, upon his knees and hands. Let an assistant separate the buttocks, and then the surgeon, seizing one tumor after another with the vulsellum, separating them and compressing their base closely, can tie them tightly with a firm silk ligature. Be careful to have the ligature strong enough, or it will break while being tied over the tumor. Tie all the tumors, one after another, as tightly as you possibly can, so that there will be no necessity for tightening the ligatures, then cut off the ends of the ligature, and return the mass. This tightening of the ligature is a barbarous practice. Some of the tumors have such broad bases that it is impossible to apply a ligature without a vulsellum.

Give the patient an anodyne of \mathcal{R} Morphine gr. ss, gelsemin gr. ss, M, as often as is indicated. Apply to the anus a warm cataplasm of ulmus fulva and ext. bellad., as before mentioned. Let the patient use internally, the decoction of convallaria racemosa. If much pain occurs in the bladder, or in the precordia, as is usual, apply a fomentation of humulus lupulus, which will generally soon relieve. If there is a disposition to strangulation, use internally \mathcal{R} Ext hyosciamus niger gr. j, spirita nit. dulc. 3j, warm water 3iv. M. Repeat in one or two hours, if necessary.

The patient should keep his bed until the ligatures come away, which will be from the third to the sixth day, generally about the third or fourth day; then by keeping quiet for one or two weeks, using the elm cataplasm until all inflammation has subsided, and then the mild zinc ointment, the parts heal; and by attending the constitutional circumstances, keeping the bowels regular, &c., the patient becomes entirely cured. He should be careful for

a time and not aggravate the parts by irritation from any cause, and thus induce a return of the disease.

Nitric acid is mentioned in some of our works upon this subject, as an application to the pile tumors. I have not used it, but have in its stead used the chloride of zinc. \mathcal{R} Zinc chloride 3ss, hydrastin gr. v, ulmus fulva gr. x, dissolve the zinc. This was a case of small pile tumors and granulations of the rectum, where the patient had been passing blood constantly for more than a year. After everting the mucous membrane of the lower border of the rectum, I spread some of this preparation upon a piece of linen, and applied it to the diseased surface, and returned the bowel. The parts became exceedingly painful and much swollen, which was treated accordingly, and in three weeks he was entirely well, and about his business.

I have been thus far as explicit as possible under the circumstances, as a guide for those who have not the chance of becoming as thoroughly acquainted with the character of this disease as myself. I am constantly treating diseases of this character; and among the many that I have treated I have not failed to cure one, up to this date; thus I speak with full confidence in the success of the treatment as above, if followed carefully and skillfully. In due time, I design taking up the other diseases of the lower bowel, and treating of them.

Cincinnati, March, 1856.

STAIN OF THE CONJUNCTIVA.—When a solution of the nitrate of silver has been long used, the conjunctiva frequently assumes a brown or olive hue, and the staining commences at the junction of the ocular and palpebral conjunctiva. The stain may be diminished, if not entirely removed, by the free use of a solution of eight grains of iod. potassium in one ounce of water. The solution of silver should be discontinued the moment any change is observed in the appearance of the conjunctiva.—*Medical Times & Gazette.*

Part 2—Progress of Medical Science

AN INTRODUCTORY LECTURE TO A COURSE OF CLINICAL SURGERY.

BY JAMES BYRNE, ESQ.

GENTLEMEN,—In commencing the following course, it will be proper for me to explain the qualifications which are requisite for the practice of surgery, and endeavor to show how they are to be acquired. It is obvious that your first object should be, a thorough acquaintance with the anatomy of the human body; since the duty which you have in view being to correct the derangements of a complicated machine, you must of course know the structure and uses of its various parts.—Here, however, I beg to warn you against paying undue attention to the system of minute investigation at present so much in fashion. I am no enemy to the microscope, and on the contrary, believe that much useful as well as curious information may be obtained through its assistance, but I beg to inform you that the utmost amount of knowledge derived from this source can never supply the want of acquaintance with the form, structure, and relations of parts, which are obvious to the unaided senses of sight and touch. It would, indeed, be no less impossible to ascertain the geographical features of a country by counting the particles of sand on the sea beach, than to learn the anatomy which a surgeon requires by microscopical examination of the textures concerned. You should endeavor at first to learn the bones, and ligaments, muscles, and viscera, which constitute the bulk of the body, after which the distribution of the vessels and nerves will be easily mastered; and then you may proceed to the study of minute structure. In regard to physiology, again, all that can be learned satisfactorily and surely should be required before

turning your attention to what is obscure and doubtful. Your next step will be to learn the various derangements to which the human body is liable, whether from the effect of violence or diseased action. Instead of trusting to books or lectures, with their drawings and descriptions, for the information, you should take every opportunity of studying recent specimens of morbid structure, for doing which, I may remark, this hospital affords facilities equal by few, and, so far as I know, surpassed by no other school.

You will next have to obtain the power of recognizing and discriminating during life, the various alterations of structure and morbid actions to which the body is liable. When your watch is out of order you take it to the maker, who opens it, examines the interior through a magnifying glass, and then states in precise terms what is wrong. But if a man complains of pain, you cannot lay open a joint to ascertain its cause, or cut into his abdomen to examine any of the viscera which may be suspected to be in fault. It is the symptoms or changes resulting from diseases which constitute the characters requisite for their discrimination, and the more familiar they become to you, the more readily will they be recognized. The other day, conversing with a farmer, I expressed my surprise at the large transactions in grain which were founded upon the inspection of small samples. In reply, he took from his pocket a handkerchief, in each corner of which was tied a specimen of wheat, presenting, at first sight, no appreciable differences, but when minutely examined, easily perceived to vary in size, form, color, plumpness, &c., so as to be readily distinguished by a practiced eye. So it is in surgery, and the careful examination of symptoms will alone enable you to acquire the power of observing them.

Having advanced thus far, you will next have to acquire the knowledge which is to guide your treatment; in other words, the principles of practice: and here a great difficulty presents itself. If, in the treatment of every derangement to which the

human frame is subject, all surgeons were agreed as to the proper remedy, this part of your professional education would be sufficiently easy; but such, unfortunately, is not the case; and in respect to most arrangements, diversity of opinion, as well as practice, has existed, still exists, and probably will ever continue to do so. For instance, hydrocele may be remedied by cutting out a portion of the sac, or, as it is called, the operation of excision; by caustic, seton, and injection with port wine, tincture of iodine, iodide of potassium, or cold water; while a former colleague of mine preferred blowing up the bag with air. Then in the treatment of incised wounds, the method at no distant period universally pursued was to stuff the cavity with tow, flour and eggs, or other similar matters, so as to prevent the possibility of primary union; while another plan was to plaster up the orifice, so as effectually to prevent the escape of blood or other discharge from it, and thus insure the cavity being converted into an abscess; and a third method was to delay dressing the wound for six or eight hours, until all oozing had ceased; a fourth method being to keep the edges wet; and a fifth, to apply some permeable substance, as a sponge, over the wound, so as to press the sides together and absorb any discharge which, if retained, might tend to separate them.

When lately spending a few days in Paris, I was requested to operate upon a gentleman resident there, who required a tumor to be removed, and had determined to come here to place himself under my care for the purpose, but who, happening to learn that I was there, urgently entreated me to perform the operation. I did so, inserted the necessary stitches, and placed over the wound a large sponge, which was removed at the end of forty-eight hours, when union by the first intention had taken place completely, and literally without a drop of matter being formed. This case was peculiarly interesting to me, since when I resided at Paris as a student, thirty years ago, the invariable practice was to stuff the cavities of wounds, their primary union

being regarded as an impossibility, and I should have been very happy if some of my old associates at the Hotel Dieu could have compared the effect of placing a sponge on the outside, instead of the inside of a wound.

Amidst such a confusion of conflicting opinions and procedures, how are you to select your principles of practice? Are you to try in succession all the projects that have ever been suggested, and from your own experience determine which should be preferred? Such a course is obviously no less impracticable than inexpedient, and it is plain that you ought to be guided in your choice by some authority deserving confidence. You may hence perceive the heavy responsibility which is incurred by a teacher of surgery, or the author of a practical surgical work, and perhaps appreciate the recklessness with which principles are too often laid down without any good foundation, as well as the incautiousness with which they are apt to be adopted without any investigation.

Not long ago, in an American journal, I saw an advice to students for the choice of a surgical book, always to prefer the one most recently published, from which it would appear that novelty instead of experience was held to stamp the value of principles—a most dangerous doctrine, as it seems to me, when we take into consideration the baneful influence that may be exercised over a whole professional life, by the adoption of a single erroneous view in regard to the treatment of disease. Let me, therefore, beg that you will never adopt as your own the opinions of others, merely because they appear in print, or are promulgated from a professor's chair. Regard prejudices as your worst enemies, and believe nothing that has not a foundation in reason.

You may now expect that I should next insist upon the importance of manual dexterity, and will probably be surprised when I tell you that it has no real existence in surgery, so far as the overcoming of mechanical difficulties is concerned. The carpenter who constructs a piece of furniture

from the rough plank, or the blacksmith who forges a horse-shoe from a bar of iron, requires dexterity, but not so the surgeon, whose manipulations are of the easiest and simplest kind, since it is not the doing, but knowing what is to be done, that constitutes the difficulty of practice. The manual duty of a surgeon may be compared to that required for steering a vessel, where there is little difficulty in turning the wheel, while the direction in which it is turned determines the fate of the ship and all on board. In the same way an operator makes his incisions with no less facility than if he were cutting a slice of bread or cheese, but by their extent and direction determines the fate of his patient. The result of an operation, in so far as its execution is concerned, depends upon knowing what to do, when to do it, and how to do it.

Thus, in amputating at the ankle, where a flap is formed from the thick integuments of the heel for covering the ends of the bones, it may seem a matter of indifference whether the dissection be conducted from below upwards, or from above downwards, but it is not so to the patient, since in the former case he quickly recovers with a comfortable stump, and in the latter, if he lives long enough, will, in all probability, require a secondary amputation, on account of the flap having sloughed from want of nourishment. Another illustration may be taken from the operation which I have introduced for the treatment of stricture in its most obstinate form, by external incision upon a grooved director, which, when properly performed, may be regarded as perfectly safe and permanently effectual, but in order to prove thus satisfactory, must be executed with strict attention to the principles upon which it is founded. I have ascertained that the seat of stricture is different from what it was generally supposed to be, and that it rarely, if ever, extends beyond the bulb of the urethra, and also that the contraction, instead of being continuous, or affecting a considerable portion of the canal, as formerly believed, is never more than a ring, generally narrow, and never exceeding a moderate width.

In order to ascertain the precise situation of a stricture, I have devised an instrument which enables the operator to divide with unerring certainty; and I have provided a catheter, so fashioned as to protect the patient from any inconvenience during the forty-eight hours which should elapse before it is withdrawn from the bladder. Now, a gentleman who had been educated in Edinburgh, and frequently witnessed this operation performed, without the slightest trouble or embarrassment detract from its beneficial effect, lately went to London, and naturally desiring to see how the process was performed there, visited an hospital where it was publicly announced.

You may imagine his astonishment when he saw the operator proceed to cut into the urethra upon a silver catheter, which afforded no guide to the seat of stricture and extend the incision, according to his own statement, all the way back to the triangular ligament, beyond the region subject to contraction; while, from the swollen and fistulous state of the scrotum, it obviously existed in the anterior part of the canal. The stricture, therefore, not being divided, it was found impossible to pass a catheter, and the operator next introduced at the orifice of the urethra, a *bistourie cachée*, or sheathed blade, which was conveyed back to the part where the external incision had commenced, and was then drawn forwards, with its cutting edge expanded, so as to notch the narrow portion sufficiently to permit the introduction of a common catheter. The patient, bleeding profusely, and without any bandage to retain the catheter in its place, was then bundled off to bed. What became of him there I do not know, but if the result proved what it promised to be, I have no doubt that it will be produced at the next medical discussion upon this subject in London as an argument against the operation, which, it will be said, was in this case performed with the greatest possible "dexterity."

You may be assured that there are few more dangerous members of society than those empty-headed operators who claim

confidence merely on the ground of possessing "good hands." They are easily recognized by their sniggering and swaggering and flourishing of their knives, as if the sole object of an operation were to make incisions, without reference to the consequences. They unconsciously inflict mortal wounds with smiling countenances, and are quite satisfied with the applause of those well-informed spectators who estimate surgical skill, not by results, but by the hands of a stop-watch. Such silly exhibitions, to call them by their mildest title, present a sad contrast to the conduct of an experienced seaman, who guides his vessel through an intricate channel. Well aware of the dangers which beset his progress, but confident that knowledge of their position will enable him to avoid them, he stands regardless of all the eyes around him, with every faculty of his mind concentrated on the course to be pursued. Calmly and steadily he makes the wheel revolve, and the ship glides safely into her port. It will be well for you, and still better for your patients, if, endeavoring to imitate this example, you eschew the coxcombery of dexterity, and seriously devote yourselves to the consideration of how, in each particular case, the greatest amount of relief can be afforded, and the result rendered most securely successful.

Such being the objects of your surgical study, I may now endeavor to explain the duties of a clinical teacher. These are, to point out the seat and nature of the various derangements which come under treatment, together with their characteristic symptoms; to explain the principles of practice bearing upon their management; and to show how the means requisite for their relief are to be applied. So far, I believe, there can be no difference of opinion upon the subject; but in carrying out these views, a great diversity of ideas has existed, and still continues to do so. Observations at the bed-side, or what may be strictly termed clinical lectures, are by many people regarded as the most valuable source of instruction; and so they might be, perhaps, if the class were not larger

than that of a former talented, though not very successful, teacher of obstetrics in Edinburgh, who having occasion to mention an interesting case in his lecture, sent for a hackney coach, and conveyed all the pupils, with, I believe, some room to spare, to the patient's residence. But, independently of this objection, when the attendance of students is large, it cannot be denied that bed-side expositions must necessarily be imperfect, through their hurried nature, and the respect due to a patient's feelings. Another method, much upheld in some quarters, is to employ the students for their own and mutual instruction by making them investigate the cases of patients with whose ailments they are unacquainted, which seems to me much the same as it would be to show the way by desiring a blind man to find it through running his head against a post, or tumbling into the gutter. For my own part, I feel satisfied that the method we are to pursue is the most conducive to your improvement. I bring the patients before you, and show the process of investigation by which the ailment of each is ascertained, and then explaining the nature of the derangement, again point out the symptoms that proceed from it. We next consider the principles of practice concerned in the treatment, endeavoring to give each its true value; and here I never forget the responsibility which rests upon a clinical, more than on any other, teacher of surgery. Horace says: "*Segnius irritant, animos demissa per aurem, quam quæ sunt oculis subjecta fidelibus*;" but my instructions being addressed both to the eye and to the ear, make a far more deep impression than if they were addressed to either one or the other alone—an impression, indeed, which, from long experience, I believe may be regarded as indelible. I am, therefore, careful to avoid expressing myself with confidence in matters at all doubtful; and shall always address you as about to be practitioners who will carry into effect the modes of treatment recommended. The performance of operations is apt to exert a delusive influence over the surgical stu-

dent, who, when he hurries from hospital to hospital in quest of such spectacles, may suppose that he is thereby qualifying himself for the practice of his profession; but, in truth, no advantage can be acquired in this way, and the desire of excitement by a bloody scene might as well be gratified in the slaughter-house, where the slaying of pigs and the flaying of sheep would exhibit far more dexterity than can ever be witnessed in a metropolitan hospital. It is only when the nature of a case being fully known, the object of an operation required for its remedy is clearly understood, the mode of proceeding distinctly described, and the effects faithfully explained, that any improvement can be derived from the operating theater. It will be my constant endeavor to keep this in view; and while the patient's relief must ever be regarded as the paramount and primary object of the hospital, I shall always make their cases, so far as I am able, conducive to your instruction.—*London Lancet.*

ON SOME OF THE RARER AND MORE IMPORTANT CASES IN MIDWIFERY PRACTICE.

BY W. H. BORHAM, ESQ., M.D.C.S.

The following obstetrical cases may prove interesting to the profession: In one case the labor was complicated with an epidemic disease; in the other, with a constitutional disease. The cerebral and spinal functions were differently influenced in each case; in the first we had an exalted cerebral action, with decreased motor power; in the latter, an exalted motor power with a total loss of the cerebral function. The third case is one of a very unusual presentation.

CASE 1.—*Parturienti Rosalia.*—Mrs. S., a fine, dark, young woman, aged 18 years, the wife of a foreigner, was safely delivered of her second child, a female, at the eight month term, on Oct. 3rd, at one P. M., after a natural labor of six hours' duration.

On calling the following day, I found her with a swollen, scarlet face, very feverish, with a sore throat and strawberry tongue, and a pulse of 120. Her milk had not yet made its appearance; the after-pains and lochia were then natural, and she had micturated freely. I prescribed a saline aperient with antimony, a mustard poultice to the throat, and the usual gruel diet.

Oct. 5th.—Face less swollen; had been delirious a little in the night; the throat better, but the rash all over the chest and body; pulse 120. Her bowels have been relieved, and she micturated; discharge natural, and apparently healthy. To continue the saline without the aperient. No milk, and infant well.

6th.—Pulse 130; complete prostration; breathing rather laborious, but I could detect no abnormal pectoral sounds; pain in the pelvis; lochia entirely and suddenly stopped, and urine suppressed; no milk. Ordered a turpentine and bran poultice to the abdomen; calomel and opium every two hours, and chlorate of potash to the mixture. Eleven P. M.: A sudden change for the worse. I gave her ammonia and chloric ether. She was sensible, and in no pain, but was evidently sinking; and she died on the 7th, four days after her confinement, the case assuming, the last twelve hours, all the virulence of puerperal malignant fever.

Remarks.—Cases of this kind, complicated with any epidemic disease, become of the most dangerous character. Whether it be small-pox, measles, scarlet fever, or any other sporadic complaint, where the blood becomes influenced with a morbid poison, I have invariably found the milk first suppressed; then follows purulent metritis; then peritonitis, with fever of a low kind, with an exalted imagination and bright glassy eye, attended with little or no pain, which speedily terminates in death.

This case is interesting inasmuch as we are led to ask whether the premature birth was caused by the mother's blood being impregnated with the scarlatinal poison? Such I think was the case, as she was a

strong healthy-looking woman, and would, on all probability, have gone her full term, had she been proof against the contagion.

There had been scarlet fever in the house for some time, and her little boy was then suffering with it, and she was under its incubation some time before her confinement, as her mother told me she complained of feeling ill, and had a slight sore throat some days prior. The infant since its birth, has had no symptoms of the fever; and this leads me to ask if the child could not have had intra-uterine rosalia? We know small-pox and syphilis are conveyed through the medium of the maternal blood to the foetus in utero, and therefore why should we not have scarlet fever so engendered.

Dr. Meigs, in the work he has lately published in America, has discussed the subject of child-bed fever, in which he denies that it is caused primarily by a blood disease, but gives to it a local origin. His own actual experience in such cases has not been very extensive, and hardly sufficient to warrant his inculcating such a doctrine to his pupils.

There is no doubt that many cases are ushered in through a local origin by a communicable cause, and on the other hand, and I believe far the majority, receive the poison into the blood from a vitiated atmosphere of an epidemic or foul character. Would Dr. Meigs affirm that the above case was one of a local origin, with constitutional symptoms following. Was it not a case of primary blood disease? He does not record in his book a case complicated with scarlet fever in child bed, and, had he seen one, I doubt not but that his views would be open to a reconciliation with child-bed fever, and its causation by *primary blood disease*.

During my attendance upon this case, I attended the same week several midwifery cases, and visited daily some thirteen or fourteen cases of scarlet fever, but to no young woman did I communicate any disease, either by infection or contagion.

The above case demonstrates the *lessened and depressed* state of the spinal functions

and the *activity* of the cerebral; the following will illustrate the reverse, *depressed cerebral power and spinal activity*.

CASE 2.—*Parturient Convulsions*.—Mrs. W—, aged thirty-seven, a delicate little woman, has been an invalid, and subject to fits from girlhood. On April 29th, at four P. M. she was suddenly attacked with convulsions. She was then at the seventh month of pregnancy with her first child. The fit was of the usual character—stertorous breathing foaming at the mouth, stiffness of the extremities, beating of the temporal arteries, and congestion of the cervical veins, teeth clenched, twitching of the facial muscles, mouth drawn on one side, &c.; then followed a state of repose alternately with the fits. One pint of blood was extracted from the arm, cold applied to the head, with calomel and colocynt given immediately. The next morning she was in the same state, the os uteri in its normal position and undilated. An enema unloaded the rectum, and no relief being obtained, I sought the assistance and advice of Dr. Tyler Smith, as to the eligibility of producing premature labor. Dr. Smith concurred that it was desirable labor should be brought by artificial means, the patient having been twenty hours in a state of alternate convulsions and coma, without any prospect of relief. The membranes were forthwith punctured at twelve meridian, with a stilette, by Dr. Tyler Smith, and five grains of calomel, and one of tartar emetic, given instantly, and a grain of tartar emetic alone placed upon the tongue every half-hour. Pulse 115; reflex motor uterine action soon set in, and upon examination at five P. M., the os uteri had dilated to about the size of a fourpenny-piece, the vertex presenting, her fits still continuing very severe. At eight, P. M. the convulsions increase in intensity and I abstracted a pint more blood, which quieted them, and she swallowed, for the first time, a little gruel. The labor pains became now more frequent and powerful; the vertex was lodging on the symphysis of the pubes, and the os being fully dilated, I dislodged it with the vectis, and forced

the os frontis into the concavity of the sacrum, and delivery was then speedily accomplished, on May 1st, at 4 A. M., sixteen hours after puncturing the membranes. The child's animation was suspended, but speedily recovered on the application of the usual remedies, and the placenta soon followed. The fits still continued for some hours after the child was born, and I again bled her; also applied leeches to the temples; had her hair cut short, and mustard cataplasms to the feet and breasts. This treatment completely subdued them, and the next day she was partially conscious, pulse 100; lochia natural; bowels costive; abdomen tender. To take a dose of castor oil directly, calomel every two hours, and a mixture with sulphuric ether and henbane. The child suffers from fits.

3rd.—Has had no sleep for forty-eight hours, and has an insane look about her; to take half a grain of morphia every two hours until sleep is produced.

4th.—Slept well, more rational, and better in every respect; and she continued to get better every day, but displayed a silliness and childishness in her manner and actions, which continue to this day. The child died in a fit, when only a few days old.

REMARKS.—No cases are so embarrassing to the accoucheur as those connected with the epileptic or apopleptic convulsions. I have no doubt many cases of the hysterical type have been mistaken for the above, for the slender and inadequate remedies which have effected their cures would certainly lead us to believe they were not of the true cast, as nothing but very active treatment will save them.

From obstetrical records we learn that more than half die who have been attacked thus during labor, but this estimate will not bear a comparison with the experience of more recent times; it is not nearly so large, modern practice having stamped the treatment of this disease with much improvement.

The preceding case is one of singular interest, inasmuch as the patient was fifty-eight hours in alternate paroxysms of con-

vulsions and coma, without a single lucid interval, and during that time she was sixteen hours in labor, which was commenced and terminated without her knowing she had had a single labor pain or had given birth to a child. The fits did not cease upon the termination of labor, but continued hourly for seven hours after the birth of the child, until the active treatment of the 2d of May was resorted to, which entirely and at once quelled them.

The history of her family gave a tendency to insanity, and the appearance she displayed rendered her case anxious; but the morphia checked her restlessness and induced a marked benefit.

The treatment of inducing premature labor was the best that could have been adopted; it caused a revolutionary change in her whole system, and possibly drained the brain of much superfluous blood. The blood drawn did not show signs of inflammation, nor did the urine show any trace of albumen.

Was this a case of convulsions primarily excited by pregnancy? The patient was sensitive woman, had had previous fits, but much domestic reverse, a sick husband, insufficient food, and overwork; these, I think, were the exciting causes, and not utero gestation. Nevertheless, her cure was to be effected only by emptying the uterus, and thus relieving the brain. I have attended this patient in a subsequent confinement, when she had a natural labor unattended by any symptoms of a convulsive character.

[We have given the above cases to our readers, not because we approve of the treatment pursued, but on account of the interesting pathological question they present.—Ed. E. M. J.]

CASE 3.—*An Unusual Presentation*
Mrs. B.—, aged thirty-two, had had three children, youngest two years old, and was taken in labor on Sept. 4th, at 7 P. M. At 2 A. M. I received a message to attend, and finding the presentation was beyond assisting by digital examination, I requested that I might be sent for when the pain became more severe, which was six hours

After, when I found the feet, head and head representing as follows: The right foot was fixed posteriorly, in the hollow of the sacrum, the vertex lying most anteriorly on the symphysis of the pubes, and the right hand between the two. I endeavored to make a footling case by turning; and although I readily introduced my hand into the uterus, I could not do so owing to the body of the uterus contracting powerfully on the child, in the manner of the hour-glass contraction.

I asked my friend and neighbor, Mr. J. C. Langmore, to see the case with me, and it was thought desirable to draw the foot external, and secure it with a piece of tape. This we did, but owing to the peculiar action of the uterus during the pain, instead of expelling, it retracted the foot. We gave her thirty drops of Battley's solution, then pushed the hand and head up, making traction upon the foot, and by this means it soon resolved itself into a footling case, but from the enormous size of the child, it was an hour before it was expelled, of course dead. The funis was twisted round the child's neck, and the placenta soon followed, with considerable hemorrhage. She did well.

Remarks.—The child's position in the uterus, from being so doubled up, possibly eased the hour-glass contraction, and prevented the usual expelling power. The Battley's solution allayed this irregular state, and gave us an easy and safe evolution of the child. Chloroform would have been resorted to if Battley's solution had failed.—*London Lancet.*

ON THE AVERAGE DURATION OF LIFE IN PATIENTS WITH SCIRRHUS CANCER OF BREAST.

BY JAMES PAGET, ESQ., F.R.S.

The numbers of the *Lancet* in two places, being 1852, contain notices of a statement made by me, in a lecture at the College of Surgeons, that the average duration of

cases of cancer of the breast, when the disease is left to itself, is thirteen months greater than that of cases in which the diseased breast is removed by operation. Soon after the delivery of the lecture, I found that I had fallen into error, through reckoning the averages from too small a number of cases, and through including in the estimates some which had been published only because they were examples of a long duration of life, when the cancerous breasts were not removed. When the lecture was printed, in 1853, I inserted in it what I believed to be a more nearly accurate statement of the average durations of life in the two classes of cases. But, observing that the erroneous statement is much oftener quoted than the more accurate one, and having reason to believe that the former is more frequently than the latter taken for guidance in practice, I am anxious to give the same circulation to what I believe is nearly true, as (to my great regret) I gave to error.

Records which I have made or collected of 139 cases of scirrhus cancer of the breast, watched to their conclusions, or to their survivals beyond the average duration, give the following results:

In 75 not submitted to operation, the average duration of life, after the patient's first observation of the disease, has been 48 months. In 64 submitted to operation, and surviving its immediate consequences, the corresponding average has been a little more than 52 months. The longest duration of life, in the former class, has been 216 months; in the latter class, 146; the shortest in the former was 7 months; in the latter 7½.

The proportionate numbers of the deaths* in each year, after the first observations of the disease, may be represented by the following table:

* With the deaths I have included in this table the numbers of those who are still living beyond the average period. The omission of them would have made no difference in relation to the questions concerning the influence of the removal of the cancerous breast.

		With Operation.	Without Opera.
		PER CENT.	PER CENT.
In the first year, there died		4.7	8
" second	"	6.25	22.6
" third	"	21.8	24
" fourth	"	14	9.37
" fifth	"	20	7.3
" sixth	"	11	5.3
" seventh	"	9.37	9.37
" eighth	"	3.12	2.66
" years after the eighth		9.37	12.

When the extremes of duration are so widely different as they are here shown to be, a perfectly reliable average can not be obtained, unless the numbers of cases are, on both sides, larger than those supplied by my records.† I believe, therefore, that the results here stated are only near the truth, and that the collection of more cases will in some measure alter them.

Thus it is nearly certain that the averages stated above are, on both sides, rather too low, for twenty of the patients (i. e. one-seventh of the whole number) are, or were, still living, after having survived the average time of duration with the disease. Moreover, as cases of the longest duration are the most likely to be lost sight of before their record is completed, it will generally happen that a collection of cases will include a disproportionately large number of those of short duration. Allowing, however, for these causes of reduction in the calculated average durations of life, there appears no reason to expect that any number of completed and unselected cases will prove an average duration of more than five years from the first observation of the disease.

The sources of error above referred to would, I think, especially reduce the estimate of the average duration of the cases in which no operation is performed; for unless cases are kept with an express intention of recording all that occur, without any selection whatever, there will be a tendency to omit a disproportionate number of those which are not made interesting,

† I could have easily made the numbers larger by including doubtful or only probable cases of cancer of the breast, but tables so made up seem worse than useless.

either by operations, or by some of those striking events which are most common in acute cases. Hence the records will generally contain too few of the most chronic cases in which no operation has been performed. I have expressly avoided this error in my own note books, by avoiding everything like a selection of cases for record; but I cannot be quite sure that the same rule has been observed in some of the records from which I have derived cases observed by others. I can find, however, no reason to believe that any full and accurate tables of cases will bring out, as a result, that patients, in whom cancer of the breast is left to pursue its course, live longer, on an average, than those from whom it is removed. Rather, I believe that, if care be taken in the discrimination of the cases appropriate for the operation, and in the rejection of those that are unfit, there will appear a gradually increasing, though it may be always a small advantage in favor of the cases in which the breast is removed. Probably it may be ascribed, in some measure, to such care, that the additional and continued cases which I have tabulated in the last two years and a half, make the average duration in those operated on, rather longer, and in those not operated on rather shorter, than it appeared in 1853.

With regard to the rules that may be observed in the selection of the cases most fit for operation, I may refer to the published lecture; continued observations having only confirmed the statements made therein. I will only refer to one fact, which the table above shows—namely, that the proportion of deaths, in the first two years of the disease, is much less in those who are operated on than in those who are left; amounting in the former to less than eleven per cent., in the latter to more than thirty per cent. Such a result while it justifies the operation in the cases of acute cancers which are not attended with evident cachexia, may be fairly set against the mortality from the operation itself, which I still believe to be not less than ten per cent.—*Lon. Lancet.*

THE FROG AS A DETECTOR OF TETANIC POISON.

BY WILLIAM BUDD, M. D.

I have read Dr. Marshall Hall's important note on the detection of strychnia with more than common interest. Many years ago it occurred to me that the obscurity which hangs over the pathology of traumatic tetanus might possibly be cleared up by the method which this eminent physician proposes for the detection of this deadly poison. The most general view of that form of tetanus which follows wounds is, no doubt, that the exaltation of spinal nerve force, on which the tetanic phenomena depend, is the result of prolonged irritation (as the phrase is) of some peripheral and afferent nerve. Of this view Dr. Hall himself is the most distinguished exponent. As a *prima facie* view of the phenomena, many striking facts may be cited in favor of it. On the other hand there are many difficulties which it does not seem to meet, and we have no actual proof that the mere local irritation of a nerve is capable of producing such a dynamic condition of the cord as that we witness in this remarkable disorder. Many pathologists have been led in consequence to suppose that this condition may possibly be brought about in tetanus, not through the nerve at all, but through the blood, and may be due, in fact, to the development and introduction into that fluid of some morbid poison resembling strychnia in its physiological action. These are the two hypotheses which at present divide medical opinion on this interesting subject. Of the two, the weight of probability seems to be, on the whole, in favor of the last. Until one is established to the exclusion of the other, neither can be regarded as more than an hypothesis; at the same time it seems highly probable that one or the other represents the truth. To the physician it is, I need scarcely say, of the deepest moment to decide between them.

Now, the peculiar physiological proper-

ties of the frog, referred to by Dr. Marshall Hall, seem to give us the means of so deciding—finally and without appeal. If, in fact, traumatic tetanus be really caused by a peculiar toxic agent, it appears necessarily to follow that, in many cases at least, some portion of this agent must still be present in the body at the time of death; and if so, it would be almost equally certain that, by appropriate means, such an agent might be obtained from the dead body in a separate form, and be made by experiment to exert its specific action on the susceptible cord of the batrachian. That a poison which should excite such a dynamic condition of the cord as to be fatal to a man would affect in a similar way the cord of the frog, may be regarded as beyond a doubt.

Some time in the summer of 1853, (if I remember rightly,) I endeavored to put this question to the test of experiment, and although circumstances rendered the attempt abortive, it may perhaps be worth while to relate the facts. The method followed was, in principle, identical with that which Dr. Hall proposes for the detection of strychnia. An alcoholic extract having been carefully made from the spinal cord of a man who had died of traumatic tetanus, it was evaporated to dryness, and what remained was treated by distilled water and filtered. A portion of blood from the dead body of the same man was treated in the same manner. Into each of the aqueous solutions thus obtained a frog was placed as in a bath. Small portions of the same solution were injected into the cellular tissue of other frogs, through wounds made in the skin. In others, again, a minute portion of the dried alcoholic extract was inserted underneath the integument. The animals were closely watched for about two hours, but no result ensued; not one of them seemed to suffer in any peculiar way from the treatment.

Although the result was, therefore, entirely negative, it must not be considered as decisive of the question. In the first place, to decide a question like this, one

trial is palpably insufficient. On the other hand there were many circumstances in this particular case which tended very much to lessen the value of any negative evidence derivable from it.

To begin with, the examination of the body was not made until thirty-six hours after the death of the patient. As the weather was intensely hot at the time, it is quite possible, even supposing an organic poison to have been present, that it might have been decomposed in this interval.

In the next place, as I only heard of the case by accident, about an hour before the dissection, I had no frogs at hand. In consequence of severe and long drought, four or five days elapsed before I could procure any, and those I did at last obtain were very weak and languid.

It is obvious that no great weight can be attached to a negative result obtained under such conditions.

I hope on some future occasion to be able to repeat this experiment under more favorable circumstances. Meanwhile, as the opportunity which physicians have of observing tetanus are comparatively few, I venture to recommend its adoption (with any modifications which further experience may suggest) to surgeons of great hospitals, in whose province such cases more particularly lie.

Where possible, or safe, it would of course be desirable to apply this physiological test to blood taken from the patient during life, as well as to products obtained from the dead body. As far as the best conditions for bringing the frog under the influence of any toxic agent that may be supposed to exist are concerned, we may look with perfect confidence to the researches which Dr. Marshall Hall is at present instituting.

Considering how signally our present modes of treatment fail to rescue the victims of this terrible malady, it is not creditable to the profession that so few serious attempts are made to obtain a deeper insight into its nature. To go on harping upon the old remedies, and to see man after man die under our hands, and not to

make, at the same time, every possible effort to obtain more light, is not the part of men whose chief office it is to save life and who claim to be earnest in their vocation. It is of little avail, in a case like this to go on, beating over and over again the old ground. As far as the essence of the disease is concerned, common observation has probably taught us all it can teach, and it is high time we should appeal to more searching and intimate methods. Amongst such, that which is here proposed deserves at least a trial. Even if the results of this trial should be purely negative, we should at least have the advantage of having narrowed the field of inquiry.

In conclusion, I need scarcely add, that if a frog, treated in the way here suggested should exhibit tetanic phenomena, the fact would very much affect the value of these phenomena as a test for any other poison.—*London Lancet.*

POISONING FROM SMOKED MEATS.

It is well known that it is not an unrequent thing in Germany, for severe and even fatal consequences to follow the eating of sausages, hams, and other preserved meats. The poisonous principle is supposed to be spontaneously generated in the meats after they are prepared for sale, by some process analogous to fermentation.

Within a few years, many similar cases have occurred in this country, particularly in New York, and one which took place recently in Brooklyn was the occasion of a letter to the editor of the New York Daily Times, by Isalah Deck, from which the following is an extract:

"It must be observed that it [the poison] only exists in those meats which have been in an incipient putrefaction before drying or smoking. These processes retard the progress of the poison, but do not destroy its germ, and, singular enough, when it has proceeded to a more advanced stage of decomposition (i. e. when the sulphuretted hydrogen—the odor of bad eggs—is

involved) before these processes, it is harmless. Another fact is, that those meats which have been boiled previous to salting or curing (and such a course would readily be adopted to conceal incipient decay) are sure to become injurious under these conditions. To a certain extent this can be remedied by their being thoroughly over-smoked, so that the chemical and antiseptic action of the creasote (as its name implies) eliminated from the burning wood, may have its due effect, and if, with this precaution, they are occasionally brushed over with crude pyroligneous acid—they may be accepted as wholesome. But to guard against danger, it is always advisable that the affected part be cut away, and that which appears wholesome be either *toasted or broiled, not fried*, as the grease eliminated still retains any poisonous principle left, but by either of those methods the heat decomposes it. *There is no safety in boiling*; the principle (a fatty acid somewhat isomeric with sebacic acid) is neither soluble nor volatile in water at its boiling point; it is soluble only in alcohol, and by this agent can be isolated from the meat, and in a dose of 50 grains will rapidly destroy a dog.

"The affected meats present a much softer appearance than the sound, have an unpleasant, sweetish sour smell, and an acrid burning taste, a small quantity irritating the throat violently, and the general appearance can not be mistaken when once noticed. The immediate symptoms, which are sometimes delayed three or four days, are diarrhea, dryness of the mouth and fauces, and intense thirst. They should be at once attended to, as absorption rapidly takes place, and a fermentation and decay (in fact a species of inoculation) somewhat similar to the cause, is set up in the system, ending in prostration and paralysis; but the most singular feature is the tendency of the body to resist putrefaction after death. This seems to arise from the previous decomposition and alteration of the fatty matter and tissues, which are generally the first to go, while in authenticated cases of recovery the convalescence

is sometimes protracted for years."—*Boston Med. & Surg. Journal*.

A WHOLE FAMILY POISONED BY EATING HAM—ONE DEATH.—The family of Mr. James M. Duff, residing at No. 73 Johnson street, Brooklyn, were all poisoned the present week, as is supposed, by eating ham, as also was Mrs. Wade, widow of Capt. J. S. Wade, and her child, residing in the same house. The ham was purchased of a respectable grocer on Saturday night, and was on the dinner table Sunday. Soon after dinner, Mr. Duff, his wife, daughter, and servant girl, all presented symptoms of having been poisoned. The aid of Dr. Wade was immediately called, and the parties all recovered. On Tuesday morning, Mrs. Wade and her child ate some of the ham; both were taken sick, and the child died on Tuesday night.—*N. Y. Times*.

DR. BEALE AND THE NEW YORK DENTISTS.

Dr. Beale, the Philadelphia dentist was honored by the dentists of New York with a public reception on Friday last. Dr. Beale gave a history of his misfortunes, in which he acquitted his accuser of all blame, and expressed his belief that she was honest in her conviction of his guilt. A committee of Philadelphia ladies who subsequently waited upon the mother-in-law of the prosecutrix; to get assistance in obtaining his release, learned from her that the family was well satisfied that the alleged offence had not been committed. He thought that the young lady and her husband would long since have pronounced him innocent, but for fear that he would prosecute him for damages, although God knew he would do nothing of the kind.—However, by the aid of his friends he had regained his liberty and was once more surrounded by his family. Since his release he was happy to say that some of the first and best men in Philadelphia had given strong proof of their belief in his innocence, by sending to his office their wives and daughters unattended.

Part 3.—Editorial.

COLD WEATHER AND THIN SHOES.

The present winter has been the coldest ever known in this city, and notwithstanding this, we have seen ladies in our streets wearing thin hose and light slippers, low-necked and short sleeved dresses, and bare-headed, in full party costume, while the mercury was fifteen degrees below zero. While few may escape the penalty of such violation of the laws of health, many will die before the end of this year. Several melancholy cases of death have already occurred this winter among such persons, it must be said, all for fashion. When we see a lady in the street under such circumstances, we feel as though she should be placed in an asylum, under the charge of a health officer; for certainly the moral wrong is the same whether the self murder is done by degrees or in a single moment.

CASE OF DRUGGING.

The New York Home Journal gives a case where a lady, who died a few days since from cancer of the breast, and who had taken daily for seven weeks one pint of laudanum and one quart of alcohol, as nothing less would allay pain and produce sleep.

CHLOROFORM.

Recently at a meeting of the Academy of Science at Paris, M. Flourens, a distinguished member, speaking of the power of chloroform, remarked that its use in the field hospitals of the army doubled the strength and power of the surgeons, as they are more masters of their action when

operating on an inert mass, and are no longer disturbed by the cries or movements of the patient. In the campaign in the Crimea, chloroform was employed, he stated more than 25,000 times, and always with success. "This immense result," said he "is the best reply to those who had felt apprehension at the use of this powerful auxiliary to surgical operations."

And we may remark, in this connection, that we have used it over three hundred times, and always found it to accomplish all the results desired, without ever in the least meeting with the slightest accident. It is true that accidents have occurred, but they were always the result of incaution and the reckless manner in which it was administered.

RESOLUTIONS OF THE FACULTY OF THE ECLECTIC MEDICAL INSTITUTE.

At a meeting of the Faculty of the Eclectic Medical Institute, held on March 6th, 1856, Professors J. R. Buchanan, C. H. Cleaveland, R. S. Newton, W. Sherwood, Z. Freeman, and J. King, being present, the following resolutions were unanimously passed:

Resolved, That the Faculty of this Institute do not recognize any existing organization in the United States, as "The National Eclectic Medical Association," and will not authorize any person or persons to represent us in any body so styled, as at present constituted.

Resolved, That this Faculty fully indorse "King's Eclectic Dispensatory," believing it to be as free from error as any other similar work, and believing the author to be fully capable and willing to correct and improve the work as truth and progressive science may require.

Resolved, That with reference to pharmaceutical preparations, this Faculty require, as a prerequisite of their being employed or recommended by us as therapeutic agents, that the following rules shall be observed:

First, A method must be made public by which each agent may be produced:

Second, Where agents are incapable of being tested by chemistry, the names

and proportions of all ingredients entering into their composition, or used in their preparation, must be made public.

Third, Agents purporting to be pure alkaloids, resinoids, acids, etc., must not be adulterated, or combined with other substances, unless the fact be stated on the labels.

J. R. BUCHANAN, *Dean*.

J. KING, *Secretary*.

We copy the above from the College Journal for March, 1856. We feel it a duty we owe ourselves, to give our own statement of the matter.

While assembled as a faculty for the transaction of certain business, and while the same was under consideration, Prof. Sherwood offered a series of resolutions—the above being a part of the series—the passage of which was urged upon the Faculty. We gave it as our opinion, that this was entirely an *ex parte* matter, one with which the Faculty, in their official capacity, had nothing to do; consequently we did not vote. Under these circumstances, we can not see how the Faculty could have made the statement that they passed *unanimously*. And further, we would state that we never knew that their publication was desired, as no official action authorizing it was taken, so far as we know.

R. S. NEWTON, M. D.

Z. FREEMAN, M. D.

A BASE IMPOSITION.

There are two men traveling through different States, representing themselves as Professors of the Eclectic Medical Institute, whose business is to dupe the sick, and take their money for promised cures. They recommend their patients to send to our address in the city at any time, if the prescription and medicine furnished do not relieve them.

We were induced to regard the whole matter as mere rumor, for some time; but we have been called upon by their patients, and only after a personal interview could they be convinced of the deception.

These imposters travel under the names

of Profs. Newton and Leonard, and represent themselves as Professors in the Eclectic Medical Institute of Cincinnati. We will here say that no one belonging to the Faculty of this school is engaged in any such excursions, and hereafter we hope the afflicted will understand this fact, and at once expose all such pretenders.

We copy the following notice from the Cincinnati Times, in reply to a letter from a physician complaining of the injustice being done to him and others by interfering with his patients.

"We received a letter from Dr. Entriken of Finley, O., this week, complaining that two men calling themselves the Drs. Newton, of the Eclectic college of this city, are injuring the practice of medicine by retailing nostrums in that section of country. The men are imposters. The Drs. Newton of this city rank among our best and most popular surgeons, and some scamps must have taken advantage of their reputation to impose on the afflicted. We prescribe a dose of cowhide for them, if they are caught."—*Times*, Dec. 8.

We also give the following letter, the writer of which has called upon us to see if we were the real doctor or not.

FOREST, HARDIN CO., JAN. 2, 1856.

Drs. NEWTON & LEONARD:

GENTS—After my respects to you, I wish to inform you that your medicine has not affected a cure, as you insured. I have had the chills every week since you was here in November. I went to Bellefontaine at the time you stated, which was the twentieth of December; you were not there, nor could I hear anything concerning you, so I concluded to write to you, I wish you to understand that I was very punctual in taking the medicine, and also very careful. I have not done a half-days work since you was here. Your medicine has helped me in some respects, and I believe if I had more of it, it would cure me. Remember you pronounced my disease enlargement of the liver. Now sir, I leave it to your honor to do as you agreed—to cure me or pay back my money; but the cure I would rather have than ten times the money. If you will send me medicine that will cure me, I will send you the balance of the money with pleasure. Please answer this as soon as possible.

Yours respectfully,
BENJAMIN PRICE.

Again, we will copy another. We could give whole columns of the same sort.

CALEDONIA, MARION CO., O., }
March 6, 1856. }

PROFS. NEWTON & LEONARD—I have neglected to write to you since you was to see me, and I did not get to Mansfield to attend your lectures there, but I commenced using your medicine and prescription, and I think that I received some benefit the first three weeks, and then I was taken with a fever and yellow jaundice, till I had to keep my bed four weeks, and as soon as I got strength, I commenced your treatment again, but it did not appear to make any impression on the sores, but it weakened me so much that I had to stop it. My disease is no better than it was when you saw me. I put a great deal of confidence in your curing me, but Dr. Briggs said that you were imposters—all you wanted was my money; but I hope that Dr. Briggs is mistaken in you, for any man that professes to be a Christian and a lover of God and all mankind, wouldn't try to flatter a poor man out of the small sum of eight dollars. So I think that the fever threw the system in some way out of place, that the medicine won't affect. I want you to write to me, and if you think you can cure me, let me know what terms you will do it for; for you know that I have spent a great deal of money to get cured, and three years of time, so it is making money scarce with me; but I am willing to share the last dime, if I was sure that I would get my health again. Please write to me.

J. D. RENNELS.

To Profs. Newton & Leonard.

It will be seen from the above, how these men are playing their tricks. Again we say, that the Eclectic Medical Institute has no traveling doctor department. If a physician is worthy of the confidence of the public, he will not have to go from home to obtain business; and, as a general thing, such men should ever be looked upon with suspicion. If they are not able to secure practice at home, they are unworthy of support among strangers.

We will be under many obligations to our friends among the editorial fraternity, if they will notice these fellows as they merit, especially in Ohio, Indiana, and Illinois.

ECLECTIC MEDICAL INSTITUTE ITS EARLY HISTORY AND DOCTRINES.

We propose in a series of articles under the above caption, made up principally of extracts from the writings of the late Prof. T. V. Morrow, and his co-laborers, to give to our readers some valuable information in regard to its early history, and the nature of the "Eclecticism" contemplated by its founders, and taught by them as long as their connection with the Institute lasted. The following extracts are from page 154, vol. 4, of the "Western Medical Reformer," edited by Prof. Morrow:

"ECLECTIC MEDICAL INSTITUTE.

"We have the satisfaction of announcing to our friends and the friends of scientific Medical Reform, the passage of the bill erecting the Reformed Medical School into a college with the above title.

"The passage of this bill and the establishment of a Reformed Medical College by the great state of Ohio, is but another of the long list of evidences showing the rapid progress of light among the people on the subject of medicine, and the growing prospects of the Reformed practice. It shows not only the deep distrust the people feel towards the present prevailing poisoning practice, but a firm determination to effect a change, and to stamp with condemnation a practice which, among the branches of human pursuit, has made the least improvement, and the pretence of improvements of which have been to introduce more of the deadly poisons and render it more odious. The powerful exertions made by the old School, to prevent the passage of this bill and their signal defeat, ought to teach them a lesson of wisdom—that "truth is mighty and will prevail," that there is a point beyond which forbearance ceases to be a virtue, and that in the eyes of the people they have arrived at that point—to a point when the man must be judged by his acts—when something more than hard names, harsh epithets and the cry of "Quack," is required to sustain their sinking and rotten fabric, or put down scientific attainments and superior skill in practice—a time when the Representatives of the people require some other reason for refusing a very reasonable request, than simply that it would not be well pleasing to the 'regular faculty.'" * * * * *

"Our College will be strictly what its name indicates—*Eclectic*—excluding all such medicines and such remedies as 'under the ordinary circumstances of their judicious use are liable to produce evil consequences or endanger the future health of the patient.' While we draw from any and every source all such medicine and modes of treating disease, as are found to be valuable and at the same time not necessarily attended with bad consequences. We condemn nothing *merely* because it is used by others, nor do we adopt anything *merely* by the recommendation of others. We estimate the thing itself, regardless of the source from whence it emanated. While we reject the poisonous minerals and some other practices of the old School, we are not left without the most efficient means for producing all the good effects expected from them. We have abundance of means drawn from the vegetable kingdom much more efficacious in the cure of diseases, in all the cases where the old School practice is used, while they are entirely harmless in their operation.

BOOK NOTICES.

ON THE ORGANIC DISEASES AND FUNCTIONAL DISORDERS OF THE STOMACH. BY GEORGE BUDD, M. D., F. R. S.; Professor of Medicine in King's College, London; late Fellow of Caius College, Cambridge. New York: Samuel S. & W. Wood, 261 Pearl street. 1856. pp. 283.

We have just received a copy of the above work, which we have not time to examine before this number of the Journal goes to press; but we will give it a more extended notice in our next issue.

For sale by H. W. Derby, Cincinnati.

AN ANALYTICAL COMPENDIUM of the various branches of Medical Science, for the use and examination of students. By JOHN NEILL, M. D., Surgeon to the Pennsylvania Hospital, Fellow of the College of Physicians, etc.; and FRANCIS GURNEY SMITH, M. D., Physician to the St. Joseph's Hospital, Fellow of the College of Physicians, etc. A new edition, revised and improved, with three hundred and seventy-four illustrations. Philadelphia: Blanchard and Lea. 1856. pp. 974.

This valuable compend may truly be said

to be a "bird's eye" view of Anatomy, Physiology, Surgery, Obstetrics, Chemistry, Materia Medica and Therapeutics, and Practice of Medicine; nevertheless it will be found to be a very useful book, not only to the student, but also to the practitioner, as a book of reference. On sale by H. W. Derby, Cincinnati.

THE ACTION OF MEDICINES IN THE SYSTEM; or, "on the mode in which therapeutic agents, introduced into the stomach, produce their peculiar effects on the animal economy." Being the Prize Essay, to which the Medical Society of London awarded the Fothergillian gold medal for 1852. By FREDERICK WILLIAM HEADLAND, M. B., B. A., F. L. S., M. R. S. C. etc. Second American, from the second revised and enlarged London edition. Philadelphia: Lindsay & Blakiston. 1856.

On the appearance of the first edition of the above work, we noticed it at length. The present edition contains the author's latest corrections and emendations. Want of space in the present number prevents a more extended notice.

On sale by Moore, Wiltach, Keys & Co. Cincinnati.

AN INTRODUCTION TO PRACTICAL PHARMACY, designed as a Text-book for the Student, and as a guide to the Physician and Pharmaceutist, with many formulas and numerous illustrations. BY EDWARD PARRISH. Philadelphia: Blanchard & Lea. 1856.

We extract the following from part v, chapter 3, of the above work, and will hereafter make some further extracts. We regard it as a very valuable work. It is for sale, in this city, by Moore, Wiltach, Keys & Co.

ON THE ART OF SELECTING MEDICINES.—The study of materia medica and therapeutics is designed to acquaint the student with the uses and powers of remedies, and to prepare him to make a proper selection from these to meet the ever varying phases of disease.

The importance of this kind of knowledge cannot be appreciated until the actual emergencies of practice arise, and the necessity becomes apparent of an extended and thorough knowledge of the weapons for combatting disease.

A full and recent treatise on materia medica should always be within reach of the physician, and one or more of the best medical journals should replenish his library with the most recent discoveries and improvements; nowhere can a professional man less afford to economize than in his books.

In this age of active inquiry and unceasing investigation, a very few years suffice to produce important changes, both in the theory and practice of medicine; and the physician who stands still while progress is all around him, can expect no better fate than that of the mechanic, the farmer, or the man of business, who is content with the appliances of the past age in endeavoring to compete with those possessed of the facilities of the present.

While a sound conservatism, a becoming deference to those who have gone before us, and to the great medical authorities in our own time, should prevent a hasty departure from established principles or mode of treatment, there is a wide and profitable range for experiment in the vast extent and variety of the materia medica, and the combinations of which individual remedies are susceptible.

It can not be denied that many skilful physicians employ a very restricted materia medica; there are hundreds in the United States who carry about with them all the weapons they use for combatting the usual forms of disease, in some twenty or thirty vials, inclosed in a pair of saddle-bags; while, for unusual cases, they keep perhaps as many more on their office shelves. Though the frequent success of such can not be questioned, we can draw no inferences from this fact to disparage the employment of an extended and varied assortment of remedies.

To what purpose has the bounty of nature spread everywhere plants of such varied and unsuspected properties? and why is art from the exhaustless mine of nature ever turning up some new product, endowed with varied and perhaps health-restoring powers, if the physician into whose special keeping the business of testing their virtues is given, neglects the injunction, "prove all things, hold fast that which is good."

* * * * *

In the selection of medicines, then, let the physician have before him the whole known materia medica, with a complete knowledge of which he should be equipped from the start. Let him first select an individual from its class, with a view to all its properties, as likely to affect the im-

mediate symptoms he is combatting, and then the general result of the case; and second, let him select the best preparation of it with reference to efficiency, to safety, to physical properties, and to all other circumstances. When there is a single medicine which will fully meet the indication, there is no use of mixing it with others, except so far as its preparation in eligible form requires, a subject treated of in the sequel; when there is an official preparation, whether simple or compound, which is adapted to the case, it is generally better to prescribe it by its official name, than to attempt a similar original combination; thus *pilula cathartica composita* are found to answer a common indication in disease so very frequently, that they have almost superseded extemporaneous preparations of the same, or nearly the same ingredients; this is the case, though to a less extent, of other official formulae. A common exception is furnished in *pilula quinia sulphatis*, which are frequently prescribed extemporaneously, in proportions slightly varying from the official, in order to secure their being freshly prepared.

Official preparations are best selected in emergencies, since they are ready without the delay of compounding them, while most forms of extemporaneous prescription require considerable time for their preparation. Physicians should be somewhat influenced by economical motives, in prescribing for persons of moderate means. Preparations which are kept on hand by the apothecary are cheaper than those which are mixed extemporaneously. In almost every class of medicines, there are those which are very costly; and it is well when they can be substituted by others in prescribing for the poor. Many practitioners are in the habit of directing for such the sulphates of cinchonin and quinin, instead of that of quinia; a plan much resorted to by those residing in remote situations, who have to act as their own apothecaries.

OBITUARY.

It becomes our painful duty to record the decease of another of the graduates of the Eclectic Medical Institute of Cincinnati. J. S. BUEDELL, M. D., formerly of Shelbyville, Ind., a graduate of the winter session of 1853-4, departed this life, on the 14th of March, 1856, aged 29 years, near Paducah, Ky., on his way to Texas, where he contemplated making his future home.

THE

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Part 1--Original Communications.

SIGNS AND SYMPTOMS OF PULMONARY CONSUMPTION, No. 3.

BY A. P. DUTCHER, M. D.

Hæmoptysis, or expectoration of blood, is already been named as one of the symptoms of phthisis. And where it occurs in an individual who has received no injury of the chest, in whom the uterine actions are healthy and right, and who is no disease of the heart or throat, the conclusion may be fairly drawn, that there are tubercles in the lungs. Indeed, I regard it as the most significant of any single symptom of consumption. So far as my observation has extended, it has been present in about two-thirds of all the cases that have come under my care. It is frequently among the first symptoms that announce the approach of this fell disease. I remember the case of a young man who, apparently in health, was seized suddenly with a profuse eruption of blood from the lungs, and died in less than three months, with pulmonary tuberculosis. A brother of this individual was attacked in the same manner, and died in two months. The mother of these young men died with phthisis, but had no hæmoptysis. When I was called to the first case, I thought he could never rally from the exhausted con-

dition in which I found him. The quantity of blood lost could not have been less than *four pounds*. It recurred once slightly, in four days afterward, but never again. During the later stages of the disease, he expectorated very much purulent matter, but no blood. It is astonishing what an amount of blood an individual may lose in this way, and yet recover. Lænnec records the case of a young man who lost *thirty pounds* in fifteen days. Many patients, and their friends, look upon this symptom, when very abundant, with great alarm, and the danger of sudden death is regarded as very imminent. But such an event is very uncommon, and many physicians in the course of many years of extensive practice, have never seen such a case. Nature has guarded against this event with most wonderful care. And if we will examine the circulation of the lungs, when affected with tuberculosis, we will discover several things which are unfavorable to the occurrence of very profuse or fatal hemorrhage.

In inflammation of the lungs, the blood-vessels, though tortuous, are free; but when the lungs are tubercular, the blood coagulates in the extremity of the vessels, and plugs them up, so that scarcely a drop of the vital fluid can escape. Again, when we look into a large cavity, we will observe bands crossing it in various directions. These bands consist mainly of blood-vessels and cellular substance. All pathologists have observed the fact, that blood-vessels are not very apt to ulcerate. We often see muscles, bones, and cellular tissue, dis-

appear under its influence, while the blood-vessel remains almost perfect. The walls of the pulmonary arteries, however, when surrounded by tubercular ulceration, instead of sharing the disorganization, usually thicken; by the deposition of fresh material, their caliber gradually diminishes; after a time, they cease to be pervious, and are transformed into solid cords. And it is only in those cases in which such vessels are suddenly torn, before they are perfectly closed, that we have profuse or fatal hemorrhage.

Hemoptysis, however, may arise from other conditions of the system, than tubercular cavities in the lungs: such as plethora or congestion, with inflammation of the lungs; from external violence, as blows and accidents of any kind; from the suppression of some accustomed evacuation; from violent action in the organs of respiration, and from violent general muscular exertion. All of these causes may produce it in certain conditions of the system. There is not, I apprehend, much difficulty in distinguishing phthisical hemoptysis from that which proceeds from other sources.

"By a proper consideration of these antecedent symptoms, we shall often be able to ascertain the sources from which the blood is derived. We distinguish bronchial, tracheal, and laryngeal hemorrhage, by the fact that it is usually unaccompanied by any of those tokens of respiratory distress above described, which attend upon or precede pulmonary bleeding. 1. It usually comes on after a violent fit of coughing, produced by a titillation of the air passages. 2. Hemoptysis from the pulmonary tissue is the effect of a congestion of the vessels of that tissue, betokened by a train of constitutional symptoms, which are rarely wanting. Laennec speaks of it as brought on by such circumstances as give rise, at the same time, to an increase of the circulatory, and a diminution of the respiratory functions. There is a sense of heat and weight in the chest, dyspnea, cough, and frequent pulse; the temperature of the surface is variable; the blood is of bright color and frothy. 3. Hemoptysis from a ruptured blood-vessel, is an accident of very unfrequent occurrence. It is affirmed by pathological anatomists, that in proportion as blood-vessels are de-

nuded by ulceration, their parietes become thickened at the expense of their caliber, and their function ceases. Hence we have so few hemorrhages of large amount in the latter stages of phthisis, and so few terminations of that disease in this way. It does happen, now and then, that persons in ordinary health rupture a pulmonary vessel of some size, by violent muscular action, loud crying or singing, and the like. 4. Hemoptysis from the parietes of an abscess, I am inclined to regard as much more commonly to be noticed among consumptives than writers have mentioned. The blood, in such cases, is apt to assume a dull, dark tint, the flow returns at shorter intervals, gives out an offensive odor, does not depress the strength or spirits of the patient, who soon becomes familiarized to the appearance."—*Dickson's Elements of Medicine*, p. 369.

"The popular idea," says Dr. Thompson "that all bleeding from the lungs is produced by ruptured blood-vessels, is a serious error. The ordinary cause of hemoptysis is doubtless compression or obliteration of the pulmonary veins, by the tubercular deposits; in consequence of which blood, interrupted in its natural channel, overflows or exudes into the neighboring bronchi. If this explanation be correct, hemoptysis, moderate in amount, must be regarded rather as beneficial than alarming. By preventing the stagnation of unhealthy blood, it must tend to oppose the extension of tubercular disease; and as far as a conclusion may be drawn from the cases under my care, the influence of hemoptysis of considerable amount would seem to be rather favorable than otherwise. You will observe that some of the cases of phthisis recorded in the table, accompanied with copious hemoptysis, were remarkably slow in their progress. In six of the cases, the quantity of blood expectorated at once did not exceed a pint, and the time which has elapsed since the occurrence of the profuse bleeding to the present period, has been eight months, and five years. In several of these instances evidence of pulmonary disease preceded, for many months, the occurrence of hemoptysis, and in some the disease has not yet advanced beyond the first stage. These facts are in harmony with my general experience, as showing that this symptom tends more to retard than to accelerate a fatal issue."

My experience does not quite harmonize with Dr. Thompson in this matter. Some of the most rapid and fatal cases of pulmo-

nary tuberculosis that I ever saw, were attended with profuse hemoptysis. And indeed, we all know, that where hemoptysis continues for any length of time, without any very extensive ulceration of the pulmonary tissue, it soon exhausts the vital energies of the system, and greatly adds to the tubercular state of the organization generally. There may, however, be cases, where the tubercular deposits are few in number and small, and the general system in a plethoric state, in which moderate hemoptysis might be useful in preventing the ravages of ulcerative inflammation, and in that way prolonging the life of the individual. But, as a general thing, in my opinion, it greatly adds to the dangers of the case. And although its occurrence may not prove instantly fatal once in five hundred cases, yet phthisis is a disease of weakness, and whatever produces this will hasten its fatal termination with greater rapidity.

DIARRHEA is one of the most common and distressing symptoms of pulmonary tuberculosis. When it makes its appearance early, as it frequently does; when an individual, having uniformly costive bowels in health, becomes habitually relaxed, and you infer only, from other causes, that he may have incipient phthisis—this change often very clearly indicates the nature of the disease. I can now remember several individuals, who have consulted me during the last fifteen years, in whom this symptom was the first to announce the existence of the fatal disease. I will relate the history of one case.

Mr. R., æt. 25, seen April 3, 1854. Complained mostly of a troublesome diarrhea, which had afflicted him for four weeks. His bowels were naturally costive in health. He was tall and sallow, no cough or expectoration. The pulse was quick, the tongue furred, and he complained of slight thirst; the skin was hot and dry; there were no night sweats, or pain in the chest; his appetite was middling, but what he eat was hurried through his digestive organs with great rapidity, only half digested. There was no tenderness of the bowels. I learned

that he had not felt quite well for several months, and that latterly he had commenced gradually to emaciate, and that his family were consumptive. But he thought he would be quite well if the diarrhea could be stopped. From the absence of abdominal tenderness and some other signs of intestinal disease, and the presence of Thompson's *gingival margin*, I was led to an examination of the chest, when the following physical signs presented themselves: On percussion, there was dullness on the right side, beneath the clavicle, accompanied with prolonged expiratory murmur, and loud bronchophony. On the left side, the inspiratory murmur was harsh, the expiratory murmur prolonged, but little or no increase of vocal resonance could be detected, and no marked dullness on percussion. These signs clearly indicated a considerable amount of tubercular exubation in the apex of the right lung, which was undoubtedly softening, and a much smaller amount in the left lung, which was still cruded. Various remedies were used, but all to no purpose; several cavities formed in both lungs, and he died on the 10th of September. The most marked and distressing symptom, throughout the whole course of the disease, was diarrhea.

It is, however, not very common for diarrhea to make its appearance, until the disease is far advanced, and has declared itself by other prominent symptoms not to be mistaken. And when it thus occurs it is very annoying to the patient, and quickly wastes his strength and flesh.

The cause of diarrhea in phthisis most commonly, if not always, depends upon ulceration in the small intestines and in the colon. These ulcers usually commence in the mucous follicles of the smaller intestines, and though not often, the ulcer perforates the bowels. In the larger intestines, ulceration begins in the same manner; but when once begun, the ulcerating process extends itself indefinitely to the surrounding mucous membrane. M. Louis found that this symptom began early in the disease, and continued throughout its whole course, in one out of every eight patients;

and in one case only in every twenty was it found wanting.

HECTIC FEVER is a never failing attendant upon phthisis, and when it accompanies the latter stage of the disease, it is a symptom of great moment. I have seldom, if ever, known a patient afflicted with phthisis, who escaped it altogether. It most generally steals upon the patient insidiously. He sometimes in the morning feels chilly; in the afternoon he complains of being too warm; in the evening, on till the turn of the night, his hands and feet are dry and burning; after this, until morning, he perspires. The most peculiar characteristics of this fever are to be found in the state of the pulse and the perspiration. The pulse is small, but hard and tense, jerking, quick, and very frequent, from one hundred and twenty to one hundred and sixty in a minute. The perspiration is usually out of all proportion to the other stages of the fever. It also seems to have an important connection with the patient's sleep; it very seldom comes on while he is awake, but after sleeping, he awakes, and finds that he is sweating. The perspiration is generally most copious upon the chest and head; sometimes it is moderate, at others the patient is perfectly drenched.

This symptom usually belongs to the latter stage of phthisis, and is often very distressing to the patient, making him even dread to go to sleep. It tends, also, to a rapid exhaustion of the patient's strength, and is indicative, when very copious, of a short duration of the disease.

Hectic fever, however, as a diagnostic mark of phthisis pulmonalis, must be taken with some caution, for it is frequently an attendant upon other diseases—such as bronchitis, when it has been of long standing, and pulmonary abscesses, which result from simple inflammation; and indeed we meet with it in all the various suppurative inflammations of the abdomen and pelvis, and in some chronic inflammations which do not terminate in suppuration, but in obstruction and induration; as in the tubercular enlargement of the mesenteric glands and the pancreas.

The most characteristic feature of hectic fever as it manifests itself in phthisis, is the state of the patient's mind. This, as a general thing, is never depressed.

"He retains all his cheerfulness and activity of mind and is fond of dwelling upon the bright pictures of days to come, which hope can present to his imagination. Such is indeed the fact, while the digestive system preserves unimpaired its comfortable sensations and elastic tone—a state of things most frequently met with where the pulmonary organs have borne the weight of the attack. But should the febrile excitement have arisen from original disorder of any of the parts of the digestive system, * * * he will be languid and gloomy, hopeless and spiritless. Indeed, I regard this connection between the state of the chylopoietic viscera, and the mental condition of the patient, so constant and regular, that I venture to propose it as a diagnostic in all doubtful cases, and will declare that I never hesitate to consider the digestive system as disordered to an important degree, either primarily or sympathetically, wherever I meet with anxiety of mind, or disposition to gloom and melancholy."—*Dickson's Elements of Medicine*, page 334.

There is much truth in these remarks of Dr. Dickson's. The mental state of phthisical patients is mostly cheerful and happy. Who has not read the lines of Percival, beginning,

"There is a beauty in woman's decay,
When the lamp of life is fading away"!

How often has the physician, when in his kind office of administering to the wants of those afflicted with this disease, marked the development of this spiritual beauty, as the outward graces disappear! As the countenance grows pale, and the frame becomes more attenuated, the soul appears almost to shine through them. The eye grows more "spiritually bright," and the wasted cheek puts on a beauty which it had not in its bloom. Disease seems to be gently unclothing the spirit that it may be robed with the drapery of heaven. The tones of the voice are subdued, and that fond look which regards the loved ones around, is such as an angel in heaven might bend on mortals below. It is a look of unspeakable tenderness, yet not unmingled

with pity. This disease, so much dreaded by those in strong and vigorous health, no doubt has many gentle duties to perform for our good. It is mercifully ordered to go before death, to prepare the way. It softens the pain of dissolving nature; with gentle fingers it detaches us from the world. One by one, it removes the ties that bind us here, and makes it easier to depart. And then it refines and beautifies the soul, and prepares it for its celestial life.

Enon Valley, Pa., March, 1856.

WHAT IS ALLOTROPISM?

BY PROF. J. MILTON SANDERS.

The word *allotropy* has been adopted by chemists to designate that peculiar condition of elementary bodies, whereby they present entirely dissimilar appearances. Were a body compounded of two elements, to present two different physical aspects, we could readily account for the fact, by ascribing a differently arranged position to each of the elementary atoms composing it. But when a body is homogeneous, and of homologous structure—is in fact elementary—the instance of its presenting itself to our senses under two entirely contrasting appearances, is so antagonistic to our preconceived notions of chemical conditions, that for a time chemists were tardy in recognizing them. Perhaps sulphur will furnish as striking an instance of allotropy as any other substance. The physical characteristics of sulphur are well known to every person. It is recognized by its lemon-yellow color, its bitterness, its inflammability, and suffocating smell when burnt. Sulphur is easily fused, and when that has been effected properly, we then have that substance in its allotropic condition. If sulphur be put in a Florence flask and gently fused, and then be poured into water, it presents the well known appearance of that substance, consolidating into a semi-crystalline, solid, brittle mass. But if, instead of pouring the sulphur into

water, the heat be increased to 320° F. the mass, previously limpid and fluid, assumes a viscid appearance, and becomes brown. Now increase the temperature, and the mass again becomes liquid, and almost black in color. The sulphur has now assumed its allotropic condition; it has passed into another state. If it now be poured into cold water, it presents the appearance of gum-elastic, but is soft and plastic, and is used in this state for the purpose of receiving the impressions of medals.

Chemists inform us that sulphur, in these two entirely dissimilar states, presents the condition of allotropy. But in this designation, they impart to us no real information whatever, the word allotropy being only a convenient term for the expression of a condition of matter, the cause of which they do not understand.

Phosphorus indicates another illustration of allotropy. In its usual state, it presents itself in the form of a straw-colored, waxy-looking substance, of a fetid odor, and is inflammable at a low temperature. This phosphorus also has the property of dissolving with facility in the sulphide of carbon. It is likewise very poisonous, and when breathed is liable to attack the bones, and dissolve them, causing a peculiarly frightful disease.

Phosphorus, in its allotropic state, is a brick-red substance, with no taste nor smell, and entirely devoid of the great inflammability of common phosphorus. It is insoluble in the sulphide of carbon, and may be handled with impunity, or even carried in the pocket, without catching on fire. It may be taken with perfect safety, as it is innocuous to the animal system. It has been ascertained that sulphur, in its allotropic state, acts entirely different upon the system, not only by an exaltation of its usual medicinal properties, but by the superaddition of others which are entirely new.

Steel has generally been regarded by chemists as the carbide of iron, or carbon combined with iron, but late investigations have demonstrated the fact, that steel

really contains little or no carbon, but is simply iron in an allotropic state. Passive iron, as it is termed, presents another instance of allotropic iron, which is not acted upon by the strongest acids, although that metal, in its ordinary condition, is dissolved in most acids with great energy.

Vulcanized India-rubber presents an instance of that substance in its allotropic state, for the sulphur which is used for the purpose of vulcanization; does not enter into combination with it, but only alters its condition by catalysis. But we will not multiply instances, for chemistry is full of them, and they present, perhaps, a subject which is well worthy the attention of the profoundest intellect, for in its elucidation there is involved the destiny of many bodies which are now dignified with the appellation of elements.

We think that allotropism can be philosophically accounted for, by assuming the ground that heat, and its imponderable co-ordinates, are absolute entities—that, like all matter, they are capable of combining with ponderable substances in certain definite proportions, and thus alter the physical conditions of matter, as we see it in allotropism. Allotropic sulphur may, with great propriety, be termed the *caloride of sulphur*; while ozone (allotropic oxygen) might be designated as the *electricide of oxygen*. But in order that the latter may be understood, we had better give a brief account of what is really meant by ozone. Those persons who have worked with the common electrical machine have no doubt noticed a peculiar odor in the atmosphere immediately surrounding it. That odor indicates the presence of ozone. If a slip of paper be imbued with a solution of iodide of potassium and starch, and while damp, be exposed to the atmosphere about the electrical machine, the paper soon becomes blue, indicating the presence of ozone, or allotropic oxygen. As the sea air contains ozone, the paper, on being exposed to it, soon becomes blue. This ozone can be produced in quantities by exposing a piece of phosphorus to the atmospheric air within a closed bottle. Ozone

is allotropic oxygen, and its presence or absence in the air depends upon the electricity present. It has been ascertained that the ozone exists more plentifully in the air directly after a thunder storm than previous to it. We therefore perceive the relation of electricity to the ozonic condition of the air, and therefore to the health of all living beings. This ozone, or allotropic oxygen, appears to be the real vivifying or chemical condition of that gas, for its absence from the air is the precursor of disease, and *vice versa*.

Perhaps iron presents a striking example of allotropism. If a piece of iron be briskly hammered, it develops heat, often to such a degree that the iron becomes ignited. This loss of heat alters the state of the metal. Instead of its being malleable and ductile, it is now hard, brittle, and crystalline. In its former state, we have the metal as the *caloride*. It is a malleable, soft metal, and is then said to be "annealed." In the latter condition, the iron having been deprived of its caloric, presents perhaps the natural appearance of that metal. That the heat was really combined with the metal, in definite proportion, there is no doubt. It was there "latent," if that word will suit, just as mercury is latent in vermilion, or lead in chrom yellow. The ablest physicists now living regard heat, light and electricity, as allotropic states of the same matter—for they are indisputably matter, and are therefore capable of combining with ponderable matter in definite proportions, whereby they produce those physical changes termed by chemists allotropism.

If the brittle iron noticed above, be rendered thus by the deprivation of its caloric, be again submitted to heat, it again assumes its soft, malleable state, by recombining with heat. As this soft iron is the caloride of that metal, so likewise the soft, viscid sulphur, already alluded to, is the caloride of that substance.

The doctrine that light and heat are merely waves or oscillations in an attenuated medium, is losing adherents. We should we use hypotheses without the

quisite precautions, and imagine fluids and ethers, invisible, intangible, imponderable, and inseparable from the substances to which they impart their virtues, in order to explain the phenomena of heat, light, and electricity? The very fact that the existence of these fluids is, from their nature, incapable of negation or affirmation, proves that they are beyond the reach of positive control. The elementary spirits and genii of Paracelsus are just as susceptible of proof! The assumption of these entities in science, instead of rendering its phenomena clear, has the reverse effect, for it increases the number of things requiring explanation. I am aware that it is heresy, especially in England, to rob heat, light, and electricity, of their mysterious fluid; but I would rather adhere to the lights which guided Newton, than the phantasies of others who are his inferiors. I can not give my credence to the hypothesis of a luminiferous medium, for it can not stand the test of scrutiny, as this ether is wanting in all of the properties by means of which our senses take cognizance of external phenomena. It can neither be seen, smelled, heard, tasted, nor touched. The possibility of deducing from its supposed laws a considerable number of the phenomena of light, is the sole evidence of its existence, and this evidence can not be of the smallest value, because we can not have, in the case of such an hypothesis, the assurance that, if it be false, it must necessarily lead to results at variance with facts. The fact that both hypotheses of light account for its phenomena, is proof that we should not accept a hypothesis because it accounts for a number of observed facts.* We are inclined to fall back upon the theory of Newton, that light, and its imponderable co-ordinates, heat and electricity, are absolute matter. When we do assume this, the facts of allotropism will remain unexplained, and perhaps those of isomorphism likewise.

* For more profound remarks on this subject, the reader is referred to Compté's Positive Philosophy.

The subject of ozone has not been sufficiently taken cognizance of; for by the attentive observation of the atmosphere, in relation to this substance, we might be put in possession of knowledge of the greatest moment. It is well worthy of observation, that as we progress, each discovery, however unimportant it may appear, invariably opens a new avenue for thought, and exhibits to us the beautiful correlation which exists in the laws pertaining to matter. The electrician is frequently struck with the peculiar odor which impregnates the atmosphere immediately in the vicinity of his electrical machine. A German philosopher discovers that it is "ozone," and then subsequent investigation discovers that ozone is an allotropic condition of the oxygen of the air, or perhaps it is that gas combined with its equivalent proportion of electricity. Then it is ascertained that this allotropic oxygen possesses chemical intensities, not characteristic of common oxygen, or that perhaps it is the real chemical oxygen. And then a test for ozone is discovered, as the consequent of the preceding truth; and from this corollary flows the discovery that the air at one time contains less chemical oxygen than at another, and that health and disease are involved intimately with the superabundance or the diminution of this ozone. Then it is ascertained that ozone is intimately connected with thunder-storms, the flashes of lightning accompanying them producing the ozone; or that the electricity set free at such events, enters into combination with the oxygen, and thus imparts to it the great vivifying properties which that substance is known to possess.

This substance, ozone, is then implicated with health, while its absence is the precursor of yellow fever, cholera, and other diseases; and all these correlated phenomena result from the discovery of a German philosopher, whose attention was led to the subject, because an electrician remarked that the atmosphere about his electrical machine "smelled abominably stinking!"

When you smell a fetor, do not turn up your nose with feelings of disgust, for that

smell may involve the profoundest philosophical discovery. The fetor which indicates the decay of yonder carcass, should call up thoughts of the loftiest nature, for within that putrid mass there is awakening the most vivifying energies. Elements are at play, prepared to weave into forms of beauty and things of fragrance, these disgusting materials; energies are silently at work, whose power is too vast even for comprehension—forces that build the mightiest structures, and move planets in their orbits. Those little atoms which now call forth your disgust, may, ere many hours, form a portion of the lovely flower, whose fragrance and delicate structure, and bright tints, may win your highest admiration. Recollect that the most valued fragrances that we now employ for the flavoring of our custards and sweet-meats, are fashioned by the cunning chemist from the abhorrent drainings of the horse-stable, and from rancid butter and putrid cheese. The chemist, above all others, should be impressed with the truth of the old proverb, that “we must not trust to appearances.”

We have taken the ground, in this article, that heat, light, actinism, and electricity, and all other imponderable matter—if there is any other—are absolute matter, but of course in its highest state of attenuation; and that they are subject to physical laws, like all other matter, and combine with it in certain definite proportions. We have supposed that allotropism, as it is termed, is elementary matter, either *per se*, or else combined with one of the imponderables, forming a *caloride*, an *electride*, &c. We stated that we could not give credence to the oscillating theory of light, for the reason that a mere assumption can not be admissible, especially if it fails to account satisfactorily for all the phenomena manifested by that matter. Because sound is propelled through a known medium in oscillations, it does not follow that we should assume a new and unknown medium for the progress of matter, when other theories, more in consonance with what we would conceive to be the nature of light,

will equally account for all the phenomena it manifests.

The study of light chemically, as has been done rigidly by Professors Hunt, Herschell, Talbot, and many others, within the last few years, has only added proof to the belief, that the various rays of light are really corpuscles, or matter, possessed, like all matter, of specific properties. We know that substances will absorb the actinic matter, and thereby become entirely changed in their properties and appearance—that they will absorb the rays accompanying the red and yellow calorific ones, and thus undergo a change correspondingly—that they will absorb the luminous principle, combine with it, and crystalize, and that upon the decomposition or separation from this matter, they undergo some peculiar molecular disturbance, entirely change in physical appearance without decreasing in weight, or if so, not cognizable to our most delicate balances.

Photographers are all aware that a growing plant cannot be depicted upon the photographic paper or plate. It is singular that all portions of the plant can be depicted upon the photographic surface, except those portions invested with the chlorophyle. It therefore appears that this substance, and especially that which belongs to the foliage, is possessed of the peculiar property of combining with, or absorbing the actinic matter accompanying the other matter, or “rays,” emanating from the sun. This actinic matter appears to be the chemical force, and must be enormous to decompose such a stable compound as carbonic acid. As the leaves of the plant themselves absorb this chemical force, of course it cannot pass from them to the photographic surface, and therefore no picture can be taken. Is not this great force, which appears to be absorbed by the foliage of the plant as a sponge absorbs water, a real substance—absolute matter? Can mere oscillations—a non-entity—exert such enormous force as must be called into requisition, in order to decompose such a stable substance as car-

onic acid? The chemist, above all others, ought to discard the idea of "luminiferous mediums," and regard all the forces of nature as entities, which, although not susceptible to our most delicate balances, are still possessed of weight—are as much matter as hydrogen gas, which, although the lightest of the ponderable bodies, still possesses chemical energies subordinate to none of them.

Vegetation is the great producer of force. As it is that through which all animals derive their substance, so is it that through which they obtain all their vitality—all their nervous and muscular force. As the steam engine is the great modern exponent of force, we should take cognizance of that machine as the expression of force in general. Even in the latter, we find that its force is originally derived from the vegetable kingdom, through the vast beds of coal, the debris of former ages of vegetable growth. The vegetable, therefore, appears to be the intermediate production between the crude inorganic world, and that of the animal, and also the furnisher of nutriment and force.

New York, March, 1856.

LEPTANDRIN.

BY GROVER COE, M. D.

Leptandrin, as prepared at the laboratory of B. Keith & Co., is composed of four principles, namely, resin, resinoid, alkaloid, and neutral principle. These four principles embody the total medicinal power of the plant. Hence those only who have made thorough clinical applications of the crude article, will be able to judge whether the physiological results obtained by the action of the leptandrin bear a close analogy to those following the exhibition of the leptandra.

It is an undisputed fact, that since the introduction of concentrated remedies, many practitioners have ventured upon the employment of agents with which they

had no previous practical acquaintance, all their information in regard to them having been derived from hearsay. This is especially true of the leptandrin. Perhaps no article of the materia medica, one upon whose merits authors have been so universally unanimous, has been less thoroughly tested in private practice, than the leptandra virginica. Modern authors have been content to repeat the language of their predecessors, giving little more than an echo of crude opinions long since uttered. Adding little or nothing of scientific value to the traditional history of this plant when reclaimed from empiric use, they have failed to impress the profession with an appreciative knowledge of its virtues.

Though long since recognized as a remedial agent of considerable value, it did not assume so prominent a position in the materia medica, until introduced in the concentrated form. And even now, opinions are far from being unanimous in regard to the therapeutic value of this agent, and the reader will pardon my seeming digression, while I attempt an explanation of the discrepancy. The aggregate therapeutic power resides in four distinct principles, as above stated, each one, as it stands isolated, holding a special therapeutic relation to its fellows. In the procurement of these principles, different menstrua, compatible with their terms of solubility, are required, and the action of peculiar reagents called for—such as will precipitate the *educts* of the plant, and not combine with and form *products*. This has long been a stumbling block to dabbles in organic chemistry, and it is but lately that a consummation so desirable has been attained.

Another important oversight, to which I would especially invite the attention of my readers, is that of supposing that the therapeutic powers of plants reside in one individual resinoid, alkaloid, or other principle. Misled by this error, manufacturers have furnished the profession with imperfect, fractional preparations, representing only in part the medicinal constitution of plants, and calculated to bring discredit

upon concentrated remedies, as a class. This fault lies mostly at the door of those authors on materia medica, who have essayed to teach the truths of that science, and yet who have betrayed in their writings such evident disqualifications for elucidating the subject in question. For instance, the reader is referred to page 595 of the American Eclectic Dispensatory, by John King, M. D., where the leptandrin is distinctly stated to be a "resinous principle," and the process given for its procurement, it will be observed, is adequate to the procurement of that principle only. It will be perceived, therefore, that *three* important principles are lost—namely, the resin, alkaloid, and neutral principle.

One fatal error seems to have pertained to the operations of those who have heretofore essayed to analyze vegetable organisms, as, in their search after medicinal principles, they have invariably deemed the "extractive and coloring matter" inert and worthless, and accordingly have thrown it away. We are not only told, in the work above alluded to, that the water, to which the alcoholic extract is added in order to precipitate the "resinous principle," will "hold in solution most of the extractive and coloring matter," but are further advised to subject the precipitate to "another washing." Now when we are cognizant of the fact, that this "extractive and coloring matter" represents a portion of the therapeutic constitution of the plant, it requires but little logic to perceive that the leptandrin produced by such a method is imperfect, fractional, and inferior to that which contains all the principles. Pity it is, that authors now-a-days show a greater proclivity to make *big books*, than to record truthful information. Yet, when correctly informed by means of the intelligent investigations of others, of the existence of other than "resinous principles" in plants which they have failed to analyze truthfully—of their therapeutic identity—of the necessity and possibility of isolating those principles, and then, by re-combining them, preserve the full remedial powers of the plant intact and absolute—yet, I say, these same

authors are the *last* to acknowledge their own error, and the *first* to endeavor to detract from the meritorious discoveries of those more fortunate than themselves. Not an uncommon thing is it for pretenders to a knowledge of the science of organic chemistry, to attempt to fasten the charge of "secrecy" upon those who have been successful in elucidating the truths which eluded their grasp. Much would it have been to the credit of the author of the American Eclectic Dispensatory, had he kept his bungling attempts at procuring concentrated remedies a profound "secret."

Another point upon which I wish to make a note is the charge of "adulteration" brought against those who alone have manufactured positive medical agents successfully. I well remember, when Orange County milk was first introduced into this city, of an old lady, whose long familiarity with the "sky blue" lactiferous distillations of the swill-shops had made her a firm advocate of "isolated principles," who refused, on the second coming of the milk-man, to take any more of his "adulterated" milk, as that she procured of him the day before, after standing a while, had a "nasty yellow scum on the top of it!"—Though the reader has, by this time, gleaned the *cream* of the joke, it may not be amiss to state, that some professedly scientific gentlemen, having found in the concentrated preparations of B. Keith & Co. certain additional therapeutic principles, to them new and mysterious, have sought to hide their discomfited attempts at investigation, by interposing, as a barrier, the charge of "adulteration." Incompetency ever inclines to grapple with subjects beyond its power to compass, and, defeated, expends its incomprehensible powers in base attempts to overshadow with calumny those matters which it has failed to elucidate. Remember the old lady and the milk, kind reader, and test the *reliability* of the preparations of Messrs. B. Keith & Co. for yourself. Physiological effects alone, resulting from the clinical employment of any remedy, constitute the true criterion by which to award it the

possession of therapeutic powers claimed or it.

Many physicians, it would seem, base their opinion of the remedial value of a medicine upon its power as an *evacuant*. Can they but purge, or sweat, or vomit their patients, by its exhibition, no matter whether these emunctories need stimulation or not, they are highly delighted with its *positive manifestations*.

The force of this remark will be appreciated by those who have occasion to employ leptandrin in the treatment of disease. The fractional leptandrin—that is, the “resinous principle” alone—is more laxative than the leptandrin combining the four principles of the plant. The latter, in its action, simulates the crude root, and only those who have employed it extensively in the latter form, will be enabled to judge of the analogy. It operates silently and kindly, removing obstructions, promoting secretion, resolving viscosity, detaching the gastric, enteric, and thoracic parieties, and imparting tone to the various depurating organs of the system. It is the “still, small voice” of Hygeia, attuning the “harp of a thousand strings,” that its vibrations may accord in healthful melody with the harmony of the established physiological laws.

Its laxative powers are feeble, but its cholagogue power is undoubted. In hepatic obstructions and congestion of the portal circle, it is a medicine of great power. Hence, in the treatment of hemorrhoids resulting from tardiness of the biliary circulation, it will be found invaluable.

To predicate its employment upon its positive therapeutic properties, it may be relied upon to possess mildly laxative, alterative, detergent, depurative, solvent, tonic, and actively cholagogue properties. It modifies the action of podophyllin, and, at the same time, gives permanency to its influence. With me it stands in the same relation to podophyllin that opium does to blue pill in Allopathic practice. That is, by the combination, I aim to secure the full alterative power of the podophyllin.

Its alterative and depurative properties render it of especial value in the treat-

ment of dermoid diseases. In erysipelas, eczema, herpes, lichen, etc., the practitioner will find it a valuable auxiliary. Dysentery and cholera infantum are complaints in which its employment has been attended with highly beneficial results. Its mild, non-irritating qualities render its exhibition admissible when podophyllin is contra-indicated. In the convulsions of infants dependent upon a specific irritation of the medulla spinalis, provoked by the presence of acrid ingesta in the alimentary canal, it may be depended upon with entire confidence. During the period of dentition, if symptoms of hepatic torpor and constipation are present, its timely administration will prevent many unpleasant sequents. As a tonic in the digestive derangements of infants, characterized by acid vomitings, green stools, &c., and in atonic conditions of the assimilative and appropriative functions, it will be found of superior efficacy. It enhances the power of tonics and anti-periodics, which fact is suggestive of the proper combinations. It seems to promote the action of diuretics, hence may be combined with them in the treatment of dropsy. This effect is probably due to its influence over the absorbent system. In the treatment of typhoid fever, it will faithfully fulfill all the indications for which the crude root has hitherto been employed. In the remittent fever of infants, its efficacy is equally marked. Combined with quinia, hydrastin, etc., it arrests intermittent fever which refuses to yield to tonics alone.

In the treatment of bronchitis, laryngitis, and incipient phthisis, I esteem it one of my most valuable remedies. In these affections I usually combine it with stillingia or xanthoxylin, or prunin, &c., according to the accompanying indications. In combination with populin, it will be found of singular efficacy in the treatment of urinary difficulties, such as suppression, retention, painful micturition, and irritability of the bladder in females during the period of utero-gestation. The same combination will be found a superior laxative, diuretic, diaphoretic, and tonic, in the convalescing

stage of fevers. It is a powerful derivative, hence its employment in exanthematous fevers is free from those objections which are urged against the use of ordinary cathartics in those diseases. While it effectually removes morbid accumulations from the stomach and bowels, it promotes a vigorous action of the cutaneous functions. In combination with phytolacin, it is a valuable remedy in the treatment of syphilitic infections. In jaundice, either alone or combined with more active evacnants, as cathartics and diuretics, it has proved of eminent service.

Efficient as this remedy has proved in the treatment of various forms of disease, I am satisfied that its full value is not yet understood. From the brief outline I have given of its properties and employment, the practitioner may gather some useful suggestions. Having already exceeded my limits, I will take leave of the subject by respectfully inviting the attention of the profession to this agent of our indigenous materia medica, believing that a closer and more extended investigation will inspire a fuller confidence of its positive remedial character.

New York, March, 1856.

IS LARD AN ANTIDOTE TO POISONING BY STRYCHNINE?

BY B. KEITH, M. D.

Several popular journals have lately contained a paragraph, announcing that lard is an antidote to poisoning by strychnine. There is nothing, perhaps, more desirable than the possession of an antidote to this frightful poison, as cases of deaths through its administration, either accidentally or designedly, are occurring almost daily.

It was with a view either to confirm the above statement or to disprove it, that I was induced to subject it to a fair test. This I deemed necessary, for if it be true, that lard is an antidote to poisoning by strychnine, then it should be brought be-

fore the profession as prominently as possible; while if it be false, then the profession should be made acquainted with the fact, lest some of them should be trifling away their time with it, when some other means might arrest the progress of the poison.

The dog that I procured for the purpose was a young one, scarcely grown, but of a strong, vigorous frame, and in good condition. Assisted by Prof. J. Milton Sanders, I began the experiment by administering to the dog eight ounces of lard, which he ate readily, as he had been deprived of food for the previous 48 hours.

In five minutes after the animal had swallowed the lard, one grain of strychnine was administered. The poison given was the common commercial article. The strychnine was swallowed by the dog at precisely 4 minutes after 2 o'clock, P. M. The dog appeared to be lively, and played about the laboratory for 15 minutes, when he grew drowsy and laid down. At 34 minutes after 2 o'clock, there were slight twitchings of the muscles, which appeared to disturb the animal. He arose, turned around, and adjusted himself to sleep again, but lying on the other side. At 40 minutes past 2, he became apparently much easier, and fell into a profound sleep. At 46 minutes past 2, he arose, and, getting upon a sack of crude medicines, he again adjusted himself to sleep. Slight twitchings continued at intervals, and which appeared to disturb him; but he continued to sleep, only opening his eyes when the twitchings troubled him.

At 4 minutes after 3, or just precisely one hour after the administration of the strychnine, the dog fell from the bale upon which he had lain, and rolled upon the floor in a violent spasm. It lasted, however, only for a minute, when the animal got up, and ran about the laboratory as if getting better. This gave us hopes that perhaps the lard might have exerted some antidotal effect upon the poison, and that our patient would soon recover—a consummation we all sincerely desired. But our hopes were of short duration.

At 22 minutes after 3 o'clock, the dog died upon the floor in violent convulsions. They lasted, however, only two minutes, when the dog arose and walked about.

I would mention that, between the first and second convulsions, we went from the laboratory to the office, a distance of half square. The dog accompanied us, and appeared to have entirely recovered from the effects of the strychnine. It was after we had reached the office that he was taken with the second convulsion.

At 26 minutes after 3 o'clock, or only two minutes after he had risen from the floor, he fell again in another spasm. He arose no more, but continued laboring under the effects of the poison, totally unable to rise, but with all his muscles rigid. This rigidity continued, with occasional strong shocks, as if an electrical current had passed through his frame from a large Leyden jar, until 7 minutes after 8 P. M., or just six hours and three minutes after taking the strychnine, when the poor dog breathed his last.

The above experiment appears to prove conclusively, that lard is not an antidote to poisoning by strychnine. It is true that the action of the poison was retarded by the lard, but this effect was probably only a mechanical one, and would have been produced by an equal mass of flour paste, or any other substance which would have kept the poison suspended and mixed, so that it could not, for a time, have reached the coats of the stomach.

I think, from the results of the above experiment, that lard cannot be relied on as an antidote for poisoning by strychnine. The statement, therefore, which has been published in various medical journals, affirming its power as such, should be contradicted, lest the practitioner should be wasting his time (so peculiarly valuable in such cases as poisoning by strychnine) in ineffectual efforts to arrest the progress of the poison by this means, when he might, perhaps, resort to other methods of alleviation more efficacious.

Perhaps, in a future number of the Eclectic Medical Journal, I shall give the

results of a series of experiments, instituted with a view to discover, if possible, a reliable antidote to such a frightful poison.

New York, March, 1856.

A PECULIAR TYPE OF FEVER.

BY E. E. CABLE M. D.

Having had, for the last two or three years, a kind of fever to contend with, which has been of an obstinate character, and not in the least characterized by the symptoms laid down by most of our authors, I will offer, for the purpose of investigation, a few remarks upon the symptoms, character and treatment, of one present form of fever.

SYMPTOMS.—There is generally a feeling of lassitude, want of appetite, restlessness, with more or less debility, for a few days, when the symptoms become aggravated by a sudden ushering in of a chill. The tongue is generally not much, if any, coated; pulse scarcely any accelerated, and many times below the standard beat to the minute; bowels either costive or attended with diarrhea; not much thirst; breathing generally good; urine not much colored, and voided in proper quantity; not much pain or inconvenience manifested by the patient, and in some respects apparently not much sick, but in most cases from 14 to 21 and 40 days elapse before a crisis is reached, or convalescence commences.

When this character of fever first made its appearance, we met it with the usual treatment laid down in the books, but we were disappointed in its results; therefore we concluded to adopt a milder treatment, and since the adoption of our present course, we have met with much better success. We profess to be reformers in medicine, and when any plan or mode of relieving the afflicted suggests itself, with reason and plausibility, we are bound to adopt it, and not stick to orthodox notions, unless, by practice, they are found to answer all purposes. We will now proceed to give our treatment in the form of fever under consideration, which is as follows:

TREATMENT.—First give a mild emetic; after which move the bowels with the following:

R	Loaf sugar	gr. xij,
	Rhei	gr. viij,
	Leptandrin	gr. vij,
	Podophyllin	gr. iij,

Triturate well, divide into 10 powders; give one every two hours in ulmus fulva water, alternated with a mixture of turpentine and sweet spirits of nitre, equal parts, from five to ten drops every two hours. If the above powders do not move the bowels, give castor oil. After the operation of the above, we give a powder composed of ipecac one part, leptandrin two parts, quinine one part, every two or three hours, alternating with 7 to 10 drops of the nitre and turpentine. If thirsty, take elm water frequently. If the bowels are distended and hard, poultice them with a hop poultice, made by stewing hops in vinegar and thickening in wheat bran to a suitable consistency. Wash the entire surface about once a day with warm water, made alkaline with potassium. After the first course of emesis and catharsis, we use nothing stronger to move the bowels than rhei and oil. As a general thing, the amount of leptandrin in the previous powders is enough to produce a gentle evacuation about every twenty-four hours.

We do think the foregoing treatment, with a slight variation as circumstances indicate, is the best we have ever tried, and has been attended with the best success, therefore we have adopted it.

Pleasant Hill, O., March, 1856.

ORGANIC CHEMISTRY.

BY GROVER COE, M.D.

In our former article we alluded to a class of writers whose lucubrations we not inaptly styled "doggrel in prose," and who have a strange propensity to run into mendacity, which, despite all their efforts to the contrary, defeats the propositions they attempt to substantiate.

We also stated that Mr. Wayne is entirely ignorant of the constituents of vegetables, and that therefore he is not capacitated to write upon the subject, much less to attempt to teach others. Lest however, the public should not give entire credence to our assertion, Mr. Wayne, in the second number of the *College Journal* adduces irrefutable proof of it by such testimony from his own pen as would be received as the best of evidence in a court of justice. If the editors of the *College Journal* wish to carry out their designs, wherefore do they not employ a chemist to give speciousness to their publications? There are several gentlemen in Cincinnati who are competent to compose such articles as would at least indicate proof of capacity in the writers, although not perhaps of justice and honesty in their purpose. It is that consciousness of right—that abiding sentiment of probity—which a true chemist necessarily acquires before he finishes his arduous studies, which deters those chemists from engaging in the business in which Mr. Wayne is now employed—and, therefore, we presume, this person is the only one, incapacitated as he is, who can be prevailed upon to engage in this dishonorable occupation for a stipend.

Perhaps the most glaring error which Mr. Wayne has been led into in regard to the medicinal constituents of vegetables is, that he considers the activity of such plants as residing in only one principle. For instance, Mr. Wayne says: "The chemical analysis of a large number of plants or parts of them, such as the bark, leaves &c., have shown us that they contain a number of principles—alkaloids, such as quinia and morphia, which neutralize and form salts with acids; also crystallizable substances, salicine, piperine, and santonine, possessing neither acid nor basic properties; also acids, as the tannic, kinic and the meconic, fixed and essential oils, resin, gum, starch, etc.—and that the active principle of plants is either one or the other of these."

Mr. Wayne, perhaps, is not aware that

the activity of plants resides in several principles, each of which exerts upon the system a different therapeutic action; but that the medicinal effect of the entire plant cannot be obtained, unless these several principles are separately obtained, and then mixed in proportions in which nature has supplied them in that plant. This is what gives to the preparations of B. Keith & Co., a value which exists in no others purporting to resemble them. It appears from an examination of the plants growing in the several sections of this country, and then from a close comparison of the therapeutic value of these plants in regard to the peculiar classes of diseases originating in those localities, that an all-wise Being has, with admirable provision, located the plants immediately in those regions where certain diseases requiring their specific virtues are liable to originate. As He knows by his prescience what plants are required to elaborate those substances necessary to alleviate the maladies the peculiar soil of a certain locality may generate, so He knows best in what proportion these substances should exist in those plants. Experiment, carefully and rigidly instituted at the sick bed, has demonstrated that these deductions, drawn from the observations of organic nature, are true; and that no isolated principle taken from a plant, is possessed of the medicinal value which belongs to the plant itself. It is therefore obligatory upon us to present the entire virtues of the plant, in order that we shall derive those great results which are characteristic of it. But Mr. Wayne gravely tells his readers that the entire virtues of the podophyllum resides in a resin, and gives directions how to prepare that substance. Were we inclined to throw away one of the three principles which the Keith firm is obliged to isolate from the podophyllum, the resinous principle is the one which we would most certainly dispense with. The highest medicinal value of that plant resides in the neutral principle—a principle which Mr. Wayne gravely informs his readers is "a crystallizable substance," simply because

two of them which he has seen in his drug store, possess that physical quality.

To attempt a serious review of Mr. Wayne's funny paper would present the similitude so ludicrously of "straining at a gnat," that we certainly shall not attempt it. We shall, however, bring to the reader's notice several points, simply as a proof of the assertion we have previously made, that he is unacquainted with the first principles of chemistry. He informs his readers, or rather misleads them, upon a subject of which we would suspect he at least might have acquired a limited knowledge. After really stumbling upon the fact in a previous paragraph, that the active principles of plants do reside in more substances than a resin, he says: "Of a certain number of substances (jalap and podophyllum for instance,) the active principles have been found to be resins, and may be isolated by the simple process above mentioned, from the inert extractive matter soluble in water."

Mr. Wayne does not dream that the "inert extractive matter soluble in water" of podophyllum and jalap really contains the most active principles of those plants. It is the addition of all those principles, deprived of the really inert matter, which distinguishes the preparations of B. Keith & Co., from all others now prepared, either at the west or east. Mr. Wayne makes a significant remark when he says: "Because these substances yield a resin, possessing in a concentrated form their active principles, it does not follow that gentian, cinchona, opium, hydrastis, prunus, sanguinaria, &c., should yield theirs by the same mode of treatment." This remark, at least, is so pregnant with meaning, that it is to be hoped that those who are so deeply interested in finding fault with Keith's preparations, will reflect upon it. Experience has taught this firm long ago, that no one process for the isolation of an active principle, will answer for that of all, or even a small portion of them; but that each principle requires a special process and special reagents for its preparation.

To attempt to follow Mr. Wayne through

his erratic and desultory article, would be wholly impossible. Having learned, perhaps from that great mass of empiricism and science, the United States Dispensatory, that opium is composed of the meconates of morphia and other alkaloids, and that the alkaloids residing within cinchona bark are the kinates of quinia and cinchonina, Mr. Wayne attempts a little flourish of scientific erudition. Amid it all, he informs us that the *Prunus virg.* contains only a resin and a "bitter extractive matter." The resin only is considered as possessed of peculiar medicinal value, while the "bitter extractive matter" is thrown away, although it contains a neutral and alkaloid principle, which really implicate the most valuable medicinal agents of the plant. We would especially impress upon the reader the fact, that the resin which Mr. Wayne dwells on with such emphasis, is really but a non-important constituent of the plant, for one hundred pounds of the bark only contains about three ounces, or four ounces as the maximum, of the resin. The tonic effects of the plant—and which is the most characteristic of its medicinal properties—does not reside in this resin, but in its neutral principle. Mr. Wayne should also be taught that the greater number, and most important when considered medicinally, of the neutral substances are non-crystallizable. But Mr. Wayne dwells with great stress upon the hydrocyanic acid of this plant, which he supposes resides in it already formed. Were he to more thoroughly acquaint himself with this subject, he would be cognizant of the fact, that the hydrocyanic acid is not an educt, but a product, generated from the catalytic action of the albumen of the plant upon its amygdaline. How then is it possible to assert, that "the hydrocyanic acid is washed away"?

It is the continual exhibition of such errors as these, which renders the production of Mr. Wayne so ludicrously facetious to a person at all cognizant of organic chemistry. We do repeat, with all sincerity of purpose, that Mr. Wayne has entirely mistaken his vocation, and ought to be seri-

ously advised by some kind friend, to stick to his drugs, and not attempt to assume a suit of qualifications which nature never intended he should wear.

Then our chemist informs us that the "active principle" (for each plant with him has its single active principle) of the sanguinaria resides in an alkaloid. The most valuable of this plant's constituents, the resin and neutral principle, Mr. Wayne would consequently throw away.

He then asserts that the active principle of the *hydrastis* is a "crystallizable principle," but he does not know what it is, or whether there are other medicinal agents present. Instead of this plant possessing but one active principle, and that a crystallizable one, it really contains three others, each of which is far more energetic in its action upon the system, than the crystallizable principle mentioned, and none of which should be administered *per se*, but in that compound proportion indicated by nature.

Mr. Wayne then writes the following curious sentence: "What would we obtain from the cinchona bark by this method?" (the isolation of the resin.) "A resin, certainly, but would it contain all the quinia and cinchonina of the bark? Not by any means; those alkaloids, in their natural combinations with kinic acid, are soluble in water, and consequently the kinates of quinia and cinchonina, the most valuable part of the substance, would be lost, and an inert resin only obtained."

Does Mr. Wayne know what quinioidine is? Does not this very funny chemist know that three parts of this inert extract are really equivalent, in medicinal value, to two parts of the purest sulphate of quinine? The ignorance of organic chemistry, manifested by Mr. Wayne in the entire article, is significant of the remark we have previously made, that he is profoundly obscured upon the subject he pretends to teach. Any man who, in this age of chemical knowledge, will sincerely assert that an extract of a medicinal plant is preferable to the isolated principles, deprived of their starch, gum, sugar, and protean substances,

which form at least one-half of the entire extractive mass, is either unpardonably ignorant, or is mendacious in the superlative degree. Experiment, beyond refutation, has demonstrated the fact, that no common extract will remain unimpaired for more than a year, or eighteen months at the farthest. A mass containing so many principles, and so complicated in their constitution, is certainly liable to undergo change. The fermentescible matter which it necessarily contains, or even the continual presence of moisture, is sufficient to decompose the principles mixed with it. To assert that that remnant of barbaric pharmacy, an extract, is preferable to the pure preparations manufactured at the laboratory of B. Keith & Co., by the most gifted technical and analytical chemists whom Europe can furnish, evinces such a hardihood of assertion, and such a persistent desire to injure the character and business of that firm, that one scarcely knows which most to be astonished at, the wonderful fertility of Mr. Wayne's faculty of blundering into mistakes, or the carelessness he manifests in persisting in his governing desire to do mischief.

We have now presented the motives of Mr. Wayne to the public, not for imitation, but as a warning to deter. We hold them up as a negative lesson, for their character implicates all that a wise and good man should avoid.

New York, March, 1856.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
SPRING SESSION OF 1856.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. E. FREEMAN.

CASE 395. Feb. 15.—Jacob Hazel, æt. 60. Sprained wrist. About six weeks ago he fell and sprained his wrist, producing a slight posterior displacement of the cuneiform and pisiform bones. Since then

the part has been much swollen, and quite stiff and painful. This wrist seems broader than the sound one, which is owing to the slight displacement of the bones, and more particularly to the swelling of the part. There are so many articulating surfaces, with their articular cartilages and connecting ligaments, that when they become inflamed, they give the wrist a much larger appearance than in the normal condition, and may lead you to suppose there are displacements, when they do not exist. Always examine the parts carefully, and set the bones, if a displacement has occurred. Patient otherwise healthy.

Treatment.—R Ext. stramonium, ext. belladonna, aa. gr. xx, water Oj. Make a solution, and apply constantly to the part on a piece of cloth.

Feb. 19.—The wrist has improved; is not so much swollen, and is less painful; can bend it more readily. The displacement of the bones seems but slight; pressed on them a little, and thus corrected their position as much as necessary, without causing the old man too much unnecessary pain. Continue the treatment.

March 12.—Wrist improving. Use only R Ext. stramonium 3j, water Oj. M. Apply as above. It requires a long time to entirely reduce such an inflammation and swelling in the wrist of an old man. He can use the wrist quite freely, though it is not entirely well. Discharged.

CASE 396. Feb. 19.—Miss A. M., æt. 18. Amaurosis. The left eye has been amaurotic since she was three days old, and the other near-sighted. Was the result of ophthalmia caused by being submerged alternately in warm and cold water. Prof. Newton has applied the cup to the amaurotic eye five times, and to the other eye eight times, with marked benefit. She can now read at a greater distance with the myopic eye, and can distinguish objects indistinctly with the amaurotic eye. Applied the cups before the class.

Treatment.—Continue the cups.

March 7.—Can see to read distinctly at a distance with both eyes.

Mar. 11.—Eyes getting stronger; can see to read at a distance of two feet from the eyes. The right eye is now weaker than the left. Continue the use of the cups.

CASE 397. Feb. 19.—Mary Elizabeth, æt. 3. Scrofulous eruption. Nearly two years ago, a scrofulous eruption commenced upon the temples, and extended over the head from ear to ear, and backward to the neck. The eruption discharged a sero-purulent secretion, and a similar secretion also exuded from the ears, into which the disease seemed to extend. Her mother applied an ointment, which relieved the eruption, but soon afterward her eyes became inflamed. There was also considerable tarsal inflammation, and a purulent secretion exuding from the eyes. The lids were also much scabbed (ophthalmia tarsi), and she lost her eyelashes. The inflammation partly disappeared from the eyes, and extended down over the cheeks and nose. The mucous membrane of the anterior nares is now much inflamed, and discharges an ichorous pus. Large scabs have formed in the anterior nares, and the eyes, face, nose, and upper lip, are much inflamed and swollen. The child will scarcely look up, and is very peevish and fretful. Slight sympathetic lymphatic enlargement in the neck. Patient otherwise quite stout, and apparently healthy.

Treatment.—Alkaline bath, with friction, three times a week. R Comp. syrup stillingia, ℥iv, ferri phos. 3ss. M. Take 3ss three times a day. Apply the mild zinc ointment to the eruptions morning and evening. Avoid greasy diet.

Feb. 26.—Parts not much inflamed. R Sesq. carb. potass. gr. xx, hydrastin gr. v, water ℥j. M. Apply to the nose and the face with a camel's hair pencil, three times a day. Use the mild zinc ointment half an hour after. The sesq. carb. potass. is to change the character of the secreting surface, and thus fit it for the use of the mild zinc ointment. I frequently find it necessary to use some appropriate caustic in cutaneous eruptions, to disorganize them and

change their secretion, before the ointment can be used with advantage.

Mar. 18.—Face much improved. U R Sesq. carb. potass. gr. x, hydrastin gr. i, water ℥iv. M. Apply to the parts affected morning and evening. Use an elm poultice at night.

25.—Parts much improved; some irritation in the anterior nares. Continue the treatment. From appearances I think the child will soon be well.

CASE 398. Feb. 19.—Margaret Landry. Enlargement of the cervical lymphatic glands. Has been affected three weeks. Commenced with a common cold, stiff neck and cough. As the stiff neck disappeared, the lymphatic enlargement commenced. A lymphatic tumor, nearly as large as an adult fist, located close behind the posterior border of the upper portion of the left sterno-cleido-mastoid muscle. Other cervical lymphatic glands slightly enlarged. Health otherwise good. Sanguine cephalic temperament. Manners rather precocious. I think there is a strong tendency toward the development of scrofula.

Treatment.—R Comp. syrup stillingia ℥iv, iod. potass 3ss. M. Take 3ss three times a day. R Iodine ointment 3ss, iod. potass. 3ss, oxalic acid gr. x. M. Triturate as an ointment, and apply over the enlarged glands three times a day.

Feb. 26.—Swelling much reduced; she thinks she feels better than when here before. Continue the treatment.

Mar. 21.—The swelling or enlargement of the lymphatic gland has entirely disappeared. Discharged cured.

CASE 399. Feb. 26.—Geo. Patterson, æt. 19. Encysted caseous tumor. Was born with a small tumor immediately over the left external angular process of the os frontis. It did not seem to increase in size, until within the last three years. It is neither vascular nor painful; is of the size of a walnut, subcutaneous, moveable, and encysted.

Treatment.—Prof. Freeman, by a vertical incision, extracted the tumor. Applied sesq. carb. potass. to the raw surface;

closed the wound by suture and adhesive straps, leaving a small tent hanging from the bottom of the wound to conduct away the accumulating secretion. The fact of the tumor growing so fast, and assuming a tendency toward malignant development, justified the application of the seq. carb. potass. to favor a slightly suppurating process.

Feb. 29.—The wound has united by first intention. Extracted the sutures and redressed it with adhesive straps.

Mar. 6.—Healed soundly. Discharged.

CASE 400. Feb. 26.—Wm. Oosgrew, et. 22. Gunshot wound. About ten days ago, he was shot by a ball from a pistol, through the middle of the upper arm, the ball passing behind the bone, and thus avoiding the large blood-vessels and nerves. The hemorrhage was but slight. After a few days the arm became painful and much swollen, with inability to use it. Exudation of sanious pus from both apertures, which are granulated and pointing.

Treatment.—Insert a small quantity of seq. carb. potass. into each aperture, to destroy the irritable granulations and favor suppuration. Dress the part with an elm poultice.

Mar. 3.—Improving; can use the arm much better; openings not so painful, secretion laudable. Continue the poultice.

March 10.—Parts healed. Discharged.

CASE 401. Feb. 26.—Joseph Murray, et. 7 months. Tinea capitis (muciflua). Sanguine temperament. Has an eruption upon the top of his head, which covers the whole surface between the parietal protuberances, and extends from near the forehead to the summit of the back of the head. The eruptions are yellowish, with a reddened base, and contain a mucoid secretion resembling honey. After washing the part, this continues oozing from the surface, and mixing with the thin hair. There are similar eruptions upon the eyebrows; here they have become dried, and form thickened scabs of a brownish color. Do not know the cause of the disease.

Treatment.—R Oxalic acid gr. x, creasote 3ss, water ʒij. M. First cleanse the head with castile soap water, and shave off the hair, and then apply the above solution, morning and evening. Half an hour afterward, apply the mild zinc ointment. Use internally, R Comp. syrup stillingia ʒij. Take 3ss three times a day.

Mar. 7.—Has used the wash of oxalic acid, etc., but not as strong as prescribed, excepting once, when it seemed very painful. The eruption seems changed in appearance—disease broken. Continue the treatment, and add to the R Comp. syrup stillingia ʒiv, iod. potass. gr. x. Take as above.

Mar. 14.—Parts improving; scabs forming upon the head; some inflammation and redness of the scalp. Continue the above treatment, and apply a warm poultice of bread and milk upon the head at night.

Mar. 25.—Head improving rapidly; eyebrows clear from scabs; the inflammation has nearly disappeared from the scalp. It is always necessary to be very careful to keep down the inflammation, in treating tinea capitis, and other cutaneous eruptions. Continue the treatment.

April 1.—Improving rapidly; redness disappearing; no serous exudation. Continue the treatment. Will soon be well.

CASE 402. Feb. 26.—Jacob Lancy, et. 14. Ophthalmia tarsi. His eyes have been affected about five years. Thinks the inflammation was caused by particles of dust irritating the eyes. The tarsi are much inflamed, swollen and scabbed. The lids are also swollen, and their conjunctival face is covered with small granulations. There is also a slight opacity of the cornea, confined to its conjunctival covering, and caused by friction of the granulations of the lids. Patient otherwise healthy.

Treatment.—R Hydrastin gr. x, tinc. aconite ʒj, water ʒij. M. Apply to the eyes as a collyrium five times a day, and at night as a moist dressing. Use this three or four days, and then I will change the treatment.

Mar. 12.—No report.

CASE 403. Feb. 36.—John Barry, set. 55. Subacute rheumatism. During the last nine months he has been suffering much with a severe aching pain in both legs, which commenced in the knees and extended downward to the feet. The pain is not as severe now as formerly. Feet and legs are somewhat cedematous and hard, as though there had been an effusion of lymph and serum throughout their tissues. The limbs seem somewhat congested, and of a slightly darker color than normal. They also seem heavy and nearly useless, as though he was walking upon artificial limbs. He can move his toes, Legs warm.

Treatment.—R Tincture macrotys ʒj, tinc. guacum ʒj, tinc. ferri mur. ʒj, syrup ginger ʒij. M. Take ʒj three times a day. Apply the rheumatic liniment to the legs night and morning.

March 4.—Legs continue hard, feet cold. I fear that the deposition of lymph in the tissues has prevented a free circulation of blood through them. There may be some obstruction in the larger arterial trunks and branches of the part, which is causing this. The patient looks dull and listless, although apparently strong in the upper part of his body. I fear it may terminate in *gangrena senilis*.

Treatment.—R Hydrastis canadensis ʒss, ferri phos ʒss, syrup ginger ʒiv. M. Take ʒj three times a day. Apply to the limbs, R Zinc sulph. ʒj, tinc. capsicum ʒj, water Oss. M. Wear flannel around the limbs constantly.

March 7.—Legs feel softer, feet a little warmer. Continue the treatment.

CASE 404. Feb. 26.—H. C., set. 26. Gonorrhea. Has been affected six weeks. There is a thick yellow purulent discharge from the meatus urinarius. Urethra and corpus spongiosum somewhat inflamed and swollen; urine scalds somewhat at the anterior part of the urethra, at the point of the most prominent lacunae. (This is generally the seat of primary gonorrhea; the irritation lingers in these sacks and is difficult to eradicate, when it becomes

chronic.) Has chordee every night; stream of urine forked, urine high colored.

Treatment.—R comp. cath. pills, one night and morning, until the bowels move freely. R Bal. copaiba ʒss, spts. nit. dulc ʒiiss, oil cubeba ʒj, oil cinnamon ʒj, syrup ginger ʒij. M. Take ʒij three times a day. Avoid spirituous liquors, tobacco and greasy diet. Apply to the penis a warm poultice of hops and corn meal.

March 6.—Discharge nearly arrested. Continue the treatment.

March 10.—Discharge arrested; the inflammation has entirely subsided. Continue the above medicine. ʒj three times a day, for a few days.

March 20.—Has been at work, and from exposure and neglect, the discharge has returned slightly. Omit labor and continue the first prescription.

March 29.—Is nearly well. A relapse of gonorrhea is generally more difficult to cure than the primary form.

POISONOUS PROPERTIES OF BRINE.

The brine obtained from the process of salting various kinds of meat and fish is used by the lower classes in France as a condiment in place of common salt, and by farmers as a remedy for the diseases of domestic animals. Instances of poisoning, however, from its use, having been noted in Germany, M. Reynal proceeded to investigate its action, and from a series of experiments detailed, draws the following conclusions: 1. Three or four months after its preparation, it acquires poisonous properties. 2. The mean poisonous dose for the horse is two litres; for the hog, half a litre; and for the dog, one or two decilitres. 3. In less doses it produces vomiting in the dog and hog. 4. The employment of this substance mixed with the food, continued for a certain time, even in a small quantity, may be fatal. These facts are important, when it is recollected that smoked meats and sausages have sometimes exhibited poisonous properties.

Part 2—Progress of Medical Science

ON THE PROTECTION OF SOCIETY FROM CRIME.

BY W. BYRD POWELL, M. D.

"Nature is the source of all law, and her laws are founded in wisdom; consequently they are mutable in action and universal in application. Society should enforce those that pertain itself, and all that it does beyond this is tyranny and outrage."—TAX AUTHORITY.

Both the justice and expediency of capital punishment have been agitated in every civilized portion of the world; its abolition has been strongly recommended and strongly opposed; but so far as my reading has extended, the abolition of all punishment, for any and every species and variety of delinquency and outrage, has not been recommended by any one, or even suggested, or thought of. This is my position for all civilized communities, and for persons whose faculties elevate them above the brute creation.

It will, I presume, be admitted that society never has obtained adequate protection from any system or code of punishments that has ever been adopted; and I will attempt to show that upon the laws inherent in the constitution of man, such result is not possible; and lastly, I will develop a means by which society can be protected, and to which even the idea of penalty or punishment can not be correctly attached.

From my knowledge of the constitution of the human mind, I feel fully assured, that not less than ninety per cent. of my readers, as soon as they reach the conclusion of the preceding sentence, will sound their bugles and assemble all their animal faculties and educational prepossessions and prejudices, to resist every argument which I may advance to support it. Under such a conviction as this, it may be inquired why I would venture to announce such a doctrine?

I answer—first, that I would sooner publish a truth that would offend every man on earth, than an untruth which would please every one; and second, I have an abiding faith that a truth once put in motion will never stop; and if, therefore, my doctrine be a truth, and the tenth or twentieth of one per cent. of my readers shall embrace it, the time will in due season arrive, when it will be received, acknowledged and adopted, by all the people of the earth.

Under such a conviction, would it be just to myself or to my race, for me to withhold a truth because it is new or unsuited to the present state of society, although it might subject me to the charge of folly, by an almost universal conviction of society? When I feel myself securely mailed in truth, I feel that I have the power to conquer a greater freedom and a greater happiness to the entire world, and that, too, in defiance of the chains, prisons, men and artillery of all the despots of the earth combined.

What was the strength of Napoleon, at the head of three or four hundred thousand men, provided with all the requisite munitions of war, compared with that of my one self at the head of a single TRUTH, and provided only with a goose's quill?

Are my readers disposed to accuse me with having a large share of self confidence? Then they mistake me. I have but little in myself; but I have that which I most devoutly wish all men had, namely, a thorough, and therefore an undoubting confidence in the eternity, immutability, and omnipotency of TRUTH! If all men had this, we would have no crime.

Are my readers disposed to inquire how I know that I have got the truth? I answer, when I find a thousand or more facts converging to a single point, I feel just as sure that *truth* is there, as I do that light is, where I find a thousand or more pencils of light concentrated in a point. Am I again asked how I know that truth always results from a convergence of facts, as light does from that of the sun's rays, I answer, by the experience of the past—by having

in this way, in common with all other philosophers, discovered that God's providence in mind, as in matter, is governed by fixed, determinate, unchangeable, and immutable laws or rules of action—that a fact is not true to day and false to-morrow, true in this country and false in Europe, true in winter and false in summer; but always true, and always pointing to the law that governs it.

Inasmuch as I have planted myself in opposition to all penalties or punishments, it may be suspected by some, that I am one of those effeminate or sickly philanthropists, who can not even think of bloodshed without fainting. If any such there be, I hope they will feel relieved, when I assure them that my leading concern is for the protection of society. My fundamental proposition is, *society must have protection*. The main question then is, how can it be effected with the greatest certainty? To this question I hold all others as but secondary or incidental.

In reaching a full development of this question, I will first show that in God's physical providence penalties or punishments were not intended.

Every thing about which we can think is governed by law. Man, being divisible into two great classes of functions, animal and automatic,* is subject to two great classes of laws, which inhere in his own nature; and as he constitutes a part of the visible creation, he, in common with all other objects, is subject to two other great classes of laws, the chemical and mechanical. The first is brought into requisition in all of his automatic movements, and the latter in all of his animal.

Observation has shown that no law in either of these four classes can be violated with impunity; suffering is a certain consequence. By excesses of all kinds we impair and derange our automatic powers, and in this wise, more frequently than in any other, do we produce disease and pre-

mature death. By infracting the mechanical laws, we receive bruises, broken bones and death. By a proper observance of these laws, the highest excellence of organization, the greatest longevity, and the greatest amount of happiness, are produced.

For the discovery of these laws and their various modes of manifestation, adequate intellectual ability was given to us, and our enjoyment of existence and desire of happiness are, in properly constituted minds, ample motives to insure obedience.

We find, furthermore, that in this providence, general rather than special results were intended; classes rather than orders; genera rather than species; species rather than varieties; pluralities rather than individualities. It is therefore better for the race, that all of these laws be maintained, than that they should be abrogated even for a second of time, for the purpose of saving millions of individuals. In other words, these laws, in their action, presume every creature to know them, and in knew ing them, to obey them.

Such an acquaintance with and obedience to these laws have not as yet been had, as is essential to the general well-being of the human race; consequently, disease, degradation, and degeneracy of both body and mind, and premature death greatly abound.

That suffering which is found to be consequent upon the violation or infraction of these laws, has hitherto been regarded as penalty or punishment. Volney, in his *Law of Nature*, in treating of these laws says that they should be regarded as "re commands, to which man is to conform under the express penalty of punishment attached to their infraction."

George Combe, Esq., throughout his valuable work, "*The Constitution of Man*," takes the same view of the subject. He says: "On the whole, therefore, no adequate reason appears for regarding the consequences of physical accidents in any other light than as direct punishments for infringements of the natural laws, and is directly as a means of accomplishing moral and religious improvement."

* Automatic means, functions not under the influence of the mind; such as contractions of the heart, bowels, &c.

My judgment, and all the better feelings of my nature, revolt at these views of the subject. They make God appear to be less just and merciful than even an ordinary good man. Allow me to illustrate this: A man, knowing that it is raining, and that the rain freezes as it falls, and that consequently the steps at his door and his pavement are covered with ice, ventures out, and in so doing, strives at every step to maintain, in its fullest integrity, the law of gravitation; nevertheless, he slips, falls, and breaks his arm. This injury is now regarded as a direct punishment for breaking the law of gravitation.

A man fowling in the woods has the fire-lock of his gun caught by a bush; his piece is discharged, and his friend, fifty yards off, is killed. Now, there is no law in any civilized country, that would inflict punishment for this unfortunate event. Is it not obvious that in this second instance, man betrays more benevolence and justice than God does in the first? Was there any more motive or guilt in the one case than in the other? If not, why punish the one and not the other?

The full advantage in favor of the justice and humanity in the second instance is not yet all told. In the first instance, the only sufferer was the violator of the law himself, but in the second, another individual; in other respects the two cases are alike—both happened without motive or intention. In the second instance, no civilized court would inflict punishment, although society suffered by it in the loss of one of its members. In the first, although entirely beyond the reach of injury to the author of the law, or of any second person, yet God would not spare him, but, as a punishment for doing what he did not desire to do, but did his utmost to avoid doing, breaks his arm. Is there either justice or mercy in this act, under the circumstances? I envy not those who contend for and advocate such a conclusion with reference to God's providence.

Punishment is a reward in pain for crime committed. It is pain inflicted for crime; and crime is a wicked act, which can not

happen without a wicked or criminal intention to do injury. According to our common law, there can be no crime where there is "a want or defect of will," and this will must be vicious; therefore, according to this law, infants, idiots and lunatics, can not commit crime, because with them the will is defective. Actions, by the same law, committed by "*misfortune or chance*," those by "*ignorance or mistake*," and those by "*compulsion*," are not criminal, because they indicate no *vicious intention* or volition. If we admit the necessity or expediency of punishment, it will be admitted that these distinctions are just and proper.

With reference to the natural laws, no distinctions exist: the man who takes arsenic by accident suffers in common with the one who takes it by design; for infants, idiots, and lunatics, there is no more exemption, than for Bacons and Websters. If, then, we are to regard the consequences that follow the infraction of the natural laws in the light of punishments, then we must place their Author in the same category with our wild savages, who inflict the same penalty upon those who kill by accident as by design. In conclusion, then, I can not avoid regarding it as an outrageous abuse of philosophy and language, to regard the fracture of the arm, in the case above supposed, as a "direct," or even an indirect "punishment" for the infringement of the law of gravitation.

Then it may be inquired as to the light in which we should view such phenomena. I explain, that God, through his own pleasure, established all the laws that exist, and as to what His motives were need constitute no part of this inquiry; but let it suffice to say, however, that all of the good and the wise of the human race who have investigated them, have concluded that they are indispensable to us—that in their establishment, our greatest good and happiness, as a race, were wisely, justly, and kindly consulted.

Now if we concede that God is immutable, and that his laws are like himself—that in their establishment He aimed at the harmony of the universe, and the greatest

good and happiness of his creatures, as races, then it must be concluded that it is not in his power to save individuals from any of the consequences which we know to result from the infraction of any of (His) the natural laws. If, then, mutability be included in the idea of Almighty power, then such power does not belong to Him. Admit, I say, the immutability of His character, and the conclusion I have arrived at is irresistible, unless it be contended that His laws may be mutable and He immutable. But grant this, and then there is an end to science. Thus far, in the progress of the world's investigations, they have been found to be entirely immutable, and so they are considered to be by the universal consent of philosophers.

If we view Him in the light of a philanthropist, we must arrive at the same result. If, to save a man from breaking his arm or losing his life, by falling off a house, or the falling of a house upon him, He were to abrogate the law of gravitation, or any other law that might be involved, He would cause derangement in the entire universe, and suffering with the remaining millions of his creatures.

We may concede further, that it is possible, in the course of the vast future, that every man will come to understand all His laws, and will acquire a disposition to obey them all, and yet such is the character of our faculties that we shall still fail, though in a less degree than at present, to obey them, and those phenomena which we call accidents will still happen; and yet it does not prove Him, in any wise, to be wanting in benevolence, because the present arrangement, so far as we can conceive of it, is the best that infinite wisdom and benevolence could have designed for the general good.

But I am told, by the advocates of punishment, that suffering attends those injuries which result from an infraction of the natural laws, and therefore the intention was to punish. I admit the fact, but deny the inference. On the contrary, I affirm that, as a philanthropist, He could not prevent the injuries which happen to individ-

uals, and that He was not indifferent to their sufferings; nay, more, that He has manifested the most unbounded benevolence toward them, can be made clearly to appear by a thorough examination of the subject.

If He had been indifferent to those of His unfortunate creatures who suffer from their unintentional infringements of the natural laws, He would have made no provision for the healing or the restoration of injured parts; and if He had been benevolent without wisdom, He would have absolved them from all pain. But in His wisdom he attached pain to the process of recovery, under certain circumstances, and for certain kind and useful purposes. First, without pain we could not, in many instances, know the extent of the injury; and secondly, without pain there would be no guarantee for that quiet and repose which is essential to recovery.

Mr. Combe states that broken bones are attended with great pain; I infer, then, that he never had the experience of one. I have had, at two different times, a fracture of both legs, and therefore no one, I presume, will doubt that I am a competent witness on the subject. When the first fracture occurred, my habits were not what they ought to have been, and the treatment was still worse, and consequently I suffered much. When the second happened, which was greater than the first, my habits were those of temperance and regularity in all things, and the treatment was as it should have been; consequently I gained flesh every day and suffered none, except when the position and quiet of the leg was disturbed. But at this point, suppose it had given me no pain upon motion, is it not possible that, by motion during my sleep or otherwise, its recovery would have been defeated? Was it not, then, a great mercy that I had pain as often as it was moved? I conclude, then, that under the present constitution of the world, God has no power to prevent these accidents and injuries; and in view of this state of things, His benevolence and wisdom made provision for the most proper and speedy

restoration, within such limits as are compatible with his philanthropy.

As another evidence of the truth of these arguments, I will remark, that I have never known an individual who regarded his sufferings, under such circumstances, as intended as penalties or punishments, but as the necessary sequents of unavoidable actions. And I further remark that, after twenty years of investigation, I have not discovered a single unfortunate circumstance in human society, which, if the above argument, or a modification of it, was not as applicable to it as to the cases I have supposed, was not still an illustration of the doctrine.—*Scalpel.*

[TO BE CONTINUED.]

THE PROPHYLACTIC AND CURATIVE TREATMENT OF CONTINUED FEVERS.

Dr. SEMPLE read a paper (Feb. 9, 1856) on this subject before the Medical Society of London. He commenced by remarking upon the great diversity observed in the nature of fevers, although the prominent and essential features, namely, cold shivering, heat and sweating, were the same in all cases.

With regard to the proximate cause of fever, little was known with certainty, and perhaps the theory offered by Sydenham, which represented it as an inordinate commotion of the mass of the blood, on the change of that fluid into a new condition, was pretty nearly the same as that which is proposed at the present day; for modern physicians were now generally coming to the conclusion, that fever is a blood disease, and that the "commotion" described by Sydenham is due to the introduction of some morbid matter, the exact nature of which, however, is not yet determined.

In the present day there is a revival of the "humoral pathology" to a great extent; the belief that cancer and tuberculosis are blood diseases is fast gaining ground; and that cholera, scurvy, purpura, and albumi-

nuria, are of that nature, can hardly be doubted; and in the whole series of inflammatory diseases, the blood is unquestionably affected in the first instance.

This view is not merely theoretical, but is of the highest practical utility; for by admitting that numerous diseases are generated by the introduction of subtle poisons into the system, our legislators would be induced to examine the conditions of the atmosphere, of food, and of climate, likely to produce injurious effects upon the animal economy, and would thus materially prevent epidemic disease.

With regard to the special treatment of fever, it could not be said that we possessed any one remedy which could positively cut short the disease; fever would run a certain course, and it is not possible to predict the exact length of time to which any given case would extend; but there was much reason to believe, although it could not be positively proved, that the duration of fevers was shortened by judicious treatment.

The division of fevers by Cullen was shown to be inapplicable to the present forms of the disease; for the synocha of that author was rarely if ever met with in modern practice, although it no doubt existed even at the commencement of the present century. The division into typhus and typhoid fevers was far more in accordance with modern experience, and no one could study the subject of fever on a large scale without being impressed with the accuracy of the distinctions drawn between the two. The opposition to this view of the division of fevers probably arose from limited observation; and further experience would tend only to strengthen the diagnosis which has been proposed.

Admitting that in certain exceptional cases, the two fevers presented characters in common, and might cause some difficulty in distinguishing them, the leading features were sufficiently striking; the typhus being characterized by the abundant measly rash, the great tendency to delirium, the rapid sinking, the absence of abdominal disease; the typhoid, on the other

hand, being marked by the scattered, evanescent, rose-colored spots on the abdomen or chest, the less tendency to head symptoms; the insidious onset, the presence of disease in Peyer's patches, the frequency of diarrhea, a blown condition of the abdomen, and gurgling in the iliac fossa.

In reviewing the remedies employed in the general treatment of fever, blood-letting, which was formerly so strongly recommended, was now contra-indicated, in consequence of the alteration which had taken place in the type of disease, although so lately as 1830, bleeding was practised in fever with success. Putting the lancet out of the question, even leeches and the cupping-glasses must be used with great caution in modern practice; and it must be remembered that any mode of depletion was less easily borne by patients in a hospital than in private practice; because in the former the lowering influence of the poisoned atmosphere affected the vital powers, and tended to produce collapse.

Mercury, which was once extolled as a remedy in fever, possessed very little power over that disease, although in former years it may have been efficacious; and it was an error in modern practice, to adhere to the routine custom of giving mercury in this and other diseases, when experience has shown that this mineral, indiscriminately employed, is more injurious than beneficial.

Quinine, which is a very valuable remedy in intermittents and remittents, could not yet be said to be equally efficacious in continued fevers, at least not in cutting short that disease; and the treatment, by large and frequent doses of this alkaloid, had not been found so successful in other hands, as in those of Dr. Dundas, who strongly recommended its employment in this manner. Dr. Semple did not consider this question as finally settled; but he placed great reliance upon the careful observations of Dr. Barclay and Dr. Peacock upon the subject.

Purgatives were also injurious, when carried to any length, in the treatment of fever; for they always tended to produce

depression, even if, as by irritating the inflamed bowel in typhoid fever, they were not positively mischievous. The mildest aperients should therefore be employed, and amongst the best of these were small doses of castor oil.

Typhus and typhoid fevers, as they were different in their nature, required different methods of treatment. In the first, the tendency to depression must be combatted by wine, brandy, carbonate of ammonia, and other cordials and stimulants, and to relieve the head symptoms the head should be shaved, and a blister applied to the nape of the neck. In the second, or typhoid fever, the necessity for stimulants at first is not so obvious; but the inflamed and irritated bowel should be an especial object of care, and constipation and diarrhea, which may alternately prevail, must be met by appropriate treatment: the former by mild mercurials and alteratives; the latter by astringents, opium, and the acetate of lead.

The prophylactic treatment of fever was even more important than the curative, for when a fever was once established, its issue was doubtful, and its treatment difficult. Typhus fever was certainly the most contagious, while typhoid arose from local or endemic causes. The establishment of fever hospitals he (Dr. Semple) regarded rather as a necessary evil than as a positive good; they certainly diminished the danger of this disease in the localities from which the patients were drawn, but they spread it in the hospital itself; and probably the best hygienic treatment of fever was to isolate the patients, if that could be accomplished, by placing them in situations which were airy, clean, well ventilated, and remote from one another.—*London Lancet*.

TREATMENT OF INTERMITTENTS BY CINCHONINE.

M. HUDELLET, Physician to hospital at Bourg (Ain), who lives in a country where marsh fevers are endemic, and attached to

a hospital where ninety beds were under his care, of which beds the half were usually occupied by persons suffering from these fevers, has had abundant opportunity of treating these maladies, and this opportunity has not been neglected. For more than twenty-five years, he tells us, he has tried all manner of remedies, in the hope of finding some cheap substitute for quinine, and almost invariably with disappointment, until March, 1853, when he began to use cinchonine. Since this time, quinine has been almost altogether supplanted. He gives from 30 to 40 centigrammes of the sulphate of cinchonine in solution, adding to the first three or four doses, from 10 to 20 drops of laudanum, and the result is, that out of 507 cases of intermittents of all kinds, all were cured except 9.

This mode of treatment did not cause any disorder, either in the stomach or in the head. Relapses were neither more nor less common than after quinine; and the spleen was affected in the same way, and to the same degree, as by quinine. Indeed, upon the whole, cinchonine was as effective a remedy as quinine, and therefore to be preferred, because cheaper. It is also as effective as a prophylactic.

It is difficult to reconcile these statements with other statements respecting cinchonine, but this is what M. Hudellet has to say.—*Ranking's Abstract*.

THE ANTI-PLETHORIC EFFECTS OF ALKALINE REMEDIES.

BY DR. GUIGNARD.

In 1854, Dr. Edouard Carriere published a pamphlet on the rational treatment of congestion and apoplexy by alkaline remedies, in which he endeavored to show, from physiological considerations, and from a case full of interest, that the tendency to cerebral congestion and apoplexy results chiefly from a diminution in the natural alkalinity of the blood—a diminu-

tion which itself most frequently follows the excessive use of animal food—and that the best remedy against the congestion, and that most likely to prevent the return of the hemorrhage, consists in the internal administration of alkalies, and particularly of the bicarbonate of soda. This view is corroborated by the progress of physiological chemistry. M. Mialhe has directly proved that alkalies possess in a high degree the property of liquefying the serum of the blood, and of thus removing the excess of plasticity which the diminution of alkalinity constantly produces in the fluid. M. Poiseuille has, moreover, established a fact which gives additional support to M. Carriere's opinion, viz: that the compounds classed by M. Mialhe among the liquefiers of the blood, such as acetate of ammonia and iodide of potassium, considerably increase the activity of the capillary circulation. We are not now speaking of inflammation, already treated with bicarbonate of soda both before and since the publication of M. Carriere's pamphlet (*Lemaire, Bulletin General de Therapeutique*, t. 45, p. 101, and *Union Medicale*, 1854, No. 73,) nor of croup in which it has lately been attempted to revive the alkaline treatment but merely of the species of plethora which is connected with too thick a state of the blood. It is, in fact, solely of this affection that M. Guignard speaks in the note communicated to the Society of Medicine of Poitiers, (meeting for the month of August, 1854.) The author briefly reports the history of a man of apoplectic temperament, in whom bleedings and purgatives failed to remove the habitual condition of impending cerebral congestion, and who was much relieved by the daily administration of seven or eight grains of bicarbonate of soda. He states, moreover, that in other subjects predisposed to sanguineous congestions, the same plan of treatment enabled him to diminish the number of bleedings usually had recourse to.

These facts are not sufficient to enable us to judge definitively of the question submitted by the authors—namely, the direct

influence of *alkalies* on cerebral congestion. When we recollect that this congestion and apoplexy itself are often connected with gastric derangements, and that for these derangements we have in many cases, no better remedies than the *alkalies*, as M. Carriere particularly remarks, the question will suggest itself, if it is not indirectly, that is to say, by restoring the functions of the stomach, and independently of all fluidifying action, that *alkalies* remove cerebral symptoms. This question remains to be solved; but we may say with all certainty that if the action of *alkalies* on the cerebral circulation be direct, it takes place in the mode pointed out by M. Carriere, and not, as M. Guignard supposes, by dissolving, or preventing the formation of, cretaceous deposits in the arterial walls. We agree with one of the members of the society, M. Pinguet, in considering this theory to be perfectly untenable; and it is, moreover, sufficient, in order to show how inapplicable it is in this particular case, to recollect that the subject on whom the anti-congestive effect of *alkalies* was most decided (M. Carriere's observation) was a young man. It is to be regretted that M. Guignard has not stated the age of the patients whose history he has given.—*Bull. de la Societe de Med. de Poitiers*, No. 24, 1855.

DISTINCTION BETWEEN Miasmatic and Contagious Diseases, and their Geographical Relations.

D. Muhry, of Gottingen, has arrived at the following conclusions:

1. *Miasmatic diseases* are specially dependent upon the influences of soil, humidity, temperature, and seasons, like a vegetation.

2. They generally manifest themselves and operate immediately after invasion, without any regular period of incubation—like a poison.

3. They may occur again and become

chronic in the same individual, without any diminution of his susceptibility. (*Receptivitat.*)

4. They do not regenerate themselves in the human organism.

1. *Contagious diseases* manifest themselves quite independently of soil, and also (with some particular exceptions) of temperature and seasons.

2. The attack always occurs after a longer or shorter, but regular period of incubation.

3. They generally occur only once in the same individual; and if they return, it is after a long space of time.

4. They reproduce themselves solely in the human organism.

The relation of contagious to temperature, or the geographical distribution of such diseases, may be thus expressed.—The majority of them are ubiquitous, i. e., independent of temperature, and appearing in every zone of the world, irrespective of the period of the year. Examples of this truth are, variola, erysipelas, rubella, pertussis, chynanche parotideae, scarlatina, aphthae, puerperal metritis, hospital gangrene, and malignant pustule. Those, on the other hand, which are influenced by temperature and the seasons, are divisible into three classes:

1. Those which are confined to high temperatures, and are common in the tropics—lepra, framboesia, dysentery, and aphthae.

2. Those which are most common in the temperate zones—Erysipelas, puerperal metritis, pertussis, and croup.

3. Those which are found in the regions between the tropical and polar zones—plague and typhus.—*Edinburg Medical Journal*, January, 1850.

EFFECTS OF LEAD ON THE HEART.

The number of the *New York Journal of Medicine* for March last contains an interesting paper on this subject by John W.

Corson, M. D. The following are the author's conclusions:

1. That allowing due excess of force to carry on the embarrassed circulation in organic affections of the heart, it appears that certain symptoms in slow poisoning from lead, as well as in cardiac disease proper, typhus fever, and apparent death from catalepsy or other causes, all tend to prove that, as a rule, the *impulse* may be termed the *pulse of the heart*; and that its more careful study than heretofore may aid us in the general diagnosis and treatment of disease.

2. That the symptoms of weakening of the heart in lead poisoning, are confined to cases of partial paralysis, or general muscular debility, accompanied usually by the purple streak of the gums, indigestion, constipation, pains in the head, muscles, or joints, and sometimes by lead jaundice; and that commencing and emphasizing with the most frequent, these heart symptoms from lead are—weakened or soft tapping impulse; faintness on unusual exertion; feeble and generally slow pulse; palpitation; cardiac uneasiness; and to these are occasionally added, great despondency or morbid fear of death; suspicions of organic disease of the heart, fainting fits, nightmare, or troubled dreams.

3. That these depressing heart symptoms are absent in the earlier and more acute stage of lead poisoning, known as *lead colic*, when, on the contrary, the stimulus of pain generally renders the impulse of the heart and the pulse at the wrist more firm than natural.

4. That skill in the detection of minute variations in the impulse of the heart, naturally requires a little careful attention and practice.

5. That these debilitating effects of lead most commonly occur in hearts previously sound, but they sometimes complicate existing organic cardiac disease from rheumatism or other causes.

6. That the agencies or causes of lead poisoning are very numerous, and often obscure; and that slighter cases supposed to be ordinary dyspepsia, constipation, de-

bility, or bilious colic, are frequently undetected.

7. That the above tests of the immediate influence of lead on the heart in disease, are further corroborated by experiments upon animals; showing that, more mildly and slowly, lead, like digitalis, oil of tobacco, opus antiar, the woorara, and some other poisons, tends specially to paralyze the central organ of the circulation, and, like these, ultimately to produce what Bichat termed "*death by the heart*."

8. That the remedies for the paralyzing influence of lead may be divided into two classes: *Disinfectants*, such as iodide of potassium, and preparations of sulphur; and *Antiparalytics*, such as strychnia and electricity; that the best treatment combines these two elements; and that, on the whole, the most convenient and efficacious are free doses of iodide of potassium, and minute proportions of strychnia or nuxvomica.

9. That the above conclusions are founded mainly on the evidence of ten cases, principally among the badly nourished and improvident poor finally resorting to public institutions; and they may possibly be somewhat modified in future by more extended observations in private and more favorable practice.

MORE POISON IN SODA WATER.

BY JOHN T. PLUMMER, M. D.

One of our apothecaries having just fitted up a new soda fountain, presented me with a glass of its sparkling contents projected upon raspberry syrup. After the pungency of the carbonic acid had passed off, there remained in my mouth a very sensible metallic taste, which was so persistent that it lasted several hours. I remembered that the whole apparatus was *new*, and believed that the impression left upon my tongue was not due to the quality of the syrup used.

Not satisfied with any explanation that

presented itself to my mind, I returned to the store, and called for a glass of the clear water without syrup. A somewhat mawkish, metallic taste was very apparent to all who sipped it.

What occasioned the flavor in question? Could chippings of copper have been left in the "fountain?" or a part of the fountain have escaped the tinning, leaving the copper exposed to the action of the carbonic acid? Or was the taste due to copper at all?

Ferro-cyanide of potassium added to the water produced a discoloration, varying, by time, from a yellowish to a yellowish green, greenish, and bluish hue. No precipitate followed. The addition of dilute sulphuric acid made no perceptible difference in the action of the re-agent. I then proceeded more systematically.

1. One pint of the clear soda water was evaporated in a Berlin dish to two ounces. A white film appeared during evaporation, on the surface of the water and the sides of the vessels. This was probably carbonate of lime, from our limestone water. There was also a slight, light brown deposit of what I supposed was vegetable or other organic matter. As silver, lead, copper and tin, were the metals which constituted the apparatus, I tested the liquid remaining in the capsule in reference especially to them.

2. Hydrochloric acid was added to the condensed fluid, and the mixture warmed. No precipitate followed. The absence of silver, mercury, and probably lead, was inferred.

3. In the already acidulated liquid, I suspended a bright needle. A scarcely perceptible tarnish appeared on it.

4. Into another portion of the fluid sulphuretted hydrogen was passed. The water instantly became chocolate brown. On boiling it, a black precipitate was formed, which, on being washed, was found to be insoluble in cyanide of potassium.

5. Chromate of potash, added to another portion of the fluid, yielded a gamboge yellow precipitate, which was soluble in potash. (Colorless flocculi remained in the otherwise clear liquid.)

6. Sulphuric acid rendered the filtered concentrated liquid (1) slightly milky; and after some time, a white precipitate fell.

7. In the same liquid (1), iodide of potassium produced a fine yellow precipitate.

Thus experiments 4, 5, 6 and 7, all concurred in proving the presence of lead in the water.

8. On the addition of ferro-cyanide of potassium to the filtrate of 4, a blue tinge was given to the liquid.

9. On adding the same re-agent (Cf. 2K) to the acid liquid, a clear, pea-green color was produced, deepening in shade until it changed to a fine ultramarine blue. A blue precipitate followed, leaving the supernatant liquid of a pea-green color.

I have no authorities at hand which would justify any definite conclusions from the actions in experiments 8 and 9; but relying upon my own examinations of solutions of tin with ferro-cyanide of potassium, I did not hesitate to infer the presence of this metal in the soda water.

To recapitulate: the soda water contained lead and tin, but no copper or other metal sought for.—*Am. Jour. Pharmacy.*

CHLORIDE OF ZINC PASTE IN TUBERCULOUS TESTIS.

BY M. PHILIPPAUX.

Patient 21 years of age, of scrofulous diathesis, and presenting the following changes in the right testicle: In size nearly as large as the fist; hard, with distinct fluctuation at various points; there are three fistulous openings, of two months duration, discharging grumous matter; the disease began six months since, and no pain attended its development.

The treatment was commenced on the 12th of April, by introducing into the fistulous tract a bit of chloride of zinc, from which extensive sloughing ensued. On the separation of the eschar, the paste was introduced into the cavity made by the caustic, and which penetrated into the sub

tance of the testicle. The second application united the three fistulous points into one deep sloughing surface. The entire destruction of the tumor was now easily accomplished by the removal of the eschar and successive applications of the caustic, which was done on three more occasions, and which, like the first two applications, were attended with little pain. The last eschar became detached on the 25th of April, and the wound resulting from it closed on the 25th of May, forty-three days from the first application of the caustic paste.—*Nel-m's Lancet*, from *Gaz. Med. de Lyons*.

PYÆMIA FROM SLIGHT ABRASION OF THE EPIDERMIS OF THE HEEL.

BY DR. TURNER.

Some days since, I was requested to visit a lad, aged 13, the son of a tradesman in the place. The previous history was to his effect: The boy had been active and well up to three days since, when he complained of pain in the heel, from friction of his boot, and although he would still get about, he felt some general indisposition, which induced the mother to administer a sperient. This not having done sufficient duty (according to the mother), a stronger dose was given next day. On the following morning, being no better, and the foot a little swollen, although not discolored, and some pain in the joint, a medical man was called to see the boy, who imagined the case would turn out to be rheumatism, and prescribed accordingly. Toward evening, the swelling of the foot and ankle having increased, some leeches were applied to the part, which bled freely. Another bad night and slight delirium.

At this stage I visited the patient, who had the look and many symptoms of low fever, yet wanting the peculiar countenance and expression of eye, as also the history. Pulse 120; tongue clean but dry toward the apex; pupils strongly con-

tracted. Answers quickly to my questions, and in an off-hand way. Says he is in no pain if left alone, but the least movement pains his foot and leg. Swelling but not redness in the foot and ankle, extending up the calf of the leg; much tenderness along the course of the larger vessels to the groin; femoral glands slightly enlarged and tender; no red lines; no induration of the superficial or deep vessels can be traced; keeps the knee flexed on the left side; no abrasion of the cutis beyond the leech-bites of the evening before; although the apparent injury to the heel seemed too trivial to produce phlebitis, (the cutis even not being abraded,) yet the whole case looked like one of purulent absorption.

The boy became more restless and delirious, throwing his pillow at the nurse, singing and talking in a most excited manner, much as one sees in delirium tremens. These symptoms continued unabated, except in force, lapsing into picking at the bedclothes, muttering delirium, cold extremities, and death after twenty-four hours.

Having been permitted to examine the leg, I found (sixteen hours after death) the small superficial veins about the heel and instep (to the extent of a florin's surface only), when cut across, emitted points of pus; yet on tracing up the larger superficial and the deeper veins, no satisfactory evidence of inflammation or pus could be found in them; yet a drop of blood taken from these veins, and also from the inguinal glands, when placed under the microscope, showed most abundant admixture of pus globules.

My object in sending you this case, is to illustrate the great advantage of the microscope in leading us to a correct diagnosis in cases of blood poisoning of the like nature, as several such cases have been given in your recent numbers; and in that communicated by Mr. Underhill, there appeared to be a doubt as to the nature of the case, which probably would have been decided by one drop of the blood under a good microscope.—*Med. Times & Gaz.*

A CEDAR PENCIL IN THE CAVITY OF THE ABDOMEN.

This case was communicated to the Royal Medical and Chirurgical Society by Prof. Erichsen. In September, 1854, the patient, a young woman aged 28, being suddenly surprised while in the act of endeavoring to pass a pencil for the relief of some difficulty in micturition, allowed it to slip out of her hand. On sitting down shortly afterwards, she was seized with acute stabbing pains in the lower part of her abdomen, and, although careful search was made by a medical man soon after the accident, no trace of it could be discovered.

Frequent attacks of peritonitis followed the accident; and when she was seen by Mr. Erichsen, in May last, she was much emaciated and debilitated from that cause, as well as the constant severe pain in the abdomen, attended with vomiting and retching, which she suffered. There were no symptoms referable to the bladder, nor any pain in defecation; blood was occasionally passed per anum, but was attributed to piles, from which she had previously suffered. Upon examination the point of the pencil was felt distinctly projecting just beneath the integument of the abdominal wall on the right side, about midway between the umbilicus and Poupart's ligament; it was movable, could be pushed backward, but returned to its original position when pressure was removed. The finger passed into the vagina or rectum detected the pencil through the walls of those organs, lying across the body in a direction from before backward, the blunt end of it being lodged in the hollow of the sacrum; it was beyond reach of the finger, but pressure upon that part of it through the rectum caused the point to become more distinct in the abdominal wall in front.

Under these circumstances, an incision was made by Mr. Erichsen through the anterior abdominal wall, until the leaden point of the pencil was discovered forced through the fascia transversalis, the pen-

cil being at the same time caused to project upwards and forwards by an assistant pressing deeply in the rectum. The wound being slightly enlarged, the pencil was extracted; it was five inches and a half long, and the point was still perfect; it had separated into its two halves. It was marked by three broad bands, indicating that it had passed through two coils of intestine; but no flatus or feces, however, followed its extraction. Severe peritonitis followed, and the patient died on the fourth day after the operation.

Post-mortem examination showed that the pencil had been forced through the upper and posterior vaginal cul-de-sac close by the side of the uterus, and the through two coils of the ilium, a mass which, about the size of the fist, was found glued together by old and recent lymph lying about midway between the umbilicus and pubes, to the right of the mesial line.—*Med. Times & Gazette.*

ON PAPYRUS, BONAPARTEA, AND OTHER PLANTS WHICH CAN FURNISH FIBRE FOR PAPER PULP.

BY CHEVALIER DE CLAUSSEN.

The paper makers are in want of a material to replace rags in the manufacture of paper, and I have therefore turned my attention to this subject, the result of which I will communicate to the Association. To make this matter more comprehensible I will explain what the paper makers want. They require a cheap material, with strong fibre, easily bleached, and of which an unlimited supply may be obtained. I will now enumerate a few of the different substances which I have examined for the purpose of discovering a good substitute for rags.

Rags containing about 50 per cent. vegetable fibre mixed with wool or silk are regarded by the paper makers as useless to them, and several thousand tons a

early burned in the manufacture of prussiate of potash. By a simple process which consists in boiling these rags in caustic kali, the animal fibre is dissolved, and the vegetable fibre is available for the manufacture of white paper pulp. Surat: Jute, the inner bark of *Cochorus indicus*, produces a paper pulp of inferior quality, bleached with difficulty. Agave, *Phormium tenax*, and Banana or plantain fibre (Manilla hemp) are not only expensive, but it is nearly impossible to bleach them. The Banana leaves contain forty per cent. of fibre. Flax would be suitable to replace rags in paper manufacture, but the high price and scarcity of it, caused partly by the war and partly by the injudicious way in which it is cultivated, prevents that. Six tons of flax straw are required to produce one ton of flax fibre, and by the present mode of treatment all the woody part is lost. By my process the bulk of flax straw is lessened by partial clearing before retting, whereby about 50 to 60 per cent. of shives (a most valuable cattle food) are saved, and the cost of the fibre reduced. By the foregoing it will be seen that the plant only produces from twelve to fifteen per cent. of paper pulp. All that I have said about flax is applicable to hemp, which produces 25 per cent. of paper pulp. Nettles produce 25 per cent. of a very beautiful and easily-bleached fibre. Palm leaves contain 30 to 40 per cent. fibre, but are not easily bleached. The Bromeliaceæ contain from 25 to 40 per cent. fibre.—*Bonaparteia juncoidea* contains 35 per cent. of the most beautiful vegetable fibre known; it could not only be used for paper pulp, but for all kinds of manufactures in which flax, cotton, silk, or wool are employed. It appears that this plant exists in large quantities in Australia, and it is most desirable that some of our large manufacturers should import a large quantity of it. The plant wants no other preparation than cutting, drying, and compressing like hay. The bleaching and finishing it may be done here. Ferns give 20 to 25 per cent. fibre not easily bleached. *Equisetum* from 15 to 20 per cent. inferior fibre, not easily

bleached. The inner bark of the lime-tree (*Tilia*) gives a fibre most easily bleached, but not very strong. Althea and many Malvaceæ produce from 15 to 20 per cent. paper pulp. Stalks of beans, peas, hops, buckwheat, potatoes, heather, broom, and many other plants contain from 10 to 20 per cent of fibre—but their extraction and bleaching present difficulties which will probably prevent their use. The straws of the Cereales cannot be converted into white paper pulp after they have ripened the grain, the joints or knots in the stalk are then so hardened that they will resist all bleaching agents. To produce paper pulp from them, they must be cut green before the grain appears, and this would probably not be advantageous. Many grasses contain from 30 to 50 per cent. of fibre, not very strong but easily bleached. Of indigenous grasses, the Rye grass contains 35 per cent of paper pulp., the Phalaris 30 per cent., Arrhenatherum 30 per cent., Dactylis 30 per cent., and Carex 30 per cent. Several reeds and canes contain from 30 to 50 per cent. of fibre, easily bleached. The stalk of the sugar-cane gives 40 per cent. of white paper pulp. The wood of the Coniferae gives a fibre suitable for paper pulp. I made this discovery accidentally in 1851, when I was making flax cotton in my model establishment at Stepney, near London. I remarked that the pine-wood vats in which I bleached, were rapidly decomposed on the surface into a kind of paper pulp. I collected some, and exhibited it at the Great Exhibition—but as at that time there was no want of paper material, no attention was paid to it. The leaves and top branches of Scotch fir produce 25 per cent. of paper pulp. The shavings and saw dust of wood from Scotch fir gives 40 per cent. pulp. The cost of reducing to pulp and bleaching pine-wood, will be about three times that of bleaching rags.

As none of the above named substances or plants would entirely satisfy on all points the wants of paper makers, I continued my researches, and at last remembered the papyrus (the plant of which the

ancients made paper,) which I examined, and found to contain about 40 per cent. of strong fibre, excellent for paper, and very easily bleached. The only point which was not entirely satisfactory, was relative to the abundant supply of it, as this plant is only found in Egypt. I directed, therefore, my attention to plants growing in this country; and I found to my great satisfaction, that the common rushes (*Juncus effusus*, and others) contain 40 per cent. of fibre, and a perfect substitute for rags in the manufacture of paper, and that one ton of rushes contains more fibre than two tons of flax straw.—*Pharmaceutical Journal*, November, 1855.

ECLECTICISM.

The question is often asked: What is Eclecticism? and the public are often deceived in regard to it. Interested parties forget what is due to honesty and justice, and endeavor to mislead the public mind in this respect. They, instead of informing the people in regard to its principles, fly to the last resource of ignorance and ridicule it. They will also utter deliberate falsehood, and frighten the community with woful accounts of cayenne pepper and steam.

Instead of this, however, we are ready to prove that the Eclectic practice is based upon scientific principles, and that its materia medica presents more resources than the accumulated lore of the "Old School."

Eclecticism differs from Allopathy, not only in the rejection of those deleterious agents which are the main dependence of the latter, but also in those principles which guide the practice. We claim for Eclecticism, a practice in strict accordance with the declarations of science as laid down by the most eminent authorities, whilst we deny that the "Regulars" have any principles, or if they pretend to have, we assert that they are fallacious and will not bear the test of strict scientific investigation.

Eclecticism is based upon the belief that nature is the true physician, and that the proper, rational and true method of medical practice is to observe her efforts and assist her. This is to be done in such manner as will relieve the patient without deteriorating his constitution. This may be done by giving those medicines which are either natural to the system, and therefore capable of being incorporated into the tissues, or such as are easily eliminated, and therefore cannot produce those irritating effects which must result from the retention of a foreign substance in the economy.

Whilst Eclecticism hails with pleasure all rational scientific improvements in medicine, she cannot and will not coincide with that absurd fallacy, which makes a reduction of vitality the main element of its practice, a principle, which, in the language of the celebrated Dr. Stokes of Dublin, "has led to a system of Sangradoism which has numbered more victims than the sword."

Neither will she consent to the administration of a certain class of remedies, so called, which produce results worse than the disease they were intended to cure.

That the mercurial and arsenical preparations will change various morbid actions going on in the animal economy, we are fully aware, but at the same time experience has demonstrated, that these substances are with difficulty eliminated, and are deposited in the tissues, thus producing an irritant effect, and giving rise to all the symptoms of mercurial and arsenical disease. Surely all thinking and intelligent people must condemn a practice which would drive a transient poison out of the system by introducing one of a permanent character, which in its results is infinitely more deleterious.

That these preparations act in this manner, the writings of those who have used them most extensively, and who have observed them most closely, all concur in showing. And we find that the best and highest authorities in the Allopathic ranks even deny that their administration is based upon any scientific principle, or even upon

deduction drawn from the result of experience.

Speaking of mercury, Prof. Harrison says "it is a most powerful depressor of the energies of life;" and we presume that is on this account that it is administered. We remember well, when a student under the Allopathic regime, our preceptor giving large doses of calomel, which he would justify to us on the plea of destroying the *rasamentum* of the blood. "Destroy the *rasamentum* of the blood," he would say, then called to any case of inflammation, and he would go the calomel.

If we examine into the foundation of this idea which governs our old school friends, we find it "baseless as the fabric of a vision." Andral, the renowned French pathologist, says: "Nor do I find that this dissolving influence upon the blood claimed for mercury has ever been demonstrated in any alleged case, by a vigorous examination of that fluid. It appears to me that the opinion rests chiefly on a *fancied analogy* between the effects of mercury and those of scurvy upon the mouth."

Again, M. Bonnett, in his work on diseases of the joints, says: "There is no accurate work which establishes the nature of the influence of these medicines. In the country where they are used, they are sanctioned by tradition, but by no experience which has confirmed their effects in a vigorous manner." Again, Dr. Holmes Coote, commenting on this paragraph, says: "Perhaps we may in a degree merit the reproof of a too careless veneration for tradition in the employment of this active remedy. We do not use it upon sufficiently fixed principles, and it might be a doubt whether it had occasioned more good or harm."

From this we presume that the administration of this "old school Samson" is based upon—what? A "fancied analogy," or a "careless veneration for tradition." Who in their senses would risk their lives upon a "fancied analogy," or a "careless veneration for tradition?" It reminds us much of the Indian being placed under a board whilst weights were placed on the top of

it to squeeze the devil out of him when he was shaking with the ague. Tradition taught the Indian this, and the result was, that not only the evil spirit, but the life, was squeezed out of the poor sufferer.

Yet in this enlightened day, in the nineteenth century, will this class of physicians tamper with life without any principle to guide them, save this same "fancied analogy," and brand with the epithet of quacks those who may differ with them in opinion, and who may not have the same "careless veneration for tradition," which is so characteristic of their mental imbecility.

Another important point in which we claim Eclecticism differs from Allopathy, is that she eschews the crude notion that diseases must run a certain course. Fevers, for instance, which the "regulars" say can not be broken, she asserts can be broken and cut short; and by so doing she throws aside that "expectant treatment," which, under the garb of science, would confine the patients for weeks to the sick bed, making a heavy inroad both on his constitution and his purse.—*American Enterprise*.

GRAFTING A LEXICON.

David M. Reese is down on Dr. Cleaveland, of Cincinnati, with the legal documents, for an infringement of the copyright of his Medical Lexicon. There is a marvellous similarity between them, to be sure; "'tis to thee Dromio," all through. Dr. Cleaveland says he has done no more than everybody else does who makes a dictionary, and just what David himself did before him, from Hooper and other lexicographers. An old negro once offered very cheap four axes for sale, and the ire of a brother was excited by underpricing the article; whereupon the seller was asked how he could possibly sell axes so cheap, as the other acknowledged he stole his axes, and had only to buy the handles, and yet he could not compete with his sable brother; whereupon Cuff replied, with a yah-yah-yah, "You oney 'teal de axes, but I 'teal um all—handles an' all!"—*N. Y. Scalpel*.

Part 3.—Editorial.

THE COLLEGE DIFFICULTY.

The time has come when our Institute must, like other colleges, submit to injuries from those who have been benefited by their association with it. For many years Prof. Buchanan has assumed to act as dictator in every matter pertaining to the institution—ever trying to make his desires or intentions the law to be observed; and to act contrary to his wishes was to commit an unpardonable sin. He became connected with the college in 1846, and from the very commencement he began to intrigue against the founder of the school, Prof. T. V. Morrow, with the intention of having him expelled. In this he failed. Every other member of the Faculty was in turn put to the rack, and finally, by his "good management," either induced to resign or expelled—all of which appeared to be for the purpose of changing the policy and principles of the school, by which it was at that time intended to make it a Homœopathic school; he having so managed as to get into the Faculty three advocates of that system, all of whom afterward left and went to the Cleveland Homœopathic school, as soon as he was fully detected and exposed by Profs. I. G. Jones and L. E. Jones, which was not until after the death of Prof. Morrow. The school has not to this day entirely recovered from the damage it sustained from him by this movement.

Prof. I. G. Jones wrote to me in 1850, while in the South, urging me to have the majority of the Faculty of the Memphis Institute to come to Cincinnati, and assist in the salvation of the Eclectic Medical Institute from the utter destruction which awaited it, if left in the hands of Dr. Buchanan—saying, at the same time, that his own health was such that he would be compelled to resign his chair at the close of

the winter session of 1850-51, which I did. Several members of our Memphis Faculty were induced to accept, but, the underground management of Dr. Buchanan, two of them were induced to resign the first year. This course had been continued by him and submitted to so long, that it had become perfectly unendurable.

True to the principles which always governed the vacillating course of Dr. I.

* * "Every thing by turns,
And nothing long,"

he has, in common with his four associates contemplated, for more than a year past, placing the Institute on the Allopathic basis, contending that there is but one medical science, and that there ought to be no sects in medicine, &c.; and in order to accomplish this cherished object of the aspirations, all other means and appliances failing them, they conceived and executed the bold and daring scheme of issuing \$7,000 of illegal stock, as will be seen by the proceedings of the Board of Trustees in another place—thus placing themselves in the unenviable position of persons desirous of committing a fraud upon the corporation.

We congratulate the friends of the Institute and Eclecticism every where, on the events of the past few weeks, which have placed it on a more permanent foundation. By the manly course pursued by the Board of Trustees, in expelling the recreant portion of the Faculty, they have delivered it from both Homœopathic and Allopathic tendency, as well as from the influence of neurology, and anthropology which has for some years set like an incubus upon its prosperity.

The cause of Eclecticism will receive a fresh impulse by the appointment, by the Board of Trustees, of Profs. W. Byrd Powell, L. E. Jones, and J. Milton Sanders, to chairs in the Institute. The other chairs will be filled by men equally distinguished for their scientific attainments, as well as their devotion to the true principles of Eclecticism and medical reform. We especially congratulate the early graduates of the Institute on the restoration of

rof. L. E. Jones to his former position, and which, in the course of human events, another illustration of the axiom, "truth mighty above all things, and will prevail;" though for a time it may be crushed to the earth, it will inevitably, by the potency of its own inherent power, rise again and triumph.

We also congratulate the friends of the Institute, that by the expulsion of the aforesaid members of the Faculty, the system of private pay lectures, and the interference with each other's chairs, has been effectually broken up—thus delivering the Institute from another source of difficulty which has impeded its progress for some years.

AMERICAN ECLECTIC MEDICAL ASSOCIATION.

We would respectfully invite the attention of the profession to the notice of the meeting of the above Association, in another place, and would urge every one, who possibly can, to be present. We expect to be there ourselves, all that the editors of the College Journal have said to the contrary notwithstanding. If we are not much mistaken, their repudiation of this Association will be like spitting against the north-west wind. Our brethren of the profession who have thrown off the shackles of Allopathy and declared themselves free, are not going to be manacled by any clique who may choose to arrogate to themselves the right to dictate.

ANOTHER MEDICAL JOURNAL SUSPENDED.

It becomes our painful duty to announce the death of the "*American Medical and Surgical Journal*," of this city, edited by Dr. S. H. Potter and others, the late organ of the American Medical College. It died some time in February, from a disease called *collapse of the pocket*.

We more deeply regret the death of this

valuable journal, because, like a few others of the same sort in this city, it endeavored to convince the reform portion of the medical profession, that we should have no distinctive characteristics in medicine; that Eclecticism should be regarded in the same light as Allopathy. He who sells his birthright for a mess of pottage will soon find himself without and beyond the pale of mercy. *Sic transit gloria mundi*.

We have the unpleasant duty of informing our readers that there are two other medical journals of this city laboring under a very severe and continued attack of debility, yet their friends hope for their recovery; but as they have been under the depletory course of treatment so long, we have but little hope of a final cure..

ECLECTIC MEDICAL INSTITUTE.

The annual meeting of the stockholders of the Eclectic Medical Institute of Cincinnati was held at the office of the Treasurer, R. S. Newton, M. D., No. 90 Seventh street, on Monday, the 7th day of April, 1856.

On motion, H. N. Clark, Esq., was appointed President of the meeting, and J. G. Henshall, Secretary.

On motion, the following preamble and resolutions were unanimously passed.

Whereas, we have been informed that a portion of the Faculty of the Eclectic Medical Institute of Cincinnati, consisting of Profs. J. R. Buchanan, W. Sherwood, John King, C. H. Cleaveland, and J. W. Hoyt, have surreptitiously and fraudulently, without notice to the Board of Trustees, or the presence of the Treasurer of the Board or the seal or stock-book of the corporation, and without the knowledge or consent of a large majority of the stockholders, issued seven thousand dollars worth of stock, purporting to be an increase of the capital stock of said Institute, and which issue of stock has been made for the purpose of preventing the legitimate stockholders of said Institute from electing such a Board of Trustees as will protect their interest, and prevent the affairs of the Institute from being continued under the control of said Faculty, to

the injury and loss of said stockholders, as has been the case for the last three years;

And whereas, We are also advised that said issue of stock has been made contrary to and in violation of the provisions of the charter and by-laws of said Institute, and the custom which has heretofore obtained in the issue of new stock by said corporation, and also in violation of a public statute of the State of Ohio, entitled, "An Act to enable the Trustees of Colleges, Academies, Universities, and other corporate institutions for the purpose of promoting education, to become corporate bodies," passed April 9th, 1852, stat. 128, the ninth and tenth sections of which provide that "Any company which may be formed in pursuance of this act, or which may now exist by virtue of any special act of incorporation, the property of which is held as stock, and not derived by gift, donation, devise, or gratuitous subscription, may increase its capital stock, or change it into scholarships, when it becomes necessary for the purpose of carrying out the object for which such company or corporation is formed, in the following manner: The directors for the time being shall make out and sign a certificate, in which shall be set forth the amount to which such capital stock is to be increased, and the object; which certificate shall be deposited in the office of the recorder of the proper county, and be by him recorded, in the same manner as the articles of association and corporate name are by this act required to be recorded. Before the capital stock of any such company shall be increased, it shall be the duty of the directors to publish a notice, signed by at least a majority of them, in a newspaper of general circulation in the county in which said institute is located, at least four consecutive weeks, appointing a time and place for holding a meeting of the stockholders of said company, specifying the object of such meeting, and the amount to which it is proposed to increase the capital stock thereof; and a vote of at least two-thirds of the shares of the stock represented at such meeting, shall be necessary to an increase of its capital stock, and to authorize the directors to make up and sign the certificate mentioned in the preceding section." Therefore,

Resolved, That the stockholders now proceed to the election of fifteen trustees, to serve for one year, in accordance with the following notice, which was published twice in the daily Commercial newspaper, twice in the daily Gazette, and three times in the daily Times newspaper.

"ANNUAL ELECTION OF THE STOCKHOLDERS OF THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI.—A meeting of the stockholders of this corporation, will be held at the office of the Treasurer, No. 9 West Seventh Street, on Monday, the 7th inst., between the hours of 12 and 1 P. M., when the Trustees for the ensuing year will be elected. By order of the stockholders.

"R. S. NEWTON, Treasurer."

Resolved, That the stock to be voted at this election, shall correspond with the entries upon the books of R. S. Newton, the Treasurer of the board of Trustees of the Institute, and that we as stockholders shall be governed by the same.

Resolved, That we appoint three of our number present to act as Judges of this election, who shall decide upon the validity of the stock proposed to be voted. Whereupon, Daniel Stone, A. H. Baldrige, and C. S. G. Wright were appointed Judges.

On motion the stockholders were then called upon to vote their stock.

After a careful examination of the votes cast, with the original certificates and the stock book of the corporation, we hereby certify that five hundred and ninety nine (599) shares were voted, representing stock to the amount of eleven thousand nine hundred and eighty five dollars and thirty two cents, (\$11,985, 32); being a majority of the stock issued as shown by the said stock book—the whole amount of stock being nineteen thousand two hundred and seventy three dollars and ninety four cents (19,273, 94); and that the following gentlemen were unanimously elected as Trustees of the Institute, to serve for one year: viz., W. B. Pierce, J. P. Mayer, A. Death, J. C. C. Holensshade, W. F. Hurlburt, H. Leonard, J. P. Cunningham, C. S. G. Wright, H. M. Ritter, J. G. Henshall, Dr. R. S. Newton, Dr. L. E. Jones, Dr. Z. Freeman, Dr. A. H. Baldrige, Dr. O. E. Newton.

A. H. BALDRIDGE,
DANIEL STONE,
C. S. G. WRIGHT.

The Secretary was directed to notify the board elect, of their appointment.

After which, at 2 o'clock, the meeting adjourned.

H. N. CLARK, President.
JAS. G. HENSHALL, Secretary.

At a subsequent meeting of the Board of Trustees, the following officers were unanimously elected:

W. B. FINCH, Esq., President.

W. F. HUMSBURY, Esq., Vice President.

DR. R. S. NEWTON, Treasurer.

J. G. HENSHALL, Secretary.

The Board of Trustees appointed Dr. R. S. Newton, Dr. L. E. Jones, and J. P. Laver, Esq., a committee to consult counsel on all the legal points involved in the recent action of a portion of the Faculty of the Institute, in issuing \$7,000 of fraudulent stock and holding an election on the same, separate and distinct from the election held by the majority of the stockholders of the Institute; which resulted in Dr. R. S. Newton praying the Superior Court of Cincinnati for a bill of injunction, restraining said Faculty and other persons assuming to act as Trustees, from the performance of all and every act but that of lecturing, which injunction was granted, and a writ issued to bring the illegal stock into court to be canceled.

At a meeting of the Board of Trustees of the Eclectic Medical Institute of Cincinnati, held at the office of Dr. Newton, No. 90 West Seventh street, on Monday evening, April 7th, 1856, among other proceedings were the following:

"Resolved, That the Treasurer of the Board of Trustees shall have the care and control of the college building, as well as all property, books, specimens, apparatus, seals, engravings, &c., belonging to said corporation, subject to the order of the Board of Trustees."

At a meeting of the Board of Trustees of the Eclectic Medical Institute of Cincinnati, held at the office of Dr. R. S. Newton, on Tuesday, the 29th day of April, 1856, among other proceedings were the following:

"Whereas, Prof. J. R. Buchanan, Wm. Sherwood, John King, O. H. Cleaveland, and J. W. Hoyt, have, in violation of the act of incorporation of this Institute, issued or caused to be issued stock to the amount of \$7,000, and held an election at which said stock was voted, and a Board of Trustees elected by the holders of a mi-

nority of the legal stock, together with said illegal stock, and through said illegal Board claim the management and control of this Institute, all of which proceedings are contrary to law, and in violation of their duties as Professors; therefore,

"Resolved, That they be and are hereby removed from their respective chairs as Professors in the Institute.

"Resolved, That they be severally notified of such removal by the Secretary, transmitting to them a copy of these resolutions.

"Resolved, That Prof. R. S. Newton, the Treasurer of this Board, notify each of the students now attending the spring course of lectures, not to pay their graduation fees to J. R. Buchanan, formerly Dean of the Faculty, nor to Wm. Sherwood, John King, C. H. Cleaveland, J. W. Hoyt, or either of them, and if they make such payment, they will still be held responsible for the same to this Board."

At a meeting of the Board of Trustees of the Eclectic Medical Institute of Cincinnati, held at the hall of the Institute, on Thursday, the first day of May, 1856, the following preamble and resolutions were unanimously adopted:

Whereas, the Board of Trustees of the Eclectic Medical Institute, have been obstructed and interfered with in the discharge of their duties, by Messrs. William Sherwood, Joseph R. Buchanan, Charles H. Cleaveland, J. W. Hoyt and John King, late Professors in said Institute; and *whereas,* said Sherwood and his said associates have attempted by lawless violence to seize the building and property of the Institute, and to disturb said Board in their lawful and peaceable possession of the same; and *whereas,* said Board are not only willing but exceedingly anxious to have a speedy legal decision upon the claims of said Sherwood and his associates, and of their pretended board of trustees, so that all obstructions to the prosperity of the Institute may be removed as soon as possible. Therefore,

Resolved, That the Treasurer of the Board, Professor R. S. Newton, be instructed to forward the following letter to said Sherwood, Buchanan, Cleaveland, Hoyt and King.

Resolved, That if any of the propositions contained in said letter be accepted, Prof. R. S. Newton be authorized to take all necessary steps to carry the same into execution.

"CINCINNATI, MAY 1, 1856.

"Messrs. William Sherwood, Joseph R. Buchanan, Charles H. Cleaveland, J. W. Hoyt and John King:

"GENTLEMEN—On behalf of the Board of Trustees of the Eclectic Medical Institute of Cincinnati, I have the honor to make you the following propositions, of which the acceptance of any one will be satisfactory to me and them.

"They are willing to offer (if the prosecuting attorney will assent, and we presume he will) to go into an immediate trial of the *quo warranto* now pending in the District Court, as a test case, or to have a new *quo warranto* brought on the relation of themselves against all your trustees, or that your trustees shall have one brought against them (the board on whose behalf I write), and will agree to an immediate trial; or if the District court can not conveniently try such case at once, or if you prefer it, they will agree to refer all matters in dispute to either one of the Judges of the Superior court.

"In the mean time, if you accept either of said propositions, they are willing that the building shall be taken charge of by the Mayor, the Chief of Police, or a receiver appointed by either of said courts. And as security for their compliance with the decision made in the premises, they are willing to give satisfactory and ample bonds, you binding yourselves in the same manner to abide the event of such decision.

"An early reply will oblige

"Yours respectfully,

"R. S. NEWTON, Treasurer."

On motion of Prof. Z. Freeman, the following appointments, to fill three of the vacant chairs in the Faculty of the Institute, were unanimously made:

Resolved, That Professor William Byrd Powell, M. D., be and he is hereby appointed to the chair of Physiology and the Institutes of Medicine, in the place of Dr. J. R. Buchanan, removed.

Resolved, That Professor Lorenzo E. Jones, M. D., be and he is hereby appointed to the chair of *Materia Medica*, Therapeutics, and Medical Botany, in the place of Dr. C. H. Cleaveland, removed.

Resolved, That Prof. John Milton Sanders, M. D., L. L. D., be and he is hereby appointed to the chair of Chemistry, Pharmacy and Toxicology, in the place of Dr. J. W. Hoyt, removed.

[True copy from the record]

JAS. G. HENSHALL, Sec'y.

"THE TRUTH VINDICATED."

In the last number of the Journal, Prof. Freeman and myself repudiated a set of resolutions which had been published in the College Journal as unanimously adopted by the Faculty of the E. M. Institute. In the College Journal for April, we find many curious statements, in regard to the same and other matters, under the above caption, many of which are entirely untrue, and some correct in part, having been made up from garbled extracts.

In regard to the agreement between Dr. King and myself, so far as the article with my signature is concerned, it was based upon the following by-law of the college:

"On motion of Dr. J. R. Buchanan, it was resolved, that no member of the Faculty should bring before the class any subject of Faculty action; and that no member of the Faculty shall address the members of the class, either publicly or privately, in a manner disparaging or unfriendly to his colleagues."

Upon this alone would I make the agreement, and then it was to be kept so long as the by-law was observed. The statements made by Dr. King, in regard to other matters, are untrue in every particular.

In a few days, Dr. King and others of the conspirators, violated the whole agreement in the most disgraceful and ungentlemanly manner, by furnishing a tissue of falsehoods for publication in a small paper in this city, which is more or less under their influence, and sending near one hundred copies to the college for distribution, and by false statements to the class. I then informed all parties that I would not consider any arrangement binding upon me, under the circumstances—he and his co-conspirators against me and Prof. Freeman, having disregarded it in every way. They have, in every particular, been the violators of all treaties of peace—having, for several months, been in the habit of harranguing the class continually, and in fact, have come very near breaking it up.

As regards the National Eclectic Medical Convention, in the meeting referred to

said that I had no "axe to grind," no look to endorse or repudiate, but as a single individual, I had ever been favorable to the Convention; but I said to them, if they thought that the Faculty of the Eclectic Medical Institute was the embodiment of the Eclectic profession, and every one was to be dictated to by us, we had better bring this convention here and break it up. But I am far from being of this opinion. When these same five men published their protest last year against the action of the New York Convention, Dr. Freeman was absent, and when I republished their protest in the E. M. Journal, I put my rejoinder to the same, as will be seen by reference to the Journal.

We repeat the statement made in our former article, that we knew nothing of the intention of publication, nor did we have any thing to do with the resolutions, further than to be present, as before stated.

The following is Prof. Freeman's reply.

"THE TRUTH VINDICATED"—THE TABLES TURNED.

In the April number of the College Journal of Medical Science, edited by Dr. Sherwood & Co., I find, under the first part of the above caption, a reference made to the position that Dr. Newton and myself *decidedly occupied* in regard to the National Eclectic Medical Convention.

Last year, when Dr. Buchanan repudiated the above convention, I did not agree to the matter, and afterward, when it was brought up in the Faculty meeting, I replied that I was desirous that there should be a National Eclectic Medical Association, and that some member of the Faculty should have represented us there at the last session. I also suggested that either Dr. Newton or Dr. Buchanan should have attended in behalf of the Faculty, and expressed myself willing to have borne my part of the *necessary expenses* of his attendance. Dr. Newton agreed to my proposal. When Dr. Buchanan and others said that the members of that convention were mostly Thomsonians, and men very

inferior in medical education and capacity, and unfit to represent the Western Eclectics, and particularly the Faculty of the E. M. Institute, I replied that I thought he was much mistaken, for I had the honor of being personally acquainted with some of the members present on that occasion, and *knew* this statement to be incorrect, so far as it regarded them. I also said, in reference to all reformers, whether Thomsonians or any thing else, that it was best to encourage them in reform, and by our presence and proper exertion, to attempt to gradually elevate their principles to the highest standard of medical Eclecticism; that to repudiate and denounce a class of men was no way to bring them to our views, but we should present our principles and ideas to their intelligence, that their intrinsic merits might be appreciated; and I thought that as soon as all parties could have a perfect understanding of each other, there would be a happy union, and time, with proper perseverance, would bring the laggard ones up to the commonly allowed standard of Eclecticism.

I was also desirous of having the convention in Cincinnati, so that the Western Eclectics could attend without going so far from home; also to have the convention continued as a permanent thing, and not have it broken up; and I could not understand why Dr. Buchanan and other members of the Faculty, were so desirous of repudiating and breaking up the convention; for they gave me no reasons, only that "it was not of the right stamp, and they wanted it broken up."

At the recent Faculty meeting, referred to by the College Journal, in which this matter was discussed, I took the same position as at the previous meeting, and as stated above. I told them that this subject should not be dragged into the meeting, under existing circumstances; but to settle *their* difficulty, and not try to force other matters in for the purpose of making them a part of the special private adjustment, for which we had met that night. Four out of six voted against the convention, and Dr. Newton and myself were si-

lent, because, as I told Dr. Newton after we left the room, I would not be forced into a measure that I did not like, although I knew that the majority would do as they pleased.

I do most positively assert, that I had not even the most indistinct idea, while in the Faculty meeting, that the majority of the Faculty designed publishing the proceedings of that meeting. I did not hear it mentioned, or even hinted at. There is a by-law of the Institute, regulating the sacredness of the Faculty meetings, so as to keep all their action secret, except such things as by a vote of the Faculty the Dean is authorized to report to the class, or other interested persons. This by-law is for the purpose of preventing unnecessary interference from disinterested parties. I told Dr. Newton next day, that some of the Faculty who were constantly blabbing the Faculty matters to the class, would not be any too good to publish our conferences, if they thought the other members would overlook the deed.

In regard to Newton's Express, I told Dr. Sherwood, when the resolutions were offered, that from what I knew of Dr. Newton, I presumed that he did not desire to injure the college, and I felt that there was no need of such a resolution.

As regards "King's American Eclectic Dispensatory," *I have always been proud of the book*, and so expressed myself that evening, and have always so expressed myself in opposition to one of Dr. King's pretended friends, who has spoken indifferently of it in my presence. I am ever most happy to encourage all excellent Eclectic writers and authors, by my word or patronage, to assist our common cause that I have been reared in, and hold dear to me and near to my heart. But this much I said at the aforesaid meeting: that Dr. King, in his original preparation of the podophyllin, macrotin, &c., prepared it as well as he could; and in his Dispensatory gave the best formula for their preparation that he knew of, or had access to, and therefore did his part well—none could have done better, with the then existing

knowledge of the mode of preparing the concentrated remedies. But if another house, with better facilities and a better chemist, should, by constant, careful experiment, obtain purer and better articles from which Dr. Grover Coe obtained most satisfactory results, Dr. Coe has a right to lay them before the profession, and show in a distinct and courteous manner, where the fault lies. Dr. King was not to blame for not putting in his Dispensatory what he had no knowledge of, and therefore he should not get in such a pet because Dr. Coe has thought proper to enlighten the profession and Dr. King, upon that certain matter. I presume that Dr. King will like a true reformer, insert, in the next edition of his Dispensatory, the recent improvements in the preparation of concentrated vegetable medicines, as well as such improvements as may be developed in other relative matters. Z. FREEMAN.

Cincinnati, April 28, 1856.

REPUDIATION.

The Faculty of the Eclectic Medical Institute of Cincinnati, at a meeting held on the sixth of March, among other resolves passed the following:

"Resolved, That the faculty of this Institution do not recognize any existing organization in the United States as the National Eclectic Medical Association, and will not authorize any person or persons to represent us in any body so styled, as at present constituted."

There were present on this occasion, Profs. Buchanan, Cleaveland, R. S. Newton, Sherwood, Freeman, and King. The resolutions are said to have passed unanimously. So far as Profs. Newton and Freeman are concerned, we learn from the Eclectic Medical Journal that this action was entirely an *"ex parte"* matter, and that they refused to vote upon the question. Our Eclectic friends of the Institute can settle this seeming incongruity at their leisure. We have no desire to intrude an opinion upon the fairness of publishing, in a formal manner, facts which are no facts at all; but we may be allowed to say that while our learned professors have an undoubted right to pass whatever resolu-

and they may deem proper and desirable, they ought not to lose sight of the fact that they constitute but a very small portion of the profession in the United States of North America and the Upper and Lower Canadas. We have no statistical data at hand, but we think we do not err in making this declaration. The gentlemen who repudiate the late National gathering at this city are men of science, whose good opinions are exceedingly desirable. It is a matter of profound regret that they were not present to add to the dignity and importance of the occasion. They would have been welcomed with open arms, and placed in the front ranks. And yet they chose to stay away; and so compelled men of less distinction to represent the great body of American Medical Reformers. Is it not cruel, nay, the height of ingratitude to give the cold shoulder to a feast to which they were invited, when by their own election they refused to "come and eat."

What effect this disclaimer will have upon the future progress of Medical Reform in North America, it is difficult at this moment to surmise. We may as well confess, at once, that our fears point to the most disastrous results. We may mistake. We hope so. *Dei defendere.*

But, seriously, we ask these friends if there was any thing in the character of the Convention, or in that of the gentlemen who composed it which rendered it a matter of necessity to publish this bull of repudiation. We have no acquaintance with any of them except Prof. Cleaveland, and hence do not know by what rule to measure their importance, socially and professionally. We infer that their self-estimate reaches a point far above the ordinary level of common humanity, else they could not assume an attitude which men endowed with an understanding of the courtesies and decencies of life must set down as bombastic, if not rude and insulting. Who were the men who met in Convention last June? Charlatans? The Convention will meet again.—*N. Y. Jour. Med. Reform.*

We quote the above that our readers may see that this egotistic and dictatorial movement of the five members of the faculty of our college is viewed in the light it merits. Our friends at a distance would hardly be surprised to learn that after all this, they are in favor of dropping Eclecticism, and if possible, put our school upon the platform of Allopathy. In order to accomplish this they must not have any fellowship with those of less pretension.

A REVIEWER REVIEWED.

Our readers will perceive an article under this title among the Original Communications. It was given to the editor of the *Eclectic Medical Journal* as a reply to an article published in that Journal, purporting to be a review of Prof. Cleaveland's article on the "Physiological Action of Water," published in our first number.

On its reception, the editor of the *Eclectic Medical Journal* remarked to Prof. C., in substance, that it was but just that his Journal should contain the reply to what had been published therein in reference to the article referred to. But although justice demanded its admission into that Journal, it has not been published in it, and hence finds a place in the *College Journal of Medicine*.—*College Journal.*

In regard to the above, we will say that when the article was presented to us, the whole of it appeared to be based upon the following, which we quote from the article, and is there given as an extract from a letter said to be written by the reviewer to some one in this city.

"My rindictiveness is the creature of others' make, and not a monster of my own creation."

I knew this whole statement to be untrue, and so stated to Dr. Cleaveland, and demanded the production of the letter; this was also demanded by others, but he has not, nor will he ever be able to produce such a document. I told him that the article should appear as soon as he could produce the evidence called for, and which he claimed to have in his possession; and I will now agree still to do so when he comes up to the point. His first article has been shown to be in direct opposition to all the learned and most reliable authorities now extant upon that subject; hence his great sensitiveness towards his reviewer. Come, Dr. Cleaveland, show that letter you claim to have from the reviewer; do let the world have it soon, and if possible convince all that you are honest in this particular. Simple assertions, without documentary evidence, are not reliable from you any longer on contested points.

The following article was received too late for insertion in the proper department.

"A TRUE ECLECTIC."

The above caption will readily suggest to the minds of those seeing it, an evidence of the continued existence of Eclecticism, notwithstanding the announcement of Prof. Stockwell, that we have no principles but those of the old school—that our reform consists in greater liberality only, than exists among Allopathic physicians—that we reject no class of medicinal agents, not even mercurials, &c. Such assertions are subversive of every principle of reform. If true, it is but folly for reformers to oppose the Allopathic practice. Strange as it may seem, one of his colleagues, who has adopted the sentiments which he has repeatedly uttered, but recently proclaimed himself "*a true Eclectic*." He offered as proof of his assertion, the fact that he had been driven to the use of mercury, arsenic, &c., and said their exhibition had served to remove his prejudices and objections to their use, and he now felt that he was "*a free man—a true Eclectic*."

I but recently obtained one of his prescriptions containing mercury, and since then have received one of his letters in which he attempts to justify their use. After saying he had used mercury, Fowler's solution of arsenic, sulphate of zinc, nitrate of silver, etc., he then says: "Now I know that in all the cases where I used these remedies, they were not only the articles indicated, but the only one's which could have been used, to have accomplished the result required." Such is the prescription and such the declamations of Prof. Witt, in a late letter of his, now before me.

It will be remembered, Dr. T. J. Wright, in behalf of the Faculty of the American Medical College, published me a falsifier, because I made these very charges against them. He also knows Prof. Stockwell earnestly endorsed this very practice before the Board of Trustees. One of the Board but recently said, such doctrines as

those advanced by Drs. Witt and Stockwell on that occasion, could not fail to destroy any college professing to be reformatory, and very nearly the entire Board have expressed regret that a by-law of the college did not exist, indicating the practice to be taught to be the Eclectic, and prohibiting the doctrines and practice which Drs. W. and S. defended.

It is passing strange, that Drs. Morrow, I. G. Jones, Baldridge, and others, all failed to learn that mercury and arsenic are the only agents "which could have been used to have accomplished the result required," in the cases named by Dr. W., and yet they have treated a greater number of the same diseases successfully without mercury and arsenic, than he ever saw of all diseases when added together. I do not object to Drs. W. and S. adopting the mercurial practice, but certainly all knowing the facts are compelled to admit they have proved false to reform. Former protestations in favor of reform, nor those made since the meeting of the trustees in October last for it, are sufficient to rebut their declarations on that occasion, in favor of an arsenico-mercurial practice. Their charges of falsehood and denial of facts before their class, can not dispel the odium which always attaches to hypocrisy and dishonesty. No true reformer will aid a mongrel school, and although strong professions of reform are now made, still their declarations before the trustees prove them false. The little class of 6 or 7, with which the spring session opened, confirms my prophecy, Dr. Wright's bombast to the contrary notwithstanding.

The same causes will afford a theme for the pen of some writer in an obituary on the demise of the American Medical Journal; medical friends at a distance are inquiring if it is "*defunct*," saying they have long since ceased to receive it.

The truth is, students will not attend a mongrel college—one having a Faculty who exhibit mercury and arsenic, and defend that practice by writing to strangers, or by endorsing it before their trustees. No student, imbued with the spirit and

principles of the American system of medical reform, will receive a diploma from a college known to advocate the doctrine, that Eclectic remedies are feeble, insufficient, and unreliable, when compared with mercury and arsenic.

If we have no principles but those of our opponents, and can not dispense with the use of mercury, arsenic, and the sugar of lead, as internal agents, of what can we boast as reformers? It is true, Prof. Witt asserts in his letter, by way of justification, that one of the Professors of the Eclectic Medical Institute had prescribed mercury, and gives the formula; but such proof adds nothing to the reformatory character of the A. M. College, nor does it prove its faculty sound and reliable on the question of reform. The anti-reformatory acts of Dr. W. are to be ascribed to the influence of Dr. Stockwell, rather than his own mental weakness. Although he is the most loquacious of the Faculty, still he is but the mouth-piece of others. Prof. Stockwell's opposition to the terms Eclectic, Eclecticism, medical reform, American practice, etc., together with his endorsement of the success of Dr. W.'s mercurial practice, compel me to view him as the instigator, on the part of Dr. W., to use mercury, and destroy the reformatory character of the school.

Such were the reformers, (who now claim to be "true Eclectics,") who ordered Mr. Pollock to close the doors against Prof. Baldrige and myself. An act of scoundrelism and villainy so flagrant and base, will meet with its just reward.

L. E. JONES, M. D.
Cincinnati, April, 1856.

GROVER COE, M. D.

We feel it due to Dr. Coe, as well as ourselves, to publish the following extract of a letter from that gentleman, in reference to the oft-repeated charge of his being a "patent medicine manufacturer." We always knew it was false and have so said, but it continued to be repeated, and was finally made the subject of a resolution by

a portion of the Faculty of the Eclectic Medical Institute. We deem it but an act of justice to place his denial of the charge on record.

"I have heard that Prof. King has charged me with being a vender of patent medicines. Though I should scarce condescend to attempt a refutation of any charge he might prefer, yet it may be of some satisfaction to you to know that I neither manufacture, vend or hold any interest, either direct or indirect, in any patent medicine, secret remedy or nostrum of any description. All that I have hold, or know, belongs in common to the glorious cause of Eclecticism. An active practice of upwards of 12 years has enabled me to gather many items in regard to diseases and their remedies, which I hope to live to lay before my professional brethren. Be they neither new nor original, I trust the relation of my personal experience may add something to the confirmation of their accuracy and efficiency. I have no aspirations above those of utility to my fellow men. Quietly I have labored in the discharge of my professional duties, and by strict allegiance to the principles and practice of Eclecticism, ensured for myself success in the treatment of disease which could have emanated from that observance alone. Few men of my age have so extended a reputation as I now enjoy. To the merits of the principles and practice of the Eclectic system I ascribe all. Born Eclectic, so let me die.

My practice is extensive and extending; taxing my powers to the utmost. I prescribe for from 10 to 20 cases daily. I have been in New York five years, and in that time have not lost a single patient in any instance where I was first called.

Yours truly, G. Coe.

RESOLUTIONS OF THE CLASS.

At a meeting of the class of the Eclectic Medical Institute, May, 3d, 1856, the following resolutions were adopted:

Whereas, the course pursued by several members of the Faculty of the Eclectic Medical Institute of Cincinnati, during the spring session of 1856, in introducing to the class the various matters of dispute and the difficulties existing for some time past among the members of the Faculty, is one which has tended to disturb the harmony, bias the minds, and divert the attention of the class from their legitimate

studies, thereby causing them serious loss, and in open violation of the by-laws of the Institute; and the course pursued by the same members of the Faculty in issuing illegally \$7,000 of stock for the purpose of electing such a Board of Trustees as would enable them to carry out the views their selfishness and malignity suggested, and out of which series of acts has grown the present state of things, is the *true* cause of the difficulty now existing: therefore,

Resolved, That we sustain the action of the Board of Trustees elected by the holders of the legal stock of the Institute, which stock has always been the basis of elections for a Board of Trustees, and that the reputation and success of the Institute would have been greatly jeopardized by the retention of the expelled members of the Faculty, viz: Buchanan, Sherwood, Cleaveland, King and Hoyt.

Resolved, That we have the utmost confidence in Profs. Newton and Freeman, knowing them to be gentlemen whose acknowledged integrity, and high professional attainments eminently qualify them for the positions they have for several years past, and which they still occupy, and the repeated charges of incompetency are a base slander, gotten up and circulated by some of their former colleagues for selfish purposes, and are entirely without foundation; and the system of unscrupulous and malignant misrepresentation they have pursued is attributable only to the mass of moral pollution from which it emanated.

Resolved, That the propositions made by the regular Board of Trustees to the opposite party, by their fairness and liberality, indicate a sincere desire to settle permanently and with as little delay as possible the present difficulties, and we admire and commend the course they have pursued.

F. A. SCHELL, President.

THOS. V. S. QUIGLEY, Sec'y.

BOOK NOTICES.

DIGESTION AND ITS DERANGEMENTS. The principles of rational medicine applied to disorders of the alimentary canal. By THOMAS K. CHAMBERS, M. D.; Fellow of the College of Physicians; Physician to St. Mary's Hospital, and Lecturer on the Practice of Medicine at St. Mary's Medical School, London; author of "Decennium Pathologicum," etc. New York: Samuel S. & William Wood, 261 Pearl street. 1856. pp. 441. Price, \$2 50.

The above work is divided into two parts,

the first of which treats of the physiology of digestion, as well as a full anatomic and physiological description of the digestive organs, and consists of ten chapters; the second part, of the pathology of the digestive organs, and the treatment of indigestion, and also consists of ten chapters. Throughout the entire work, Dr. Chambers has developed the fruits of a patient, extensive, and accurate research into all that has been said and written on the subject of which he treats, and has presented in a singularly successful manner a clear and interesting account of the various functions of the digestive organs. It is evidently the result of much labor, and gives proof of extensive knowledge and a sound judgment. We can confidently recommend it to the profession, as a work of rare merit, and should be in the hands of every practitioner.

On sale by H. W. Derby, Cincinnati.

ON THE ORGANIC DISEASES AND FUNCTIONAL DISORDERS OF THE STOMACH. By GEORGE BUDD, M. D., F. R. S.; Professor of Medicine in King's College, London; late Fellow of Caius College, Cambridge. New York: Samuel S. & W. Wood, 261 Pearl street. 1856. pp. 283. Price, \$1 50.

In the advertisement of the above valuable work, we are informed that the sixteen lectures of which it is composed were first published in 1853-4, in the *London Medical Times & Gazette*, and are now republished, with such additions and corrections as the author's subsequent experience suggested. For the information of our readers, we give a synopsis of the subjects treated of in each lecture.

LECTURE I. Introduction. Difficulties attending the study of stomach disorders, which are cursorily pointed out. Self-digestion of the stomach, or changes that take place in the coats of the stomach after death, from the action of the gastric juice.

LECTURE II. Softening of the coats of the stomach from the action of the gastric juice after death. Different circumstances under which it occurs.

LECTURE III. The organic diseases and functional disorders of the stomach. Arrangement of the subject. Congestion of the stomach resulting from an impediment to the course of blood through the liver and the chest. Congestion from other causes.

LECTURE IV. Inflammation of the stomach—its various kinds and degrees; whether from indigested food, alcoholic drinks, or powerful mechanical or chemical irritants, defective nutriment, or the presence of noxious matter in the blood.

LECTURE V. Is a continuance of the same subject.

LECTURE VI. Ulceration of the mucous membrane of the stomach. The perforating or simple ulcer.

LECTURE VII. The treatment of perforating ulcer of the stomach; perforating ulcer of the duodenum; minute superficial ulcers of the stomach.

LECTURE VIII. Cancer of the stomach.

LECTURE IX. Sympathetic disorders of the stomach from irritation elsewhere.

LECTURE X. Deficient secretion of gastric juice, and slow and imperfect digestion.

LECTURE XI. Fermentation in the contents of the stomach, with development of acrisis.

LECTURE XII. Indigestion arising from defective action of one of the excreting organs, or from some fault in the nutritive processes in other parts of the body.

LECTURE XIII. Forms of indigestion characterized by some peculiarity in the symptoms—urticaria, pyrosis.

LECTURE XIV. Symptoms of stomach disorders—pain and soreness of the epigastrium, vomiting, excessive acidity, flatulence.

LECTURE XV. On some of the remedies for stomach disorders—*ippecacuanha*, *bismuth*, the vegetable astringents, hydrocyanic acids, the alkalies.

LECTURE XVI. The subject of remedies continued—the mineral acids, the vegetable bitters, the preparations of steel, purgatives, general rules of living.

We regard this work, and that of Dr. Chambers on "Digestion and its derange-

ments," as two of the best and most reliable works on the subjects on which they treat, that have appeared for a long time, and hope that the enterprising publishers may realize a large sale of each.

On sale by H. W. Derby, Cincinnati.

THE PRINCIPLES AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY. By T. WHARTON JONES, F.R.S.; Professor of Ophthalmic Medicine and Surgery in University College, London; Ophthalmic Surgeon to the Hospital, etc. With one hundred and ten illustrations. Second American edition, with additions, from the second and revised London edition. Philadelphia: Blanchard & Lea. 1856. pp. 500.

The high reputation which the author already enjoys as an ophthalmic surgeon, as well as a writer on physiology and pathology, is fully sustained by the work before us, which bears on its face unmistakable proofs of much labor and deep research. We greatly admire the care and attention with which it is written; the clearness and precision of his style have already distinguished him as a correct writer. We hope this work will soon find a place in the library of every surgeon—a position which its merits certainly entitle it to.

On sale by Moore, Wilstach, Keys & Co., Cincinnati.

ON SOME DISEASES OF WOMEN, admitting of Surgical Treatment. By ISAAC BAKER BROWN, F.R.C.S. (by exam.); Surgeon Accoucheur to St. Mary's Hospital, Vice President of the Medical Society of London, Fellow of the Epidemiological Society, Corresponding Fellow of the Obstetric Society, Berlin, etc. Illustrated by twenty-four wood cuts. Philadelphia: Blanchard & Lea. 1856. pp. 276.

The above ably written work fills up a vacancy in medical literature, which has been long known to exist, and we feel much gratified that Mr. Brown has undertaken a work for which his long observation and experience in the operative treatment of sundry diseases and injuries to which females are peculiarly subject, so

admirably fitted him to accomplish. The work gives evidence of much practical sagacity and skill, in the operative suggestions it contains, and the contrivances which he describes, and which commend themselves to the careful attention of every surgeon who makes female complaints a part of his study and practice.

On sale by Moore, Wilstach, Keys & Co., Cincinnati.

ATLAS OF CUTANEOUS DISEASES. By J. MOORE NELIGAN, M. D.; Edin. M.R.I.A.; Honorary Doctor of Medicine, Trinity College, Dublin; Fellow of the King and Queen's College of Physicians in Ireland; Honorary Fellow of the College of Physicians of Sweden; Honorary Member of the Cork Medical Association; Physician to Jervis-street Hospital; Lecturer on the Practice of Medicine in the Dublin School of Medicine, etc. Philadelphia: Blanchard & Lea. 1856.

The above beautiful quarto volume contains sixteen splendid colored plates, presenting nearly one hundred elaborate representations of disease. Dr. Neligan certainly deserves the thanks of the profession for the success which has crowned his effort to supply a want which has been long felt. All who possess his useful manual on diseases of the skin should obtain this Atlas, as in it he supplies with each illustration a reference to the chapter of that work, where the disease receives special mention.

On sale by Moore, Wilstach, Keys & Co., Cincinnati.

THE FAMILY ENCYCLOPEDIA of useful knowledge and general literature; containing about four thousand articles upon scientific and popular subjects, designed for instruction and amusement. Ornamented with colored engravings. By Rev. JOHN LAURIE BLAKE, D. D., author of a general Biographical Dictionary and other works on education and general literature. Cincinnati: Mack R. Barnitz, 40 West Fourth street. 1855. pp. 960, double columns. Sold only by subscription. Price \$4.

We have been furnished by the enterprising publisher with a copy of the above valuable work, which is got up in a style

of elegance alike creditable to publisher, printer and binder. As a work of reference it is invaluable to every one who does not possess a large library. The following extract from the preface will show the character and design of the work:

"The Family Encyclopedia possesses some important peculiarities, and holds a position in literature which does not belong to any other work, so far as known to the author. It does not consist of any obtrusive definition of the sciences, to be found in most large English dictionaries, like many volumes got up apparently on the same plan. It is true the work contains such definitions; but they are intended merely as reference, being only a small fraction of the volume, and were not primarily embraced in the original plan of it.

"The main design of the author was to furnish a book for detached and desultory reading—a book for every day use—to occupy the attention at those short intervals, occurring to persons of almost every age and profession. The business man in the morning, and more particularly at noon and in the evening, frequently has a short period of leisure, which might be, and ordinarily would be, devoted to useful reading, provided some convenient manual were at hand. So it is with the student in the recess from more severe intellectual labor. And so it is also with the literary lady amidst the transient or stated avocations of domestic duty.

"With such persons, hours every day would be spent in useful desultory reading, provided a suitable book were constantly lying at hand in the parlor. Such a book, it is evident, however, must be adapted to the use to be made of it—it must be got up in a style of elegance so as to be an ornament to the center-table; and especially while abounding in matters of instruction and rational amusement, it must be entirely free from every thing hurtful to the moral and social perceptions."

We understand that the publisher is exceedingly desirous of giving this work an extensive circulation, and in order to accomplish this he is anxious to employ a large number of enterprising men to solicit subscriptions for it; and we are assured that such is the popularity of the work when it has been introduced, that good wages can be made by those who engage in its circulation. We wish it abundant success.

THE

ECLECTIC MEDICAL JOURNAL.

FOURTH SERIES, VOL. II.

JUNE, 1856.

No. 6.

Part 1--Original Communications.

PODOPHYLLIN.

BY GROVER COE, M. D.

This remedy is derived from the *rhizome* of the *Podophyllum Peltatum*. This plant, on correct analysis, yields three distinct therapeutic principles, termed respectively, resinoid, alkaloid, and neutral principles. On investigation of the stoichiometrical arrangement of these principles, the resinoid is found to predominate, the neutral comes next, while the alkaloid is least in quantity.

The resinoid principle, when exhibited in its isolated form, operates as an acrid, drastic, emeto-cathartic, violent and lingering in its effects. Extreme and continued nausea and vomiting, cramping pains in the stomach and back, together with excessive thirst, are among the more prominent symptoms. A scientific gentleman of this city, wishing to test its availability as an emetic, took *fifteen grains* of the resinoid principle in three doses of five grains each. The second dose was taken two hours after the first, and the third dose one hour after the second. Free emesis ensued, accompanied by the symptoms above described, which, after the lapse of two hours from the time of taking the last dose, became so distressing as to require

the employment of an antidote. This was found in copious draughts of sweet milk. It had the effect of so completely neutralizing the action of the remedy, that not only was the vomiting soon arrested, but two cathartic operations only followed. On the second day following, however, two cathartic operations were manifested.

The fact that milk may be relied upon to control the action of the resinoid principle, when given in overdoses or by mistake, is of interest to the profession, and more particularly to that portion who have been so unfortunate as to be furnished with this resinoid principle under the specious guise of *podophyllin*. As a counter-irritant, the resinoid principle, dissolved in alcohol, will be found quite equal to any in the range of the materia medica.

For some time past, I have been in the employment of the neutral and alkaloid principles, completely isolated from the resinoid, in the treatment of various forms of disease. I have found the action of these two combined principles as remarkable for mildness, as that of the resinoid for the violence of its effects. I have exhibited it to patients of every age, from the infant to the octogenarian—to females during the period of utero-gestation, and subsequent to parturition—and in each and every instance, embracing several hundred cases, I have found its operation uniformly kind, salutary and efficient. The distinguishing properties seem to be cholagogue, laxative, cathartic, alterative, detergent, and diuretic. It is divested of emetic prop-

simply because it gives a healthful impetus to feeble, interrupted, or irregular action, and thereby restores the balance of power to the conservative forces. It *does not* act like mercury "by substituting its own peculiar action for that of the disease," but by quickening, giving tone, and harmonizing the action of the natural forces.

For the full exposition of the properties and uses of podophyllin, the reader is respectfully referred to the various works on materia medica, resting assured that the podophyllin, when containing all the principles of the plant, will fully realize the possession of all the virtues accredited to the crude root.

I will mention a few of the combinations which have proved of marked advantage: In dysentery, leptandrin, asclepin, caulophyllin, and xanthoxylin—neuralgia, cypripedin, scutellarin, and gelsemin—as a vermifuge, with apocynin—in syphilitic affections, with iroquin, phylolacin, and xanthoxylin.

Perhaps one of the most remarkable features of this remedy is its power, in connection with olive oil, in removing biliary calculi. The best manner of employing it in these cases, is to administer it in cathartic doses at bed time, and follow next morning with from four to eight ounces of olive oil. It is best to wait until the nausea arising from the action of the podophyllin has subsided before giving the oil. I could, were it necessary, produce many well attested cases in support of its efficacy in that affection. It is generally well to repeat the oil in half the quantity on the second morning.

Notwithstanding the *ipse dixit* of some pretending teachers of therapeutics, who have denied podophyllin the possession of active solvent properties, yet will the practitioner find that so far as regards the removal of abnormal deposits and accumulations, or resolving the viscid and thickened secretions, the podophyllin has not its superior in the whole range of the materia medica. I grant that it does not possess the catalytic properties of mercury by means of which destructive combinations

of the organized tissues are effected, nor "solve out the red corpuscles of the blood," nor load it with a "fetid fatty matter," nor cause it to "exhibit the same phenomena as when drawn from a vein during the existence of inflammation," nor cause sloughing of the healthy tissues, and many other non-desirable results claimed for the action of mercury. Yet methinks benevolent considerations alone would restrain the conscientious practitioner from condemning it for the absence of these "peculiar properties."

Combined with jalapin and cream of tartar, we have an efficient cholagogue and hydragogue cathartic. In the treatment of some forms of dropsy, this combination will be found of superior efficacy. In short, the judgement of the practitioner cannot fail to effect combinations suitable to every indication.

The medium dose is one grain. I have found cases requiring as high as six grains, combined with six grains of leptandrin and two of jalapin at that. But such cases are rare.

One fact which I would mention, and which may prove of interest to the practitioner, is, that the use of much salt or salted food immediately after the action of podophyllin, will frequently produce a great amount of gastric and enteric irritation and prolonged catharsis, very frequently erroneously attributed to the podophyllin. Farinaceous food for the next twenty-four or forty-eight hours succeeding the exhibition of a full dose of podophyllin, is advisable.

The best agents to modify the action of podophyllin in irritable patients, are asclepin, caulophyllin, cypripedin, gelsemin, and super carbonate of soda. One or more of these may be employed, as meets the judgment of the practitioner. To secure the full alterative effects of podophyllin, leptandrin, and xanthoxylin will be found valuable adjuncts.

MR. WM. FERGUSON, the well known surgeon, has been appointed Surgeon Extraordinary to the Queen.

MILK SICKNESS.

BY DR. J. B. CHACE.

This peculiar and disagreeable disease seems to have been strangely overlooked, and its importance underrated by the profession generally; even its existence, as a separate disease, is often denied by prominent members of the medical profession. Regarding it, as I do, one of the worst diseases to which suffering humanity is subject, and its character being so little understood, I am induced, on this occasion, to contribute to its elucidation.

It is a malady at once fearful in its character, and dreadful in its consequences. Among the common people this disease is called *milk sickness*, *trembles*, and *sick stomach*. The first name has reference to its probable or supposed cause; the other two are indicative of its most prominent symptoms.

That this is a peculiar disease, is very manifest to any impartial observer of its characteristic symptoms. It is considered and treated by some as a low grade of bilious fever, but it has none of the symptoms so common in bilious fever, as acceleration of pulse, vomiting of bilious matter, heat of the surface, etc. It is also confined to particular localities, and often to those in which bilious and other malarious fevers are hardly known. It has, moreover, symptoms essentially its own, which are not manifest in any other form of disease.

SYMPTOMS.—This disease has quite a diversity of symptoms, according to its greater or less violence of action. In a mild attack, there may be merely a sense of languor, listlessness, loss of appetite, and a trembling of the lower extremities on the slightest exertion. This condition may continue for months, and may even continue to manifest itself during the warm season for years. In a severe attack, all the symptoms are greatly aggravated. The patient feels a sensation of lassitude and extreme weakness, general debility and

uneasiness, and trembles on making the least exertion. There is *peculiar* heavy offensive fetor of the breath, which is easily recognized by any person who has once been accustomed to it.

At a period varying from a few days to a week, these symptoms are followed by extreme sickness at the stomach and vomiting. The matter ejected consists of the drink the patient has taken and a little glairy mucus. Obstinate constipation of the bowels accompanies this stage of the disease; the surface and extremities are cold and dry. Notwithstanding the apparent coldness of the surface of the body, the patient constantly complains of being too warm, and inclines to throw off the bed-clothes; is very restless, rolling from side to side in the bed, and frequently moaning. The countenance expresses extreme anxiety. Hiccough is always present, and constitutes a very distressing symptom. The abdomen is generally collapsed. The pulse is not usually accelerated in the first stages of the disease, but is full, slow and soft; but as the disease advances, it becomes rather more frequent and small. The heart beats with great violence, and the abdominal aorta and other large arteries of the abdomen, beat and throb so as to be distinctly felt in the epigastric and left hypochondriac region. The patient does not usually complain of much pain, but of a hot and burning sensation of the stomach, and calls repeatedly for water, cold water, which, when swallowed, is almost immediately ejected from the stomach, and rather, tends to increase the thirst and suffering. In some cases the stomach is so irritable that nothing can be retained. The vomiting usually returns in paroxysms once in from fifteen minutes to two hours; the patient generally falls back after vomiting, apparently relieved, and in very severe cases lies in a stupid condition until another paroxysm comes on; is drowsy and roused with difficulty, and appears entirely unconscious of his condition.

CAUSES.—That this disease is produced by a specific and distinct poison, is pretty generally admitted; but what that poison

is, cannot be satisfactorily ascertained. It is clearly proved that eating the milk, butter and flesh of animals which have the trembles, produces the analogous disease in man. Cattle, sheep, hogs, and many other animals, are subject to the trembles. Milch cows seldom show signs of the trembles, and the inhabitants living in the regions where the disease prevails, are sure to let the calves suck the cows through the summer, and as soon as the calf shows symptoms of the trembles, the family cease to use the milk and butter. I have seen calves so severely affected that they could not stand up to suck, but had to be supported or held up.

As far as I have been able to learn, by examination and inquiry, the milk and flesh of animals affected with trembles, has no taste or smell that would indicate disease; but some persons say they can tell by the appearance and taste of the milk whether it is infected with disease or not; it is said the milk is not so rich, looks blue, and yields but very little butter.

The true cause of trembles not being definitely known, many different theories have been invented to explain the phenomena of the disease; but they nearly all prove to be without good foundation, and it seems to be produced by a variety of causes. Some maintain that it is of vegetable origin; others that it is a poison in the atmosphere, and merely settles upon plants in the woods and fields, in certain localities, in form of dew. Others, again, say it is of mineral origin, and exists in the water of certain springs and brooks.

Those who maintain the theory of its vegetable origin, say that the disease is caused by the *poison vine*, *Rhus Radicans*, and some other plants, the name of which they do not know. But this theory has many objections, for although the poison vine is a very abundant plant in this part of the country, yet cattle have been known to eat it with impunity, and I have known cattle to graze for months in pastures where this vine grew on almost every stump and log, yet were never known to get the trembles while kept there. The very fact

that the *Rhus Radicans* is so common all through this country, and that animals only get the disease in certain localities, is an argument against this theory.

The idea of its mineral origin, or existing in the water, appears to me most rational. There are several springs in this part of the country which are known to cause trembles in cattle; for after the springs were fenced, and the cattle thus kept from drinking the water, they could feed in the pastures with impunity. It is found that the season of the year in which cattle are most subject to the disease, is in July and August, or particularly in a drouth, when the spring water is least mixed with rain or snow water, and the poison most concentrated. The water from some of these springs has been subjected to chemical analysis, but nothing very satisfactory has yet been ascertained, with regard to the poisonous substances which it contains. Some specimens of it contain copper, which is similar in its effect to the sulphate of that metal.

TREATMENT.—The most important indications to fulfill, in the treatment of this disease, are, to equalize the circulation, check the nausea and vomiting, and produce catharsis. It is always difficult, and sometimes impossible, to get medicine to remain long enough in the stomach to operate as physic. The tongue is generally slightly coated white in this disease, which would seem to show that there is an excess of acid in the system, and alkalies are found useful in allaying the nausea, and checking vomiting. Carbonate of ammonia, given in doses of 6 grains every two hours, has an excellent effect; it should be dissolved in a small quantity of tepid water. Sinapisms should be applied over the stomach, and to the thighs. The whole surface should be bathed with a hot alkaline wash, and dried with brisk friction, and the extremities bathed with alcoholic tincture of capsicum.

For a cathartic I have used with success an infusion of senna and epsom salts. Take senna 1 oz., boiling water 1 quart, infuse for half an hour, strain and add

2 ozs. of epsom salts; give $\mathfrak{f}\mathfrak{iv}$, every hour; if one dose is vomited up, give another immediately. After giving eight or ten doses of this medicine, its operation may be assisted, if necessary, by an injection of the same or a decoction of *Pod. pelt.* The use of the cathartic and injections should be persevered in until an operation is produced.

For the hiccough, which is sometimes very distressing, I have used a pill composed of ext. hyosciamus 1 gr., asafoetida 2 gr., given once in three hours. This pill seems to have a very excellent effect in quieting the spasmodic action of the stomach; but nothing gives such marked relief from the continual nausea and vomiting, as a thorough cathartic operation.

After the bowels are opened by physic, the neutralizing cordial should be given once in four hours, in teaspoonful doses. After the sickness of the stomach is allayed, give *podophyllin* and *leptandrin*, in small doses, to act on the liver and promote the secretion of bile. A thorough cholagogue cathartic invariably removes a large amount of black tarry matter from the bowels, in this disease, and is always followed by immediate and sensible relief.

In very mild attacks of this disease, the neutralizing cordial will sometimes allay the sickness of the stomach, so that *podophyllin* or some other active cathartic can be given; but in a severe attack, it would be immediately ejected.

After the operation of physic, the strength of the patient is frequently very much reduced, and requires to be sustained by stimulants and tonics. Brandy should be administered as freely as the urgency of the symptoms seem to demand. Carbonate ammonia is also an excellent stimulant. Quinia and salicine, also many of our vegetable bitters, are useful as tonics. In the convalescing stage our *restorative bitters* are very useful; a small quantity of *pod. pelt.* may be added to the bitters to keep the bowels regular.

A person who has once had this disease in its severe form, is subject to it, in a greater or less degree, ever after; it gen-

erally manifests itself, more or less, during the heat of summer every year. So the man never knows when he is well; and in this respect, the disease may be called dreadful in its consequences.

By Allopathic physicians it is treated with large and repeated doses of calomel, until it produces its peculiar constitutional effect, and leaves the patient in a condition in which he has more need to be cured of his medicine, than he had of the disease.

Brownstown, O., April, 1856.

IMMORALITY IN THE MEDICAL PROFESSION.

BY DR. WM. M. NAUDAIN.

The charge that infidelity abounds in an inordinate degree among the members of the medical profession, is no doubt caused by the wittings who have, from some fortuitous circumstance, obtained admission into their ranks. There was a time when, among the qualifications, that of morality was one of the chief; and even now, if one might judge by the by-laws which Institutions profess to be governed by, it is still a *sine qua non*. It is to be regretted that men, after passing such an ordeal, should so farswerve from the original requirements of medical Faculties, as to put forth as matters of scientific knowledge, ideas and sentiments which, under no other circumstances, would be tolerated for a moment by a people claiming to be both intelligent and moral.

Among all the learned professions, none require the virtues of the christian to stand out more prominently than the physician. If he is not imbued with them, he is little calculated to be at the bed-side of the sick and the dying. In saying this, it should not be understood that it is here meant merely the canting, psalm-singing fanaticism far from it; he is truly a poet, let him be where he may. But it is the physician who can, after exhausting all the means of cure that lie in his power, soothe the

troubled spirits, and point out to erring mortals that there is a bliss even beyond the grave.

It is the duty also of the physician not only to heal disease but to point out the mode by which the natural laws may not be violated, and thereby prevent its occurrence. Were all to live in accordance with those laws, but little disease, compared with the present, would exist; and those harpies who are growing fat upon the "human ills" of the present age, would be forced to seek other means for their support.

Among all the vices which disgrace humanity—and for its violation there are no greater penalties—is that of prostitution. From the days of Solomon to the present, the human race has suffered from its baleful influence more, perhaps, than from any other one disease. Legislators, ministers, moralists and the press, have each and all endeavored to place this sin so before the public that they would seek to avoid it, and the result has been, that lewdness is looked upon as so debasing that even the vilest wretch seeks to hide his frailties from every eye. Eminent surgeons who have seen its horrors, have, in the strongest language, said all that was possible, to deter every one from indulging in this pernicious vice, and never for a moment thought of throwing a shield around it, and pointing out how it might be practiced with impunity.

Were this a subject which could interest the general reader, an article which was published in a late number of a hebdominal in this city, over the signature of an individual who stands high (?), should receive such a review as morality and its correlatives demand; but as its circulation is confined to a few medical readers, whose knowledge of diseases are such, as should lead them to correct conclusions, it is better perhaps to let it pass for just what it is worth. The author's patients, some "seventy or eighty males," must have been among the most debased of their species, to have run the risk the author says they did in recklessly and unblushingly following

his advice. Immoral and unprincipled men have frequently duped the viciously inclined in such things before. All such means have been found fallacious, and the experimenters found themselves, when too late, the recipients of diseases the most disgusting and filthy the imagination can depict.

The desire for ephemeral fame will many times induce singular circumstances, and the evidence of all medical men agree in saying, that for such diseases there are no prophylactics, and he who puts his faith in any thing as such, will find, when too late, that he has "reckoned without his host."

Cincinnati, April, 1856.

QUININE AS AN ANTIPERIODIC.

BY BERNARD STUVE, M. D.

Permit me, Prof. Newton, to give a few words more, by way of reply, on this stale and thread-bare subject. Under the above head, a writer in the April number of the E. M. Journal urges, with much self-satisfaction, what I can call nothing but misrepresentations from Headland, against some views of mine published in the January number, on the behavior of quinine in the system, and which inclined to the above named author on the "Action of Medicines."

The views of Headland on the behavior of quinine are at least plausible and seem reasonable, and facts are arrayed in evidence of their support—not mere *ipse dixit*, in which light I am constrained to regard those of this writer. The gentleman presumes not a little, when he pronounces quinia an antiperiodic because arsenic is indisputably such. "Comparison's are odious," and the saying is no less forcible when he gravely arrays, side by side, these two agents to prove by one that the other is the same, and then wantonly concludes that Headland says that "arsenic is useful in all intermittent disorders in which sulphate of quinia is admissible;" of which I will have to interpose a flat

contradiction, for he says no such thing. The difficulty with the writer seems to be that he cannot understand how a common point may be gained by two different roads, and therefore pompously "trusts that enough has been said to prove that quinine does not act on the restorative principle, in the cure of periodic diseases."

Why, nothing has been proven; he simply asserts that in some cases of periodic diseases, the exhibition of either quinia or arsenic may eventuate in a cure. The writer has his first lesson to learn in reading correctly Headland, so that he may understand that that author arranges his classification of medicines, not upon the effects or the results of their action, but upon their behavior in the system. Would it not be extreme sophistry to class two agents together, because they may perchance have rid the system of a like disease? And that "arsenic is equally as reliable" (which this writer affirms) "in the cure of periodic diseases as sulphate of quinine," is simply sheer undigested nonsense. If it is "equally as reliable," why is it not used commonly and popularly for ague, as a "household remedy," which he styles quinia on the next page? It is certainly much cheaper, which is not a small desideratum in Illinois. Besides, I am not a little surprised, if not shocked, to hear, as a mark of the gentleman's Eclecticism, that "arsenic is equally reliable" to quinia. Sir, it is ostracised in the reform creed or ritual. Consult but the writings of a few of the early reformers, and your conclusion will be quite irresistible, from the invectives of those staunch movers in the glorious cause, that the tissue-destroying arsenic has received its quietus long since. Then speak now of its "reliability"!

Nor did I positively say that quinia was solely a restorative. But the reasons for such a view are here succinctly reiterated. It readily cures debility; improves the appetite; given in moderate doses in health, it works out no peculiar morbid process in the system. It has not been found by any chemist in the secretions of the body, showing that it is not unnatural to the

blood, and that it may add to or supply an ingredient to that fluid. If it does not directly supply to the blood the taurine of the bile, it is at least a very plausible conclusion that it easily may, for in the oxidized form of quinia the addition of two equivalents of water renders it isomeril with taurine.

As to the cure of ague by arsenic, of which the writer speaks, it cannot be relied upon at all. In a recent case of ague, where the blood had not become deteriorated or foul, except what may be readily taken from it by the use of appropriate eliminatives, to attempt a cure, then, by arsenic, would only show the folly of the physician, while he could cut it short by a few doses of quinia. In chronic cases, to rely solely on arsenic would be equally foolish, because of the weakened and debilitated condition of the system, requiring unmistakably a tonic. Here I rest the subject, deprecating any farther controversy.

Carmi, Ills. April 1856.

ECLECTIC MEDICAL INSTITUTE.

The closing exercises of the spring session of this institution, took place on the 13th inst. A report of the condition of the college was made by Prof. R. S. Newton, which exhibited 172 matriculants, and 38 graduates, for the winter session; and 81 matriculants, and fifteen graduates, for the session just ended.

W. B. Pierce, Esq., President of the Board of Trustees, conferred the degree of Doctor of Medicine on the following graduates:

THOMAS B. BUCK, Pennsylvania.
SLOCUM CARR, Ohio.
H. MORROW DUFF, Ohio.
ELIJAH DUKE, Mississippi.
ABRAHAM DURR, Wisconsin.
DANIEL H. ECKERT, Ohio.
AMOS E. FIFE, Canada West.
EDWIN FREEMAN, Nova Scotia.
JAMES F. KNOWLTON, Indiana.

GEO. A. MARTIN, Arkansas.

JOHN MCGREW, Illinois.

THOS. V. S. QUITLEY, Virginia.

FREDERICK A. SCHILL, Indiana.

JOHN M. SCUDDER, Ohio.

N. H. CAMPBELL, Ga., *Honorary Grad.*

The valedictory address on behalf of the graduates, which we give below, was delivered by Dr. J. M. Scudder. This was followed by an address to the graduates by Prof. W. Byrd Powell, who was afterward presented with the usual clinic certificate by Prof. Z. Freeman. The exercises were concluded by brief addresses from Profs. Jones and Newton.

VALEDICTORY.

GENTLEMEN AND LADIES—In behalf of our graduating class, I would thank you for the interest you have manifested in the cause of Eclecticism, by your kind attendance upon our commencement exercises to-day. I view this reform in medicine as the greatest blessing that could be bestowed upon a people, and the success which has attended it shows that it has been fully appreciated.

We hold our commencement exercises to-day under peculiar circumstances. You are doubtless cognizant of the facts connected with the memorable war of the spring session of the Eclectic Medical Institute. Some might think, from reading the accounts published in the daily papers of this city, of the bloodless battles fought, of the college building in a state of siege, that this has been all a farce, acted for the amusement of the parties and the public. While we regret that causes sufficient existed to justify our professors in taking the stand they did; while we feel that their self-respect, their honor as gentlemen and as professional men, demanded this course—with them forbearance having ceased to be a virtue; they had practiced it toward their colleagues, but only received insult in return—we deeply regret that these occurrences have caused a division in the class; that at this time there are those with whom we have studied, with whom we had formed friendships, and with whom

we expected to close our college life, now attending the lectures of those who once filled chairs in this Institute. Why is this so? Because there are two sides to every disputed question, and the party who can tell his own story, and keep the faces of the opposite side from his hearers, most generally gains his case. This has been the policy of the opposition ever since my connection with the Institute; they have, by all the means within their power, tried to prejudice the minds of the students against Profs. Newton and Freeman, by malignant innuendoes against their professional reputation, their moral character, and their teachings in the college. That such trickery should succeed in obtaining an influence over a portion of the class, is not to be wondered at, when it is known that Profs. Newton and Freeman would not descend to such contemptible chicanery; that they used their professional chairs in accordance with the by-laws of the Institute, only for imparting to the class facts in medicine, and such knowledge as would qualify the student to become a good practitioner of medicine.

And while we have nothing to regret but the division of the class, we congratulate ourselves that the Eclectic Medical Institute has been freed from that incubus which was weighing it down, running the institution in debt, and worse than all, sinking the character it had obtained under its energetic founders, as the center of a reformatory movement, which would tend to revolutionize the practice of medicine, and be of incalculable advantage to the world—congratulate ourselves, that our honored *alma mater* has been freed from men who were not Eclectics in principle—men who, like Esau, would have sold the birthright of the Institute for something that was far less in value than Jacob's "mess of pottage." I mean the recognition by Allopathy of some who wished to ride into public favor on both systems of medicine, forgetting the great truth, that "no man can serve two masters" at the same time.

But a new era has dawned upon the Institute. What might at the time have

seemed to predict its downfall, will work its good. Our professors now are men who are the good of the cause at heart—men of acknowledged ability and high professional attainments; and we have no doubt, that under their guidance the future prosperity of the Institute will greatly exceed the palmiest days of times gone by.

Eclecticism must and will succeed; the age demands it, and the people welcome its supporters with gladness to their midst. Its teachings show that instead of being two or three centuries behind the age, it stands in the front rank with other sciences that have made such rapid progress within the last fifty years. Its practitioners have fully proven its superiority over other systems of practice in the treatment of disease. No medical college can, in the same length of time, show such a number of alumni who have succeeded beyond their most sanguine expectations, making for themselves names long to be remembered in the places where they are located. The name Eclectic has become almost synonymous of success; for we find their ranks filled with energetic practical men, the embodiment of American progressiveness. That such men should succeed, in this age of progress, (as they have beyond all precedent,) is not surprising, and that the science of medicine should take on new life and vigor, by the careful researches which have been made, comparing the older writers with our present light and experience, retaining what we found to be good in their works, and discarding that which had been proved to have no foundation in fact.

And not only have the theories upon which the older physicians predicated their practice been revised, but our therapeutics have undergone a still greater change. The experiments of many enlightened and liberal men, both in Europe and America, have fully demonstrated the futility of trying to treat disease successfully with those agents which undermine the constitution and poison the springs of life, and which leave behind in the system the heritage of disease, with no hope for the future but of being in the hands of the physician, until

death relieves them from their miseries. A reform was demanded by the people in all countries, but more especially in America—men who cherished those views of liberty and progress which characterize the American people, could ill brook the practice of those who derived all their knowledge from the medical despotisms of the old world, and who wished also to confine themselves, in the remedies they used, almost exclusively to those which were produced abroad. The practice of our leading physicians in the United States, twenty years ago, was that which had been followed for two or three centuries before; not a sign of progress had been made, if we judge by the success of their practice. The science of medicine had its bounds fixed—"thus far shalt thou go, and no further"—and the power which placed this yoke on the profession existed by special enactments of government. An aristocracy in medicine reigned; they contended that medicine had attained its ultimatum, and to think otherwise brought down the anathemas of *empiric*, *quack*, *charlatan*, and many other epithets of contempt, upon the innovator who dared to go beyond the ancient landmarks. Truly the history of medicine verifies the saying, that the world will forgive any thing sooner than the promulgation of a new truth.

But a better time was coming. There were men able and willing to investigate—men willing to go beyond the record, to learn from nature, and to study the laws governing the human economy, and those influences which could be brought to bear upon it when diseased, so as to restore it to health. Some, starting with the proposition that every part of the habitable globe would furnish to man enough to satisfy his wants, examined and tested our indigenous plants. If their proposition was erroneous, their success was very great; for in the medicinal properties of our American plants, we have a treasure which, if rightly applied, will prove of incalculable advantage to man. Many years were the crude articles used, and great was the success attending their administration. The

community would rather suffer the inconvenience of taking large doses of these crude and disagreeable remedies, than trust themselves in the hands of those who found it so very convenient to treat all diseases with their lancet, tartar emetic and calomel.

But the chemists have stepped in to our assistance; they have taken our crude roots and herbs, and by the greatest perseverance and industry, they have extracted from them their medicinal properties, giving to us, in the place of the bulky article we had to use in large doses, beautiful preparations which possess all the properties of the plants from which they were derived; and yet so small in bulk, that the physician's pocket case of our day will contain more medicinal substance than the enormous saddle bags of the botanics of the days of yore.

These are the prominent features of Eclecticism; to these, in addition to the correct views of pathology on which they predicate their practice, is to be ascribed their great success as practitioners.

And yet we have had traitors in this great reform—men who occupied high positions in our midst—men who, considering what Eclecticism had done for them, raising them from obscurity and giving them a commanding position in our ranks, have proven Benedict Arnolds to our cause. It is true they are but few in number, yet one would have been too many. As natural curiosities, we will see how a couple of these gentlemen will look. Let us take a view of them through our "Stanhope lens," and see what they are made of. We find them crystalize before us, and by the wondrous power of our instrument, we should say they are badly sophisticated—yes, very badly: xxiv gr. of sophistication in xxi that we have examined. One says, "We have no doubt that the time will soon come, when the harsh and drastic medicines we now use will be laid aside, and the delicate operations of homœopathy, psychology, and animal magnetism, will be found altogether sufficient for the treatment of disease." What a very pleasant system of

medication this would be! but see how graphically he describes the treatment of patients with these delicate appliances:—"If, for example his condition indicated the necessity of a tonic, he may select ten or twenty that appear best calculated to fulfill the indications of the case. By placing them in his hand, he is able, in a few minutes' trial, to reject those which are pernicious, and select those which produce desirable effects, and inform us of the mental and physiological results which the chosen medicine produces." How beautiful this theory! how great the man who made these discoveries! But this is not all. We will quote again from the same author: "With an unfailing internal sense he chooses his appropriate nutriment with equal certainty; he avoids noxious plants and minerals, and when his health is deranged, he needs but to walk through the forest, and exercise his finer senses, to find out a plant which combines in its leaves, its flowers, its bark or its seeds, the power that restores him to health."

How beautiful and benevolent this system of medication! no need of pills, of powders, of draughts, of poultices, nor of the hundred and one measures taken by us to combat disease; no need of our studying for years those branches of medical science which we suppose necessary to the rational practice of our profession; no need of anatomy, physiology, pathology, chemistry, surgery, and materia medica; the patient has "but to walk through the forest and exercise his finer senses," and they will infallibly direct him to the plant which will restore him to health. Thus man we would hold up for the contempt of every true Eclectic. Pass him round, but handle him lightly; for he is so spiritual, so ethereal, that the slightest jar would cause him to shift this mortal coil, and his immense spirit would go off at a tangent, to join some circle of spiritual tippeys, and with that case of his we would expect some astounding developments in the other world.

But we will leave that dignified gentleman, and turn our attention to one so diminutive, that if it were not for the power

of our wondrous instrument, we might not see him; yet 'tis said that a mote, if it be in the eye, proves a source of continued annoyance, until removed, as has been the case in this instance. This diminutive disciple of *Æsculapius* hails from "away down east;" he supposed that he was especially called to reform Eclecticism, and how do you suppose he wished to reform it? His mode of reformation was very simple; it consisted in just reversing our steps, and falling back into the outstretched arms of Allopathy. And yet, after all his exertions to promote such a laudable reform, he entirely and most signally failed. Is it not singular that Eclectics should be so indifferent to their own interests? But we will leave him in peace, to sink back to that insignificance from which he was brought by some who now hear me.

To me there is nothing so dear as the cause of Eclecticism. There are principles contained in this system of medicine, that I look upon as of vital importance in the treatment of disease. It has remedies that are peculiar to itself. In fact, it is a distinct system of medical practice, and not, as some would have us believe, only a parody on the word *Ekkyktikos*, or choosing, a myth, a vapor, a something which nobody fathers, and nobody defends.

To our Professors we would express the high regard we have for them, as gentlemen and as teachers of medicine. May long life and happiness be theirs; may they succeed in elevating the Institute from which we have received our degrees, to a higher position than it has ever occupied before, being assured that we feel a deep and lasting interest in the prosperity of our *alma mater*, and those who fill her chairs.

To our companions in study, who will remain in the Institute hereafter, pursuing their medical studies, we leave our best wishes for their future prosperity and rapid progress in the knowledge of their profession; and we would assure them, that though our connection with the Institute as students has closed, yet we are still learners, and intend to devote our best en-

ergies to the further study of our profession, feeling that though we should spend a lifetime in laborious study, yet we would but have gained the portals of the temple of *Æsculapius*.

Gentlemen of the graduating class: To you who are so soon to separate, I have to bid perhaps a last farewell. Our intercourse together has been of the most pleasing character. Together we have studied to master the principles of our profession; together we have studied the mechanism of that most perfect of God's creation, the human form; together we have gained the goal for which we have labored, and have received from the hands of our *alma mater* the evidence that we are qualified to practice our chosen profession. Then it is not strange that for you I should have more than a common friendship. The memory of my college life, and of my associations with you, will always be cherished by me as one of the brightest pages in life's history. The morning of our medical career has passed; the day has come when we shall have to bear our part in the labors, the trials, and the conflicts of life. Let each of us feel, as we leave this Institute, that we have entered upon a profession of great responsibility; that in our hands will soon be placed the hopes, the fears, the happiness or misery of our fellow men; on our knowledge of medicine will depend the issue of life or death to many—that life, the preservation of which will bring joy to the family circle, happiness to friends, and great good to the community; or that death which would shroud the fireside with mourning, fall like a withering blight upon the hearts of relatives and friends, and remove from the world one in whom many centered their hopes, their happiness, and all that makes life pleasant. Let us never have the bitter reflection, that through our incompetence to discharge our duty, a life was lost. Feeling thus, we will discharge to the best of our ability, the duty we owe to the community as physicians. A high and important vocation is the practice of medicine, and if followed with those principles of honor, kindness and sympathy,

which should always characterize the physician, we may feel assured of that reward which is beyond all computation, the good wishes and blessings of the community where we may locate. Without this the practice of medicine would be like the labor of Sisyphus, continued but without eventual success. In conclusion, let me assure you, that you have my best wishes for your future happiness and prosperity.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
SPRING SESSION OF 1856.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. S. FREEMAN.

CASE 405. Feb. 29.—John Hahnehan, æt. 45. Ophthalmia and opacity of the cornea. Has been affected nearly one year, confined to the house most of the time, unable to work. Opacity is most prominent upon the upper portion of the cornea; blood-vessels leading over the upper surface of the sclerotic coat to the opacity, are also quite numerous and distended, as always occurs in recent opacity and in ulceration of the cornea. The cornea of both eyes is somewhat prominent and conical, appearing more so than real, on account of the opacity. Purulent secretion from the eyes in the morning. There was much intolerance of light, when the eye-cups were applied three weeks ago, but there is not so much since. General health otherwise good.

Treatment.—Apply the cups to the eyes once per day.

March 4.—Feels about the same. Was better on the day after he was here, since which time the cups have not been applied. Apply the cups.

7.—Can see better; can see to read, if he would try, but is afraid to. Has no more pain in his eyes; opacity of the cornea disappearing; lower part of the cornea more transparent. Continue the cups.

11.—Has taken cold; thinks he sees no better than when here last; opacity is diminishing, and the cornea does not look so rough. Continue the cups.

18.—Has not applied the cups since he was here last, but has been bathing his eyes with warm water. His eyes are improving rapidly; opacity disappearing very fast, nearly gone; no discharge from the eyes. Continue the bathing with water as hot as can be borne.

April 10.—Discharged. Eyes appear sound, though vision is not perfectly clear.

CASE 406. Feb. 29.—Sarah Van Hart, æt. 40. Chronic pneumonia. Has been feeling ill for six weeks; has pains through her chest, extending to her right shoulder; has soreness in the right sub-mammary region and upon the scapula, on pressure; has much and severe cough, most in the morning; expectorates some white mucus; has a wheezing sound in the right lung when she breathes, headache in the morning, pulse 110, and respiration 44 per minute; has sickness and vomiting often when she coughs; cannot lie upon her right side, for "it seems to take away her breath;" has a warm perspiration upon her head at night; tongue looks nearly natural, bowels regular.

Treatment.—R Emetic powder (of the Eclectic Disp.) ʒij. Use as directed to produce emesis. And then use as an expectorant, R Syrup senega ʒij, spts. nit. dulc. ʒj, tinc. lobelia ʒss, tinc. sanguinaria ʒij. M. Take two teaspoonfuls every one or two hours, to produce nausea and relaxation of the constriction of the lungs.

March 4.—Cough improved, not so much pain in the chest, can lie upon the right side with much more ease, feels very weak, pulse 95, appetite indifferent; exertion causes coughing which produces pain. Continue the last prescription by adding R Spts. nit. dulc. ʒj, hydrastin ʒj. M. Use a teaspoonful every three hours, or oftener if the cough is troublesome.

10.—Taken cold; attended her at her room; pneumonia severe, much pain and coughing.

Treatment.—Warm pediluvia, hot fomentations of hops to the chest, and sinapism to the back opposite. Gave internally \mathcal{R} Sulph. morphia gr. ij, gelsemin gr. iv. \mathcal{M} . Make powders viij; take one every four until relieved.

11.—Is much improved; scarcely any cough, no pain, skin moist. Continue the treatment, excepting to use the morphia and gelsemin only once in two hours.

12.—Improving. Omit the fomentation and mustard. Bathe the chest with spirits terebinth once per day, and continue the morphia and gelsemin, in half of the above dose, three times a day.

18.—Discharged cured, or so much better that she does not need any more medicine.

CASE 407. Feb. 29.—Thomas Nolan, *et.* 26. Chronic dysentery. Has been affected seven months. Bowels tender and painful upon pressure; has much pain of a griping and aching character in the bowels; six or seven defections daily; passes blood and mucus mixed; tongue very white; every thing he eats produces vomiting; has chilly sensations at times, feet cold constantly; pulse 100 per minute and weak; skin dry and rather sallow; is much depressed in spirits and very feeble.

Treatment.— \mathcal{R} Naut. cordial \mathfrak{z} ij, hydrastin \mathfrak{z} ij, tinc. opii \mathfrak{z} ij. \mathcal{M} . Take two teaspoonfulls every three hours.

March 4.—Does not feel as well as yesterday; only had two alvine discharges yesterday; had six to-day. Has not so much pain; feels slightly nauseated as before, but does not vomit; tongue looks better, abdomen not so tender, appetite in different, no perspiration; eats only bread and coffee. Discontinue the use of coffee, as it becomes acid in the stomach. Continue the above treatment, using a sinapism over the lower portion of the loins morning and evening.

10.—Much improved. Continue the treatment, using only half of the above amount of tinc. opii in the prescription.

15.—Discharged cured.

CASE 408. March 4.—Margaret Rial.

capillary varix, with local chronic erysipelas. Had phlegmasia dolens after her last confinement, six years ago. Her leg and thigh were much swollen at that time, and were bandaged. As the above disease disappeared, six years ago, a swelling commenced like a boil, but did not terminate in an ulcer. Parts had become nearly natural in appearance. About two months ago the part became inflamed, and assumed an erysipelatous appearance. The disease is located below the knee, (is about four inches in length, and extends nearly around the leg.) and does not extend above the knee. Part looks reddish brown, is somewhat swollen and painful. Small vesicles rise upon the inflamed part, burst, then become dry and scale off. There is a varicose condition of the capillaries of the part, and of the small veins of the foot and ankle. Bowels constipated.

Treatment.— \mathcal{R} Tinc. ferri mur. \mathfrak{z} ss, zinc. sulph. gr. xv, water \mathfrak{z} vi. \mathcal{M} . Apply to the part constantly as a moist dressing. Keep the limb in a horizontal position. Take internally, one comp. cath. pill every night. Also, \mathcal{R} Tinc. ferri mur. \mathfrak{z} ss, tinc. macrotyis \mathfrak{z} ij, syrup ginger \mathfrak{z} ij. \mathcal{M} . Take \mathfrak{z} three times a day.

Mar. 12.—Part much improved; not so purple and congested. The whole of the leg and foot looks paler and less congested. Continue the treatment.

April 3.—No report.

CASE 409. March 7.—Mrs. A., *et.* 35. Herpes furfuracea. Disease commenced about five months ago, upon the back of both hands, by small vesicles, which extended over the surface of her hands. The vesicles constantly changed to pustules; then these would open and the elevated cuticle dry into scales, which in time would become loose and pass off, giving the hands a peculiar branny appearance, and leaving the skin reddened underneath. The skin would then grow paler, and look nearly natural, and then the disease would break out again, as above stated, and go the same round. The disease extends up her arms as far as the parts are uncovered by the

dress, or near the elbow. The face is slightly scaled in a few places. Previous to five months ago, her health was good, but at that time she strained her loins by lifting. There have been some symptoms of sub-acute inflammation in the fascia lumborum and ligaments of the loins ever since. Menses were regular previous to that period, but since there has been a slight derangement of that function. General health not very good now; thinks she is rather declining in health. Large pustules and some scabs about the roots of the nails, for the nail follicles seem diseased, though not painful. Parts itch severely at times. The disease is not the common scabies.

Treatment—*R* Comp. syrup stil. 3iv, iod. potass. 3j. M. Take 3j three times a day. Local application, *R* Oxalic acid 3ss, creasote 3ss, water 3ij. M. Apply to the diseased skin night and morning. Half an hour after using the above, apply the mild zinc ointment. Use the alkaline and saline bath night and morning.

March 29.—Improving much; general health much improved, skin looking much better, and the disease apparently disappearing.

April 26.—No report since.

yielding favorably. No satisfactory cause could be assigned for this attack of hæmorrhage; he had kept very quiet, from the first, and the local and constitutional excitement, which had been great, had nearly subsided and the cough much diminished.

A horizontal position and absolute rest directed, and no conversation allowed. The usual treatment in such cases was adopted and rigidly persevered in, but with little benefit. Some days the symptoms would seem materially mitigated, but would soon be followed by a severe return. He continued fluctuating in this way until the 19th, when large sputa of frothy fluid blood were ejected every few minutes, and his condition became truly alarming.

In this dilemma, Dr. Baye's case of formidable hæmoptysis successfully treated with gallic acid, related in Braithwaite's Retrospect, Part 26, occurred to me, and I made trial of it. Dr. B. dissolved a drachm of gallic acid in six ounces of warm water, and added a teaspoonful of brandy. This formula was adopted; but having no experience in its administration, it was exhibited in less quantities than he prescribed. A teaspoonful was given every ten minutes until the sputa became ink, which occurred in a few hours; and from that time there was no return of the hæmorrhage. The gallic acid was continued some five days longer at gradually diminished intervals, when convalescence was perfectly established, and it was wholly omitted. It should be stated that the blood ceased after the exhibition of the second dose.

The treatment, from day to day, previous to the exhibition of the gallic acid, it seemed unnecessary to detail; it was that usually resorted to, and evidently contributed little, if at all, to the cure. Some of your readers may, perhaps, find the above agent, under like circumstances, equally efficient and satisfactory.—*Bost. Med. Jour.*

M. ARAN has treated lead poisoning with great success, by the internal and external use of chloroform.

Part 2.—Progress of Medical Science

GALLIC ACID IN HÆMOPTYSIS.

BY SAMUEL HART, M.D.

MESSRS. EDITORS.—I send you the following case, not that it presents any very remarkable features, but in consequence of the immediate and permanent effects of a remedy, which, I believe, has rarely been resorted to in this disease.

A. O., aged 20, had a severe attack of hæmoptysis in the night of March 13th, 1855. For a week previous, he had been afflicted with bronchitis; but this was

ON THE PROTECTION OF SOCIETY FROM CRIME.

BY PROF. W. BYRD POWELL, M. D.

[CONTINUED.]

Man exists in relation to many varieties of law, as the mechanical, the chemical, the organic, the animal, the domestic, the social, the business and the municipal, and he is so constituted that suffering is as inseparable from the infraction of either of them, as an effect is from its cause; and the suffering is very generally, if not always, reformatory in its influence. It is not felt as an act of another, and for the purpose of revenge or punishment; it causes reflection, produces patience, forbearance and prudence; in fine, it rarely fails to improve the character. Punishment is not a necessary sequent, for many persons escape it; it can not therefore be regarded as an effect of crime, but of the arbitrary causes which conspire to inflict it, and under all the circumstances it is not often that it is just, even admitting it to be expedient. Errors in the rules of law, in the judgment of the court, in the honesty of the witnesses, and in the utter impossibility to comprehend the precise importance of all the circumstances, conspire to defeat it.

Punishment, furthermore, originates in the lower faculties, such as are common to dogs, and is usually directed by an intellectually misguided conscience, which may or may not be influenced by benevolence. So far as the punishment originated in the animal faculties, just so far will it awaken the same faculties in the criminal. He knows that the punishment is not a necessary sequent of his own acts; the malignity and desire of vengeance which he finds displayed toward him, is conclusive to him that it does not flow from the peculiarly human faculties; he knows that it is intended as a forced consideration for his crimes, and consequently his reflections are not directed to his moral feelings, he does not grow more tame and forbearing,

but as to how he can evade the penalty and obtain vengeance upon society. Punishment, therefore, has just as great a tendency to make men worse, as suffering has to make them better, and the same difference exists in their influence upon the minds of those who witness them.

The difference between suffering and punishment has not been determined by any one, so far as I have learned, more particularly for the purpose of rendering the former a remedial agent for the government of society. As suffering attends punishment, or exists with or without being a penalty, I have found it to be exceedingly difficult to make people comprehend the difference; and for the reason that society at large really perceives resemblances, but very few differences, especially when they are such as exist in quality; nevertheless, all can be made to appreciate the difference between the cases which may be cited to illustrate the qualitative differences and their consequences.

A gentleman, in crossing the river on the ice, slips through into the water and drowns, and his wife suffers, as an unavoidable consequence. Now, will any one assert that this suffering is a punishment—a penalty for any wrong she committed? I presume not. And does not such suffering usually improve the character?

Another woman is in the penitentiary for having tried to poison her parents to obtain their property. Does she not suffer also? And does any one believe that she will come out any better than she was when she went in? Would society, upon the faith of it, be willing to receive her? Why not? For the best of all possible reasons: it is felt that there is an incompatibility between punishment and improvement.

The difference, therefore, between the two varieties of suffering, is this: The first, though painful, exhausts itself—affords a feeling of relief; under the circumstances it is normal, approved of by our moral sentiments, and commands the moral sympathy of others. The second is attended with suspicion, jealousy, hatred, obsti-

nacy, concealment, and intentional delinquency, when it is practicable.

I trust that my readers now clearly understand the difference between normal and penal suffering, and also between their necessary or consequent results, or influence upon the character.

If my readers shall have followed me to the conclusion that God never intended the consequences which He has invariably attached to the violation of such of His laws as I have cited, should be considered as punishments, but as merely the results of His immutability or philanthropy, and for which His benevolence made ample provision; and inasmuch as man has no more power to create a law than he has to create a thing, for laws are of things, and where there is no thing there is no law; and inasmuch as all human relations exist under laws, which by God's authority inhere in Him, and as these laws constitute a part of his code of natural law, because common or natural to man; and as it is clear that for the violation of some of His laws punishment was not intended, the inference must be that He did not intend that punishment should be consequent upon the violation of any of them. And as man has no power to create a law, such of his statutes as are unauthorized by law, are clearly usurpations. And if the penalties which he annexes to authorized statutes be unauthorized by law, then they are clearly tyrannical, and of course adverse to the interest and elevation of society.

The brief notice which has been had of God's physical government of the world, shows that it is approved of by the intellect of man, as being agreeable to his moral faculties, and it is very questionable whether an enlightened individual can be found, who would not honestly contend that our social and municipal laws should be founded in the same. In other words, it is presumed to be admitted that, as man has many faculties which elevate him above and distinguish him from the brute creation, he should be, in a state of civil society, governed by them; and if otherwise, he is still in the animal or savage state.

If I shall show that the criminal codes of all professedly civilized countries are founded exclusively in our animal faculties, will not the cause be obvious to every one why they do not protect society in its civilized state? Is it possible that the same laws, in principle, are applicable to the animal and moral, or savage and civilized conditions of society?

I admit that an animal government is the best for an animal state of society, and I further admit that it is better for the state of civil society than no government; it is not, therefore, my purpose to make war upon the existing criminal laws, but to show wherein they fail to protect society, and further to show that in human nature the elements do exist for a code of laws, that shall be in harmony with man's moral nature, and which, if reduced to form, would both simplify the practice, and secure society in a higher degree than has ever yet been done.

It will be admitted by all that dogs are mere animals, destitute of reflection, and of all moral emotion; nevertheless, they have many faculties in common with man, and hence the reason why they are useful to him: they are destructive, combative, secretive, acquisitive, &c.

When a dog has more to eat than his present want demands, he will stow it away, and if he detect any other dog, or any thing else, about to commit a theft upon him, he will throttle him, or otherwise chastise him, and then let him go at large, without any reflections as to whether he will be any better or not.

Within the memory of our old citizens, this was the case in several portions of the United States; the thief was whipped, and then allowed his liberty, to steal again as soon as he pleased. The spirit of the law has not since changed, but only the character of the remedy; it is still punishment, and the portion of punishment is in relation to the quantity of crime committed, without any reflection as to whether he will or will not quit his crimes. Promotion is as regular with criminals as with soldiers and statesmen. The first distinc-

tion is a fine, with imprisonment in the county jail; then the penitentiary for a year or two; then for five or ten years; and then for life, or they are hung. Thus, during a large portion of their lives, they are permitted to prey on society. Each infliction of punishment strengthens their criminal appetite, and removes them still further from all moral influence.

With savages the human sentiments are remarkably feeble, and hence neither justice nor charity has any agency in their civil polity; it is entirely selfish—founded alone in the idea of protection. Self-defense, insanity, idiocy, drunkenness, or accident, presents no excusable plea for homicide; no extenuating circumstances are admitted, and therefore it is invariably followed by an execution. Leaving out self-defense and accident, and their practice, in principle, is correct.

In civil society, however, the question may be discussed; the protection of society is, in fact, but incidental to an exercise of a supposed discriminating justice. Civil society seems to be a great stickler for justice; for each ounce of crime there must be administered an ounce of punishment; the "pound of flesh" is held constantly before the eye of justice, and society has no right to any further protection than this exercise of justice will secure. To send a man to jail for a day, or to give him two cuts with a cow-hide, for stealing two yards of tape, would be deemed a very just sentence; but to send him to a workshop to continue till he became honest, would be a great outrage. In the estimation of our laws, it would be more just to allow him to steal from every store in the city, and as often as caught play the dog with him, and let him go.

Legislators and jurists have got themselves into a dilemma about remedies for public wrongs, from which no amount of genius can extricate them, without a thorough abandonment of their fundamental principles. Blackstone says, "Though the end of punishment is to deter men from offending, it never can follow from thence, that it is lawful to deter them at any rate

and by any means." This qualification proves that I was correct in stating that the protection of society was only incidental to the ends of justice. If the protection of society were the fundamental object, the end would justify the means, however severe. His qualification destroys his principle. Society is to be protected; but mark! it *must* be done with means, which, in practice, may prove inadequate.

An examination of any and of every department of God's animated providence, will be found to proclaim this fundamental doctrine, the preservation of the race, the greatest good to the greatest number, at any requisite sacrifice of individuals. In conformity with this natural law, Blackstone should have taught thus: "The end of punishment is the protection of society, and in view of its achievement, the end justifies the means; that is, it must be secured at any rate and by any means," that shall be in harmony with the existing state of society.

Savages have no means of confining, employing and supporting their criminals, and yet they have a right to protection, which can be had only by the infliction of death.

The destruction of criminals in this state of society is more agreeable to public feeling than any variety of imprisonment.

If it were the policy of savages to seek protection by exciting fear, as is done in civil society, the infliction of death would soon cease, and in its stead would be instituted the practice of deforming the face, in a manner proportioned to the character of the offense; and then each offender would destroy himself, because no savage will live with his face "spoiled." Indian savages never attempt to produce fear, and if an Indian father should see his son display any manifestation of fear, he would instantly kill him. And if an offender against the laws were to betray an unwillingness to meet death as a "great brave," he would be despised by his relatives.

Savages act upon a different and a wiser principle than civil society does; they conclude that the man who commits one capital offence, will very probably commit an-

other unless restrained, and the only means they have of doing this, is to execute him. In the savage state, the infliction of death is justifiable by every consideration that is dear to municipal existence.

In civil society the infliction of death is not justifiable, because society can be as thoroughly protected by prisons; and, further, the criminal, while in prison, can be rendered useful, and while being thus useful, he may be reformed and converted into a good citizen.

Many able writers have doubted, and some have positively denied that society has a right to take the life of a fellow-being; but I admit the right to exist whenever it is indispensable to protection. It is contended that man has an inherent right to life and liberty. I admit that he has, so long as they exist under the supremacy of the moral sentiments, but no longer, and for the reason that he has no natural or inherent right to do wrong, and, therefore, when he does wrong, he forfeits his right to liberty; and if society is so circumstanced that it cannot deprive him of liberty without taking his life, then it must be taken as a means to secure the indispensable object—the protection of society.

Blackstone tells us "that the quantity of punishment can never absolutely be determined by any standing invariable rule." It would certainly be very instructive to know the smallest fraction to which genius and justice have arrived in given cases. He goes on to remark that we must be guided by the "laws of nature and society;" but I have shown that nature has not authorized punishment in any case, and as to society, he has not instructed us where to look between the two extremes of savagism and civilization.

Ever since civilization commenced, society has been experimenting to discover the requisite punishments for crimes, and yet, the discovery has to be made. We must conclude that this is a strange fact, when we reflect that every variety and extreme of punishment has been tried—and all have failed, and that as civilization is extended and advanced, crime increases.

The idea of the alchemists, of converting the base into the precious metals, was not more absurd and ridiculous in physical science, than that of legislators in hoping to produce, in mental science, moral results, by outraging and arousing the animal faculties.

The stocks, tread-wheels, branding, cropping, imprisonment, transportation, and hanging, have all been tried; and for what? To produce honesty, chastity, and a reverence for the laws. Is not this mental alchemy? If we analyze them, we shall find each one of them to be as base as the dog law of throttling—destructiveness being, in each instance, addressed to cautiousness to excite fear.

Blackstone again tells us that "there are some general principles, drawn from the nature and circumstances of the crime, that may be of some assistance in allotting it an adequate punishment." And has it all amounted to only this, to afford "*some assistance*?"—the only result of six thousand years of legislative alchemy? He says that "punishments are chiefly intended for the prevention of future crimes." For what other purpose were they intended? Certainly they could not have been designed, in any part, to prevent antecedent crimes! Besides the prevention of crime, if the truth must be told, they were intended to secure the "*pound of flesh*" to feed destructiveness, in obedience to the mandates of justice! If punishments were really intended to prevent crime, how has it happened that offenders of the laws, in almost every county in every State, rise by degrees from petit larceny to highway robbery and murder? Murrel remarked that the whipping-post made him a robber; and Gibbs the pirate said he was never inclined to be more than a pirate, but the laws made him a murderer.

But to Blackstone again: he says that "if there be any doubt whether the party be compos or not, this shall be tried by a jury." Suppose any one of our distinguished astronomers had taught that if there be any doubt as to whether the fixed stars are inhabited or not, "this shall be

tried by a jury;" would not the world have concluded that he was *non compos*? And yet the fact is not more easily ascertained in the former than in the latter case.— Could it have been in the wisdom of God's providence that the protection of society should depend upon the settlement of such a question? The consequences which flow from such a requisition, are too horrible to dwell upon.

It has been shewn that our criminal laws are founded in our animal faculties; it is known that they have not adequately protected society, though prosecuted with every possible promptitude, and to every possible extremity; and it now remains to be shown that they never can.

Such a code of laws as would be suggested by, and in harmony with the human sentiments, in that state of development which distinguishes civil society, would not be in unison with, nor applicable to man in his savage state; and, on the contrary, such a code of laws as prevails throughout the world, the legitimate offspring of our savage or animal faculties, cannot be so adapted to civil society as either to protect or advance it.

"It is a melancholy truth," says Blackstone, "that of the variety of actions which men are liable to commit, no less than a hundred and sixty have been declared, by act of Parliament, to be felonies without the benefit of clergy; or in other words, to be worthy of instant death. So dreadful a list, instead of diminishing, increases the number of offenders. The injured through compassion, will often forbear to prosecute; juries, through compassion, will sometimes forget their oaths, and either acquit the guilty, or mitigate the nature of the offense; and judges, through compassion, will respite one half of the convicts, and recommend them to the royal mercy."

This extract forces upon the mind two conclusions: first, punishments do not diminish crimes; and second, that society has very considerably advanced beyond the savage state; that the laws have ceased to be in harmony with public feeling or sentiment; and as all the known laws of

the Creator are approved of and adored by the wise and the good, it must be conceded that if our criminal codes were in harmony with His established provisions for the protection of society, they would be sustained and administered. We would not find juries forgetting their oaths; judges, their duties; and the executive officers of the laws despised for the faithful discharge of their duties.

It may be argued that public sentiment is wounded at punishment only when it exceeds the crime. If any one crime is to be adjudged worthy of death, it is murder; and yet public opinion holds the hangman to be degraded. If the infliction of death for murder was in harmony with the designs of the Creator, the executioner would be esteemed equal to the dispenser of alms, or of any other laudable function.

Less than fifty years since, in this country, society could see a man whipped in public for horse-stealing; but is such the case now? Those who love vengeance, and insist upon having the "pound of flesh," look upon this change in society as an indication of sickly degeneracy, when in truth it is a practical evidence of an increased activity of the human sentiments—of an advancing civilization—an evidence that society is reaching a point which must suggest this question to every legislator: Shall society be retrograded to suit the spirit of the laws? or shall the laws be purged of their savage elements—moralised to suit the present state of civilization? Before I shall conclude, it will become evident that the one or the other will be done, and from present indications, it will be the latter, and the United States will lead in this great reform.—*N. Y. Scalpel.*

[TO BE CONTINUED.]

DR. GEO. CHANDLER, who for so long a time has been the skillful and popular head of the Massachusetts Lunatic Hospital—the oldest State institution of the kind in the country—has tendered his resignation.

OBSERVATIONS ON RIGIDITY OF THE OS UTERI AND PERINEUM.

BY A. LIVESEY, A. M., M. D.

The medical man who has had much experience in obstetrical practice must have not unfrequently been observant of the fact, that an unusual rigidity of the os uteri and perineum is the chief cause of protracting the agony of parturition; that, notwithstanding painful contractions of the uterus may occur every few minutes, and apparently with a degree of force sufficient for safety, yet upon repeated examinations he is mortified to find the os still undilated and undilatable, whilst he is importuned by the females in attendance upon their suffering friend, and whom he finds some difficulty in persuading that "all is right," because they cannot duly appreciate the obstacles to be overcome. In such cases, when the os uteri remains unyielding for a long time, "it is an evidence," says Dr. Dewees, "that the natural processes, which so beautifully, kindly, and safely effect the change, have, from some cause or other, been interrupted." Now the question should arise in the mind of every humane accoucheur, what are the means that can be resorted to in such cases, with all confidence as to their safety and power, to restore force to those natural processes, and thus remove all difficulties in the way to a speedy parturition?

The usual routine practice in such cases is well known: a venesection, a solution of ant. et. pot. tart. in small doses, warm mucilaginous stupes to the perineum sometimes, a "tumbler of warm tea taken at a draught," and "then comes patience."—(Meigs.) But with what feelings of humanity can the attendant physician coolly advise *patience* to a woman well nigh exhausted by direful throes, which, perhaps, have already continued for twelve or eighteen hours, or even more? when a frail body, prostrated and helpless before him, is ever and anon agonized by fruitless con-

tractile efforts of the uterus to free itself of its burden! when, with plaintive wails, *miserabile auditu*, in the tomb-like silence of the lying-in chamber, she beseeches him, at the end of every throe, to save her, lest she perish! Of adamant must be that man's heart, and wholly calloused to human suffering is he, who can sit listlessly by, with folded arms, under such circumstances, and advise patience, or say, "peace, be still!" For there is no peace for that poor woman in the agony of travail; she can not be still whilst racked by the dreadful exertions of the uterus.

What, then, is the accoucheur to do?—what can he do? Simply resort to some measures calculated to overcome the tension or rigidity of the parts implicated in delaying the advance of the foetal head. But he has already tried bleeding, antimony, warm teas, extract of belladonna, perhaps, and yet hour after hour elapses with little or no perceptible change.

Now, when these means fail, let the accoucheur, without prejudice, resort to one other remedial agent, of the many with which Nature has so bountifully supplied us. Let him make an infusion of lobelia inflata (Bi-ii, ad aq. bull. Oj), and inject the half or the whole, if it can be retained, into the rectum, immediately upon the subsidence of a pain. A few minutes retention is generally sufficient to produce a marked effect. The lobelia is the most powerful relaxant in the materia medica, and one from which no danger need be apprehended. Its peculiar powers are speedily diffused by contiguous and continuous sympathy to the os uteri and perineum, and the supervening pains show a manifest dilatation of the os, whilst the perineum, if hitherto rigid, yields readily to the advancing head. Never have I been more convinced of the superior efficacy of lobelia injections to the ordinary means, than in the attendance and delivery of several cases during the past two years, two or three of which it may be profitable to the profession to specify.

At 5 o'clock, P. M., Feb. 20th, 1854, I received a note from one of my neighbor-

ing physicians, in which I was requested to accompany the bearer, with my forceps, for the purpose of delivering Mrs. H., a patient of his, who had been in strong labor since morning. I was informed that the head had been engaged and locked in the inferior strait for four hours, without the least change or alteration—that in order to adapt it to the (supposed) contracted strait, he had, by pressure, caused the bones of the cranium to overlap; and now in her exhausted state, with a threatening of eclampsia, he wished to have her delivered at once. Upon examination I found the head free, and rotating against a very firm, rigid perinæum; and consequently, some measures to produce speedy relaxation were alone indicated, for the poor woman was almost insensible from agonizing pain. The time had passed to resort to bleeding, antimonials, or to advise *patience*. Hence we prepared an enema of pulv. lobelia in flax-seed mucilage, and handing it to the nurse, stepped out of the room. In a few minutes we were recalled, and found the crown projecting from beneath the pubal arch, and at the ensuing pain the child was wholly born. It survived but two days. At a subsequent confinement, last March, I resorted to one or two lobelia injections, much earlier in the labor, and delivery was effected in less than half the usual time, and without an unpleasant symptom.

Besides the relaxation of tissues or muscular fibre, induced by this plant, and in this manner, it adds decidedly to the tenesmic force present, and thus aids, in a two-fold manner, in expediting parturition.

Early in the morning of the 15th of April, 1855, I was called to attend Mrs. K., a robust woman, in labor with her second child. The pains were regular and pretty strong during the whole day, and a painful, sleepless night ensued. On the following morning, finding an exceedingly rigid condition of the soft parts, and the os but slightly dilated, I took sixteen ounces of blood, and put her upon the use of an antimonial solution. At 5 P. M., I called again, and found my patient much

exhausted and in a continued agony of pain—of fruitless pain—for even now it was with difficulty, and not without giving her pain, that I could insert my index and middle fingers horizontally through the ostium-vaginæ, as she lay upon her side. But little dilatation had ensued, and an unusual mass of rigid muscles seemed to line the pelvis and guard the outlet. Exceedingly discouraged, as well as mortified, and under the impression that the poor woman would never survive the birth of the child, at least without further aid, I concluded; as a *dernier resort*, and before sending for counsel, to have enemata of infusion of lobelia administered every half hour, until three were taken. Having given such orders, I withdrew to another apartment, under painful forebodings, to await the result. A short time after the third injection was given, I was recalled, and found, upon examination, that the os uteri had relapsed its rigid grasp upon the vertex of the child, and the whole crown was pressing against a soft, yielding perinæum. This woman was delivered of her first child in England, by the aid of instruments, under the impression of a contracted or slightly deformed pelvis.

In the evening of the 20th of June, another of those tedious, distressing cases came under my care. Labor seemed to be progressing, at least so far as the regularity and force of the pains were an indication thereof; but owing to a rigid state of the os uteri, eighteen hours elapsed before a portion of the vertex, an inch and a half in diameter, was admitted through it. Further dilatation was now arrested, and this portion of the crown was grasped, as with a cord, by the patent circumference of the os with such pertinacity, that I resorted to a venesection and small doses of tartar emetic frequently repeated, which availing nought, however, I felt obliged to procure a syringe and give her enemata of lobelia infusions to alleviate her sufferings, which, for the last hour, had been very great; besides, her head had commenced aching violently, which of itself is always a source of alarm to the accoucheur, and

demands promptness of action in instituting some means to hasten delivery. The injections, as in all previous and like cases subsequently, proved entirely satisfactory and successful in causing the os to "open wide its mouth," in relieving the head of its pain, and the vessels of their tension. A deep indentation was observed at birth, encircling a turgid (strangulated) portion of the crown of the child's head.

Such cases are not unfrequent, and I now always resort to lobelia injections instead of venesections, with the happiest effect, and prompt relief.

In conclusion, let me say that lobelia used thus in obstetrical practice, is a pure and safe relaxant, and where bleeding may be an *anceps remedium*, on account of a weekly or debilitated habit of body (anemia), or from fear of a too great loss of blood at and after parturition for the patient's safety, it (lobelia) is unquestionably the remedy. It also obviates convulsions, when threatening in protracted labors from causes cited above, by its excitorelaxant powers, changing the "field of excitement" from the brain to the rectum and contiguous parts.—*Boston Med. and Surg. Journal*.

[From the above it will be seen that the leading men of the old school practice are daily adopting a safer and surer method of medication. As lobelia will accomplish all that is necessary in such cases, we really hope that the foregoing report of cases will influence many others to adopt this course—one which is so familiar to all reformers.—Ed. E. M. J.]

BAD EFFECTS OF SMOKING.—I must here enter my strong and solemn protest against the pernicious abuse of immoderate smoking, now so general—morning, noon, midnight, eternal smoking. It is impossible but that this vile sensuality, and incessant stimulation of brain and heart, must weaken nervous power, clog the secretions, impair the digestion, disturb the understanding, stint the growth of the young, and shorten the days of all.—*Mont. Med. Jour.*

CLINICAL LECTURE ON STRICTURE OF THE URETHRA.

BY JAMES SYME, ESQ.

GENTLEMEN—The patient now before you, J. J., aged 41, was recommended to my care by Mr. Nance, of Eccleshall, in Staffordshire, on account of a stricture which had existed for twenty years, and during the last sixteen proved impermeable. He says, that for the last five years he has not done two days' work at a time, for the support of himself and family. He left home under the impression that he could hardly hope to see it again, his wife and friends taking leave of him as for the last time. When he arrived here his scrotum was greatly distended and indurated, with several fistulous openings, allowing the urine to escape, while hardly any of it passed by the urethra, which was so tightly contracted about four inches from the orifice, that nothing larger than a common probe could be introduced through it.

I divided the stricture by external incision, on the 18th of October, and when the catheter was removed, at the end of forty-eight hours, the patient might be considered, as he felt himself, almost entirely well. At the end of a week from the operation he was quite well, the scrotal swelling having entirely disappeared, the fistulous openings having closed, and the whole of the urine passing in a copious stream through the urethra, at the distant intervals of health, instead of the constant calls to which he had been previously subject. He has remained until now (Nov. 12) merely to regain the flesh and strength requisite for active employment, in which he eagerly desires to engage, and for which he appears so well suited.

However unwilling to occupy your time with disagreeable subjects, I think it may yet be useful to explain the various means which have been used to throw discredit upon the operation employed in this case. It is the last time I shall refer to the subject, since it is no longer necessary to do

in defense of the practice, and my object at present is merely to present you with a curious piece of surgical history, illustrative of the difficulties that may be experienced in the introduction of an improvement into the practice of surgery.

When I first published an account of the operation, I did not expect it to be received without hesitation, especially as at that time, I had myself not had much experience of its effects; but I certainly did expect that, if found useful, it would be adopted, with some portion of credit for ascertaining or removing what had long been considered as one of the greatest opprobria of surgery. Instead of this I was astonished to find that my proposal excited a storm of abuse and indignation, of the most crimonious and personal character, with every imaginable effort to bring the operation into discredit. In the first place, cases of failure and death were adduced at the medical societies of London, as if examples of the procedure I had recommended, while in reality they were only instances of the old and mischievous process of groping through impermeable strictures without a guide; hemorrhage and extravasation of urine being, as they had ever been, the frequent results of this treatment, while the patients that did not perish derived little or no benefit.

Then the statements which I had published to prove the benefits proceeding from the method in question, were flatly contradicted by two persons resident in Edinburgh, with whom I could not enter into controversy. But as their calumnies, after being published in a London medical journal, were reprinted and circulated anonymously to every medical practitioner in Scotland, I considered it necessary to give them an unqualified contradiction, together with an explanation as to the circumstances which prevented me from having any further communication with their authors. Upon this they went to law, claiming redress from me for accusing them of falsehood and degradation. As to the matter of fact, I offered to prove all that had been stated; and as to the other com-

plaint, explained, that it being obviously a matter of perfect indifference to me what the character of these people might be, I had merely wished to express that their conduct toward myself precluded me from treating them with the courtesy due from one member of the profession to another. They then abandoned the charge of falsehood, but insisted on requiring redress for the alleged attack upon their respectability. Upon this issue they went to trial, and two juries, without any hesitation, decided in my favor. On such occasions, there are extra expenses not paid by the defendants; and as one of them fled the country from inability to pay any thing, I found that these two victories cost me eight hundred pounds; from which you may learn that the introduction of a surgical improvement, besides being rather troublesome, may be also somewhat expensive.

Since this discomfiture of the enemy, their calumnies, so far as I know, have not been repeated by any British journal, except the *London Medical Times*, which was the vehicle through which they originally appeared, with what claim to the gratitude of their readers they will now be able to determine. Indeed, when it is recollected that, independently of private practice, I established my statements upon facts witnessed by the largest class of clinical surgical students in Her Majesty's dominions, and recorded in the metropolitan hospital of Scotland, it seems surprising that any attempt to question their fidelity should have been tolerated by the profession to whom they were addressed.

But although the spirit of malignity, which for a time was so strangely permitted to influence the public mind, has been banished out of view, it would still appear to be working in secret, if I may judge from circumstances that occasionally come to my knowledge, of which the following may be taken as an example:

Some months ago, a gentleman from the south of England came here for the division of a stricture, from which he had suffered extremely for a great many years. It was not tight, but irritable and contra-

tile, so as to destroy all the comfort of his life. Circumstances having prevented the operation from being performed at once, he suffered, a few days afterward, an attack of retention; and knowing that I did not sleep in town, desired his landlady to send for the nearest surgeon. She accordingly produced one, who tried to pass a catheter without success, and, after some conversation, withdrew. Next day the patient, who had obtained relief through the use of hot water and other soothing means, was informed that a man from the hospital wished to see him. Upon being introduced, this person asked the gentleman if he had come to Edinburgh to have a stricture divided by me. Being answered in the affirmative, with an inquiry as to his motive in putting the question, he said that he had just undergone the same operation, and instead of being better, was so much worse since its performance that he felt it his duty to warn any one against exposing himself to the same mischief. In reply to a further question, he added that his name was "Bain." On the following day, there came through the post office, to the same gentleman, a printed paper, containing the most calumnious statements relative to my practice. When the patient told me these things, I recollected that a man named Bain had recently suffered the operation, but left the hospital in a satisfactory state, and at the very time of his alleged visit must have been in a steamboat on his way to Caithness. Some weeks afterward, I received the following letter from Dr. Mill, of Thurso:

"THURSO, Sept. 1, 1855.

"MY DEAR SIR—I duly received your note intimating the removal of the tumor from Miss ——'s breast, and was happy to hear, as I expected, that it was non-malignant. I have heard since, that she has made a good recovery, and gone to Rothesay for a short time.

"I have seen the man Bain, on whom you operated lately for stricture, and am happy to inform you that he is wonderfully well, and entirely free of all the distress he has suffered so much from for the last

twenty years. He looks robust, instead of pale and sickly as formerly; the urine almost free of mucus, and he passes it with perfect ease, and retains it without irritation far longer than formerly. I introduced No. 8 bougie with the greatest ease, and will see him occasionally, and pass one of a larger size if necessary. There seems no reason to doubt this being a complete cure, and adds another to the already accumulated proofs of the triumphs of your admirable operation. Notwithstanding the way it has been received in certain quarters, it would not be astonishing if the credit of it was claimed elsewhere, when its paramount importance can be no longer denied.

"I am, with much esteem, yours truly,

"JAMES MILL."

It is melancholy to reflect upon the number of unhappy persons who doubtless have been, and probably may be, prevented from obtaining relief, through such or similar impudent and disgraceful fabrications. Nevertheless, the operation which so speedily and effectually relieved the patient you have just seen, was the hundred and thirtieth that I have had occasion to perform; and I am glad to learn that from all parts of Europe, or rather the habitable globe, that strictures previously regarded as indomitable, are now remedied without any difficulty by external incision. I have just received a letter from Dr. Fiddes, of Kingston, Jamaica, in which he says: "I have now operated on and relieved twenty-six obstinate cases of the disease, by incision in the way you have recommended, without any inconvenience or untoward result. The cases have been partly in private practice, and partly in the public hospital of this city." As strictures of the urethra nowhere present themselves in a more aggravated form than in the West Indies, this testimony must be regarded as peculiarly conclusive.

One of the most certain signs indicative of the confidence now placed in this mode of treatment, is the endeavor which has been made in various quarters, to show that the operation is not new, and merely the revival of an old one. These attempts

establish anticipation have hitherto been founded on the good-for-nothing ideas of treating strictures regarded as permeable, by cutting into the urethra behind them, or through the contracted part, without a director, which, so far from assisting, it has been my earnest desire to withdraw from practice, as not only useless, but in the highest degree dangerous, from exposing to the risk of hemorrhage and extravasation of urine. It appears, however, that in a recent communication to the Imperial Parisian Academy of Medicine, M. Leroy d'Etiolles has alleged that my operation is only a revival, by M. Lassus and myself, of the treatment pursued two hundred years ago by a Dutch surgeon, named Van Solingen. Seeing that the nature of strictures was unknown earlier than last century, I consider it unnecessary to inquire upon what pretext the name of this venerable gentleman has been brought forward upon the present occasion; but as M. Lassus was at no such very distant period a professor in the School of Medicine of Paris, and as his writings must doubtless be familiar to the members of the Academy of Medicine, I cannot refrain from expressing my surprise that no dissent was expressed on their part to the allegation of his having practiced or recommended the dividing of strictures by external incision upon a grooved director. The only passage in his "Pathologie Chirurgicale" bearing on the subject relates to cases of fistula in perineo, in which a bougie can not be passed into the bladder. "It may be asked," he says, "if it would not be proper in such a case to make an incision in the perinæum directly into the bladder, and through its neck, in order that the patient, instead of laboriously passing his urine through various fatalous openings, may have one sufficiently large to allow its free escape. Such a case is rare, but nevertheless occurs, and it must be confessed that I never succeeded in performing the operation proposed."

It thus appears that M. Leroy d'Etiolles had not the shadow of a foundation for his statement. He further alleges that I have

recommended division as proper for the treatment of stricture in general; and I observe, that in the discussions which have recently taken place in Paris and elsewhere, I have been represented as employing this method exclusively in all cases that come under treatment. But in originally proposing the operation, eleven years ago, I thus expressed myself: "In conclusion, I beg it may be understood, that nothing can be further from my intention than to propose division for strictures by a cutting instrument as in general preferable to the treatment by bougies. It is strictly to those cases which are found to resist a careful trial of the latter method, that the operation should be limited." To prove that I have proceeded constantly on this principle, I may appeal to cases at present under your observation, to those recorded in the books of this hospital, and to the daily results of my private practice. Indeed, from the last-mentioned source I may take a particular illustration, because it is somewhat amusing.

A few months ago, an officer of the East India Company's service applied to me for relief of a stricture, on account of which he had come home on purpose to place himself under my care, in order to have it divided, as the contraction had existed for a great number of years, and been found impermeable by an endless variety of surgeons. At the first attempt I passed a bougie, without a drop of blood or the slightest pain, fairly into the bladder, and advancing a step every third day, completed his recovery at the end of three weeks, without any confinement, or the slightest inconvenience. He is now in the south of England, and I had the pleasure to hear from him lately that he continues perfectly well.

Soon after coming under my care, this gentleman asked if another officer of his regiment had applied to me, and being answered in the negative, expressed surprise as his friend had come home under similar circumstances, and with the same view. A few weeks afterward, the stray captain made his appearance, and related that hav-

ing arrived in London, he was persuaded to place himself under the care of a famous practitioner, who labored for six weeks incessantly—that is, daily—without ever being able to pass an instrument through the stricture, and then intimated that it would be necessary to employ caustic. Upon this, the patient thought it was full time to be off, and proceeded northward accordingly. When I proposed to pass a bougie, he expressed the greatest reluctance and apprehension, stating that three-and-twenty surgeons in succession had failed to enter the bladder, and that their attempts, instead of affording relief, had occasioned the most distressing attacks of retention. His astonishment may be imagined when, without the slightest difficulty, delay, pain, or bleeding, a bougie was conveyed through the whole course of the urethra; and when the process of dilatation was completed, at the end of three weeks, with complete relief to all his sufferings, he seemed hardly to credit the identity of his own existence.

In concluding this historical sketch, I have further merely to notice the extraordinary conduct of the Imperial Academy of Medicine of Paris, with regard to the subject of strictures. Four years ago, they bestowed the large prize (£500), placed at their disposal by the late M. d'Argenteuil, for practical improvements in the treatment of urethral disease, upon M. Reybard of Lyons; and, in the published report of this decision, passed a very strong censure upon my operation. In reply to this attack, I transmitted a reclamation, pointing out, amongst other things, that they had promulgated a serious anatomical error by declaring that incisions of the urethra about the bulb were free from the danger of hemorrhage when directed laterally, as M. Reybard had advised, instead of downward in the median line, according to my method. It was intimated to me by the secretary, that this reclamation had been submitted to a committee, whose report, if ever made, has never appeared.

The monstrous engine which I now show you is the instrument of M. Reybard; its size is between that of Nos. 9 and 10, the

largest that we ever pass for the removal of stricture. It has a blade an inch long which, when, protruded, stands half an inch distant from the sheath; and, as this enormous apparatus were not sufficient to stretch the contracted canal sufficiently for being divided, there are twelve steel branches, like the ribs of an umbrella which may be expanded to the distance nearly two inches from each other.

Such is the machine which M. Reybard proposed for the treatment of all strictures—that is to say, for all slight contractions since for those that are tight and tough he admits that it is inapplicable. I have therefore not scrupled to express the opinion, that the members of the learned body who had so highly honored this mode of treatment would never employ it, and I am now able to prove that this anticipation has been verified. For when lately in Paris, I went to the principal maker of surgical instruments, M. Charriere, and asked for M. Reybard's apparatus. Surprise was expressed; a messenger was dispatched, no doubt to the neighboring shops, and I was desired to be seated. A length the messenger returned, and I was asked whether my wish was to see the instrument or to purchase it. Having replied that the latter was my desire, I waited the end of several days, which was quite sufficient for my purpose, as I no longer felt any desire to purchase an instrument which had obviously passed into the condition of a surgical curiosity, merely illustrative of a dark page in the history of our art.

In passing through London I found that my friend, Mr. Henry Thompson, possessed a specimen of this instrument, which he took care to tell me he had never used and through his kindness I am now able to show it to you.

In taking leave of this disagreeable subject, I beg to assure you that I shall never return to it. While the treatment in question was opposed, I considered it my duty to defend it; but now that all opposition has been withdrawn, I shall be sat-

ed for the future with pointing out its defects, together with the circumstances proper for its employment.—*Lon. Lancet.*

WHAT IS THE POLICY OF OUR PROFESSION.

This is a pertinent question, pregnant with momentous results. Who will venture to answer it?

We would gladly await the response of one of our numerous correspondents, if we did not feel that now is the time to answer it efficiently. Shall we wait or shall we respond? We feel most sensibly that we are but a very small integral part of that great body of Reformers, who are moving Heaven and Earth to accomplish the manifest destiny of our profession. Shall we, humble as we are, assume to direct that which is destined to control the weal or woe of the human family? This we feel to be a delicate question. Placed in joint control of the only paper which represents the true interest of Medical Reform in the South, and that at a time of great moment to the profession—signalizing the greatest triumph known to our cause in America, and in the world—we feel called upon in the absence of anything upon this point, to merely suggest a few items which we feel to be important to the final triumph of our cause.

Each practitioner who engages in the reform profession, should make his arrangements to give his entire and assiduous attention to his profession. Without this no one can ever rise to eminence, or reflect much credit upon the cause in which he is engaged. And but few professional men have fallen under our observation who have pursued this policy, who have not eventually risen to respectability in their calling. And to the young man just commencing, we would strongly urge the necessity, in the absence of professional calls, to be found in his office, book in hand, extending his knowledge of some department of science. Nothing imparts greater con-

fidence to the thinking part of the public, than to see a young professional man thus engaged. There is no depriving such an one of business. Rely upon it, young gentlemen, that if you are found idling and lounging about the streets, you cannot succeed in business. Such a course is barely admissible with an old and established practitioner.

Our entire profession should also seek, by all possible means, a uniformity of practice upon the same character of cases; for it is unquestionable, that there are certain agents more efficient than others, and also certain modes of preparation and application. Each practitioner should pursue about the same course of treatment. And this is indispensable to give us a high professional character. For it is notorious, that where there is want of harmony there is want of dignity, and with a portion at least, a want of science. In our present condition, being deficient in standard works, there are no modes by which we can arrive at this uniformity with as much facility as by occasionally associating ourselves together, and each relating the treatment of important cases. Or by reporting cases and their treatment, the action of different agents, &c., through our Journal. The importance of both these modes we would respectfully, but earnestly, urge upon our profession. I doubt whether it is generally known that the diversity in practice, is so great as it really is. Our profession having grown up with but poor facilities of education, until recently, it is very natural that such should be the fact. Many new agents, too, have been introduced by these self-relying men which have increased the contrariety of means in use. In addition, we are all more or less prone to vanity, and therefore are too apt to place an undue estimate upon what ever we may have added to the common stock. A comparing of notes corrects to a great extent this difficulty. Our profession has been woefully deficient in these particulars, and as a result there has not been a corresponding improvement in the success of our practitioners, with the vastly increased fa-

cilities of education, experience and remedies, that have been acquired during the last fifteen years. Then let us wake up to the importance of our position before the country.

We will not only be held responsible for our own deficiencies, but the blunders of one will, to some extent, fall upon us all in public estimation—they will be set down as faults of our system of practice.

Let us take a deeper interest in organization, in reporting cases through our Journal, in giving our views on the management of difficult cases, and upon the action of doubtful and obscure remedies. All of these, are subjects of deep interest and should arouse us to action. We will risk the opinion, that every practitioner of five years standing, has some knowledge in regard to curing the sick, which he thinks is not so well understood by his younger brethren and may be his elder. If so, why not communicate it and let all enjoy its benefits? By each practitioner pursuing this course, a vast amount of good might be done—the property of each, in that way, would become the property of all. And no one need fear that he will be the loser in the operation, for we should be at a great loss to point to any one practitioner whose knowledge is so varied and extensive, as to be held superior to that of dozens of others. Lead off, gentlemen, any of you, and we will venture some one follows with information equally valuable to you, as yours will be to others. Give up your selfishness and let us have a portion of that knowledge which we have often heard spoken of in such high terms. Give us a practical demonstration of your disinterested philanthropy for the afflicted.

And what may not be said of the value of our meeting together, face to face, and comparing notes—making ourselves familiar with the depth of intellect and extent of acquirements of each. We may then know the strength of our profession as a body. How to speak of it. What probable estimate to form of its future position and prospects.

There is one other idea which we wish

to call the attention of our profession to which has in all ages, and must ever continue to constitute an item of fundamental importance in all professions. That is, reasonable harmony upon what is usually designated principles. The idea that we wish to convey upon this point, is that our profession must have a clear understanding of physical laws, which are established matters of science, and can be learned by any one who will take the trouble, that are essential to the proper understanding of those operations which are continually taking place in the animal body, and constitute the living active condition. For example, it is indispensable that every practitioner should know that oxygen constitutes part of the atmosphere, and that its regular supply to the lungs is indispensable to health. Were he deficient in this knowledge a great blunder might be made in practice, and in theorizing upon the sources of life, something very wild might be looked for. We give but one example, but there are a number of well established facts in science, when well understood, make a correct theory of medicine a plain subject, about which there can be but little difference of opinion. The numerous wild speculations upon the theory of life and disease, are but the results of the ignorance of these physical laws. It is true that every one cannot so easily acquire a knowledge of these laws without a competent instructor, apparatus, &c., &c. But such as can attend lectures in our College, can have ample opportunity of learning them.

One other suggestion, and we will close this article. The public should be informed that the Reform system of medicine includes an entire knowledge of the Allopathic system with the addition of the discoveries of Thompson and other reformers, and that we use everything in Allopathy which is valuable. In other words, that it is the two systems combined, with the necessary rejection of the old rubbish of Allopathy. Now friends, there is a charm to the public ear in this idea, and it is also strictly true. Use it and stand up to

We are tired of being behind, let us be in the front row. We have had the address to get in the lead before the Legislature—now let us try our hand before the people.

We know we have not done this important subject justice, and we hope to hear from abler pens upon it.—*Southern Medical Reformer.*

VAPOR OF BISULPHURET OF CARBON AS A REMEDIAL AGENT.

BY CALVIN G. PAGE, M. D.

The vapor of the bisulphuret of carbon is first employed for affections of the ear and eye. The article had been previously employed both as an internal remedy and an ingredient in embrocations for rheumatic affections. A friend having been benefited by the vapor of this substance, was induced to make some experiments for the purpose of testing the remedial virtues of the article. I have used the vapor only, and with varying success, in about twenty cases. I will relate briefly four cases.

CASE 1. Nov. 7, 1855.—Catherine Gannon, aged 45 years. On the passage from New York to Boston, two days previous, she was exposed to a draught of air, which produced a neuralgic pain in the right side of her face and head, but most severe along the lower jaw and below the eye.

A wide-mouthed bottle, containing half drachm of the bisulphuret of carbon, was placed upon the cheek, beneath the eye, and then at the angle of the jaw. As soon as the specific effect of the application was produced, there was an immediate cessation of pain. She left my office feeling entirely well, but came back again the next day, saying that she had no pain for four hours after I made the application, when the pain returned, but not as bad as before. I again applied the vapor, with immediate relief. I saw the patient a month afterward, and she had experienced no return of her trouble.

CASE 2.—Patrick Coffee had strained his left hip while lifting heavy stones. There was a tender, puffy spot, about the size of a dollar, behind and above the trochanter. He had considerable pain on moving the limb, so much as to keep him in bed all the morning. The pain and tenderness, although deep-seated, were removed at once by the application of the vapor to the tender spot. He had no return of pain, and went to work again at once.

CASE 3.—John Scammel, well known to the profession, got temporary relief from his rheumatic pains, on two successive days. One day he was free from pain for three hours. The vapor was, in this case, applied to one spot on the trochanter, and to two places along the fibula.

CASE 4.—J. A. Had been under treatment for three weeks, for a rheumatic affection of the heart and joints. Blisters, wine of colchicum, and other treatment, had been used, without any marked benefit. He had still severe paroxysms of pain in the region of the heart. A bottle, containing half a drachm of bisulphuret of carbon, was left with him with directions to apply it over the heart, whenever the pain came on. This was done, with a decided diminution both in amount of pain and length of duration of each paroxysm.

In three other cases, it proved an entire failure. One of these was a case of facial neuralgia, on which neither this nor any other remedy produced an impression.

Several patients were relieved from local pain for a short time, but there are no features of special interest in the cases.

The particular sensations produced by this vapor are, first a sensation of coldness, then a feeling of warmth with prickling, which rapidly increases, until it can no longer be borne.

From my experience with this agent, I am inclined to conclude: 1st, that it is a valuable means for the temporary alleviation of pain; 2d, that in some cases of painful affections, where the pain is local, it is of permanent benefit.—*Boston Medical and Surgical Journal.*

CHLOROFORM; ITS SUCCESSIVE OBLITERATION OF SENSES DURING INHALATION.

BY J. C. ATKINSON, M.D.

Having myself inhaled this anæsthetic a great many times, in various quantities, for experimental and medicinal purposes, and having, with the view of testing the points on which the following observations are founded, noted similar effects on others, I am led to believe that they will assist as suggestions in opening a new field of inquiry respecting this invaluable agent.

As there is some analogy between the effects of alcohol drunk and chloroform inhaled, particularly as before the discovery of chloroform, to prevent the acute agony attendant on certain surgical operations, brandy and wines were administered, I may be excused in making a few preliminary remarks.

It is well known that a person fully intoxicated with the usual British compounds containing alcohol, lies apparently powerless and senseless, of course according to the potency and quantity of the material imbibed, and is not excited by personal injury, although it may be of a painful nature, in the same degree or with anything like the reaction, which a word or two will readily draw out. Wonderful to tell, no sooner is the expression, although in a comparative whisper, uttered that the fellow *is drunk*, that *he is a beast*, than suddenly the image of sleep vanishes under a peculiar impulse; a delicate sense of hearing is excited; a powerful reaction follows; He throws off the influence of his former stupefaction, lashes himself into fury, and declares you ignorant of his condition, hardly being able at the same time to preserve the perpendicular.

Cassio observes:

"It has pleased the devil Drunkenness to give place
To the devil Wrath; one unperfectness shows me
Another, to make me despise myself."

Shakespeare, the most comprehensive of all poets of the world, has it again thus on the subject:

"Reputation, reputation, reputation! O, I have
lost
My reputation! I have lost the immortal part
myself,
And what remains is bestial."

It is then the conscience's sting that rouses the sense of hearing when all other faculties are in process of being swallowed up. The keen sense of the auditory organ, although the body appears lifeless, remains intact to the last, even when a small kick, a nauseous substance, a pungent smell, a hideous figure, cause only a transitory effect on the several senses; while a comparative whisper, "*you are drunk*," will transform the sluggish condition of the man, and make him throw off the animal and assert his intellectual nature. It is moreover, common to find the sense of hearing in delirium tremens acute, although the sensorium is constantly deceived by illusory images, and the retina deranged by spectral pictures. The sense of hearing, under a moderate inhalation of chloroform, conveys correct modulations of sound to the brain; for if there be a musical turn of mind, a whole tune, after a prompter has led the way, is pleasingly sung or whistled through, no error in time being perceptible. During the gradual obscuration of the senses the mind is only conscious of the retention, to the latest, of the faculty of hearing, the senses being *obliterated one after another*, but not simultaneously. The gradual extinction of the senses possibly depends on the origin and distribution of the cerebral nerves. This to me is conjecture; whether a congestive state is induced, as in drunkenness, I am not able to say. The actual effects on the senses generally are not altogether dissimilar. Chloroform certainly enhances the sensitiveness of the ear. As I have before stated, if there be any music in the soul of the person under its administration, any soothing ballad, *pianissimo*, either vocally or instrumentally performed, will give the mind the highest amount of pleasure. The body may remain quiet and insensible to pain; the other senses may be gradually declining; but the sense of melody has a concentrated charm, which in no other

late can be enjoyed with like satisfaction.

The five senses appear in the following order to be successively obliterated. I may be in error in part. I am simply indicating to others the importance of knowing more about the consecutive extinction of the senses, both in disease and while under the influence of chloroform, so as to add to some practical benefit to the science and art of medicine: 1, taste; 2, smell; 3, feeling; 4, sight; 5, hearing.—*Lon. Lancet.*

CONCENTRATED MEDICINES.

BY PROF. I. N. LOOMIS.

Let us see what Nature teaches concerning concentrated medicines. If cream of tartar be taken into the stomach, it is then decomposed, the potassa separated from the acid, and in its isolated form goes to the kidneys, acting as a diuretic. We have examples still more to our purpose in the decomposition of organic substances, and the isolation of the essential element or principle upon which the proper action of the crude material depends. Take for instance the berries of the *piper cupeba*. In analysis they are found to contain eight distinct constituents, besides 455 parts lost in 1000. When the crude berry is taken into the stomach, a decomposition takes place, and the essential oil alone goes to the kidneys, whilst the digestive apparatus is left to dispose of the remainder as best it may. In 1000 parts of the crude substance, there are 10 parts of yellow volatile oil, and 25 of green volatile oil, making in all but 35 parts. Now if the chemist in his laboratory can do all his labor of separating the essential element, it will not only relieve the stomach from the labor of performing this work, but it is left unencumbered with the remaining 965 parts of foreign matter, which in many cases might do more harm than the 35 parts of volatile oil would accomplish of good. We might multiply in-

stances to show the teachings of Nature on this subject. Shall we disregard her lessons? If the salts of quinia and cinchona are better than the crude Peruvian bark, then is leptandrin better than crude black root, and so of all the rest, provided the essential or proximate principle upon which the therapeutic value of the crude article depends, can be isolated from the foreign matter with which it is in organic connection in the entire plant.—*Southern Med. Reformer and Review.*

CASE OF SPASMODIC ASTHMA.

BY H. D. DODGE, M.D.

I was called to visit an unmarried lady aged about seventy, suffering under a severe attack of spasmodic asthma. Found her in great distress; and, though the weather was quite cold, she had the windows of her room thrown open, and an attendant briskly fanning her; still the dyspnoea (difficulty of breathing) amounted almost to suffocation. The mouth was extended to its utmost capacity, and the abdominal muscles were laboring excessively during each inhalation; the lips were of a purple or livid hue, and the face and extremities presenting a swelled and puffy appearance. The pulse was irregular; quick, small, and wiry, with symptoms of considerable derangement of the heart's action, resembling what is sometimes seen in cases of hypertrophy of that organ.

I immediately ordered the following:—Wine of ipecac, 9 drachms; tinc. of lobelia, one drachm; tinc. of hyosciamia, one drachm. Mix. Dose, one teaspoonful once in fifteen minutes.

In ten minutes after taking the first dose, the patient experienced sensible relief. The second dose produced vomiting, followed by great and immediate relief.—*Worcester Journal of Medicine.*

In Manchester, England, less than half the children reach six years of age.

Part 3.—Editorial.

THE following communication was received too late for the regular department, but as we have quite a number of deferred articles on hand, we insert it here.

A CHAPTER ON CHARCOAL.

BY PROF. J. MILTON SANDERS.

"I contend," said my friend, "that it is impossible to compose an essay upon the most trite subject, which may interest a man of reading and reflection."

"There I think you are in error. It is true that no person, unless he be thoroughly cognizant of the history of the elementary substances of this globe, and of the laws which govern matter, is capable of composing the treatise I referred to; but I contend that there are persons who could take up the most worn out subject, and clothe it with beauties which would so adorn it, as to invest it with entirely new interest."

When the above remarks were made, we were sitting in the corner of one of those capacious chimneys so characteristic of those old log cabins, now passing away so rapidly before the progress of improvement. My friend was a student, like myself, but the force of his intellect had taken that dreamy, unsubstantial channel, so peculiar to the metaphysician, and therefore his remarks either assumed that subjective caste of thought, which grasps at non-entities, or else, when it does descend to tangibles, is so slightly instructed in the laws which govern them, as to be of but little interest to the physicist. With his arm placed upon the arm of the chair, and his head reposing upon his hand, he sat close in the chimney corner. I sat similarly fixed in the other corner, while the big fire which had dissolved itself away into a bed of living embers, except one big "chunk" which lay smoldering, partially buried in ashes, and striving with all its might to

torture itself into a blaze, gave out sufficient heat to keep ourselves and the discussion warm. The question stated above was now fairly contested, for my friend like all metaphysicians, was very partial to ratiocination; so at it we went, and propositions, corollaries and syllogisms, flew about quite profusely. Finally, my friend yielded—not the argument, but to the influence of that day's sharp exercise in arguing, and his head fell upon his breast in profound slumber.

I felt but little inclined to sleep, but with the piece of charcoal which my antagonist had thrown in my lap—with the taunting challenge that I would "write a dissertation upon that"—still in my hand, I illuminated upon the discussion. The little cabin was enveloped in darkness, but even anon the hissing billet of wood was struggling into a flickering blaze, and showing out into the room a quick and lurid glare, sink into repose, leaving the room gloomier than before.

Then one of those denizens of the chimney corner, tuned up his voice, and in shrill tones, sang me one of those good old songs so inseparably connected with the old time. I have a love for the cricket, for his song is a part of my early associations when, by the light of the burning log, in the capacious fireplace, I used to delve into the profound mysteries of Murray's Grammar and Pike's Arithmetic. Then the little cricket was wont to cheer me with its notes of encouragement, urge me onward to the victory in school, like trumpet notes of the stern warrior, as it urges his comrades onward to battle. And I love the voice of the merry old cricket for when, during my childhood days, my companions and I (alas, they are gone now) were wont to sit there, and improvise in each other's listening ears, wondrous tales of fairy power and of enchanted castles, imprisoned damsels and sentinel dragons, how merrily thy voice kept rhythm measure to the rapid progress of the recital, until thou wert really an inseparable accompaniment to those wondrous recitals. Thou wert then a brave and gallant pip-

bou troubadour of the chimney corner! and long may thy descendants survive to add inspiration to the teeming fancy of those who, like we, will sit there when I am gone, and dream the glorious tales that we did in the olden time!

But lie upon it! I have fallen upon an apostrophe to my old friend the cricket, instead of the essay I had promised myself, upon taking up my pen.

Well, as I was saying, I sat in the chimney corner, with the piece of charcoal in my hand, and thinking over the conversation my sleeping friend and I had just concluded, when the idea suggested itself, that while the sleeper was consuming his time at a tremendous concert, I would occupy mine in trying my hand at a chapter upon the very object which had been thrown so disdainfully into my lap.

After groping about, assisted by the intermittent light of the smothered wood, at length fell upon a tallow candle. It was one of those "patriarchal institutions" which required a capacious pair of snuffers ready ever at hand to receive the great quantity of soot which the tallow monster generated. All hail to the inventor of tar candles, and a statue to him who discovered gas!

Striking a light, I drew up a small pine table close into the chimney corner, placed my writing implements thereon, and while my friend snored in euphonious measure, and the cricket chirped in unison, I composed the following:

ESSAY UPON CHARCOAL.

Doubtless many persons may smile when for the first time they read the caption of his article. Can an essay be written upon a piece of charcoal, which may contain information adequate to interest the general reader in this nineteenth century? But it is only such a reader who can appreciate a dissertation upon a subject involving such a vast field. For really to take a comprehensive view of the subject of carbon (for such is charcoal), in all of its infinite combinations, would be to write a whole volume upon the chemistry of animal and vegetable physiology. The subject is

almost one of infinitude itself, so illimitable are its bounds. There is really scarce a change transpires within the whole domain of the animal or the vegetable world, but that implicates a change of carbon, either in its combination or reduction.

But without further prelude, let us hasten on, in a brief and desultory way, to our subject, the most difficult part of our study being, not what to insert in our essay, but what to leave out. The reader will recognize carbon best under one of its allotropic conditions of charcoal, plumbago or black-lead, graphite, anthracite, coal, and finally in its pure state, as that of the diamond, in which condition it is crystalized. The great stratas of bituminous coal are composed principally of carbon, combined with hydrogen. Geologists tell us that these vast bodies of coal originated from the immense quantities of vegetation which once existed upon this earth, but we should be extremely cautious how we accept the words of even the greatest savans, especially upon a subject which involves such careful research as this one of the origin of coal. Prof. W. Byrd Powell, one of our most experienced geologists, has written a powerful essay to prove that coal could not have originated from vegetation, and I think that his position has been placed upon such an impregnable basis, that it will require further research to shake it.

The most beautiful and valuable form in which carbon exists isolated, is that of the diamond. This resplendant gem has been valued by mankind, so far as we know, ever since the creation. We shall not enter into the details of diamond cutting, simply mentioning that it can only be abraded with its own powder. The weight of the diamond is estimated by carats, 150 of which are equal to one Troy ounce, or 480 grains. These carats are subdivided into halves, quarters or carat grains, with eighth, sixteenth and thirty-second parts. The value of these carbon crystals have a specific price, until they reach over a certain size, when their value becomes arbitrary, and often, in the larger diamonds,

reach an enormous price. But it is useless to waste time upon carbon in its isolated state, while the chemistry of this substance, or its history while in its state of combinations, is of such great moment.

An able writer has said, that the department of organic chemistry should be designated, *the chemistry of carbon*. This, perhaps, would be a very appropriate title, for there is not a change in organic nature, but that involves carbon. One would scarcely think that the great ocean of air which envelops this earth contains within its lucid bosom such vast quantities of charcoal, dissolved and rendered invisible. But such is the case. The enormous quantity of charcoal which composes at least one-half of the weight of the forest trees, is an example of the quantities of carbon that exist in the air, for what a limited distance do their roots extend, and how small the quantity they are capable of deriving from the soil! It is quite certain that when the little acorn fell upon the earth a century ago, and germinated, that the soil did not contain the one-millionth part of the charcoal which the giant oak now contains; then from whence could that carbon have been derived, if not from the atmosphere? But this conclusion has been verified beyond doubt by the experiments of Boursingault, who sowed seeds in pure sand. The plants grew, arrived at maturity, and fructified, and upon analysis contained their full quantity of carbon, although they were watered with distilled water, and deprived of any method of obtaining carbon, except through the influence of the atmosphere. But we do not affirm that plants obtain *all* of their carbon from the air, for the decomposition of organic matter containing carbon, offers methods by which the roots can absorb water retaining it in solution, in the form of carbonic acid.

But what an enormous power these plant leaves must be gifted with, to be thus enabled to decompose such a stable compound as carbonic acid, for it is in that form that the charcoal exists in the air. Carbon, under other circumstances, will combine with oxygen only at a red heat,

and as its combination is implicated with such force, its decomposition is attended with the expenditure of an equal force.

The leaves of the plant absorb this carbonic acid, decompose it, and retaining the carbon, eliminate the pure oxygen into the air. Thus while plants are subserving the purpose of their own growth, they are the silent instruments of the greatest benefit to all breathing creatures; for while we throw from our lungs this poisonous carbonic acid with each breath we exhale, these plants absorb it, decompose it, and throw out the pure oxygen to be again breathed by us.

Thus there is a great work of compensation going on between plants and animals—a reciprocity of inestimable favors, the cessation of which would involve the life of every living thing upon the face of the earth. Thus upon such delicate and beautiful adjustments do the order and harmony of the universe depend!

But there is another force implicated in this wondrous decomposition of carbonic acid by the leaves of plants. It is that of light, or rather of those actinic rays which form a part of the solar beam, and whose office is to impart to the little fluttering leaves the enormous force they exert in decomposing this stable carbonic acid. Who would suppose that the little fragile leaf which dances so gaily in response to the toying zephyrs, and whose organization is so tender that even the rain drops tears away its substance, is gifted with chemical powers of such enormous force that the chemist, with his great cast-iron retorts and red heat, can only imitate it. But yet such is the truth, and such is the nature of the little leaf that flutters so gaily in the breeze, and offers its tender fibre to the soft tooth of the little insect.

To show that the light, or the actinic rays, is the cause, or rather the source, of this great chemical force existing within the leaf, it is only necessary to withdraw this light from the leaf, when its wondrous power has departed. It no longer possesses the power to decompose the carbonic acid, but absorbing it as usual, it makes even

tic efforts to do so, and failing, throws out again undecomposed. It not only as this with that absorbed by itself, but throws out that which is absorbed by its roots likewise.

But how are we cognizant of the fact, at the light gives to the leaf its peculiar chemical energy? Attempt to take a photographic picture of a growing plant in the sunlight, and you will be astonished that an impression can be obtained. The reason is obvious. The plant so rapidly absorbs, and so tenaciously retains, the actinic force necessary to its powers of decomposition, that none of it is left to pass into the camera to imprint the plant's image upon the paper; for it must be remembered, that the same force which gives energy to the chemical compound on the paper, and enables it to be reduced or decomposed in order to produce an image, is the same force which imparts to the plant its powers of reduction or decomposition. Therefore if the leaves absorb this force, there is none left to pass off into the camera, there to fall upon the chemical compound on the photographic paper, to induce those phenomena involved in the production of the image.

Thus we are led to the knowledge that there are several associated forces in the sun-beam, and that one of these forces imparts energy to the leaf of the plant, and thus enables it to decompose one of the most stable compounds in nature, and to elaborate from it and from water, all those proximate principles which we derive from the vegetable world.

What does the carbon effect, after it has gained ingress to the plant? What is its special office?—what does it do there? It combines with water or its elements, and thus gives rise to substances of the highest consequences in the economy of the plant. Twelve atoms of this carbonic acid (CO_2) being decomposed, there will then be 12 atoms of pure carbon, which, by combining with 10 atoms of water, will give rise to either the cellular or the liqueous tissues of plants, or the starch, or the dextrine, which are their derivatives.

Almost all the solid parts or frame-work of plants is represented by 12 equivalents, or atoms, of carbon, combined with 10 of water. With, therefore, these 12 atoms of carbon as the base, the vegetable world elaborates the rigid walls of its cells, the cellular tissues and vessels, as well as the starch which it stores up as aliment about its bulbs and embryos and also the soluble dextrine, which is transferred by the moving sap from one part of the plant to another, for the purpose of supplying its various wants.

What an admirable contrivance, that can weave from only three elements—and those three in the same proportions—so very entirely dissimilar substances, together with the magic power to transmute them the one into the other with the least possible expenditure of power and as often as occasion requires!

Then again this carbon is the basis of all the saccharine substances produced in such great quantities by plants, and now so necessary to the wants of civilization.—Twelve atoms of carbon combined with eleven atoms of water form that species of sugar termed cane sugar, or carbon sugar. Twelve atoms of carbon combined with fourteen atoms of water constitute the grape or fruit sugar. These sugars and especially the latter, play an important part in the economy of nature.

But we have scarcely touched upon the prolific subject of charcoal or carbon. To write its chemical history would involve the twelve hundred pages of a folio volume, and would present the most instructive lessons that could come under the cognizance of the human intellect—lessons fraught with that wisdom which teaches us in the most powerful manner, the beneficence displayed in the wonderfully creative power of the Almighty Chemist.

It is known to the most ignorant person, that at each breath we take, a portion of the atmospheric air is taken into the lungs. But it is perhaps not known that upon the egress of this air it presents a great change in its composition, compared with that which characterized it before it touched

the lungs. Then it was composed principally of one part or volume of oxygen, mixed with four volumes of nitrogen.—When it issues from the lungs, it is composed of nitrogen mixed with a large proportion of carbonic acid, and is so vitiated that it would not subserve the purpose of another breathing. From whence comes this great quantity of carbon, and whither has the one-fifth of oxygen gone that existed in the air breathed. With every second of time the heart beats, with each throb sending a portion of the blood with great force through the arteries and veins, into millions of minute capillaries that ramify throughout the entire system. Here it is principally that the great change ensues, which implicates the existence of life itself. Here it is that the combination of the oxygen breathed, with the carbon and hydrogen metamorphosed from the system, takes place. Here it is that combustion, heat and motion transpires, and where the soluble principles of the blood are converted into lactic acid, and where this lactic acid is converted into lactate of soda, and this by a true process of combustion is resolved into carbonate of soda, which is immediately taken up by a fresh portion of lactic acid, and so on. Thus it is that carbon is rendered the wonderful Proteus of these great changes, where so long as breath gains ingress to the lungs, and the heart continues to throb, there is a slow and ceaseless succession of decomposition and recombination in the capillaries, in which the combustion of carbon and the production of vital heat is accomplished.

Thus we trace the course of carbon. We first find it embosomed in the air, and invested with the lucidity of that body. It then descends into vegetables, and through this source gains ingress to animals, and having performed its allotted task in the building up of forms of beauty and organs of sentience, it then escapes again to nestle itself into the bosom of the air, its natural home, until called for to again perform its grand task of weaving into being the king upon his throne, or the modest and

frail flower which hides its blushes in a velvet grass.

Here my snoring friend waked up with start, and taking up the argument where he had left it, he proceeded to prove, according to the most rigid rules of logic, that an essay embodying the least instruction cannot be composed upon so trivial a subject as a PIECE OF CHARCOAL.

FACTS IN REGARD TO THE COLLEGE DIFFICULTY.

The Eclectic Medical Institute was incorporated in 1845. Its capital stock \$20,000, which may be increased to \$60,000, provided the Trustees accept an amendment passed by the Legislature, since the original charter was granted. This has never been done, nor can it ever be accepted without changing the original as well as the present method by which the dividends on the stock are realized, as will be apparent by the following facts. The dividend fund arises from the rents of several portions of the property as are not used for college purposes, and twenty per cent on the tuition fees paid by students, which may be appropriated in payment of dividends on the capital stock of the corporation, to the extent of from six to ten per cent. per annum. If the amount thus realized shall exceed ten per cent. on the capital stock, the excess is to be paid over to the Faculty in equal proportions; but if the amount thus realized shall not be sufficient to pay six per cent., the Faculty are individually bound to make up the deficiency.

The amount of stock issued previous to the 5th of April last (when \$7,000 of fraudulent stock was issued by J. R. Buchanan, W. Sherwood, C. H. Cleaveland, J. King and J. W. Hoyt, without the knowledge or consent of the Board of Trustees or stockholders) was \$19,126, which, it will be perceived, is very nearly the amount limited by the original charter of the Institute.

These same parties have for some years

complained of having to pay dividends to stockholders, although there have not in fact been any dividends paid in cash (except a small amount) since October, 1852. Now, if the dividends on \$19,000 of stock were with difficulty paid, how could the dividends on \$26,000 be paid (supposing the issue to have been legal), without a considerable increase in the revenue of the institute? from which it is apparent that all issues of stock over and above the original amount limited by the charter, would only tend to depreciate in value the legal stock heretofore issued.

For the information of our readers, it will be necessary to explain how and why this issue of illegal stock was made.

As Treasurer of the Board of Trustees, I felt that the financial affairs of the corporation were being unwisely and fraudulently managed by a portion of the Faculty, in not paying over the dividend due the stockholders, after it was ordered to be paid, while the money was in the hands of Dr. Buchanan, and which he refused to pay over to the Treasurer, saying that he had loaned it to a friend, and could not meet his obligations to the college. For this and other similar reasons, I submitted a report upon subjects pertaining to the financial condition of the corporation, on the 24th of March, to the Faculty as a finance committee, and at the same time gave notice that if Dr. Buchanan did not pay over the balance in his hands, as well as make his settlement for the spring session, the funds of which he had then used to pay his defalcations on the winter session as far as it would go, I should be compelled to lay the whole matter before the Board of Trustees, as well as to notify the students not to pay any more money into his hands.

It was also claimed in this report, that there had been an issue of stock which should have been redeemed, as the money for that special purpose had been received by the Faculty.

They appointed a committee to examine the report. This committee never all met, and it did not take any action in the mat-

ter, nor did Dr. Buchanan manifest any disposition to settle with the Treasurer; but, as the sequel shows, they turned their attention to the concoction of a regular Schuyler operation, which, if successful, would enable them to operate under the benefit of a doubt for some time at least.

As the stockholders elect the Trustees, and the Board of Trustees elect the Faculty, they made every effort in their power to control stock sufficient to elect such a Board as would enable them to carry out all their views and wishes, and thus prevent any investigation into the facts stated in the above-mentioned report, and thus effectually cover up the speculation of Dr. Buchanan, and screen him from that censure which a knowledge of the facts in the case would bring upon him. They soon discovered, however, that they could only control a little over one-third of the stock, which induced them to give the whole matter up as lost—so stating to members of the class. But it appears that at the eleventh hour, the brilliant thought, which was afterward carried out, was suggested. Who has the honor of its paternity has not yet transpired. They met at the house of Dr. Sherwood on Saturday night, April 5th, without any previous notice to the Trustees or stockholders, or Treasurer, or any notice to Prof. Freeman and myself, as to the object of the meeting, and without the stock book of the corporation, or the engraved certificates, or the seal of the corporation, they got up and issued \$7,000 of stock, based upon notes payable five years after date, without security, and some of which were given by insolvent and irresponsible persons.

On Monday, the 7th of April, they held an election separate and apart from the election held by the majority of the stockholders, at which, together with all the legal stock they could control, this fraudulent stock was voted, by which means a bogus board of trustees was brought into existence.

The legal stockholders met at the time and place advertised in the papers of the city, and elected the regular and only legal

Board of Trustees, who organized the same day, and passed a resolution placing the property of the corporation in the hands of myself, as their Treasurer.

In the mean time, Dr. Sherwood, as the representative of the bogus board, had removed the locks from the doors of the college, and put others on, and placed the college in the charge of the police of the city.

For these and other reasons, the Board of Trustees, on Tuesday, April 29th, expelled Drs. Buchanan, Sherwood, King, Cleaveland and Hoyt from the Faculty, and ordered me to take possession of the college, which was done about 8 o'clock the same evening, and it is still in possession of the Trustees. This act created considerable excitement, during which they brought one of their attorneys, who stated to them that there was no remedy but a resort to physical force, as there was no legal process by which we, who owned a large majority of the stock, could be driven from our own house. They also applied to the Mayor of the city and the Chief of Police to interfere and eject us, but they understood their duty and our rights too well to interfere.

The Board of Trustees have made every proposition to these lawless individuals to submit their claims to an immediate examination and decision by our courts, but that is an ordeal they are determined to avoid as long as they can.

The court has already pronounced the \$7,000 of stock to be illegal, and has ordered it into court to be canceled, which order they seem disposed to resist as long as the rules of the court will allow them.

They have been very industrious in getting up statements and resolutions for some of the papers in the city, and mailing them to Eclectics wherever they knew one to reside, and such statements, too, as could only emanate from individuals so completely lost to every principle of feeling that adorns and ennobles our race—and this, too, for the purpose of covering up their rascality, and to prevent the community abroad from understanding the

real merits of their claim, by leading their minds off on collateral and false issues. Our own community cannot be so duped from the proceedings already had in our courts, they understand the true point—the fraudulent issue of stock, and its intent—and therefore laugh at all their assumptions of being the "legal Board," "legal Faculty," etc.

Their course may be approved for a time, by parties who have only an opportunity of seeing their version of the matter, but we have every confidence in the power of truth and righteousness, and therefore feel assured that ultimately all will work right, and those individuals will meet the just reward of their doings.

EX-PROFESSOR BUCHANAN AN ENEMY TO ECLECTICISM.

Notwithstanding the many published falsehoods of him whose name heads this article, in reference to the charges which he has so often repeated, that those who do not endorse his ethereal vagaries, are enemies of medical reform—of the Eclectic Medical Institute, etc. etc., yet he is now, and ever has been, the worst enemy to both, that they ever had. His hypocritical, canting phrases, "enemy, and enemies of the Institute," &c., are but so many reiterated falsehoods, designed to blind true and honest Eclectics.

He supposes the most successful mode to blind those at a distance, is to throw dust in their eyes. The friends of the College may rest assured, whenever they hear the cry of enemy of the Institute, from this expelled member of the Faculty, they hear an outcry from the most deadly foe that the College, and the cause of Eclecticism, ever had. Remember the stratagem of him who runs through the crowd, shouting at the top of his voice, "stop thief." While thus attempting to blind and deceive those not conversant with the grounds of discord, he cautiously and very cunningly keeps every important fact from the pub-

ic. He assumes to be honest and truthful, when he says his party held a majority of the stock of the Institute, (\$14,000 & \$12,000,) with which they elected a Board of Trustees according to the usages of the College, and that the enemies of both are attempting to deprive them of their just and legal rights; thus carefully concealing the facts that \$7,000 of their stock was "bogus"—a fraud upon legal stockholders—it was got up late on Saturday night to be used on Monday morning—that it had no basis, but was created for the emergency, &c. By withholding the real facts in the case, he purposely, and dishonestly deceives all in his power. He conceals the fact that he collected the tuition fees both of the winter and spring sessions, and appropriated most of them to his own use, regardless of the imperative wants of other professors, and the rights of stockholders, out of which, the late troubles have arisen; and that he has not, and will not pay over those funds; and furthermore, that he is bound for "Salt River."

His dexterity as a financier, and the facility with which he executed and put into circulation \$7,000 of bogus stock, together with the use of the funds of other, place him in the same category with Swartwout and Schuyler. They went to Europe—he goes elsewhere. These causes have forced him to again resort to the old falsehoods, "enemies of the Institute," &c, in order to save himself from the odium and deep disgrace which such flagrant acts of injustice, are sure to bring upon him. He employs them as palliatives to ward off the shock which he knows such gross dishonesty will inflict upon the minds of the true friends of the College, and the censure which he knows he is to receive from them.

That he is not, and never has been an Eclectic, is clearly proved by a single extract from his *Journal of Man*. If that extract does not establish the fact that his doctrines are antagonistic to Eclecticism and rational medical reform, then words prove nothing. On page 329 he says "that huge doses of drastic medicines, profuse

purging, depletion by the lancet, and other measures, which might have been tolerated by the rude constitutions of a barbarous age, are entirely unnecessary as well as injurious, and that the gentler agents of the materia medica, the delicate appliances of homœopathia, animal magnetism, and psychological medicine, are entirely sufficient for the treatment of diseases."

These doctrines are absolutely subversive of those of Eclecticism—they are emphatically opposed to it, and prove beyond doubt his antagonism to it; while his efforts to displace all who do not endorse them, or dare to oppose them, confirm the truth of these conclusions.

After being yoked with this phantom for five long years, Prof. Morrow came to the same conclusions, and he so expressed himself in a private letter to a friend. He did not hesitate to say he was fully persuaded Dr. Buchanan was a "curse to the profession," and his doctrines "doing much harm"—that "his vagaries and hypothetical doctrines tend to mistify and blind the minds of students," and that he earnestly desired the college to be freed from objections so very serious; but they have remained until recently, when the wishes of Dr. Morrow, long since expressed, were consummated by his expulsion, with all his "windy hypothetical extravagances" that have so long proved a curse to Eclecticism.

The letter bears date, February 8th, 1850, and was written but five months before his death. The early graduates of the College will read it with deep interest, and reflect upon the volumes of truth expressed in the few short paragraphs which it contains.

EXTRACT OF PROF. MORROW'S LETTER.

"You ask why I am amalgamated with Homœopathy? It was not my doings. I was opposed to the arrangement. Dr. Buchanan was the originator of the whole scheme. He is ready to rush into any scheme, with or without merit, if it only promises novelty and a run for temporary popularity. I was sure that the plan would involve us in trouble. You must be aware, from your personal knowledge, that we have one or two others who are more fa-

natical than practical, and will be carried away from the true practical principles of Medical Reform, by the Homœopathic humbug. It is the nature of some men to be unstable and visionary. They cannot be practical, and are a curse to the profession.

"I do not mean Prof. L. E. Jones or Prof. Baldridge. They are the right kind of stable, practical, and thorough Eclectics, 'dye'd in the wool,' and always true.

"I intend to try to compromise with our 'Physopathic' friends, as you suggest for the good of the cause. * * * * *

"I also agree with you, that Prof. Buchanan's extravagant notions of Phrenology and Mesmerism are doing much harm. His receiving letters from all parts of the country, and passing them over the skulls of his brainless dupes, and thereby pretending to delineate human character, is a consummate hoax, and one which, however embellished in his *mysterious* 'Journal of Man,' is, nevertheless, a dark stain on the fair fabric of Eclecticism.

"You ask why I do not control Prof. B. in his *windy*, hypothetical extravagances? I answer, he is of that peculiar turn, and has a peculiar popularity, which it is difficult to control or subdue. There are some men, like some other evils, had better be left to kill themselves.

"As you suggest, his vagaries and hypothetical doctrines tend to mystify and blind the minds of students, and make them any thing but practical men.

"I still hope for the best, and that by judicious management, we shall yet see men here, in the responsible capacity of teachers, who will be entirely free from these very serious objections. * * *

"T. V. MORROW."

L. E. J.

FUTURE PROSPECTS OF THE E. M. INSTITUTE.

As the Board of Trustees have filled most of the vacancies in the Faculty occasioned by the expulsion of the *Schuylerites*, we are enabled to say to our readers, that there will be a better and more efficient course of lectures delivered during the coming winter and spring, than ever before, since the first organization of the Institute. Every department will be fully and ably represented by sound practical men, whose highest ambition will be to

place before the mind of the student those true and practical subjects which alone are of any real worth to him as a practitioner of medicine. He can rest assured that his time and attention will no longer be occupied by listening to some theoretical subject which is of no use to him if true, and whether true or not, he does not like to submit to such a heavy tax upon his time.

He will no more hear from any chair, as heretofore from Dr. Buchanan, that "a very small portion of medicine lightly touching the foot or the epigastrium, affects the whole body powerfully;" or that "the delicate appliances of Homœopathia, animal magnetism, or psychological medicine, are entirely sufficient for the treatment of disease."

He will no longer be compelled to sit for weeks and hear one man continually bring his personal matters before the class, or declare water and electricity sufficient to cure all diseases, or that mercury is the only solvent, and much better than any of the peculiar remedies used by Eclectics.

He will no longer see one man filling all the other departments in the college, to the neglect of his own, and claiming, as has been the case, that he has the right, and will do as he pleases in this respect.

He will no longer be compelled, as soon as he arrives, to take a demonstrator's ticket, and run the risk of getting an opportunity to dissect, or be excluded from the dissecting room.

WORTHLESS DIPLOMAS.

From our city papers of this morning (May 17), we perceive that on last evening, at Greenwood Hall, the expelled portion of the Faculty of the E. M. Institute had the audacity to issue diplomas in the name of the Institute to the following persons:

Jacob Burger, O.; Jacob J. Clemmer, Wis.; Louisa B. Coddington, N. Y.; James Davison, Pa.; Joseph A. W. Hostetler, Ind.; Peyton W. Henry, Ills.; Comly Jes-

sop, O.; Wm. E. Kemble, Va.; Miles B. Manser, Va.; John L. Morrill, N. Y.; Samuel Nickles, O.; Howard G. Osgood, Mass.; James Talmadge, Wis.; James P. Van Vorhees, N. Y.; Rufus P. White, O.; Geo. W. Winter, Va.; Charles L. Fisk, (Hon.) Mass.

From the following document it will be perceived that, in the opinion of the counsel of the trustees, the diplomas thus issued are, like the stock issued by the same individuals, fraudulent and worthless. We regret that so many have permitted themselves to be imposed upon by these lawless miscreants. They will discover, to their bitter disappointment, before many moons have waxed and waned, that they have been miserably duped, and have paid their money for that which is perfectly valueless. We regret the necessity of passing round the names of those who have submitted to this imposition, but justice to ourselves, the Institute, and its long list of honorable graduates, compels us to adopt this course.

To the Trustees of the Eclectic Medical Institute:

The undersigned, as your attorneys, would state, that after a very careful examination of all the points at issue between the two boards elected on the first Monday of April last, we are fully satisfied, that the board elected at the office of Dr. R. S. Newton is, beyond all doubt, the legal board; the other board being elected by stock which had been fraudulently issued just before the late election, without regard to the charter of the Institute or the statutes of Ohio.

Therefore, all who receive diplomas after the 7th of April, 1856, purporting to be from the Eclectic Medical Institute of Cincinnati, not signed by W. B. Pierce and W. F. Hurlburt, Esqrs., President and Vice President of the legal board of Trustees, are not legal graduates of the college; such diplomas, not being lawfully issued, are inoperative, being in violation of the original charter of the Institute.

KETCHUM & HEADINGTON,
MILLS & HOADLEY,
J. B. EATON.

Cincinnati, May 16, 1856.

EX PROFESSOR J. R. BUCHANAN,
AND HIS INTRIGUES AGAINST
PROFS. MORROW AND BEACH.

The self-important individual, whose name appears in the above caption, it is well known assumes to be the very soul and vitality of the Eclectic Medical Institute, and so far as an intangible substance—a mere *ignis fatuus*, is concerned, no one will dispute his assumptions. He impudently arrogates to himself the appellation of its founder. He claims to be its front, and by unanimous consent he has been its rear from 1846 to the present time. His consummate vanity irresistably impels him to believe himself the embodiment of all that has ever been taught in that Institution of any value to the student or worthy his consideration. He has fancied himself the only *teacher* deserving the name or the notice of the medical student or the medical profession.

Entertaining these views of his own importance—of his own self-inflated and matchless greatness—of his own scientific attainments and exalted intellect, he is accustomed to view all other men as mere pignies when he deigns to compare them with Jos. R. Buchanan the Great?

While he imagines himself an exalted being—one whose mental abode at least is in the ethereal or spiritual realms, and one whose temporal abode upon this mundane sphere is a mere condescension on his part, he views all others as mere groveling worms of the dust and scarcely deserving a passing notice by him.

This frothy specimen of a medical man, not a regular graduate of any medical college, but fully inflated with these views of his own greatness—of his subtle and ethereal consequence, received a professorship in the Eclectic Medical Institute of Cincinnati, in 1846.

At that time he knew nothing about Eclecticism, nor does he now, practically. By attending the lectures on theory and practice, and on *materia medica* for a time, he acquired a smattering knowledge of these departments, but his visionary

and ethereal views forbade the study of subjects so very tangible and practical, consequently he devoted his energies to the conjuration and inculcation of silly theories which he always failed to explain, and if he attempted an explanation in one lecture, he never failed to contradict it in a subsequent one.

When he came to the city he plead poverty and great financial embarrassment, and so pitiful were his appeals, that other members of the Faculty suffered him to overdraw his proportion of the cash receipts, while they paid his share of the debts out of their own funds and received depreciated stock therefor.

Notwithstanding these acts of kindness and favoritism extended to him, by his colleagues in the way of "material aid," his self-exaltation and fancied superiority prevented him from reciprocating the generous sympathy he had received at their hands. He returned their kind offices by foul and false aspersions—by early efforts to traduce their capacity as teachers, and by either direct or indirect means to secure their removal. His first demonstration of the kind, so far as we now have proof, was made against Dr. Morrow, the founder of the college. He charged him with ignorance and incompetency—said his language was so bad he could not put two sentences together that were grammatical and said the prosperity and success of the college required his removal, and his place to be filled by a more competent teacher. His schemes were frustrated for the time being, but alas! his efforts to remove him were ultimately successful, for in 1850 he attained his long expressed and fondly cherished desire. He pompously volunteered his services as the medical attendant of Dr. Morrow. His ignorance of practical medicine, together with his consummate arrogance and self-importance, prompted him to assume the treatment which resulted in his death and the loss of a valuable citizen—a physician of commanding talents and consummate skill, and a teacher of medical reform of indomitable perseverance and unconquerable energy.

Previous to this he had made great efforts to disparage Dr. W. Beach, then a member of the Faculty, by impugning his motives, his honesty, capacity, and competency as a professor, by bestowing vile epithets upon him, and by retailing his unprovoked slanders and falsehoods, with a view to injure his fair fame and reputation, which he finds himself unable to attain. In these abusive efforts to drag Dr. Beach before the public, he has manifested a malignity characteristic of the base and ungentlemanly acts of which he has afforded so many notable examples. L. E. J.

NEWTON'S CLINICAL INSTITUTE

This Institute was established in accordance with the following resolution.

"At a meeting of the Faculty of the Eclectic Medical Institute of Cincinnati, held December 9th 1852—present, Profs. Newton, Buchanan, Sherwood, Hoyt and King—Prof. R. S. Newton named his intention of establishing a private hospital in which he would permit students of the Eclectic Medical Institute to attend for the purpose of clinical instruction, upon the payment of five dollars each: provided the Faculty of the Institute would encourage students to attend, and likewise deliver clinical lectures. Whereupon it was unanimously

Resolved, That the Faculty hereby agree to aid Prof. R. S. Newton in his hospital enterprise, by giving clinical instruction to students, as well as soliciting all the students to procure tickets thereto.

"J. King, Sec'y."

From the establishment of the Clinic at the commencement of the spring session of 1853 to the time Dr. Cleaveland became connected with the college in the fall of 1854, the enterprise worked well without any difficulty, or disagreement among the Faculty in reference to it; but from the time he came into the college until his expulsion from it, he did every thing in his power to destroy its usefulness and to break it up if possible, but in this he signally failed; its usefulness and efficiency was established upon too sure a foundation for any puny effort he could put forth to destroy it. He succeeded, however, in

preventing the other members of the Faculty from carrying out the agreement contained in the above resolution, inasmuch that none of them ever delivered lectures in the hall, except Prof. Freeman and myself; neither did any of them ever present a clinic case before the class. Prof. Freeman and myself, in connection with Dr. O. E. Newton, have, from its organization to the present time, done everything in our power to sustain this department of our College, the object of which is fully set forth in the following announcement written and published by Dr. Buchanan in his better days—before he became an open enemy of the college, the clinic, myself, and Prof. Freeman.

"CLINICAL INSTRUCTION.—The Faculty of the Institute have the pleasure of announcing that the Drs. Newton have at length taken the necessary measures to give to the students of the Institute during the coming Spring Session what has so long been desired—the advantages of access to a hospital, and thorough clinical instruction in the Eclectic practice. Heretofore this city has afforded only old school Allopathic instruction in clinical medicine, and even this has been generally refused to students of liberal principles, while the few who have been admitted, have been subjected to personal indignity, and required to contribute to the support of an illiberal and proscriptive organization.

"The heavy expenses encountered by these gentlemen in securing a spacious edifice with a lecture room of ample size for clinical purposes, render it necessary that the course should be sustained by a hospital ticket, which has been placed at the usual price of five dollars. This ticket for the Spring Session will be an optional matter with the students of the Institute, as it is an addition to the usual exercises of the school, but the faculty would earnestly recommend all to attend—considering a course of Eclectic clinical instruction a matter of great importance to every student.

"It is intended to concentrate here every practical facility and advantage for medical students, and to enable them to remain in the city throughout the entire year, with every facility for continual clinical observation, systematic study, and thorough instruction by medical professors, to an extent not obtainable in any other American city

J. R. BUCHANAN, M. D., Dean.

With but few exceptions the whole number of students who have attended the clinic have expressed themselves to Professor Freeman, Dr. O. E. Newton, and myself, as perfectly satisfied that the facilities afforded them there of practically testing the superiority of the Eclectic practice in both medicine and surgery were superior to those of any similar establishment in the city—and at this time, the clinical department of the Eclectic Medical Journal is considered by its numerous readers of great value—yet the expelled members of the Faculty while professing to be Eclectic, would rather have the students attend (if they could get an opportunity,) old school clinical teaching, than to encourage those who had invested several thousand dollars in the establishment of the clinic for the benefit of the college and the elucidation of Eclectic clinical teaching.

And at the time they were endeavoring to effect this arrangement, they themselves were not permitted to visit the Commercial Hospital—for Dr. Sherwood had to retire from the hospital and was not permitted to witness an operation there, although he had received an invitation to do so. Yet notwithstanding this indignity, they were desirous of placing the students in the humiliating position of attending a clinic which they themselves could not enter.

Under the reorganization of the Faculty which has taken place, every facility and assistance which the whole Faculty can give in clinical instruction will be afforded to the class.

THE RESOLUTIONS OF THE EXPELLED PROFESSORS.

In their organ for this month, we find the following:

"These resolutions are the unbiased sentiments of the class, no member of the Faculty having participated in the meeting or in the preparation of the resolutions."

Why did they deny, before the charge had been made, that the expelled members

of the Faculty wrote the resolutions and had them copied. Now as to the facts in the case, we have the proof, and will furnish it if they call for it, that the whole set of resolutions on page 186, 187, 188, of their organ for May, extracts from which are on another page of this Journal, were written by Dr. Buchanan, copied by a member of their faction, then signed and published in the city papers. We have this from gentlemen who belonged to their party. This they dare not deny. They say there were fifty students in the city, and that they had forty. Now we can assure our readers that they never did, on any vote taken, give over twenty-three, although there were others present who did not vote, several of whom attended the regular lectures of the Institute. They are our authority.

Taking the whole spring class, a large majority were decidedly opposed to the conduct of the expelled members throughout the whole session. Many of them left before the session was out, rather than submit to any further imposition.

Buchanan & Co. did every thing in their power to deter students from expressing their opinion, by insinuating that if they expected to graduate, they had better look out, &c. They were successful, however, only to a small extent.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

We would again call the attention of the friends of medical reform to the approaching meeting of this association, from present indications we anticipate a large gathering, and we would respectfully urge upon every true friend of the cause to be present, matters of vital importance to the future success of Eclecticism will be submitted for their consideration. See notice.

This appears to act like an irritating plaster upon the expelled members of the Faculty, if we are to form any opinion from their organ. They make many statements

in regard to it which require proof. We do not see why a large body of the profession have not as much right to act for themselves, as these five ex-professors have for the whole country.

THEN AND NOW—DR. JOS. R. BUCHANAN vs. HIMSELF.

We extract the following from the Circular of the Eclectic Medical Institute for 1853-4, prepared by Dr. Buchanan as Dean of the Faculty.

The Professor of Medical Practice and Pathology, upon the fidelity and correctness of whose instruction so much depends, brings to his department the proper preparation for a valuable practical teacher. Being the most prominent Eclectic practitioner in Cincinnati, and widely known through the Union as the most distinguished Eclectic surgeon, his extensive medical and surgical practice places him in the position which should be occupied by every professor of that department in daily contact with the prevalent forms of disease, and personally familiar with the value of recent improvements, instead of depending upon hearsay evidence or the reports of the results of clinical experience. In his instructions he avoids those theoretical discussions with which learned professors often encumber their course, and goes directly to the subject of disease and its remedy. He develops the pathology of all maladies in a more exact and thorough manner than was attempted in the early courses of the Institute, and describes after a sketch of the old school treatment, that which he has found most successful. His lectures, therefore, have a peculiarly practical and clinical character, being illustrated by reference to cases in his own experience. In presenting the Eclectic treatment, he does not give it as a mere copyist of his predecessors, but aims, like a true reformer, at continual improvement. Having made very extensive use of the new concentrated remedies, which give to the Eclectic practice many advantages which it has heretofore needed, he gives in his instructions the full benefit of these improvements.

Clinical experience is the only true and final test of medical systems and medical teachers. Eclecticism has always proudly relied upon its success in the treatment of

disease. We have often found the reports of the results of Eclectic practice to exhibit a mortality of but one per cent. or less upon the number of cases treated, and never over two per cent., while the mortality in malignant cholera is but five per cent. The results of Prof. Newton's private practice are most eminently successful, and honorable alike to himself and to the cause of Eclecticism, of which his present position renders him the practical exponent. The statistics of Dr. Newton's practice during the last year in 670 families, (which will hereafter be published,) exhibit, in the most eloquent manner, the immense value to mankind of the Eclectic medical reform, and show that the healing art, as at present taught in the Institute, is a glorious illustration of the spirit of progress and the triumphs of the American mind in the nineteenth century. No European college, nor American offspring of the European system, can exhibit such results as these. They are the results of bold, manly departure from detected errors, in which physicians have heretofore been educated.

J. R. BUCHANAN, M. D., *Dean*.

The following paragraph is from the circular of 1855, also written by Dr. Buchanan.

The chair of *Medical Practice and Pathology* is occupied, as heretofore by Prof. R. S. NEWTON, (one of the authors of Newton and Powell's Eclectic Practice of Medicine) whose reputation is familiar to the supporters of the Institute, and whose success and standing, as a practitioner, offer a guarantee of valuable instruction.

THE OTHER SIDE.

The following resolutions were written by Dr. J. R. Buchanan, and acquiesced in by a minority of the students—that portion of the class who were induced by the five expelled Professors to go with them. They were signed by two of the students, and published in the city papers for Dr. Buchanan and the other expelled members of the Faculty, who paid for their publication.

Resolved, That we consider R. S. Newton wholly incompetent to fill a Professorship, with credit to himself or the Institution, or with profit to the class; not only from a want of medical knowledge, but also because of his general ignorance.

Resolved, That we believe his boasted authorship to be mere titular, such as

any one might obtain who possessed pecuniary means, to secure the labors of others; and notwithstanding his vaunted position in this regard, in his lectures he merely reads to the class from the so-called "Newton and Powell's Practice," *verbatim, et literatim, et seriatim*.

Resolved, That the connection of R. S. Newton with the Eclectic Medical Institute has done much to bring discredit upon the College and lower the character and standing of the Eclectic physicians in the estimation of the community.

RESOLUTIONS OF THE CLASS.

At a meeting of the students and graduates of the E. M. Institute of Cincinnati, held at the hall of the college on Tuesday evening, May 13th, 1856, the following preamble and resolutions were unanimously adopted:

WHEREAS, the students of the E. M. Institute feel the gross injustice and malignant misrepresentation that has been displayed toward Profs. Newton and Freeman, by the series of acts of the expelled members of the Faculty, and especially by the last series of resolutions, known to have been drafted by Jos. R. Buchanan and professed to have been passed by the class, as well as the severe injury inflicted upon the cause of Eclecticism, by an association with men whose acts have been characterized by a want of that dignity and honesty that should obtain among gentlemen, and entertaining views which, if consummated, would paralyze, if not completely destroy the Institute; therefore,

Resolved, That we cannot refrain from thus publicly expressing our high appreciation of the firm and honorable course pursued by Profs. Newton and Freeman, during our connection with them, and that the relations we have sustained to them, during our intercourse, have been of the most agreeable and profitable character.

Resolved, That in Profs. L. E. Jones, W. Byrd Powell and J. Milton Sanders, we recognize an array of talent that will soon elevate the character of the Institute from the discredit an association with the expelled members of the Faculty had brought upon it, and we assure the friends of Eclecticism that the Institute is now in the hands of those, an association with whom will elevate instead of degrade its character.

Resolved, That we cannot too highly commend the superior judgment of the Board of Trustees, in the selection of persons to fill the chairs made vacant by the expulsion of Messrs. Sherwood, Cleveland, King, Buchanan and Hoyt, and express our high satisfaction with the gentlemanly bearing, fine literary and professional attainments of those already appointed, and doubt not the remaining appointments will be equally satisfactory; and thus the system of *private pay* lectures (an imposition upon the students, and a prolific source of difficulty for several years past among the members of the Faculty) will be effectually broken up.

Resolved, That the course pursued by Profs. Newton and Freeman, in taking possession of the college building, was in accordance with the advice of counsel and with the wishes and at the request of the legal Board of Trustees, and we endorse their course throughout this whole difficulty.

Resolved, That the so-called "*enemies of the Institute*," are those who own the large majority of the stock, issued in accordance with the by-laws of the institution and the requirements of the charter, and was not issued to irresponsible parties at long credits, but for a good consideration.

Resolved, That the attempt of Jos. R. Buchanan and William Sherwood to incite a portion of the students to force an entrance into the college, knowing such an attempt, if persisted in, would have been attended with the most disastrous results, was an act we cannot denounce in too strong language, exhibiting a degree of malice and recklessness of consequences, which could only have been prompted by a corrupt mind.

Resolved, That the charge of a mere "titular authorship" against Prof. Newton, contained in the resolutions, is too shallow a charge to merit a notice; we need only refer the public to the note in the preface to the third edition of King's Eclectic Dispensatory, to prove the falsity of the charge.

Resolved, That the charge of "gross neglect of duty" against Prof. Newton is not true, but really belongs to Profs. Hoyt and King, whose imperfect and hasty course of lectures, embracing about five weeks, has been a source of embarrassment and of serious loss to the students; and further, that even to the very close of the session, which took place to-day, Profs. Newton and Freeman have filled every hour allotted to them, not having consumed any time in presenting matters of a private character to the class.

Resolved, That we commend Newton Clinical Institute to the notice of all Eclectics, as an institution purely Eclectic and in which we have seen illustrated our peculiar views and the superiority of the Eclectic practice. F. A. SCHMIDT, *Pres.*

J. V. S. QUIRLEY, *Sec'y.*

BOOK NOTICES.

HEADACHES, their Causes and their Cure. By HENRY G. WRIGHT, M.D., M.R.C.S. etc. New York: S. S. & W. Wood. 1856. Price 50 cents.

The above is a very well written monograph, in which the author has pursued a very independent course, giving few references to those who have preceded him. It is, nevertheless, a treatise which is destined to elicit attention not only from the profession, but also from the general reader, for whose benefit it is particularly adapted, whether by accident or design, we shall not decide.

On sale by H. W. Derby, Cincinnati.

CLINICAL LECTURES ON THE DISEASES OF WOMEN AND CHILDREN. By G. S. BEDFORD, M.D., Professor of Obstetrics, etc. in the University of New York. Third edition, carefully revised and enlarged. New York: S. S. & W. Wood. 1856. pp. 602.

We have just received a copy of the third edition of this popular work on obstetrics. The author has carefully revised the whole, and added an appendix of forty pages, in which will be found the results of his treatment of many cases; also an alphabetical table of the topics embraced in the work.

On sale by Derby, Cincinnati.

THE COURSE OF LECTURES

In the Eclectic Medical Institute, will commence at the usual time, and be delivered, as heretofore, in the Hall of the College, on the corner of Court and Plum streets.

The Annual Announcement, as well as the Catalogue, will be published in a short time.

All persons wishing information upon this subject, will address

R. S. NEWTON, M. D.,
No. 80 W. Seventh st. Cincinnati.

THE

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No. 7.

Part 1—Original Communications.

DYSENTERY.

BY J. TURRENTINE, M. D.

MR. EDITOR—Having witnessed the fearful ravages of this disease in North Alabama, for the last few years, and thinking that it is destined to become a common disease of the South, and that it is every practitioner's duty to do all he can to rob it of its terrors and its woes, I have concluded to send you a few pages on the subject, which you can dispose of as you think best.

It is not expected that I should give a detailed description of its symptoms, as though the profession were not posted on the subject, nor that I should give the many statistics that have been collected, showing the immense mortality that has attended many of its epidemic invasions. This has been so often done, that a repetition here would be equally uninteresting and out of place. Suffice it to say, that while sporadic cases are generally mild and very amenable to treatment (and some epidemics have been so too), yet it is often one of the severest diseases to which man is incident. Those who wish to refresh their minds on the journal of its sad havoc with human life, can do so by reference to the numerous statistics to be found in every medical library. At present I only

wish to exhibit such phenomena as I have witnessed, and such conclusions as I have formed from my own observation, and the plan of treatment that I have found most effectual.

For the last four or five years it has been my lot to witness dysentery epidemics of peculiar malignity, and I shall have but little to say on the milder cases, which present nothing remarkable, and are characterized by griping pains, or *tenesmus*, irregularly distributed through the bowels, and in their period of occurrence, and attended by muco-sanguinolent, sero-sanguinolent, or sanguinolent discharges from the bowels, by which the *tenesmus* is partly relieved, and with soreness in the abdomen, at least in the seat of inflammation, a sense of weight in the abdomen, thirst, light fever, and a thin white coating on tongue, etc.

Cases of this kind, though they often excite alarm, merit but little attention, as they readily yield to treatment. A judicious cathartic, followed by an opiate or astringent, is generally quite sufficient to arrest them at once. In fact, I have known cases arrested by a single cathartic, or by an opiate alone, and in other cases by astringents, such as the tinctures of capsicum and camphor alone; in other cases by the neutralizing cordial of the Eclectic Dispensatory, and in other cases by mild saline laxatives, etc.; from which the specifics for dysentery might say, "My name is Legion, for we are many." The time would fail me, were I to attempt to tell how many "*roots*" and "*bitter yerbs*" I have

heard of that are "*mighty good for flux*," and which cured such and such cases so promptly, as to demonstrate the fact that the doctors have but very little skill in this disease, or they would not have so many cases on hand so long, and lose them after all.

In accomplishing our humble purpose, we shall only state the facts that we have gathered, that we trust will be of some interest to the profession. In doing which, we have no stereotyped set of symptoms and morbid phenomena to present.

There are but few forms of disease with a wider range of symptoms. It will, of course, be borne in mind, that the local affection consists essentially in an inflammation of the colon, constituting colitis; or of the rectum, constituting rectitis; or of the colon and rectum, constituting colorectitis; characterized by mucous or bloody evacuations, griping pains in the abdomen, straining at stool, or tenesmus, and I may add, in all grave cases (and we only propose noticing such), with marked constitutional symptoms, to be noticed anon.

In the majority of cases, premonitory symptoms are given, which sometimes consist simply of transient and wandering abdominal pain, accompanied by borborygmi, a sense of lassitude and weariness, with wandering and nondescript aches for one to four days before the unequivocal dysenteric symptoms come up. At other times these premonitions are a little more marked, and attended by diarrhea for several days before the seizure. This is generally the case when there is irritation of the small intestines, or enteritis, complicated with dysentery, or when the dysentery is of a typhoid or a dynamic character; which variety I have generally found more stubborn and less amenable to remedies than others, though it is not always the case. At other times there is constipation for several days before the attack, with occasional flatulency and abdominal pains.

But in a vast number of cases the dreaded foe seizes the victim with avidity, and without premonition. I have seen cases

where the first symptom that attracted attention was intestinal spasms, attended with excruciating and almost insupportable pain, which may last for hours before there is any evacuation from the bowels whatever.

I recollect being called to a case once which eventually proved fatal—supposed to be colic. Found him in intolerable agony from severe spasm of the intestine, which had continued for four or five hours during which time he had had no evacuation whatever. On examination, the bowels were found tender and somewhat contracted. He complained of some burning sensations up the rectum, with occasional and intense nausea and sinking sensation. His tongue was covered with yellow fur, some febrile excitement and hard pulse. To the astonishment of both himself and all present, the case was pronounced a severe attack of dysentery, which diagnosis was confirmed in a short time.

But to return from this seeming digression: At other times, the first seizure resembles a severe attack of cholera morbus. With the intestinal pain and spasm, there is intense nausea and vomiting, when a large sero-fecal evacuation ensues, which may or may not be repeated; all of which is succeeded by well marked dysentery.

At other times, I have seen it ushered in by a severe chill and nervous prostration, which, uncomplicated with dysenteric symptoms, would be called a congestive or malignant chill, and which I will venture to call a severe, and sometimes congestive chill, attended with intense nausea and vomiting, and sanguinolent, or sero-sanguinolent evacuations, more or less profuse. In the less severe cases of this variety, re-action is generally brought about in a few hours, and especially when aided by proper treatment. The fever that follows runs high, characterized by a full strong pulse, hot skin, intense thirst, etc. But in the severer cases, the re-action is not complete for, it may be, two or three days; and in the severest cases, the vital energies are so undermined, and receive such a shock, that even with all that med-

sal aid can do, re-action is impossible, and from two to five days, the symptoms growing gradually worse, the patient sinks into the grave.

This is briefly the different modes of attack that I have witnessed in this disease, presenting which I have incidentally alluded to some of the symptoms; after which I propose entering upon the morbid phenomena a little more in detail. In doing which, we shall first notice those that must be directly referred to the intestinal action. As to the fact that tormina, tenesmus, abdominal tenderness, and mucous and bloody discharges exist in all cases, we have said enough. And indeed, every body knows this, if we had said nothing about it. But as something is to be learned from all these phenomena, we propose noticing them a little more thoroughly.

That all these symptoms should vary in different cases, will be expected by all who are aware of the fact that inflammation may be more or less intense, and that it may occupy different portions of the large intestines, or a greater extent of the same. Prof. Wood says that inflammation of the large intestines, without the above phenomena, would come under the head of enteritis—not dysentery, (Prac. Med. vol. i, p. 569,) thus indicating that the large bowels may be inflamed without these symptoms, of which, however, there may be some want of proof.

TORMINA, or griping pains, are generally, it may be supposed, in proportion to the severity of the attack. This, however, is not always the case, and needs some explanation. Neuralgia or flatulency sometimes accompany dysentery, either of which will add to this distressing symptom; or a greater number of seybala, or of mucous concretions, may exist in one case than another. Of course these coming in contact with the inflamed and highly sensitive mucous membrane, cannot fail to produce this distressing sensation; or, as above hinted, much of it may be spasmodic in its character. Or, if you will permit me to coin a word, when colorrhoea or rectorrhoea (a great mucous secretion from the colon

or rectum) exists, the mucus may be somewhat tenacious, and its expulsion from the mucous membrane may require this effort. I have had many cases where there was much distress from this symptom, that yielded kindly and readily to treatment; yet, as a general thing, the gravity of the case can, to some extent, be estimated by this symptom. Moreover, it is worth something as a diagnostic sign.

Where the rectum alone is involved, it gives rise chiefly to a different sensation, to be mentioned anon. But when the colon is involved, it necessarily produces a good deal of tormina, and the ascending and transverse more than the descending, and a large surface of mucous membrane more than a small one, and where the muscular coat of the intestine is in sympathy with the mucus more than where it is not. Then, as a general thing, when distressing tormina exists you may suppose—1, that the disease is above the sigmoid flexure of the colon; 2, that it involves a considerable amount of intestine; and 3, that it is intense in its character, which may be certainly determined by symptoms that will be mentioned hereafter.

TENESMUS, or a distressing bearing down sensation, always exists to a greater or less extent, and causes the patient much pain. As the above, this is also worth something as a diagnostic sign. When this is a predominant symptom, we may take it for granted that the rectum is chiefly involved. This fact will be appreciated when we reflect on the office of the rectum—that it is to expel the feces, and that it is endowed with a degree of sensitiveness even in health, so as to recognize the presence of the feces, which sensations lead to expulsive efforts. Hence, the sensations that would be produced by morbid and inflammatory excitation can be easily inferred.

When the tenesmus is indulged, it generally leads to straining at stool beyond moderation. When we have the two combined, intense tormina and tenesmus, we have a most distressing case, and from the above-mentioned facts, may safely infer, that it is a case of colo-rectitis.

ABDOMINAL TENDERNESS is necessarily present in all cases, to a greater or less degree, and added to the above-named symptoms, cannot fail to enable the practitioner to locate the seat of inflammation. If the rectum alone is involved, and the inflammation not intense, moderate percussion may detect no tenderness; in which case the evacuations and tenesmus are the prominent symptoms. When the sigmoid flexure of the colon is involved, percussion will reveal tenderness in the left iliac region, and when all the descending colon, in the left hypochondriac. When the transverse colon is involved, percussion will detect tenderness in the epigastric region, and I need not add where, when the ascending colon is involved.

Enteritis and peritonitis are sometimes complicated with dysentery. Of course, the tenderness characteristic of these affections, in such cases is superadded to the tenderness of dysentery. This symptom varies from an obscure pain, scarcely discernible, to acute sensitiveness, so much so that a cataplasm is with difficulty borne.

THE DISCHARGES vary much both in point of frequency and in character, and deserve to be studied closely. They come on by paroxysms. The patient will sometimes, especially under the influence of an anodyne, lie for an hour or more pretty quiet, when again aroused to the night-glass, and perhaps for a half dozen times, more or less, he is urged to it again every five or ten minutes, and in the worst cases I have seen, the patient could at no time lie longer than from five to twenty minutes. Other cases, of course, do not have so many discharges as is here indicated. At all times, when at the glass, considerable tenesmus prevails, and this is very intense when the rectum is seriously involved. Generally the bearing-down and gripping pains are so great, and accompanied by such a hollow and sinking sensation, that the patient feels quite exhausted, and often is wholly unable to get back in bed without help. Frequently, in very grave cases, a peculiar and indescribable nausea attends every stool. This is generally the case when

the transverse colon is involved in inflammatory action.

But the nature of the discharges themselves, is deserving of special attention. In many of the most tedious and stubborn cases, mucus abounds largely in the evacuations. Sometimes after an exhausting effort at stool, there is nothing ejected, save some glairy mucus mixed with streaks of blood. Perhaps the next effort will consist chiefly of dark blood, loaded with shreds of tough and stringy mucus, with sometimes shreds of false membrane, sybala and cheesy concretions. Again he is forced to the glass, when, after much straining and exhaustion, nothing is voided, save an inconsiderable amount of serum and blood; and thus the sufferer is harassed from day to day. The fact is, I have never seen a case characterized by this description of operations, yield kindly and readily to treatment.

It should, however, be borne in mind that this variety does not indicate the active degree of inflammation that some others do; that the case does not seem to suffer so extremely, nor are they so often fatal, though always tedious and hard to impress with medicine. I will add, that in cases of this kind, it is generally but the rectum and lower colon that are involved.

In other cases, there is little or no mucus to be seen; but the evacuations consist chiefly of pure blood, mixed with clear serum; which cases are very debilitating, and excite much alarm. Yet this copious depletion seems to aid in subduing inflammation, and such cases generally yield much more readily than the variety referred to above. It should not, however, be forgotten, that they are more apt to take an unfortunate turn, and end fatally.

I recollect being once called to see a gentleman laboring under this variety. I prescribed a mild cathartic, combined with an anodyne, to be followed by a favorite astringent anodyne, and an antispasmodic the next day. The next day, not being content to "let well enough alone," he prescribed for himself a large dose of opium salts, following with some purgatives—now

ment nostrum—combined with my prescription. The next day he pursued a similar course, when all his symptoms became aggravated. I was again called to see him; found all his symptoms much worse, discharging dark blood and serum presenting a purplish hue profusely, and very few mites; suffering intensely, great nausea, quick wiry pulse, etc.; and in spite of all that could be done, he sank into fatal collapse in a few hours.

LOTURA CARNIUM, or discharges consisting of blood mixed with a turbid serum, presenting the appearance of water in which fresh beef has been washed, indicates a very grave, though not necessarily fatal case. This kind of evacuations never occurs—at least, I have not seen it—only in those low, adynamic cases, where the local disease is intense, and where there is a general tendency to putrescence; or in other words, save in low typhoid cases.

There is another variety of evacuations still, where generally there is a little thin fecal matter suspended in the sero or mucoblood; which cases may be very serious, as diarrhea, or enteritis, is complicated with dysentery. These are the only varieties of evacuations that I shall call attention to in this stage of the disease.

In the second, which for want of a better term I shall denominate the suppurating stage—which generally occurs from the seventh to the tenth day, the stools change their character; and instead of consisting of mucus, blood and serum, puruloid matter, sanies, and vitiated secretions from the upper bowels, and sometimes traces of pus attached to shreds of tenacious mucus or false membrane, accompanied by an intolerable and peculiar fetor, appear; and when ulceration takes place, distinct pus is more abundant. Suppuration of a mucous membrane, however, does not necessarily imply distinct ulceration. The former, in this disease, often exists without the latter; and not unfrequently resolution fortunately takes place without either.

About this time we may expect a change. If convalescence is established, the blood and mucus begin to diminish in the evacua-

tions, and they become dark and pitchy in appearance, and frequently very copious. I have seen perhaps a quart ejected at one evacuation. When these evacuations are tinged with a little healthy bile, and are consistent, they may always be regarded as a favorable omen; generally a little proper fecal matter may be expected in a short time, and the patient gradually convalesces.

But when the result is not so desirable, and the vital powers begin to wane more and more, while the blood and mucus may cease, and the evacuations become very dark, yet you can see no traces of healthy secretions in them; but degenerated mucus, blood and pus, suspended in turbid serum, presenting rather a loathsome and fetid mass, compose them, the character of which cannot be changed with medicine, for reasons to be hereafter given.

The question has been often asked, whence originate those immense black operations alluded to above? But the question is easier asked than answered, and if we give an erroneous answer, we will be but following the example of many older and wiser than ourselves.

Some have supposed that they consist of degenerated blood globules, which have been pent up in the engorged capillaries of the mucus membrane. But the amount voided during the course of the disease is a sufficient objection to this view. It would be impossible for the mucus membrane of the whole intestine to retain so much. The amount discharged by a single individual is incredible to one who has never witnessed a case.

Another opinion is, that it is bilious matter that has degenerated from being long pent up in the bowels, and that the quantity may be accounted for by the time it has been accumulating. [See *Ec. Med. Journal*, 1852, p. 290.] But we think this solution equally as erroneous as the other. From the experiments of Blondlet (*Carp. Prin. Hum. Phys.* p. 421) it has been estimated that a healthy man does not secrete more than seven ounces of bile per diem. At this ratio, I am satisfied that I have

seen more of these black evacuations discharged in three days, than the liver would secrete in twenty. And who could believe that such an accumulation is possible in the nature of things? How could bile be so long accumulating in the bowels, and they remain open, with the usual evacuations taking place? and where is the evidence of a want of bile in the feces that have been passing? Or could bile accumulate largely in the bowels without bringing about bilious diarrhea instead of dysentery? Once more, how does it happen that these same black operations attend the cases ushered in by diarrhea that do those by constipation?

Prof. R. S. Newton (*Ec. Prac. Med.* pp. 795, 796) comes nearer furnishing a solution than any thing I have seen in my research into the medical library. He there shows that no chemical test will show the substance under consideration to be either acid or alkaline, and then remarks that "it must be owing to some chemical change effected in the blood from some hidden cause," giving the very good reason, that from the time it appears the blood ceases to flow.

I may add, that there is no other source to which we can reasonably ascribe it. Prof. Gross (*Path. Anat.* p. 553) throws much light on the subject, by ascribing it to the chemical change that is effected in the blood by coming in contact with the acid and gaseous contents of the alimentary canal, in a depraved condition, and which exerts a destructive influence on the hæmatin, or red coloring matter. Just what that change is, we are unable to say. Nor are we able to tell what condition the acids and gases of the alimentary canal may be in when they come in contact with the blood and mucus poured into the bowels. It is not now doubted that the matter of black vomit in yellow fever is chemically changed blood; and why should it be doubted that the black discharges of dysentery are? I would add, that no doubt degenerated bile and other changed secretions assist in making up this heterogeneous mass.

The general or constitutional symptoms merit no less attention. Indeed, our prognosis is to be made out more from the constitutional than from the local symptoms.

All grave cases are attended with considerable fever; sporadic cases, and some occurring in epidemics, seldom have much fever. They are not of much importance, can generally be conducted to a speedy and safe convalescence without much trouble, and would, perhaps in most cases, get well without medicine.

We have seen three varieties of fever connected with epidemic dysentery, that should always be considered, and with the brief description of which, we shall close what we have to say on the morbid phenomena of this affection.

1. And first, we shall notice the remittent type. This, as above mentioned, is generally preceded by great languor and lassitude, abdominal pains, headache, loss of appetite, etc., and ushered in by a chill and considerable depression, from which re-action sooner or later takes place, unless in those desperate cases, where "the ax is laid at the root of the tree," and life is gradually extinguished.

From this re-action, the fever runs high. There is considerable headache, pain in the back and limbs, and intense thirst. Generally the nausea is considerable, and especially when the transverse colon is involved, or when gastric irritation is super-added. Vomiting is sometimes excessive in these cases, requires the physician's first attention, and gives him no little trouble. The pulse is generally considerably accelerated, full and strong. There is generally some degree of remission in the fever—fully as much as in well developed remittent fever unconnected with dysentery. Generally in the latter part of the night and early in the morning, the fever is not only lower, but frequently the skin becomes slightly moist, and the patient grows much more comfortable every way.

So far as the proper alvine evacuations are concerned, there is generally constipation and evidence of considerable hepatic torpor. The tongue is generally coated

th a white fer at first, which, on the first second day, changes to a deep or dark sallow. This grows heavier and darker, until, in five or six days, there is a heavy brown coat, and sometimes crust, formed over the whole superior surface. Around the edges it is generally fiery red, and in some cases furrowed. From the eighth to the tenth day, the tongue begins to clean, and either assumes a more natural appearance, or else becomes fiery red, dry and lossy.

The urine is generally high colored, and voided in small quantities, and in bad cases I have frequently seen dysuria, which added much to the patient's distress. There is always a complete want of appetite for every thing save cold water and acidulated drinks. In a word, we generally have all the constitutional symptoms of true remittent fever. An amelioration of all these symptoms, at any time, may be regarded as favorable; while a sudden aggravation, from the sixth to the tenth day, may be regarded as the almost certain harbinger of death.

2. The *typhoid* variety, or when typhoid or adynamic phenomena are superadded to dysentery. I need not mention each phenomenon in detail. The fever is of a lower grade than the above. The skin is generally hot and dry, or sometimes the body is hot, while the extremities are cool. The pulse is very frequent, small and wiry, and in most cases, either intermittent, or imparts a peculiar thrill more easily recognized than described. The head and back ache distressingly; the nausea is constant and harassing; the sense of weariness is burdensome; there is a complete loss of appetite; the tongue, in some cases, is fiery red, or brown and glossy; in others, it is foul, dry, and covered with a brown or black incrustation, and in the most cases, there is a collection of dark sordes about the teeth and gums. I have frequently seen the skin assume a peculiar dusky appearance, with petechiæ and dark livid spots. In a word, all the symptoms of grave typhoid disease, conjoined with malignant dysentery, making a desperate

and extremely dangerous combination of diseases.

In this form of the disease, the functions of the stomach—perhaps from the vitiated condition of the gastric juice—becomes so deranged, that medicines otherwise than in a fluid form—perhaps even then—pass through, having no effect whatever. I have sometimes seen fresh and easily dissolved pills discharged per rectum, looking as perfect as when they were swallowed. The discharges become very thin and dark, which you can not change with medicine, or else take on a typhoid type; the patient becomes extremely restless, his strength gradually gives way, his extremities become cold, his pulse becomes extremely feeble and frequent, hiccough comes up, life sinks apace, and death hovers in view. Such cases of collapse, judging from what we have seen, are necessarily fatal. In the most fortunate cases, when you see all the above symptoms begin to improve, you can generally predict a safe, yet very tedious convalescence.

3. *Synocha*, or simple continued fever, frequently exists in connection with this disease. These cases present all the phenomena of simple continued fever. It is not necessary for me to describe this variety minutely after this remark; but suffice it to say that the very malignant symptoms of the above variety are wanting. The fever itself is not of a typhoid character, nor yet of remittent; but rather intermittent between the two, presenting some of the characteristics of both.

It is worthy of remark, that this variety is peculiarly liable to degenerate into a low irritative form of fever, scarcely less dangerous than typhoid. Frequently the secretions become so torpid that the bowels cease acting entirely, when obstinate constipation and distressing nausea ensue. Should active cathartics be freely administered, catharsis is generally established; when, if the evacuation is large, dark and consistent, by keeping the bowels soluble, the patient generally convalesces. It should not, however, be forgotten that in some cases the secretory organs and the

bowels are so utterly lifeless to the impression of medicine, that consistent evacuations can not be procured, and in some cases the bowels cannot be moved at all. In these cases, the low irritative fever goes on, and all the symptoms growing gradually worse, the patient sinks into the arms of death.

So with this imperfect glance, we shall close our remarks on the *symptoms* of this disease.

[CONCLUSION NEXT MONTH.]

SIGNS AND SYMPTOMS OF PULMONARY CONSUMPTION, No 4.

BY A. F. DUTCHER, M. D.

THE PULSE.—Perhaps there is no one symptom more frequently consulted and relied upon, as a diagnostic mark of phthisis, than a tense, jerking, and frequent pulse. In giving this symptom its due weight and importance, we must briefly consider the character and variations of the pulse during health. If we do not do this, we will not be able to form a just estimate of what constitutes a morbid condition of the pulse in this case or any other. Every physician is aware that there are varieties to be found in the natural state of the pulse—varieties dependent on the strength of the heart, and on the natural constitution of the arteries. Thus individuals in whom the arteries have thin and yielding coats, and are at the same time of large diameter, will generally have a soft large pulse; if their caliber be small, the pulse will be small and weak; if the walls, on the other hand, be deficient in elasticity and very firm, the pulse will then commonly be hard and strong, as well in health as in disease.

The pulse is also influenced by temperature, age, and sex, and the various temperaments of the body. It is also remarkably influenced by the various mental emotions, anger, grief, and joy, by the recent taking of food or stimuli, by inanition, by narcotics, by exercise, sleep, and watch-

ing, and the periods of the day. Gravitation produces a decided influence on the pulse; thus if a limb be raised in a vertical position, the beat of the artery becomes considerably feebler. The influence of exercise in raising the pulse exceeds greatly that of all other stimuli, and even in the most inflammatory diseases. A full meal will augment the frequency of the pulsations of the heart, by from ten to twenty beats in the minute, according to the excitability of the individual. The frequency of the pulse during sleep is considerably reduced, which depends chiefly on the comparative cessation of all voluntary muscular action.

The effects of posture on the pulse, is also very marked. Thus for the most part it is more frequent in the erect or standing, than in the sitting posture; and in this latter, again, somewhat quicker than when lying, the average difference in the first instance being about double that in the second. Thus we will find, on experiment, throwing aside all other causes, that the average difference between the standing and sitting posture of the heart's pulsations will be ten; between sitting and lying, about five; and between standing and lying, about fifteen. The difference depends on, and is directly proportional to the muscular effort exerted in the maintenance of the respective postures. It becomes greatly augmented in cases of debility; and increases in a very rapid ratio whenever the circulation, whether from disease or exercise, is much accelerated. It is moreover most conspicuous in the earlier part of the day, reaching its maximum about noon, and its minimum about midnight. The excitability of the pulse in respect to other causes is likewise, when in a state of health, at its height in the morning. The strength of the pulse is greatest in the recumbent posture, so that the greatest strength and least frequency are attained simultaneously.

The following table, from Carpenter's Principles of Human Physiology, will show the average frequency of the pulse at the different periods of life specified.

BEATS PER MIN.

In the fetus in utero, - -	140 to 156
Newly born infant, - -	130 to 140
During the first year, - -	115 to 130
During the second year, - -	100 to 115
During the third year, - -	90 to 100
About the seventh year, - -	85 to 90
Age of puberty, - - -	80 to 85
Manhood, - - -	70 to 80
Old age, - - -	50 to 65

The difference in the pulse caused by sex is very considerable, particularly in adult age. The pulse of the adult female exceeds in frequency the pulse of the adult male, at the same age, by from ten to fourteen beats in a minute.

The character of the pulse in phthisis, which has always attracted most attention, is frequency. By a reference to the above table, you will see that the average number of beats of the pulse per minute are 70 to 80 in the adult. Now where phthisis exists, or has existed for any length of time, the pulse will seldom be less than 100 beats per minute. And I have never known an individual, who was affected with this disease, ever recover, where the pulse uniformly, under suitable treatment, kept up to 100 or more in a minute. I have seen individuals affected with this disease, whose pulse, for months, would not be less than 100 per minute. I remember the case of a young man, whose pulse, for more than a year, averaged 110 beats per minute. His case was one of great suffering, and he lingered on the brink of the grave for months.

The symptoms of the following case, and particularly the pulse, which I extract from my case book, will no doubt be interesting to the reader. It was a very marked case of phthisis and exhibited nearly all the symptoms and signs that have been enumerated in these articles.

June 9, 1855. Called this day to attend Miss S., aged 25. Phthisical temperament. Height 5 feet, weighs about 87 pounds.

History.—Enjoyed middling health until the 1st of March, when, from a slight cold as she supposed, the catamenia became suppressed. Soon after this she became affected with a dry cough, loss of ap-

petite and flesh. Her parents are still living and appear to manifest no pulmonary disease. Some members of the mother's family have died with phthisis.

Condition at the present time.—The countenance pale and somewhat dejected, bearing an expression of much suffering. Pulse 140 per minute. Respiration 40. Chills in the morning, fever in the afternoon, and sweating at night. Cough frequent, and profuse expectoration of purulent matter. Tongue quite red and the membranes of the throat very much inflamed. Gingival border is very marked. She suffers very much from flatulent distention of the bowels, and from diarrhoea. There is considerable pain in the left subclavicular region, and the expansion of the two sides of the chest are not equal. There is dullness on percussion, and extensive clicking over the upper half of the left chest. She cannot lie on the left side. The right lung is not much affected. The disease is chiefly confined to the superior lobe of the left lung. Tubercular deposits are without doubt, softening with considerable rapidity and the prognosis is unfavorable.

Treatment.—Mild counter-irritation to the chest, cod liver oil, iodide of iron, and London porter, three times a day, two hours after eating. Gelsemin and morphine at night. Diet generous.

June 12.—General expression of the countenance some better; pulse, in the recumbent posture, 130; respiration 35; no diarrhoea since the 10th; cough not so frequent. Continued same treatment as on the last visit.

June 15.—Pulse and respiration the same as on the 12th; mouth and tongue still very much inflamed; bowels costive; hectic symptoms continue without change. Gave calcined magnesia to move the bowels; the other treatment the same.

June 23.—Pulse this morning, in the recumbent position, 120; respiration 30; bowels more regular; has not sweat any for three nights, and appears more comfortable. Continued same treatment.

July 6.—Pulse 115; respiration 30; other symptoms about the same as on the last

visit. Has set up a little for a day or two, and appears quite cheerful.

July 15.—Patient is not so well to-day. Pulse 140; respiration 40; cough more troublesome, expectoration more profuse and streaked with blood. On percussion, the cracked metal sound is elicited, on the left intercostal space near the clavicle, pointing out the existence of quite a cavity in the lobe beneath. The cod-liver oil is rejected; stomach quite irritable. Treatment palliative.

July 26.—Pulse and respiration the same as on the last visit. Night-sweats and diarrhea have returned with great severity, and are very annoying to the patient. The feet and ankles are cedematous; the ends of the fingers are becoming quite clubbed; the irritability of the stomach still increases, and rejects every thing but cold water and morphine.

August 5.—Pulse 145; respiration 40; the expectoration not so profuse, but porraceous and surrounded by a pinkish halo. Has had a paroxysm of hysteria every afternoon for four days, followed by some coma. Stomach rejects every thing but brandy and raw egg.

August 15.—Pulse 150; respiration 50; partially comatose.

She lived in this condition until the 20th, and died in a paroxysm of coughing. The pulse, at no time during my attendance, was less than 115 per minute.

Dr. Thompson regards frequency of the pulse a very important sign of consumption:

If a man comes to you for medical advice, with a pulse above 90, you may generally suspect phthisis from that symptom alone; for other diseases, when they quicken the pulse in so great a degree, disqualify for exertion. * * * Among twenty patients in whom the disease has attained the second stage—that of softening—and whose pulse has been registered, only one has a pulse below 90. It is H. D., in whom the cracked-pipkin sound is observable; her pulse is 88. Even this is considerably above the healthy standard, and it may be safely asserted, that we have not a patient in the second or third stage of phthisis, whose pulse is not considerably accelerated."

We have already referred to the fact that in health the pulse varies much between the standing and lying posture—about 15 beats per minute. Now the difference produced by change of posture, in phthisis, is very trivial. In many cases, no change is produced; in some it will not exceed more than 2 or 6 beats per minute, and very rarely 10. This peculiar character of the pulse may therefore be regarded as a great aid to our diagnosis of phthisis. In my patient, Mrs. S., the difference in her pulse between standing and lying was not more than 5 per minute, whereas if she had been in health, it would have been at least 20, for the difference is a little greater in women than in men. It is a question whether the pulse ever entirely regains its sensitiveness to change of posture, when the lungs have been the seat of tubercular deposits. The return of such sensitiveness, under proper treatment, is a favorable omen, as the following case of incipient tuberculosis, which fell under my care, will show.

April 8, 1855.—Called this day to attend Mr. —, aged 22. Phthisical temperament. When in health, weighs 130. He informs me that he has been gradually declining in strength and flesh for the last three months, until he now weighs but 100 pounds. A dry-goods clerk by occupation, of temperate habits, and somewhat disposed to be gloomy and discontented. Has kept his bed most of the time for the last ten days; has taken no medicine. His mother died with phthisis.

Condition at the present time.—Pulse, lying, 120; sitting, 121; standing, 123. Respiration 30. No change produced in the respiration by posture. Fever nearly all day; cough dry and suffocating; bowels costive and somewhat tamed, but no tenderness; the appetite bad—has been so for the last four months; considerable acidity of the stomach; pain in the head every afternoon; complains of constant thirst; mouth, throat, and fauces very much inflamed, and scattered over with prominent follicles; *gingival margin strongly defined*—more so than any case I

we yet seen. Complaints of pain in the left side, and can not lie upon it. Percussion elicits dullness under the left clavicle. On auscultation, slight crepitation, prolonged expiration, with marked increased vocal resonance, evidently showing slight inflammation and tubercular infiltration of the superior lobe of the left lung. The sounds elicited on the right side are nearly normal.

Treatment.—Blister to the chest. Pil. yd. 5 gr., and ext. colocynth 1 gr., every eight hours. Ext. hyosciamus 1 gr. every four hours.

April 9.—Pulse 120; respiration 29; blister raised well; cough not so frequent; bowels not moved. Continued the pil. yd. and colocynth.

10.—The pulse and respiration the same as on the last visit; bowels not moved. Ordered senna and salts.

11.—Pulse 115; respiration 28. The bowels have been freely moved. Blister secreting finely; skin moist and warm; mouth and throat some better. Gave tinct. gelsemin 50 drops, and sulph. quinia 1 gr. every six hours.

12.—Pulse 100; respiration 25; symptoms all slightly improved. Ordered the following three times a day;

R Cod-liver oil 2 drachms,
Syrup iodide of iron 25 drops.
Tinct. gelseminum 30 drops.

14.—Pulse 97; respiration 25; blister secreting; cough much better; is able to get up a little to-day; appetite improving; medicine agrees well with the stomach. Ordered generous diet, and continued medicine of the 12th.

25.—Patient still continues to improve. Pulse, lying, 90; standing, 83. Respiration, standing, 21.

May 5.—Pulse this morning, lying, 87; standing, 93. Respiration, standing, 20. Discontinued the tinct. gelsemin. Gave cod-liver oil, syrup iodide iron, and porter.

20.—Pulse, lying, 83; standing, 90. Respiration, standing, 20. Continued cod-liver oil, etc., and ordered gentle exercise.

June 15.—Pulse, lying, 77; standing, 85. Respiration, standing, 18. Continued treatment same as last.

July 27.—Pulse, lying, 70; standing, 80. Respiration, lying, 16; standing, 18. Patient is now able to walk five miles in the course of the day, and has gained 12 pounds in weight. There is still some dullness and increased vocal resonance under the left clavicle; all crepitation has disappeared. The gingival margin is still faintly defined on the gums of the great molars of the lower jaw; it has disappeared entirely from the upper. Ordered nothing but generous diet, plenty of exercise, cod-liver oil and porter.

October 1.—Patient has regained his usual health.

By the above case it will be seen, that just in proportion as the pulse was increased in frequency by changing from the lying to the standing posture, was the improvement. And when the difference was 10, the patient had nearly regained his usual health. It would be well for us to keep this peculiar characteristic of the pulse constantly in view, for it will aid us very much in our diagnosis and prognosis of this disease.

From the remarks that we have made under this head, I think it may reasonably be inferred, that when unnatural frequency of pulse occurs at the very commencement of phthisis, and increases with the progress of the disease, we may anticipate an aggravated and speedy termination of the case. But, on the other hand, when the pulse is not very frequent, and gradually approaches the natural standard, under suitable treatment, we may sometimes hope for a favorable termination—a restoration to comparative health. We should not, however, rely too much on this symptom.

"It has," says Dr. Watson, "been too much the opinion that the lungs are safe when the pulse does not rise above its natural standard. Sometimes it remains steady nearly up to the period of dissolution. Such cases are, I believe, generally slow in their progress. Very recently I lost a friend, whose lungs were full of cavities and crude tubercles. He had been a valetudinarian for years; but the pulmonary disorder had been manifested by decided symptoms during a few months only. At no period did his pulse exceed sixty-

eight beats in a minute. Commonly, however, the pulse is habitually above ninety, and often it is much more. When there is nothing to account for this increased frequency of pulse, it is a suspicious symptom."

Enon Valley, Pa., May, 1856.

CROUP IN AN ADULT.

BY J. EVERINGHAM, M.D.

Near midnight of Feb. 28th, we were called to see a lady who was supposed to have an attack of quincy, to which she was subject. As the family was a strange one to us, and out of our usual ride, we of course had no data from which to form an opinion, except what was told us by the messenger.

Mrs. H., is of a lymphatico-sanguine temperament, about 32 years of age, of a robust constitution, and the mother of several children. From the symptom described to us as having occurred some three or four days previous, she probably had a slight touch of quincy, but the moment we entered the room it became evident to our mind that she was laboring under a severe attack of croup, with some little inclination to asthma. The symptoms were as marked as we have ever seen in any case of infantile croup which has come under our observation.

We commenced our treatment by giving an emetic, of the acetous emetic tincture, and considerable counter irritation. By keeping up nausea for some time after, we left the patient quite comfortable. Upon our return the next afternoon (Saturday,) we found the patient still mending, so much so that after we left, and against our orders, she would sit up, which caused her to take fresh cold, and brought on a return of the disease.

During the night she became so much worse that her husband thought it necessary to send for medical aid, and through the influence of some neighbors, sent to the nearest town for an old physician, who

was said to have quite a reputation for curing croup in children. He admitted that he had never seen a case of this character in an adult. After relieving her at the time being, Dr. S. left her some little medicine with the assurance that by the next day she would be as well as ever. Not knowing anything about their sending for Dr. S., we went out the next day as we had promised. When we arrived the patient was relapsing, the Doctor's opinion notwithstanding.

As we did not feel particularly anxious to treat the case, especially as another had been called in without our knowledge or consent, we declined doing anything more at that time, but advised Mr. H., as a friend, not to delay in sending for Dr. S. if he found she became worse, which we were satisfied would be the case within 24 or 36 hours.

Not expecting to hear anything more of the case, we were somewhat surprised when being called up about two nights after to again visit the patient. This time we found the patient much worse than she had been at all. Her voice was completely gone, and the croupal inspiration might be heard all over the house. She had been getting worse from the time we last saw her, just as we had predicted to her husband. We did not expect she would live till morning; but after getting an emetic to act, which was very difficult, however she was somewhat relieved, although still quite dangerous in our estimation, and therefore spoke of calling in counsel. As this was not determined upon, we left for the present nauseants with anti-spasmodics, as the asthmatic symptoms were then predominant, until we could return in the evening.

Upon returning we found the patient much the same. Another doctor had been sent for as counsel, and was expected every minute, but did not arrive for about an hour and a half; during which time we used freely of the pulv. ictodes foetidus as much as the stomach would bear.

When the doctor came, he examined the patient thoroughly, and we retired for

consultation. We could agree in diagnosis and prognosis very well, but when it came to treatment he went on to advise bleeding and mercury, and if not relieved by next morning, to give "more calomel," and if not better by the next morning, to give more calomel in broken doses" to the producing of pyalism. As we were perfect strangers to each other, we told the doctor we supposed he did not know who we had run against. He said he did not, and when we told him we did not belong to that branch of the fraternity, he concluded very justly that we could never eat the case together. Under these circumstances, all we could do was to agree to disagree, and leave it for the friends to decide who shall treat the case. By this time we could plainly see that the disease was breaking and become more desirous of continuing the treatment of the case. Upon stating the different methods of treating the case, the friends soon decided in our favor.

We continued the use of the ict. fœ. as before stated and in about three hours from the commencement of its use, the pseudo-membrane began to come up in folds, and in a few days the patient was able to resume her house-work.

Our main agent in this case was the ict. fœ., with ipic., lobelia &c., as auxiliaries.

What would have been the probable result of treating the case as the old school doctor proposed, "copious bleeding, mercurialization, and extensive blistering," just as the disease was loosening? Would not the secretion of mucus have been retarded, and the difficulty increased?

West Point, Iowa, April, 1856.

CATARACT.

BY DR. J. D. STONEROD.

Some months ago, I was called to see Mr. Jacob Rheam, aged about 55, and to give my opinion respecting disease of the eyes. Upon examination in the ordinary

way, and with the *catoptric test*, I found the case to be one of *hard cataract*. Not wishing to operate at the time, he was put on constitutional treatment preparatory to the operation.

Two weeks afterward, in the presence of my friend, A. W. Moss, M. D., I proceeded with the operation of displacement, extraction being contra-indicated. The instrument used was Scarpa's needle. After having dilated the pupil with belladonna, I inserted the needle, placing its concavity on the upper part of the lens; then by gentle manipulation, the cataract was pressed downward, and a little outward, then backward into the vitreous humor, where it remained stationary after the first attempt. After the operation, he was placed in a darkened room, and nothing else than the cold water application was applied to the eye (only one was operated upon), for several days after the operation. He now can see to read, with the proper glasses, the ordinary print of the day. Previous to the operation, he could not leave the house without a guide.

There is nothing new in the theory and practice of the above case, but it derives some importance from the fact that our standard authorities condemn the principle on which displacement of cataract is founded—declare that it is bad and fraught with danger from chronic inflammation, which might arise from the cataract irritating the parts in its new position, producing amaurosis and probably the destruction of the hyaloid membrane. These effects may happen with the best surgeons, but, as a general rule, if the inflammation which follows the operation itself be promptly subdued, there can not be much danger from any bad results. Therefore, the above is one more successful operation in favor of displacement of cataract.

Lewistown, Pa., May, 1856.

THE comp. iodine ointment is said to have been found almost a specific in the cure of chilblains.

ON THE ELECTROLYSIS OF METALS, AND CURE OF DISEASE.

BY PROF. J. MILTON SANDERS.

Perhaps no question has presented more interest to the scientific world, than that of the identity or non-identity of electricity with that force which we term the *vis vitalis*. From the days of Franklin to the present, philosophers have given this subject their attention—the many through that most insubstantial of all methods, hypothesis, and the few through the more philosophical method of inductive experiment. It is only within the last few years, that the true method of instituting these investigations has been adopted, whereby a proper generalization has been made of the many scattered facts that have been discovered.

It was not until the phenomena manifested by the *Gymnotus Electricus*, or the Electrical Eel, and the *Torpeda*, that the subject of animal electricity was thoroughly awakened in the minds of the philosophical world. In the curious manifestations of these fishes, where the nervous force is converted into the electrical, the idea was first suggested, that perhaps the converse of this might be obtained—the conversion of the electrical into the nervous force. The elegant inductive experiments of Prof. Faraday, whereby he proved that by the effect of the volition of the *gymnotus*, it could convert its nervous force into electricity, and the suggestion of that eminent philosopher, that the converse of this could be attained, awakened the philosophical world again to investigations which had already been partially instituted, but had died for want of that faith which the insurmountable success must induce.

The language of Prof. Faraday, upon the occasion alluded to was as follows:

"The anatomical relation of the nervous system to the electric organs; the evident exhaustion of the nervous energy during the production of electricity in that organ; the apparently equivalent production of electricity in proportion to the quantity of the nervous force consumed, the constant

direction of the current produced, with relation to what we may believe an equal constant direction of the nervous energy thrown into action at the same time—these induce me to believe, that it is not impossible but that, on passing electricity through the organ, a re-action be upon the nervous system belonging to might take place, and that a restoration to a greater or smaller degree, of the which the animal expends in the act of exciting a current, might perhaps be effected. So perhaps in these organs, where nature has provided the apparatus by means of which the animal can exert and convert nervous into electric force, we may be possessing, in that point of view, a power far beyond that of the fish itself, to convert the electric into the nervous force. (Experimental Researches, series xv. Nov. 1838.)

Before the profound investigations of Prof. Faraday were instituted, electricity had so fallen into the hands of empirics that the medical profession hesitated to touch it. Previous to that time this potent agent had been used without any determinate rules, and merely under the vague idea that somehow it cured diseases. The result of all this was, that although diseases were frequently cured, much injury was effected through ignorance of the laws of the very potent agent they were trifling with. Especially, since the Researches of Prof. Faraday were published, philosophers have directed their attention to the subject of electricity in its relations to physiology and pathology. Having now fallen under the dominion of men of character and science, a true method of research was instituted, and which has resulted in discoveries of the most positive and unequivocal nature.

The researches of Matteucci of Pisa and still later, those of Dr. Du Bois Reymond of Berlin, have established the fact that an electrical current exists in all parts of the nervous system.* These researches have eliminated the fact, that the nervous current is produced by electro-motive molecules in the nerves; that the electro-motive elements in the nerves, as well as in

* Untersuchungen über die theorie der Elektricität, Berlin, 1848.

the muscles, are to be considered as in the condition of a closed circuit, and that every current produced by a nerve is to be regarded as derived from a current circulating in the nerve itself; that the muscles and nerves, including the brain and spinal cord, are, during the life of the person, endowed with an electro-motive power. These investigations have elicited the fact that if any part of a nerve is submitted to the action of a voltaic current, the nerve, in its whole extent, suddenly undergoes a change in its internal constitution, and returns as suddenly to its former condition, on breaking the circuit. It is ascertained by this philosopher, that the exciting current throughout the nerve, sets in action electro-motive elements, which throw all their positive poles in the direction in which the current goes, and their negative poles in the direction from whence it goes. Dr. R. M. Lawrence, of Berlin, thus expresses himself upon the currents of the body:

"The existence of electricity in the body has now been proved, and we find it present in two states—one in a neutral condition, or state of rest; the other in a state of current. In the former it is capable of being decomposed into its component elements; for instance, if the negative pole is applied to the hand, and the positive to the back, a portion of this neutral compound is decomposed, in accordance with the general law of electric inclination, that bodies similarly electrified repel each other; the electric current becomes polarized, and flows in a direction contrary to the normal current, which produces the effect of decreasing the quantity of electricity in the nerves. The electric current passes from the nervous centers, which are in a state of positive electricity, and the nerves conduct it to various parts of the body."

Through the investigations, therefore, of Matteucci, Dr. Dubois Reynard, and several eminent philosophers of England and America, the fact that the *vis vitalis*, or the nervous force, and the electrical, are identical, is no longer doubted. The proof that the gymnotus possesses the power to convert the nervous force into the electrical, and the still later proofs that by means of the properly constructed voltaic appa-

ratus, we can also convert the electrical into the nervous force, is equally susceptible of proof.

It is now known to chemists, that the change of matter from one condition to another, is the source of heat, light, and electricity. We know that a gaseous body, in changing its condition into that of a fluid or solid, gives out the large quantity of heat and light which it contained in a latent state, or in that state of combination necessary to preserve its vesiform condition. But it was not suspected that such enormous quantities of electricity were likewise combined with these gaseous matters. The careful investigations of chemists have, however, elicited the truth, that electricity, too, is a component of these combinations, and that when the state of bodies is changed, or whenever they pass from one condition into another, this latent electricity becomes sensible, assumes a dynamic condition, and immediately takes its allotted task as the *vis vitalis* of the system. The experiments of Faraday have realized the fact, that each equivalent of metal is susceptible of containing a certain equivalent of electricity, which, under certain conditions, is rendered sensible. Each ounce of zinc, dissolved in the battery, gives out a certain equivalent of electricity, and this portion is just sufficient to saturate an equivalent of any other metal. It is thus with the metamorphoses of the tissues within the body, which give off just so much electricity, which, before latent, now becomes sensible and active, and is at once brought into play in the sustaining of the vital force, necessary to the elimination of like quantities, in their turn to play their parts in the vital economy.

It is therefore necessary, that there should, at each moment of time, be a development of electricity for the sustenance of life itself; that each organ of the body should be supplied with its allotted share, so the process of life shall progress with that activity necessary to health. Consequently, if there shall occur some derangement of the nerves leading to any of these

organs, by which the nervous force shall be inadequately supplied, that organ will become diseased. Or, if there shall be a two-fold supply of the nervous force to any organ, then another series of symptoms will manifest themselves, that would indicate an opposite electrical treatment.

The above will exemplify, in a striking manner, the resuscitative power of the voltaic agent; for if the voltaic current, in its proper application, be really a substitute for the nervous current, then will the former be the true method of supplying the latter when it is required; or by its reflex action, of withdrawing from those organs thus diseased their superabundance of vital fluid. Dr. William F. Channing asserts "that galvanism can stimulate the muscular movements of animal and organic life, promote secretion and absorption in the proper organs, effect nutrition, and influence the capillary circulation, besides exciting all the functions to the full extent of their dependence on the nervous system."

Dr. Wilson Phillip, in his remarks on the application of the voltaic current to the digestive organs and the liver, says: "I have repeatedly seen from it the same effect upon the biliary system, which arises from calomel—a copious bilious discharge from the bowels coming on a few hours after its employment."

The impulses of especial sensation of the appropriate nerves are excited by the voltaic current; for instance if the current is sent through those of taste, hearing or vision, the power perceives a metallic flavor, or peculiar voice, or a flash of light. This is proof that the special function of nerves is excited, and that therefore electricity possesses the power to strengthen those parts to which it is directed, in the same manner as that of the nervous fluid. Dr. Wilson Phillip asserts that "galvanism is capable of performing all the functions of the nervous power, properly so called." It has been ascertained by that investigator that "while the vital powers remain, all the functions of the body can be as well performed by voltaic electricity, after the

removal of the nervous influence, as by that influence itself." This has been thoroughly proved by transmitting a voltaic current through the special nerves which govern digestion, after those nerves were severed so that none of the nervous influence could be transmitted through them. It was ascertained that digestion ensued equally as rapidly and thoroughly, as if the nervous current, instead of the voltaic, supplied that organ with its proper stimulants.

It therefore appears that the voltaic current imparts to each set of nerves a stimulant which, if not identical with that specifically belonging to it, is at least analogous to it, and subserves the same purpose. It likewise appears that the voltaic current (of course when properly applied,) acts upon the nerves of special sense by exciting their proper functions. Now as each nerve in the human body has its especial purpose, either of governing motion or sensation, it follows that a current of electricity, transmitted through it in the proper direction, will stimulate that nerve, or its organ. The following experiment of Dr. J. Reid furnishes a striking illustration of this fact: The spinal nerves of a frog were cut across so as to paralyze the posterior extremities. A feeble current of electricity was passed into the muscles of one of these, while those of the other remained quiescent. The unelectrified limb in a short time shrunk to one half its normal size, while the electrified one retained its original size and firmness, contracting vigorously. It is thus proved, that a limb from which a nervous current is excluded, soon becomes atrophied, but that if a nervous current be supplied by an electrical one, the limb retains its original condition.

From the brief remarks and quotations we have made, it must appear quite obvious that if there is not an entire identity between the nervous and voltaic forces, there is at least such an approximation to it, that the latter is susceptible of supplying the loss of the former.

We learn that during every moment of

life, there is a change ensuing within the body—that every act of muscular contraction, or even of mental exertion, is attended by the death and disintegration of a certain portion of the muscular and nervous tissue. We learn that the action of oxygen upon the elements of which the tissues are composed, is the source of the mechanical power, by setting at liberty the vital or electrical force, which had previous to that been employed, in a latent manner, in holding together the components of the structure.

Should there not be a quantity of waste equivalent to the quantity taken into the stomach, or should the waste supercede the ingesta there is either a superabundance or a deficiency of the vital force and it is therefore the duty of the physician to supply that force, or to withdraw it.

From this modern view of the vital condition of the system, we are placed in possession of a wonderful apparatus for the removal of its diseased conditions. We learn that disease is a disturbed condition of one or more organs of the body, and that disturbance is caused by either a superabundance of the nervous force, or a deficiency of it; and that by means of a properly arranged voltaic apparatus, we can cause the proper distribution of the nervous force, and thus bring those organs to their normal condition. Thus we bring to our aid *Nature's own medicine*, and by means simple, safe and expeditious, we apply that powerful restorative, and health is the result.*

Our investigations, for the last twenty years, have brought forth the happiest results. During that time we have discov-

* In making use of such positive language, in regard to the curative powers of the voltaic current, we would not have the reader infer that we lay any less stress upon the curative action of remedies; for, at this late day, to assert that remedies do not exert upon the system a wondrous, though not thoroughly known, influence in removing disease, or of restoring the functions to their normal and healthy condition, would be but an insult to the understanding of the intelligent reader.

ered new methods of applying the voltaic current to the cure of disease. By apparatus of our own construction, we have succeeded in curing diseases of every species—even those which the most enthusiastic advocates of this species of cure despaired of alleviating. Not only have we cured diseases by the means of the electrical current, but we have made the curious discovery, that medicinal agents may be transmitted into the system by means of the positive or negative current, by which a new mode of entrance into the human body is indicated, more quick, more direct, more certain, than any other known, without the risk of their being injured or altered by digestion, or of being eliminated by excretion.

It was in the autumn of 1844, that we first accomplished the experiment of withdrawing mercury and other metals from the human system. This experiment was suggested by the then late discovery of the electrolysis of metals. Several persons were present and witnessed these experiments, whereby a drachm of quicksilver was obtained from the body of a patient. These experiments were known to a number of our friends, and were afterward published in *Hine's Herald of Truth*.*

We have ample proof of the above statement, and therefore claim the originality of this discovery, provided that no other person accomplished the same previous to the autumn of 1846. About six months ago, we abstracted about two drachms of quicksilver from the system of Mr. Ezekiel C. Hawkins, the well known photographic artist of Cincinnati. As Mr. Hawkins had not taken a dose of mercury in any form, for the last twelve years, this quicksilver must have lain in his system for that great length of time. Mr. Hawkins, as soon as this mercury was with-

* Previous to the appearance of the article in *Hine's Herald of Truth* for September, 1847, an article was published in the *Cincinnati Daily Commercial*. It appeared, we think, in the spring of 1846, but as we have no copy of the paper, we cannot designate the month even of its appearance.

drawn from his system, used it for developing a Daguerreotype likeness of himself, thus producing a picture with the mercury which had lain for twelve years in his own system, causing him great pain and many sleepless nights. "This picture is an imperishable proof," writes Mr. Hawkins, "that the discovery of Prof. Sanders is as beneficial in the alleviation of human distress, as it is wonderful and certain in its action. The discovery of the Electric Light is considered by Dr. Sanders as his proudest achievement, but we think that his experiment done in a drug store in Cincinnati, in the year 1844, before several persons only, and then not considered worthy of notice by those *savans* who direct the public press, will yet turn out his most worthy discovery; for, although not so brilliant as the electric light, and not so well calculated to dazzle the multitude, still the benefits which will be derived from it for ages to come, will win for its inventor the grateful praises of thousands."*

Before bringing to a close this article, we propose to give a list of the diseases which have been cured by means of the apparatus devised, with a special relation to each species of disease.

The following diseases are a part of those which have been cured by the *positive current*, by supplying the nerves with more of their life-fluid, viz: Indigestion, or dyspepsia; deafness; amaurosis, or the impairment of vision; general debility; incontinence of urine; amenorrhea, or absent and suppressed menstruation; paralysis of the bladder; flooding during labor; hypochondriasis and hysteria; constipation, or costiveness; aphonia, or loss of voice; paralysis, or palsy.

The *negative current* was resorted to for the cure of the following diseases: Profuse and painful menstruation; uterine

contraction, for the purpose of bringing on premature labor; muscular contractions; writers' and seamstress' cramp of the hands; headache; rheumatic and arthritic pains; neuralgia; tic douloureux; cramps of all kinds; chorea, or spasms; tetanus; epilepsy.

In the year 1844, and frequently since, we have passed the halogens through the living body, by means of the voltaic current. In one hand of the person operated upon was placed a solution of iodide of potassium, by means of a rag saturated with the solution. Connected with this rag was the electrode of a strong battery. In the other hand was a rag soaked with a solution of starch, and connected with the positive electrode. Upon closing the current (or in a few minutes afterward), the starch became blue, thus establishing the fact, that the iodine had gone through the body, as the skin was too dry to admit of the passage of the electrical current over its surface. In this case we had a decomposition of the iodine salt, and a transfer through the body of the patient. Other decompositions can be effected as readily, whether organic or inorganic, and therefore a class of diseases requiring this action, is completely under our control, as, for instance, rheumatic effusion into the joints, paralysis of the iris, opacity of the cornea, leucoma, cataract; ecchymosis, or the blue discoloration of the skin caused by bruises, &c.; spasmodic stricture of the urethra, calculus in the bladder, chronic glandular tumors, ulcers, &c.

In concluding this article, we think it not irrelevant to guard the reader in respect to the danger attending the application of so potent an agent as electricity, in the hands of those who are incompetent to administer it. Nothing but long experience, and a thorough acquaintance with the laws of electricity, and with the anatomy of the human body, will admit of the successful application of this fearful agent—fearful, if applied wrong, but gentle and safe, if applied agreeably to the laws which govern its action upon the nervous system. For instance, if the person who applies

* The reader will please excuse us for the vanity of bringing forward the eulogistic language of another, for if there is a pardonable vanity, it is that which prides itself upon the noble task of alleviating the sufferings of our fellow mortals.

electricity should not thoroughly understand its action, he will be just as likely to accomplish the reverse effect of that desired, as the true one. Certain currents, sent in certain directions, produce paralysis, while sent in opposite directions alleviate it, or produce stimulation. This is the case in respect to every nerve in the body, and therefore, without thorough experience in the application of this powerful agent, great evil may accrue, and in fact death may frequently be produced. Of course, we must anticipate that an agent which manifests such great power in the production of good, must likewise produce great evil, if handled by a person ignorant of the laws which govern its energies.

It is the invariable remark of those persons who receive a voltaic current through the head or face, that they either experience a flash of light, a peculiar taste or smell, or a singular noise, depending upon which of these nerves of special sensation receives the current. Now these experiences are deceptive. For instance, it is not the flavor of the electric fluid which the person tastes, nor is it the flash of that fluid which he sees, &c. On the contrary, it is only a stimulation of those special nerves of sense, and that natural stimulation only creates an exaltation of their functions, through a strengthening of themselves. It would be analogous, if the brain (that generator of the nervous force) were to be suddenly gifted with a high exaltation of its special generative powers, and were to send to those nerves a great volume of the nervous force. But in the instance alluded to, the voltaic is converted into the nervous force, and subserves its special function, as conversely the gymnosis can convert its nervous into electrical force, and produce all the phenomena characteristic of that fluid, external to its body.

As this exaltation of the nervous force can, in the instance of the nerves of special sense, be produced by the voltaic current, so can it be effected with each nerve within the body. The experiments of Dr. Wilson Phillip has proved that if those nerves

which specially govern the process of digestion, be severed, that process is entirely suspended. If now a voltaic current be transmitted along those nerves, digestion proceeds, as if the nerves were not severed from the brain. Here we have another direct proof that electricity subserves the especial function of the nervous fluid. In a word, proofs have been so accumulated on proofs, that no philosopher of the present day pretends to dispute that if the voltaic fluid is not identical with the nervous, it is analogous, and subserves the purposes of the latter. We therefore know, that each nerve in the body, when a current of electricity is transmitted through it, is strengthened and exalted in those functions which are special to it, and that this strength or force (which is the expression of health) remains there. Or, in other words, the voltaic current is Nature's remedy, and will, in every instance, if properly applied, induce health into weak, diseased organs, *id est*, will cure all functional diseases, or those ailments which do not arise from organic lesion.

It would be unphilosophical, indeed preposterous to say that the voltaic force will excite one set of nerves and not another, and that is the only argument that could be advanced against the facts proven. If one nerve is known to be exalted in its special function by the voltaic force, then it is logical to infer that all the nerves will likewise sustain an equal stimulation. When it is proven, not only that the nerves of especial sense are stimulated, but that others governing the most vital organs, are so likewise, then the proof is strengthened to irrefutability.

The only method of arriving at truth is by the force of objective proof, and from those subjective processes of reasoning, which are termed induction. The former is the most positive to the general reader, and generally furnishes the basement whereon the latter rests its more ethereal, though no less positive and scientific deductions.

New York, May, 1856.

CASE OF TRIANGULAR DEFORMITY OF THE FEMALE PELVIS—EMBRYOTOMY—PLACENTA RETAINED 128 HOURS.

BY DR. J. M. HUTCHINGS.

Every experienced physician must be aware of the imminent danger arising from a deformed state of the female pelvis, in the delivery of their forthcoming offspring. The danger, both to mother and child, is of such a character as to become very alarming to mother, attendants, and accoucheur, who have persuaded themselves, either by their own experience or by the teachings of others, that Nature has amply provided every female with the ability necessary for safe delivery. Believing, as I do, that it is the duty of every physician to report his cases that are of rare occurrence, or possess interest, for the readers of our medical journals, which are established for the mutual benefit of every physician, with your permission I will report the following case, which I think possesses an amount of interest worthy of reading, on account of the peculiar deformed state of the pelvis, and retained placenta.

August 3d, 1854, 12 o'clock at night, I was called to see Mrs. C., aged 30 years, in labor with her first child. She was of the bilious temperament, over medium size, and her physical powers indicated a durable constitution. I found the patient's tongue furrowed, of a brown color, with aching of the small of the back, and a muco-sanguineous discharge from the vagina, which had existed for twelve hours, without labor pains making their appearance. I gave some astringents, leaving orders when labor pains came on, to inform me.

Here permit me to digress from my subject, and preface a few facts that may be of much interest to the medical profession, and give a clue to my case, that it may be more readily understood. In a conversation with the mother of Mrs. C., I learned the following highly interesting facts in regard to her family of daughters, five in number, at their first accouchments:

"My eldest daughter," said she, "at her confinement with her first child, labored excessively hard for four days and nights, and was delivered of a dead child, after which she was seized with puerperal fever and died. Another daughter, at her accouchment with her first child, her physician found it impossible to deliver without employing violence to either mother or child, or effect a delivery by some mechanical aids. The doctor, forcing the pubes toward the sacrum, by a strong effort, succeeded in delivering her; but she was unable to stand on her feet for four months, and remains an invalid the residue of her days. The other daughters, at their first accouchment, had to be delivered by the employment of instruments, after every effort and means had been exhausted by the best physicians whose services could be obtained. It was done by perforating the cranium, discharging its contents, and forcing a delivery by means of the blunt hook. One of them recovered her health, and gave birth to a number of children; the other died soon after, from inflammation of the uterus or its contiguous parts."

The above statement is from the old lady's lips in its most condensed form, omitting many interesting facts, lest I should be tedious. It is due to my subject to say, that I endeavored to ascertain whether this deformity was hereditary or not. The mother informed me that she was delivered with as much ease as is common to women, and that she never knew any thing of this kind visited upon any of her relations, or those of her husband. She informed me that all of her girls, in childhood, were stout and hearty, with no symptoms of rickets or disease of the back or hips.

After giving the above statement of facts, as related to me by a very intelligent lady, and mother of a large family of children, with an experience of sixty years, I leave the reader to solve the problem and draw his own conclusions, without comment on my part.

August 4th, at 5 A. M., I received a notice that Mrs. C. wished my immediate

attention. I visited her, and proceeded to make an examination per vaginam, disclosing the following condition, which has been hinted at in the history of her four older sisters, Mrs. C. being the youngest daughter of the family. Os uteri dilated to about the size of a fifty cent piece, dilating with each pain more rapidly than is common for females with their first child. My attention was immediately directed to the deformed or triangular shape of the pelvic cavity. I will endeavor to describe this most wonderfully deformed state of the pelvis. The symphysis pubis protruded or arose up to a sharp point; the rames of the eschii arose from the sacrum with but very little curve in them, forming almost straight lines, and forming a *crotch*, in place of the pubic arch; the hollow of the sacrum was almost entirely absent, forming a complete *triangular square*, with the exception of the sacral angle being about one-fourth shorter than the ischial angles. The bones of the pelvis were very firm and large. If any of the readers of this article wish to see a representation of this case, they can do so by placing the points of the index fingers together, holding them straight, and passing the thumbs past each other to the second joint, from which they can obtain a tolerably correct idea of this strange piece of malformation, through which had to pass a living or dead child, if ever delivered, which depended upon two circumstances; the pelvic bones accommodating themselves to the shape of the foetal head, or the head being of small size, and then being molded into the shape of the pelvic cavity, it might pass through the malformed strait of the pelvis.

9 o'clock, A. M.—Labor progressing, os uteri dilating, foetus descending into the basin of the pelvis, amnion sac forming, patient complains of nausea at the termination of each pain, pains occurring at regular intervals of fifteen minutes.

I must say here, as regards the treatment of this case, and medicine used, they consisted of the macrotin, myricin, asclepin, composition, capsicum, raspberry,

lobelia inflata, and all other medicines, as used and recommended by our best standard authors in medical reform, in such proportion and compounds as the patient could bear, from the commencement to the termination; which, in my hands, had heretofore proved sufficient to dislodge the foetal head, after being locked in the pelvic cavity from 12 to 18 hours.

12 o'clock, M.—Os uteri dilated, amnion membrane ruptured, vertex presenting at the pubic arch, bearing down pains; nausea and vomiting of bilious matter. A potion of emetic drops evacuated the stomach of its contents, after which nausea ceased, the stomach became quiet, and received and retained kindly the above mentioned medicines.

3 o'clock, P. M.—Uterine contractions powerful, motions of the foetus stronger and turbulent, descent of head very tardy, medicine administered with more energy.

6 o'clock, P. M.—Vertex resting against the pubic arch, each side of foetal head coming in contact with the ramus ischia, head locked in the pelvic cavity, no motion except that the most severe pains pressed the face further into the hollow of the sacrum.

12 o'clock, midnight.—I ascertained, by repeated examinations of the presenting parts, that the foetal head was resting against each ramus ischia, and could not progress further for want of the necessary curve in them, so as to allow the head to pass. The uterine pains were amply sufficient to have forced the head through the passage under all ordinary circumstances, where a delivery was possible. The poor woman, being very much exhausted, began to despair of ever being delivered. Observing that the foetal motions were almost imperceptible, and growing weaker rapidly, I began to suspect that the child must perish, and perhaps the mother with it. The patient was receiving my constant attention.

Aug. 5th, 5 o'clock, A. M.—By this time all the facts so clearly presented themselves, that doubt could not exist as to the future. All signs of life in the foetus

were extinct, and had been for some time. While the patient's strength was giving way under her powerful labor, not the most minute change had been observed to take place since 3 o'clock. I thought I had the most undoubted evidence that a delivery could not be effected without perforating the cranium, discharging its contents, and thereby lessen its diameter. So I determined to inform the husband of the facts, and have counsel immediately called. It is due to myself to say, that counsel of the Eclectic fraternity could not be had short of 25 miles; so it was evident he must come from the Allopathic school. I had Dr. W. to visit the case as counsel, whom I believed to be the most experienced accoucheur at hand—a gentleman, very liberal in his views upon medical science. I requested him to examine the case, after which he gave it as his opinion that *ergot* was the only probable chance for a delivery. It was very clear to my mind, that *ergot*, the crotchet, or the forceps, must relieve the patient, or death would soon close the scene. At 6 A. M. Dr. W. commenced giving *ergot*, as the case seemed to indicate, and at 10 o'clock the uterine contractions became very powerful, almost frightful to witness, with no effect, except to press the face further into the hollow of the sacrum, and the head more firmly against the ramus ischia.

12 o'clock, M.—Every hope of success had vanished; the foetal head was completely obstructed in its passage, the most wonderful efforts could not move it. We determined to give ample time for Nature to accomplish her work; we watched the case until 2 o'clock, P. M., when the uterus was in constant agitation, with a wild expression of countenance, and symptoms of convulsions began to be manifest. With all this—which seemed as though the walls of the uterus and abdomen must give way, and allow the foetus to escape through them—not moving the foetal head a particle, we decided that the effects of *ergot* must be discontinued, or they would prove disastrous to the patient. Recourse was immediately had to morphia, in sufficient doses to allay the agitation.

Embryotomy was the only hope left in our minds for saving the life of the mother. The child had not showed signs of life for ten hours or more. In order to accomplish this work, we must have implements to work with. I will state, either for the honor or dishonor of the physicians of this section of Indiana, that a set of obstetrical instruments are not to be found within 25 miles of this place. As "necessity is the mother of invention," and cases of emergency tax men's genius, it may be of interest to state, that our set consisted of a scalpel, a pair of long handled scissors with short blades sharpened on the back for a crotchet, a blunt hook made by the gun-smith, and a curved tooth forcep for extracting the bones of the cranium.

All necessary arrangements being made, the pains not having made their appearance since the giving of the opiate, we delayed the operation until 5 P. M., when the patient was adjusted on the bed, with the perineum over the edge, and her limbs supported. Dr. W. seated himself, and with the scalpel made an incision through the scalp of the foetus, two inches in length, through which he perforated the head, near the anterior fontanella, with the temporary crotchet, severing the medullary substance as much as possible. We gave the patient some stimulants, with light nourishment and left her to rest, with a view that a portion of the contents of the cranium might be expressed, and to raise the pains, or stimulate the uterus to contractions again. Efforts being made by myself to effect a delivery without the aid of the uterus, I found it impossible, when we determined to give more time, making use of all the medicines usually given, under such circumstances, without any effect. *Ergot* was then given without any effect, save that of vomiting; the stomach would retain it no more than it would lobelia.

9 o'clock, P. M.—All attempts being baffled to produce uterine contraction, and decomposition of the foetus having commenced, as was observed by the foetal odor that escaped, it was evident that further delay would be hazardous to the life of the

patient. Mrs. C. was adjusted on a lounge, her feet supported against the posts, when I seated myself, and commenced the operation by introducing the hook into the cavity of the cranium, and extracting the medullary substance. After I had removed the most of the contents of the cranium, I made an effort to pass the vertex through the *crotch* of the pubis, which proved abortive. I found the skull bones so firmly united, from the inner and outer membranes, that I could not break them away. Removing the peri-cranium as much as possible, I removed the two parietal bones by twisting them off with the forceps. I then collapsed the lamdoidal suture, and forcing the hook through the posterior fontanella and integuments, guarding the point with my finger, I commenced gradual extraction. After exerting my entire strength, and collapsing the cranium one-third in diameter, I succeeded in passing the occiput through the arch of the pubis. Some stimulants were administered, and the patient allowed to rest ten minutes. Now came the most difficult part of the delivery, viz, dilatation of the vulva, which by this time had become very tender and rigid. I passed the hook in the side of the cranium, and fastened it opposite the orifice of the ear, and passed two fingers in and caught hold of the os frontis. By gradual and powerful extraction, I succeeded in dilating the vulva, and delivering the head, in about twenty minutes. In about ten minutes more, I succeeded in delivering the body, requiring most of my strength to pass the shoulders through the malformed pelvis. As soon as justifiable, Dr. W. made an attempt to obtain the placenta. He made gentle traction on the umbilical cord, when it broke, leaving the placenta behind. As one strange phenomena after another has presented itself through the entire case, after the fetus was extracted the uterus remained as large as when in its gravid state. Dr. W. passed his hand into the genital fissure, and after a minute examination, he found the placenta closely adhered to the fundus, and the only contraction of the uterus being of the hour-

glass character. Believing, as we did, that without any contraction of the uterus to shut the mouths of blood-vessels, to detach the placenta by violence of the accoucher's finger, would produce dangerous, if not fatal hemorrhage of the womb, it was left for nature to dispose of it, offering whatever assistance we could at any time. The patient being cleansed as much as possible, and a bandage applied, she was by ten o'clock in bed resting quietly; received some wine and nourishment, and by 12 o'clock she was sleeping sweetly, free from pain and uneasiness, with the exception of a little fever. She was delivered of a large male child weighing ten pounds, of remarkable solidity of the bones, and a large frame, especially the head. It is due to Mrs. C. to say, that during the whole of this severe trial, she never murmured or complained, but manifested a courage and determination only paralleled by one of her sex placed in similar circumstances.

August 6th, 6 o'clock, A. M.—Saw the patient again. Uterus had contracted but very little, lochia scant, vulva swollen and tender, so much so as to give intense pain. Upon an examination per vaginum, the placenta or secundines could not be touched with the finger. The patient was resting as well as could be expected under the circumstances. The necessary treatment was applied. Being under the care of a kind and attentive mother, nothing was left undone that could be done by physicians or nurse. I must say to the readers of this article, that its limits will not permit me to give the case in detail, but a statement of the most prominent facts *only*.

August 7th, 6 o'clock.—Patient restless and feverish, a distress in the region of the uterus. I manipulated the abdomen with the dry hand for a considerable time, and grasping the fundus of the uterus, when a quantity of offensive coagulum and gas was expelled, after which the patient rested easy. Through the course of the following night the coagulum reaccumulated when it resulted in a severe shake or *rigor* of the whole system. The expulsion of a large quantity of coagulum and gas again

afforded relief for the time being. These tremors recurred once and sometimes twice in every twenty-four hours, each symptom being met with the most prompt and energetic treatment, until August 9th, at 4 o'clock, A. M., when I was called to see the patient suffering from the accumulated coagulium. I administered some emetic drops, with a view of expelling the coagulium, and peradventure the placenta with it, which had been the most effectual means of expelling the contents of the uterus yet employed in the case. At 5 o'clock, she made an effort to vomit, which expelled a quantity of coagulium, and with it the *placenta*. After this, the uterus seemed disposed to assume its normal condition.

The patient being very weak and prostrated, a lingering fever made its appearance, which was treated according to indication, until August 25th, when Mrs. C. was convalescent, and on September 10th she was able to accompany her mother home, some four or five miles distant.

Worthington, Indiana.

PINS IN THE STOMACH—A REMARKABLE CASE.

BY W. F. COOMBS, M. D.

I have a very singular case under medical treatment, of which I will give a brief description. The patient is a girl of 13 years of age, and in consequence of a disownment by a step-mother, she has not lived at her father's for two years. Shortly after leaving there, she had fits, and was treated by a physician who said, from the symptoms his conclusion was that they were occasioned by worms. He gave her vermifuge, but obtained no worms.

After having these fits for about two weeks, she got better, but has been dyspeptic up to the present time. Has frequently been heard to complain of a pricking sensation in her stomach, like a hundred pins sticking her. She has been living

for the last nine months within half a mile of my residence.

About a month since, she was again attacked with fits. I commenced treating her. During her spasms, she would sometimes become entirely insensible, scratching at her throat and stomach, pulling her hair, and biting herself. About the third day, I discovered her taking pins from her mouth, after which she would always get easy. Previous to getting these pins up, she made a singular noise like retching, would seem to choke, and finally raise a pin and become easy; she would complain of their scratching her throat, and sometimes spit blood. As might be expected, it created great excitement; some accused her of deception, &c. To prevent that, I had every pin removed out of her reach; she continued, however, to raise them for about two weeks, some every day, until they numbered 33, a good many of them being large, old-fashioned brass pins (ounce pins), such as I have not had about my house for years. She has made the following statement.

Something over two years since, her step-mother took these pins and packed them in soft crumbs of bread, threw her on the floor, held her nose, and with the assistance of another woman, put them down her throat—threatened to kill her if she ever told it, therefore she was afraid to tell it until now, from causes that I cannot now relate, she made the revelation.

She continued to improve quite fast for over a week after getting through with the pins, but complained of a soreness in her right side, just below the right breast. On examination, I discovered a red pimple, very sensitive. The next day, I made another examination, and discovered a needle, and removed it with a small pair of forceps. During the same day, three others came through in different places, and were removed. The eyes of all of them came out foremost, and the eyes filled with matter.

Since the removal of the needles, she improves very rapidly, and says her stomach feels more natural than it has since

he pins were given her. The pins were crooked in every form, some like fish-hooks. One very crooked one was in her throat twenty hours, during which time she could swallow nothing. The girl is a very sensible, smart girl for her age and opportunities, and has the name of being one of the best of girls. Measure of vital tenacity, according to Prof. Powell, one and one-fourth inch. The community is very much excited, and insists upon having the matter legally investigated.

Nolin, Ky., March 25, 1855.

Part 2—Progress of Medical Science

ON THE PROTECTION OF SOCIETY FROM CRIME.

BY PROF. W. BYRD POWELL, M. D.

[CONTINUED.]

A few analogies and a few facts will expose the utter fallacy of all attempts to protect society by any system or scheme of punishments. It is a fact, that all our faculties are pleasurably excited by the presentation of the appropriate objects and that their strength is increased in proportion to the frequency of their action. In confirmation of the soundness of this principle, it will be admitted that the more frequently religious exhibitions take place in society, the more the religious faculties will be developed; music pleases the musical faculties, and frequent concerts increase their power; philoprogenitiveness is pleased with children, and the more frequent the indulgence, the more the faculty will be developed; the social faculties are pleased with society, and the more frequently they are gratified the stronger they grow. This principle is so self-evident, that no one will dispute it.

Now, suppose it to be desirable to break up the desire of trade and speculation, which so extensively prevails, would legis-

lators increase banking facilities and all other possible means of credit? Suppose the sexual propensities to be too importunate in any given community, would legislators increase the facilities for their gratification? Suppose a desire for sumptuous dinners to threaten the good of society, would legislators send to all parts of the world for the choicest condiments? Suppose fighting to be too common, would legislators establish pugilistic games? Suppose bloodshed and murder to be too common, would legislators introduce the Roman amphitheatre, with its bloody fights, as the best conceivable remedy? If they would not, upon what defensible principle do they introduce capital punishment to prevent murder, piracy, burglary, treason, or any other offense, that requires a destructive energy to execute?

They will answer, I suppose, that the object is to excite fear, that it may act as a preventive of such crimes. But have they yet to learn that such men as are capable of fearing penalties, are not those who become thus criminal, and hence the penalty is, to a great extent, inoperative as a preventive; but highly efficient as a provocative. Executions, tortures, &c., excite those to mischief and murder who are criminally capacitated, just as the fighting of two dogs induces other dogs to run up and enter into the fight; as angry words excite to angry words; mirth produces mirth; wit elicits wit; kindness, kindness; and blood, blood.

Without the admission of this principle it would be entirely impossible to explain the phenomena which have attended religious persecutions: the torture and destruction of one, brings to the flames half a dozen more—sanguinary laws are never in want for subjects.

For the clenching of these conclusions, I have now a few striking and pertinent facts.

An English officer communicated to the author the following fact. "After the main attack on Ciudad Rodrigo had subsided, and detached parties were clearing some ramparts still occupied by the enemy,

it was that a gigantic young Irish volunteer made the exclamation, and became afterwards famous throughout the division.

"He observed a gallant artilleryman still lingering near his gun; he dashed at him with bayonet fixed, and at the charge, the man stepped backwards, facing his foe, but his foot slipping he fell against the bayonet, and received it through his heart, giving at the instant such a yell as startled the Irishman, who, as he drew back, apostrophizing his bayonet, was heard to say, 'Holy Moses, how easy you went into him.'

"As the first taste of blood rouses the latent fierceness of the tiger's whelp, so this event seems to have altered the Irishman's entire nature. From this time he could not resist his desire to shed blood, and was finally executed for murder, confessing, before his death, that his only motive for the deed was a desire to see blood run."

In Wilcox Co., Ala., a man named Parker was hanged for murder. When taken out of jail for execution, one of his neighbors attended him, and talked to him about his approaching dissolution, and gave him such consolation as he deemed proper to the occasion. In a few hours after the execution, and in sight of the gallows, this neighbor committed murder.

In 1827, a poor wretch named Strickland, was hanged for murder, in Little Rock, Ark. The brother of the marshal, Judge Scott, murdered his friend and neighbor, within a few hours after witnessing the execution, by thrusting his cane sword three times through his chest.

In several places where a criminal had been hung, I have learned that more violence and mischief were committed on the same day, than was remembered to have been done upon any other occasion, either antecedently or subsequently.

In 1842, while at Fort Smith, Ark., Captain Gookin gave me the following facts:

"In the winter of 1814, two soldiers were arrested for desertion, court-martialed and condemned to be shot, at Fort Sumner, Portland, Maine. They were accordingly brought out for execution, and whilst kneel-

ing by the side of their coffins, their white caps drawn down over their faces, and the guard of soldiers ready and waiting in order to pour their charges of bullets as buckshot into their bodies, an officer, (the author,) on horseback, sprung before the muzzles of the guns, saluted the officer the day, and presented a sealed paper; it was a pardon. Their caps were immediately taken off; the face of one was as red as scarlet, and that of the other as white as snow.* They were ordered to their duty. One of them again deserted in two or three days, and in a few days more the other did the same."

In 1842, while at Cantonment Gibson the commandant, Lieut. Colonel Mason gave me the following bit of history:

"Major General McComb told me that twelve deserting soldiers had been brought into the garrison, (the time and place not remembered,) that they were court-martialed, and condemned to be shot. 'It was,' he said, 'very painful to my feelings to have so many men shot, and yet a proper regard for discipline was so imperative as to require that an example of the kind should be made. I resolved, however, to spare the six most likely and promising of them, and to confirm the sentence upon the other six, which was accordingly done.'

"Before the close of the twenty-four hours in which this sentence was executed, several of those who composed the guard deserted! He added, 'This event has frequently caused me to reflect upon the inadequacy of executions to prevent desertion; but I have not been able to comprehend how it is that the execution of men, in the presence of the army, for desertion, should, instead of exciting fear, induce the very crime it was intended to prevent.'"

To all men but cowards, there is a charm in dangerous and hazardous enterprises, and but for this peculiarity in human nature, liberty could not be achieved, nor in-

* By further inquiry of the captain, I learned that the one who was red in the face, was, in constitution, of high stimulus or vigorous life, and that the other was of low stimulus or feeble life.

pendence maintained. If General McComb could have comprehended how it is that the slaughter of men in battle, used a fresh army for battle, he could have comprehended how it was that the voting of six men for desertion, might use those who executed the sentence to desert.

If deserting soldiers, instead of being not, were required to perform menial duties for the army, never allowed to shoulder a musket, because unworthy of it, there would be but little desertion; because there would not then be hazard enough in the surprise to awaken a manly energy. To precipitated from the dignity of a soldier to the degradation of a menial, would be much more intolerable than death, to men accustomed to blood and carnage, as soldiers are.

If we place before men poverty and suffering, benevolence is excited, even to wars; but if blood and carnage be presented, then a destructive irritability is produced, which, upon the slightest occasion, breaks out into violence.* It is thus that executions become the incentives, to murder, and all other punishments to acts of outrage of proportional violence. When the time shall come that we can convert the lion into the lamb by the presentation of blood, then punishment may protect and advance the civilization of society. It is certain that, as yet, it has had no such effect, and the facts which have been presented, must show pretty conclusively that it never can; nevertheless society should have protection, and I have not a doubt but that the Creator fully endowed the human mind with the elements of such a system of policy as will secure protection and happiness, and such a policy I now propose to develop.

The world consists of nations, and nations of communities, and communities of families, with all the business pursuits which are incidental to their wants, and

indispensable to their prosperity. Justice prohibits families from forcing their wicked and worthless members upon other families, and the same is true of communities and nations. The great motive to peace is preservation, and the ultimate danger of war is extinction.

As the domestic, social and national laws are founded in the constitution of the human mind, and each individual possesses all the faculties common to this mind, it follows that each one is a party to each of the above modes of existence; and as, in every department of animated nature, the Creator's purposes aim at the preservation of races, species, and pluralities, rather than individuals, and as, in conformity with this principle, the majority of each community and nation manifest a common motive, sentiment and judgment, it follows that the will of this said majority must be taken as the standard or average of the mind of any given community or nation.

Outside of this majority, there are two minorities: one, from a superior ancestry and educational advantages, is far above the average, and its individuals, for their government, constitute a law unto themselves; the other minority, in consequence of a degraded ancestry and unfortunate educational influences, is much below the average; its individuals, therefore, exist under a constant tendency to violate the laws of that mental standard indicated by the majority; they are too defective in the human sentiments to be guided by their supremacy, and hence they require the constant care and vigilance of their respective communities.

In this state of society, to what point does justice direct our vigilance? Is it to an abstract question of right? Is it to a just administration of punishment for crime; one equivalent of the former for one of the latter, having the protection of society either as a leading or an incidental question? My human sentiments suggest to me that justice, in this case, points directly and exclusively to the protection of society, and to this end punishment is never requisite, and consequently can never be

* In this law of our nature, we have a full explanation of the mob in Louisville, Ky., on the first Monday of August last.

resorted to without a tyrannical abuse of power.

Communities are divided, more or less, into clans, or subordinate societies, as the several religious denominations, Masonic, Odd Fellows, Temperance, literary and other societies. These sub-communities have the means of their own protection, but they have no power to punish violators of their respective laws. When an individual attaches himself to one of them, he does it with a view to some advantage, which he could not obtain by other means, and for this advantage it is indispensable that he should deport himself in conformity with its laws. When therefore he infracts the laws, he is removed from the society, that is, he is placed precisely where he was before he became a member.

The physical laws are of infinite advantage to us, so long as we strictly conform ourselves to them, and when we do not do this, we are sure to suffer. The social and moral laws are as natural as the physical, as thoroughly established by the will of the Creator, and like the physical, they are of immense advantage to us, so long as we act in conformity with them; but when we do not, we are just as certain to suffer.

The individual who loses his membership, in any given society, suffers, perhaps, in character, in losing the support of his fellows, with all of the other advantages of the institution. In removing him from the society, its protection was alone considered; it was no penalty or punishment to him, because he lost nothing by it, to which he had an unconditional right. He held the same relation to the society which a mortified limb holds to the body—it is removed to save the body, not for the punishment of the limb.

As, by the laws of the human sentiments, a man has no right to do wrong, then it follows that he has no liberty to do wrong; hence, the moment he does wrong he forfeits his liberty, and if such be the state of society that its protection cannot be secured by the forfeiture of his liberty, without that of his life, then it must be de-

stroyed. In the savage state no man exist for depriving a man of his liberty without depriving him of his life; hence with savages, the offender executes the law upon himself, or gets his friends to do it; and as it is an act of friendship to his wife, sisters, brothers, &c., participate in the execution. If neither himself nor his friends will execute the law, then his enemies, or the injured party will do it, they can get him; if they cannot get him they execute the law upon some one of his nearest relations, for the sake of vengeance. This desire of vengeance is mixed up with our criminal laws; it is every day to be witnessed in civil society, and even in the Christian church where it is forbidden.—*Scalpel.*

[TO BE CONTINUED.]

MY EXPERIENCE IN HOMŒOPATHY.

BY JNO. T. PLUMMER, M. D.

It is not from the theoretical jargon of Homœopathic books that I have derived my knowledge of the Hahnemannian art. But all I know on this subject that is worth the knowing, is the result of my own cogitations, accidentally confirmed in the course of my medical practice.

That the reader, who may have sometimes been confounded by the reports of prompt and wonderful cures effected by infinitesimal doses, may have the benefit of some of my experience in this line, I am willing to relate a few cases.

The first two instances occurred in my own family. One of the children was sent into the office by his mother, with the request that I would prescribe something for a pain in his stomach. Being engaged at the time with another patient, I directed the child to wait. He returned into the house to his mother, but soon came back with an urgent solicitation that I should give him some medicine, as he could not patiently endure the pain any longer.

Some time before, on that day, he had

seated on the office counter, with a piece of bread in his hand. A few crumbs which he had left there were now before him.

He was standing by me. I picked up two small fragments of the bread, and, continuing talking with my other patient, rolled them into pills.

Here," said I to the child, whose head was high enough to reach above the counter, and who I thought had been watching the process of molding the bread into his pills, "take these in a little water." I had no idea of deceiving the child, but I supposed that the idea of swallowing bread for medicine would divert his attention from his suffering, which I did not think it wise to press as he judged it best, and enable me to finish my interview with the person present.

The little fellow ran into the house with the pills, for the purpose, as I supposed, of showing his mother with the details of their manufacture, and I lost sight of the child.

Weeks had passed, when one day his mother informed me that he was again suffering from the same kind of pain, and begged me very innocently to give him some of the same medicine that he took before. "I have no recollection," said I, "of having given him any medicine lately." "O," said she, "it was some weeks ago. He brought in two little pills, which I gave him in water, and they relieved him very promptly."

This unexpected success with bread pills did not, however, induce me to place them among my standard medicines. Yet, in this instance, the *micæ panis* proved as efficient as the *micæ invisibiles Hahnemanni* would have been.

The other domestic case was one of apparent *paraplegia*. Months had been fruitlessly spent in the use of every probable means of relief. I concluded to suspend all remedies against the disease, at least until I could recruit, and meanwhile administer Homœopathic charm—*nothing*. The result was marvelous. In less than ten days, the patient was able to walk! Thus

Ex nihilo aliquid fit,

Some years ago, during a few hours' absence in the country, a friend whom I had recently taken into partnership, was called upon to visit an elderly female, (one of my chronic patients,) of highly nervous temperament, who was "suffering exceedingly." He returned to the office for medicine, and finding one of the jars marked "*P Asafœtida*," he lifted the lid and smelled the contents. "Yes," said he, within himself, "that's just the thing."

On my return home, he desired to know how I got my *asafœtida* so fine. "Fine," said I. "Yes, how do you pulverize it so nicely?" and he directed his finger to the jar. I smiled. He stood for a moment, then taking up the vessel, "This," said he. "That," I replied, "is not pulverized *asafœtida*." "Then," said he "it is wrongly labeled." "No, I keep nothing without its proper label." "Why," said he, confounded by the contradiction between my denial and the plain evidence of his own eyes, "how is this? here is the label: *pulvis asafœtida*." "No," said I "not *pulvis*, only *P*." "Well, that means *pulvis*." "But," said I, "it also means *pipulæ*." "True," he replied, "but there are no pills here." "I see," was my reply; "but there have been pills there, and what is now in the jar is only the *licorice powder* which was dusted over them." A short silence ensued; he looked confused, then laughed outright, and replied, "Well, at all events, I cured the old lady over the way of a desperate attack of pain, by five grain doses of it."

The last case I shall mention was that of an old man, living some miles in the country, to whom my attention was directed while on a visit to another member of the family. For more than nine months, he had been subject to "chills and fever," and diarrhea. He had used various means of cure, to no good purpose, and as different physicians had failed to relieve him, he had become disheartened. His case, I told him, I thought was not by any means hopeless, yet, at the same time, not very encouraging; but I was willing to do what I could for him.

With some difficulty, he consented to try another course of treatment. But, on looking over my pocket case of medicines, I found nothing, as I thought, adapted to his affection. But for some flatulence which he experienced, I divided a little camphoreted powder into two portions, and prescribed them, requesting him to send to my office the next day to obtain the necessary medicines.

As no messenger came on the following day, I supposed the man had become faithless in the power of drugs, and concluded to let nature take her downward course. This inference was corrected a long time afterward, on a visit to the same family, when he became high in his praises of the two little wonder-working powders, which stopped the purging and the chills and fever, "so that," said he, "I didn't think it necessary to send for any more." But he wanted me not to forget what the powders were made of, for he never saw the like in medicine.

Such are specimens of the marvelous cures in Homœopathy, and such are the innocent trumpeters of its fame.—*Nashville Med. and Surg. Jour.*

BLANCARD'S PILLS OF IODIDE OF IRON.

Five years ago, M. Blancard, a pharmacien of Paris proposed an unchangeable pill of the iodide of iron, made directly from its elements, which was officially approved by the French Academy of Medicine. The excellence of this preparation was generally acknowledged, and it is already, in France, the most common form for the administration of iodide of iron. Our pharmaceutical authorities at Philadelphia, however, adhere to the saccharine solution, which Dr. Jackson introduced many years ago, and Prof. Baché declares that the solid iodide "might well be dispensed with."

Practitioners will differ sometimes with the chemists, and so it has proved in this

case. It is found that, notwithstanding the assurances of the self-constituted authorities, the syrup solution of iodide of iron *does* undergo change; that it often injures the teeth, disagrees with the stomach, and contains free iodine. Consequently, as our dispensatory authorities and colleges of pharmacy simply advise us we must have a pill, to evaporate the syrup, or to use the antiquated and unreliable process of Calloud, practitioners have found it of advantage to import M. Blancard's preparation, which is now very commonly prescribed, not only in New York and Boston, where there are agencies for the sale of it, but in many remote countries. And here we may take the liberty of recommending to the gentlemen who have taken on themselves the direction of pharmaceutical matters in this country that they should not be too dictatorial and dogmatic, if they expect to retain the authority which has been conceded to their talents and learning.

With these preliminaries, we give in full length the process for preparing Blancard's pills, which we take from the *Bulletin de l'Académie de Médecine*. It is founded on the volatility of ether, and the insolubility of the iodide of iron in this vehicle.

Take of iodine seventy-seven grains, iron filings thirty-seven grains, distilled water two and a half drachms, honey one drachm and thirty-four grains, absorbent powder (say powder of althæa) a sufficient quantity. Make 100 pills.

Place the water, iodine, and iron, in a Florence flask; shake the vessel as the action takes place; filter the green liquid that results, into a small iron capsule, the weight of which is known. Wash the flask and filter with two and a half additional drachms of water, slightly sweetened with a portion of the honey to be used in making the pills. Pour both liquids into the capsule, and evaporate, at first rapidly then at a gentler heat, until the weight of the mixture is equivalent to the combined weight of the iodine and honey (171 grains or 3iij nearly). Add a sufficient quantity of powdered althæa root, or still bet-

mal parts of althæa and licorice powder, out 3ij. Divide the mass into four equal parts; roll each part in powdered iron. Make each mass into a cylinder on an iron bar; divide each cylinder into twenty-five pills, and roll each pill in powdered iron, cover the iodine exposed by the spatula. Expose the pills to a gentle heat, that they may contract no moisture, and proceed at once to the second part of the process—finishing the pills.

Make a solution of balsam of tolu in equal parts of ether. Place the pills in a gelatin capsule, pour on them a portion of ethereal tincture, and impress a rapid movement of rotation, that the pills may be moistened on every side, and that the ether may evaporate rapidly. As soon as the pills begin to stick together, throw them on a dry surface, separating those that are agglutinated, and leave them exposed to the air for twenty-four hours; then dry them over a stove at a gentle heat.

It is well to give them a second coating of varnish. Blancard puts them in a bottle with a stopper covered with silver, which is at once tarnished by the vapor of the iodine.

Each pill contains about one grain of iodide of iron, and one-fifth of a grain of powdered iron on its surface. Two or three pills daily, is the ordinary dose in anæmic, scrofulous, tuberculous and syphilitic diseases.—*Virginia Med. & Surg. Journal*.

tum uteri latum of the female) ended on either side in a fine doubling of peritoneum; a true ala vesperilionis, which embraced the testicles and epididymi; and, at the upper border, the end of the tube. On the left side, the uterine horn, with its tube, was dragged over by a scrotal hernia. The distance between the two testicles in the preparation is sixteen inches. A round ligament (uterine) is marked by a bundle of vessels on the right side. The uterus is connected with the upper part of the prostate. The arteries of this uterus arise, with those of the bladder, from a common arteria vesico-uterina. The organ could be easily inflated through the abdominal end of the tube. There were no strong folds in the interior, even at the isthmus. Above the isthmus, the walls of the two-horned uterus were soft, the muscular tissue loose, and its mucous membrane was easily separated as a distinct layer. On a section, there were detected tubular crypts opening on the free surface.

In fine, there were distinguished three parts of this uterus—an official part; a glandless, thickened portion, terminating at the isthmus; and a part provided with the ordinary uterine glands, which end in two short horns, which again end in tubes.

The testicles were of the normal size. The vasa deferentia ran in an oblique direction to the isthmus uteri, to penetrate the prostate. True vesiculæ seminales were absent.—*Med. Chir. Review*.

UTERUS IN A MAN SIXTY-THREE YEARS OLD.

BY PROF. LANGER.

The case of Prof. Langer is a physiologic curiosity. Prof. Aramij has recently found, at the necropsy of a man sixty-three years old, a structure resembling a uterus, between the rectum and bladder. The man had had a "capon's voice;" beard well grown; he had lived thirty years in childbedlock. The mesometrum (ligamen-

INFLUENCE OF QUACKERY ON HEALTH.

We take the following pungent extract from a speech by Mr. Sanborn, in the New Hampshire Legislature, upon the bill to incorporate the "New Hampshire Medical Botanical Society."

"It is safe to assert that there is not an advertised nostrum in the market which does not hold out false hopes to the sick. Every such advertisement is an imposition upon the public, whether it came from

physicians regular, irregular, or defective, and in the grammar of medicine the latter class is very numerous. If one tithe of what the patent medicine makers assert were true, we might attain unto what the progenitors of our race would have secured by partaking of the fruit of the tree of life. We might live forever if the pompous assertions of the makers of cosmetics, washes for the face and beautifying lotions, were true, we might have ladies as beautiful as houris, with the assurance of perpetual juvenescence. In a word we might bid defiance to the darts of death, and the vegetable doctor might stand over the prostrate king of terrors and exclaim in triumph, 'O death where is thy sting?' and then turn to his patient, and in the language of Oriental adulation, exclaim, 'O patient, live forever.'

"It is pretended that nobody is deceived by the professions of quacks. Every day's experience contradicts this assertion. The rich and the poor, the wise and the simple, all are occasionally deluded by these cheating, lying impostors. The human mind is so constituted that we must confide in others. We are made to trust each other, to believe the solemn declarations of our fellows. Without this mutual confidence, society could not exist; hence the abuse of it becomes the more odious. None are so credulous as the sick. They listen readily to the advice and suggestions of others. Fearing the ravages of disease, they eagerly lay hold of any hope, however delusive, which empirics may hold out to them. The extensive sale of vegetable medicines proves this. A few years ago when Morrison's vegetable life pills were so popular in this country, a suit was commenced in a court in Massachusetts, by Morrison & Moat, against John K. Palmer, for selling a spurious article. It appeared there in evidence that the proprietors had been so successful in England, as to be able to establish the 'British College of Health,' at an expense of \$250,000, from which agents were sent to all the principal cities in Europe and America. The demand for these pills became so great in this country that the

sale amounted to \$250,000 in a single year, and the seller of spurious pills had disposed of 100,000 boxes before he was arrested by the patentee. It appeared furthermore that this 'British College of Health,' at its high sounding title, had neither chairs, professors nor students, but consisted of an immense building in the suburbs of London, with appropriate apparatus for the manufacture of 'Hygean pills,' and that the proprietor was neither surgeon, physician nor man of science, but an empiric quack. What has become of his vaunted remedy in the brief space of ten years? Gone, like thousands of its predecessors to the shades of Erebus and old Night.

"The fact that new nostrums remain popular only for a brief period proves that their healing virtues, like the diseases they profess to cure, are imaginary. Each remedy has its brief day of glory, and is succeeded by a rival candidate for the popular applause. Each new invention has a thousand-fold office. It comes to bury the dead, to herald a new race. Every fresh advertiser denounces all rivals as deceivers and impostors. These makers and vendors of nostrums abuse each other like pick-pockets. They wage upon every fellow-quack an internecine war. Every member of the fraternity is an Ishmaelite to every other. On all sides it is a war to the knife, a knife to the hilt. The dead lie prostrate on many a hard fought field; but it is the patients who die, not the quacks! Are we not bound to believe what these impostors say of each other? Who should know the tricks of the trade better than they? If we can trust their promises, we certainly are bound to credit their assertions concerning the fraternity. They warn us 'as we value health,' to shun the prescriptions of quacks except their own, and this is done by every inventor of new medicine. Look at the flaming advertisements of the rival Dr. Townsend, which stare us in the face from every paper printed in Concord, together with a beautiful wood cut, representing old Jacob Townsend himself. They both offer for sale a syrup of sarsaparilla. T

ld doctor says he has paid \$200,000 within the last eight years for advertising; and hence came this immense sum? We cannot suppose that any man would devote more than a tithe of his income to advertising: therefore, the doctor must have been doing an excellent business in the sarsaparilla line for eight years.

"At the present day there is a great fondness for vegetable medicines. Anything having the prefix of vegetable to it goes down with the multitude. Notwithstanding every body knows that no new vegetable has been discovered, and no new properties have been detected in vegetables before known, still they confide in the assertion that the commonest herbs may be made sovereign remedies for 'all the ills that flesh is heir to.' It is equally well known that a majority of all medicines in the pharmacopœia of the regular faculty are of vegetable origin, and that the most deadly poisons, such as destroy life almost at a blow, like a thunder-bolt, are from the vegetable kingdom. [The speaker was certainly not posted in the discoveries of medical reformers, or Eclectics.—Ed. J.] But it has been proved in courts of justice, where quacks have been arraigned for manslaughter, that pills professing to be purely vegetable, have produced salivation in a patient. There are, perhaps, a score of infallible remedies for consumption, and there can scarcely be a doubt that the only ingredient in them all, which serves to allay the irritation of a chronic cough, is *opium*! This for a time quiets the consumptive patient, and deceives him with the hope of recovery, but by frequent use of it the strength is exhausted, and the system sinks under the repeated assaults of empiricism.

"But, of all the gross and palpable impositions upon the public credulity, the pretence that the Indians understood the healing virtues of roots and herbs, is the most absurd and monstrous. Civilized and Christian men having recourse to savages to learn science. It is, however, a notorious fact, that Indian 'medicine men,' as they are called, are the greatest impos-

tors living. They surpass their civilized imitators. They 'out-herod Herod,' in knavery. The whole system of practice among the Indians has always consisted in fraud and pretense. Catlin, who spent years among the North American Indians, constantly affirms this. They know literally nothing of the power of simples. They employ, over the sick, charms, spells, and incantations, and make use of amulets and consecrated medicine bags, as curative agents. Yet our scientific botanists go to these ignorant, bespotted dupes of superstition to learn medical science. Sometimes a veritable Indian doctor appears among us with more *brass* than *copper* in his face. He makes his prescription with great gravity and solemnity. He cuts his herbs and gathers his roots under the influence of certain astronomical signs.—These signs by the way, are but a relic of old astrology, as ancient as the Pharaohs, and have no more significance for us than the worship of Iris. But our doctor regards 'the stellar' influence in gathering his herbs. He strips the bark upward for an emetic, and downward for a cathartic. He steepes the whole in river water taken up in a peculiar way. I once heard of an instance where the whole process failed because the patient dipped the water up stream instead of down! 'Because, you see,' said the learned doctor, 'if the water be dipped up stream it goes *agin natur*; if down stream it *helps natur*.' Such are Indian doctors. *Ab uno disce omnes.*"—*Half's Jour. Health.*

DELIRIUM TREMENS PRODUCED BY ABSTINENCE FROM TO- BACCO.

Delirium tremens, and its twin sister, traumatic delirium; are now so well understood to be dependent on asthenic irritability of the nervous system, that but one opinion prevails as to the principles which should regulate their treatment. Sudden disuse of accustomed stimulants is always to be deprecated, and in the event

of a patient of known intemperate habits coming under surgical treatment, especially on account of an accident, care should be taken that he is not deprived of his accustomed allowance of alcohol.—There is, however, another very potent drug in but too common use among the lower orders, the probable effects of suddenly relinquishing which, have, been too little considered, and respecting which the event of a case lately under the care of Dr. Curling, appears to offer a valuable hint to the practical surgeon. A withered old woman, a gin drinker and an habitual smoker, was admitted on account of a severe burn. Stimulants were from the first freely allowed her, and opiates administered, but in spite of them, she continued extremely restless, wandering at times, and quite unable to sleep. Her manner and aspect, indeed, much resembled delirium tremens. At this juncture, several days after admission, Dr. Curling ordered that she should be permitted to smoke. The salutary influence of the measure was at once apparent—the woman became quiet and tranquil, and on the next night slept fairly. All tendency to delirium disappeared, and she afterwards progressed steadily to recovery. Prevention is, however, better than cure, and we cannot leave this subject without dropping a hint that, in relation to the prevention of such diseases as those under consideration, the predisposing causes of which are well known and removable, the conservators of the public health have very important duties to perform.—*Med. Times & Gaz.*

MILK IN CASES OF POISONING BY NUX VOMICA.

BY M. GORRE.

A domestic, while drunk, swallowed fifteen pills of extract of nux vomica. Half an hour afterwards, M. Gorre found him suffering frightful tortures, the face expressing suffering, and the eyes wild; he

was unable to utter any articulate sound, but the rigidity of the jaw and of the limbs indicated the nature of the poison. M. Gorre introduced with difficulty a flag between the teeth, and excited vomiting by which some fragments of pills were thrown up. Then finding a quantity of milk at hand, he made him drink large quantities at short intervals. The stomach distended beyond measure, relieved itself from time to time by regurgitation of the enormous quantities of liquid which it was made to receive; and, M. Gorre finding the serious symptoms disappear, insisted upon a continuance of the same treatment under which the patient recovered.—*Revue Medicale.*

CERASSUS VIRGINIANA, OR INDIAN CHERRY, AS AN ANTI-PERIODIC.

BY DR. J. W. MITCHELL.

This is a small tree or shrub, growing abundantly in damp soil around prairies in the middle and northern States and Canada. Natural order, *Rasaceæ*—sub order, *Amygdalæ*.

General Character.—Leaves smooth, sharply serrate, oval, deciduous, lower serratures glandular, veins bearded on each side toward the base; petiole with two glands: racemes axillary short; petals orbicular; leaves from one to two inches long, from half an inch to an inch wide, very dark green, so much so that by this characteristic alone, the tree may be distinguished at a distance among other trees. The terminal branches are small, round twigs, from a foot to eighteen inches in length, very numerous, erect and thickly set with leaves. Flowers white, and open in the latter part of April or first of May. The fruit is abundant, globose, dark red color, very astringent to the taste, dries the mouth, yet on the whole agreeable. The tree grows to the height of from five to twenty feet, trunk about two feet in length, bark on the trunk of the larger

ses very rough, on the branches smooth and of a grayish blue color. The body of the largest tree is about three inches in diameter. The root is long, horizontal, running very near the surface of the earth; when the outer bark is removed it presents deep yellow color.

The preceding is given, with the exception of the flowers, as a correct description of the *Indian cherry*. It is as yet undetermined whether the flowers are in racemes or solitary.

The discovery and the use of the *Indian cherry*, as an anti-periodic, is due to the Cherokee Indians, and other tribes on the border of Missouri. They have long used it, realizing the best results. It was pointed out to the whites about the year 1846, and has been used by several families and some practitioners ever since, with increasing confidence—the writer being among the number of those who first experienced its good effects.

I brought to St. Louis last fall, for the purpose, to some extent, of testing its virtues, a small amount of the bark of the root, together with some extract made from the root after being stripped of the bark. The extract, in appearance, very much resembles the extract of jalap. Both these preparations have been used under most unfavorable circumstances, and with what success will appear from the following cases.

On the 8th of last October, I prescribed for the following patients, at O'Fallon Dispensary, connected with the St. Louis Medical College.

CASE 1.—Patrick Malony, aged twenty years, native of Ireland; intermittent fever, quotidian type, eleven months' standing. Ordered him decoction of the cherry bark as follows, viz: Of the bark $\mathfrak{z}\text{ij}$, of water Oij , boiled to Oj . Of this the patient was directed to take a wine-glassfull every two hours. He did not return to report himself, as he promised, from which I infer he was relieved.

On the same day I prescribed the infusion of the strength of $\mathfrak{z}\text{ij}$ of bark to Oj of water, at the same intervals and amount

as in the preceding case, for a family of nine Germans having intermittents, six of the quotidian and three of the tertian type; in all complicated with diarrhea. On the 9th, two of the number had escaped the ordinary paroxysm. The usual remedies for diarrhea were administered to the balance, and the infusion continued. They stated that the paroxysms were much lighter than before the use of the remedy.

On the 10th four others had escaped their periodic attack. The treatment was continued to the remaining three, when my interpreter deserted me, and I ceased the treatment of the cases. This family had just arrived from Germany, and were destitute of every comfort of life, all living in one small room. These results were so unsatisfactory, and the means of prosecuting experiments so difficult, that I discontinued its use at the above Dispensary.

On the 21st of November, I prescribed for a fellow student suffering from intermittent of the tertian type. The decoction was used, of which a half pint was taken about three hours before the anticipated paroxysm. He escaped its return entirely, and expressed himself as feeling none but the best effects from the use of the remedy.

I am indebted to the kindness of Prof. J. B. Johnson for the following report of experiments made by him in the St. Louis Hospital. He omitted to report some cases in which the chills returned after several days.

"The following cases have been treated at the St. Louis Hospital by me, in the employment of what has been called the '*Indian cherry*.'

CASE 1.—Hugh O'Brien. Uncomplicated intermittent, tertian type, two weeks' duration. The *Indian cherry* was administered to this patient on his entrance, and repeated every fourth hour during the day. He took three doses of one wine-glassful of infusion of the bark—the infusion being $\mathfrak{z}\text{ss}$ of the cherry to Oj of warm water. This patient had, on the second day, a slight chill; the infusion, as above, was repeated in the same dose, and at the same

intervals of time. No return of chill; patient discharged on the tenth day, well.

"CASE 2.—Wm. Casseday. Uncomplicated intermittent, quotidian type, three days' duration. I ordered the cherry, as above, in a single dose of half a pint; did not repeat it; patient had no return of disease; remained in the hospital a week, and was discharged well.

"CASE 3.—Patrick Murphy. Simple intermittent, tertian type, four weeks' duration. I gave the extract of Indian cherry as handed me. I ordered gr. iij of the extract every three hours, during the first day, gr. v on the morning of the second day, and then discontinued. No chill the second day—omitted the extract altogether for five days. On the sixth day of his entrance, disease manifested itself again—repeated the extract, but owing to nausea and vomiting, was obliged to desist from its use until the twelfth day of his entrance, when I again employed it, giving the patient gr. iij of extract every three hours during the day. Chills did not again return; patient was well and discharged on the eighteenth day of his entrance.

"CASE 4.—Edward Carlies. Intermittent, complicated with hypertrophy of the spleen, quotidian type, eleven months' duration. In this case, I administered other medicine, such as cathartics, quinine, &c. I employed infusion of the cherry in doses of ℥iij three times daily on the recurrence of the chill. Did not observe any marked effect, save the presence of nausea and vomiting after its use, which had not occurred before. On the day previous to the occurrence of the chill, I again employed the Indian cherry, in the form of infusion, in ℥ij doses; no nausea or vomiting; no chill occurred. This patient had no further chill while in the hospital. He was discharged on the twenty-third day of his entrance, well.

"CASE 5.—William Murphy. Simple intermittent, tertian type, six weeks' duration. Used the extract of the cherry in gr. viij doses on the day previous to that of the anticipated chill. No occurrence of the chill on the following day; patient

complained of some vertigo and sickness of stomach, on the day after taking the extract. On the fifth day of his entrance slight chill occurred, and I repeated the extract in the same dose; nausea and vomiting occurred in twenty-five or thirty minutes after its administration; chill did not occur at the next period. I gave gr. iij of the extract on that day, followed it in six hours by a mild purgative, since which time no chills have occurred.

"I give these five cases as the only ones in which, out of a number, this remedy can be said to have had any thing like a fair trial. The deductions which one may draw from these cases cannot be conclusive, either for or against this agent, possessing virtues superior to those of our present anti-periodics. Still, I am inclined to yield my favor to its possessing some virtue, which I propose, by a more extended trial, to thoroughly test."

I infer from Dr. Johnson's report, that he has understood me to claim virtues for the Indian cherry superior, or at least equal to those of quinine. This I never intended to do. I know but little of the remedy except upon the authority of others. A number of highly respectable gentlemen who have been using it in their families for a number of years, all agree in the opinion, that in ordinary intermittent fever, it is fully as effective as quinine, and attended with none of its bad effects. This in my estimation, is sufficient evidence of its merit to justify the profession in fully testing it.

As to the experiments given in this paper, they are comparatively worthless. With such patients, any remedy is liable to fail. Those of the Dispensary were paupers, and living in the filth of the city; those of the Hospital, the patients of the public ward. In both of whom, the last spark of original health has been destroyed by excessive violence to their systems.

The botanical description, as given, is thought to be correct, though given mostly upon the authority of others. In future, I will offer other and more extended experiments, and, if necessary, correct the description here given.

ly object at present is simply to direct attention to the Indian cherry, as a domestic substitute for quinine, in order that its therapeutical value may be ascertained and established. If, as I confidently anticipate, this domestic and very abundant remedy will prove to be a substitute for quinine, it will be admitted by all as a valuable addition to our *materia medica*.—

Louis Med. & Surg. Journal.

MEDICAL JOURNALS—SHOULD THE YOUNG PRACTITIONER READ THEM?

A well regulated medical periodical is a medium of communication of the experience, thoughts and reflections of medical men to one another, and of the important discoveries in the different departments of medicine. They supply on a large scale, to a certain degree, the place of societies and associations for improvement, by affording the members of a profession, widely scattered, a medium for the rapid interchange of views, and for the discussion of principles and methods of practice. While activity in the cultivation of the various branches of medicine is necessary to their healthy existence, they reciprocally tend to stimulate the growth of these branches, by the wide diffusion of recent discoveries among earnest laborers in these fields of research.

A serial publication thus becomes not only a record of the progress of medical science, but also a great repository of facts, valuable for future study. It is the inexhaustible store-house, from which the compilers of practical treatises obtain the materials for their works.

The high-toned, liberal and independent medical periodical is essential also to the ethics of the profession. It creates and maintains a sentiment adverse to the petty jealousies and envious strifes, which too often arise between individual members, and totally subversive to all the low arts by which the charlatan imposes upon the public credulity.

But the laborious country practitioner can best appreciate the well regulated periodical. Isolated from all professional associations, he is deprived of the satisfaction of communicating his doubts and perplexities to others, and from mutual discussion, deriving light and assistance. His position affords him but limited advantages and time for study and careful investigation; while from the instructive field of pathology he is entirely debarred. To this large and most respectable class, the medical press is a desideratum. It brings them in close communication with their brethren, scattered over the civilized world, and makes them participants of whatever learning, research, or experience can afford. It spreads before them, for contemplation, the precepts of the public teachers of their profession, the discoveries of the microscopist and pathologist, and the experience of the hospital physician and surgeon.

We are led to these remarks by the annually repeated advice of a prominent medical teacher, to his graduating class, never to read medical periodicals. "If you have leisure," he is accustomed to say, with characteristic emphasis, "and must read, select novels instead of medical journals for your instruction."

We can best prove the injustice of this slur upon medical journals, and show its ill effects upon the young practitioner, who has the simplicity to follow it, by making an extract from a letter just received from a young physician, located in the interior of an adjoining State. He says:

"I settled in this place about two years since, under the shadow of an old physician, who had long monopolized the practice of the town. During the first year and a half, I had nothing to do; but, undaunted, applied myself diligently to a careful review of my studies, and the perusal of the best medical periodicals. The opportunity finally offered for me to apply my knowledge to good account. I was called to visit a young man with a dislocated femur, which the old physician, my rival, had in vain attempted to reduce with

pullies, after torturing the patient several hours, to the horror of the by-standers. Before visiting the patient, I carefully reviewed the admirable, and to me invaluable paper of Dr. Markoe, in the New York Journal of Medicine, on reducing the dislocated femur by manipulation. I found the patient and friends alarmed, and fearful of having instruments again used. I placed him in the proper position for the manipulation, and, in the presence of a multitude of by-standers, began the required movements of the limb. Without causing the slightest pain, I carried it through the proper circle, and was about to bring it down, when the head slipped gently into its socket, to the great relief of the patient, and the satisfaction of the friends. I need hardly add, that within one month of that operation, I had all the business I could do."

We could exhibit many other facts of a similar nature, from our correspondence, illustrating the importance of medical journals to the practitioner, but it would be a supererogatory task. Their value is indisputable to every lover of his profession, and it is to this class we address ourselves.—*N. Y. Journal of Medicine.*

PLASTER OF ARNICA.

Rx. Arnica flowers, one pound (Troy); alcohol, 3 pints; water, 1 pint; empl. rasinae, 3xxij. Mix the alcohol and water together, and pour two pints of the mixture over the arnica, previously bruised finely, allow it to stand 48 hours, pack it in a percolator, and pour on slowly the remainder of the alcohol until three pints of the mixture are obtained; evaporate the tincture in a water bath, till reduced to a soft resinous extract—weighing about two ounces and a quarter—and incorporate it by stirring with the adhesive plaster, previously melted, and form it into rolls. This arnica plaster has a deep yellow brown color, is uniform in texture, spreads easily, and is adhesive.—*Am. Jour. of Phar.*

Part 3.—Editorial.

ECLECTICISM REPUDIATED.

In the organ of the recently expelled members of the Faculty of the Eclectic Medical Institute, we find the following which clearly defines the position they have taken, and it is for all true Eclectic throughout the land to defend themselves against this attempt to harmonize Eclecticism with Allopathy.

"There appear to be a few who have had opportunities to become acquainted with the principles and practice of medicine as taught in Eclectic medical institutions and publications, who do not yet appear to have comprehended clearly the meaning of the term 'Eclectic,' but use it in a restricted and partizan sense, as odious to the liberal minded and progressive medical man as any sectarian epithet could be. * * * That the epithet has come to be applied to some extent as a party name, not only by opponents of our institution and the cause we advocate, but also by some professed friends, is not denied; but such was not the original purpose of the founders of the Eclectic Medical Institute, nor will we as journalists and advocates of professional liberty, ever consent to its being thus employed. We would much rather drop the word, and even change the name of our Institute, than be successfully branded as a medical sect, by that or any other name. We do not place the word upon our signs or business cards, and we discourage our graduates from doing so, from the fact that we regard the appellation *physician*, as embodying all that belongs to a medical practitioner. * * *

We recognize the medical gentleman as a *physician*, whatever may be his mode of practice; [whether he bleeds and gives calomel or not.—Ed. E. M. J.] and we recognize him as 'Eclectic,' just so far as we find him liberal in sentiment, independent and progressive in the cultivation of medical science, and enlightened in regard to the resources of the healing art, which enable him to dispense in practice with those unphilosophical and dangerous agents which have so long been the bane of the profession."

It will be seen that this is the old school doctrine, such as can be found in every

work on the subject. It never was intended by the original founders of the Institute to occupy any such position as is here claimed for it. It was from the beginning designed to be Eclectic—to be distinct from all other schools—to be a party in medicine. This position has been occupied by this college; and as all of those persons who have labored so hard to sell it to our old school friends have been excluded from the chairs they filled, we feel confident in assuring the friends of Eclecticism, that no mongrelism will find further friends in our school.

We have no objections to make against any man pursuing that system of medical practice which suits his fancy or inclination; but we do object to men (like those referred to above), claiming to be true Eclectics, and friends of the institution which has given them the only position they hold, using such deception for the purpose of destroying the noble work which cost years of toil, large expenditure of money, and even the life of the lamented Morrow, one of the founders of the Institute. And may we now ask the early graduates, under Prof. Morrow and his colleagues, if they wish this noble structure, which his merit and worth have erected to his memory, to be torn down and destroyed, by men who would, for the gratification of their own evil dispositions, stoop to any act of baseness, that would throw obloquy on the old friends of Prof. Morrow and the Institute.

Here is a sample of Dr. C. H. Cleveland's opinion in regard to podophyllin and calomel, extracted from his article in *Nelson's American Lancet*:

"Podophyllin is not a solvent, and therefore cannot be relied on to supply the place of the mercurials, in those cases where the solvent property is demanded, as in inflammatory adhesions of the eye, &c."

This is old school doctrine out and out, and it is not surprising that any man who holds such views would willingly lend his influence to destroy our Eclectic system of medicine.

Dr. J. King's position is thus given by the editor of the *American Medical and Surgical Journal*:

"We were informed by Prof. King, that he regretted that he had appended the name of 'Eclectic' to his Dispensatory."

Dr. Buchanan's opinions of medicine are to be found in his *Journal of Man*, which we quote from, page 329, vol. i.

"If we take a small quantity, as an ounce or more, of any active medicine, envelop it carefully in paper, and place it, so enveloped, between the hands, we will ascertain the amount of influence which may be exerted over the system, without any possibility of absorption. * * * * * The palpable particles of the medicinal substances do not need to enter the circulating medium, or come into actual contact with the nerves. It may still be supposed that although an absorption of gross particles may be unnecessary, there may be a delicate aroma, or gaseous emanation, by means of which some more subtle particles may be imparted and absorbed. It may be supposed that this occurs through the pores of the paper used in the experiment. But even this refuge of materialism cannot be maintained; for if the medicine be inclosed in a glass vial, hermetically sealed, individuals will be found, of a high grade of susceptibility, who will recognize the same medicinal influence—even through glass, although in a more gradual manner—nay, more, even without contact with the medicine or its envelop! A galvanic current is capable of conveying all these medicinal influences into the system, and we may be narcotized, purged, vomited, stimulated, and tranquilized, without contact either with the medicine or the envelop in which it is contained.

"Such being the extent of man's physical impressibility, it follows that we are continually liable to be influenced by currents of imponderable agents, conveying the mysterious influences of surrounding bodies. Thus may we solve the problem of endemic and epidemic diseases!

"The progress of the human race in education and refinement, increases the power and ascendancy of the nervous system. As this power increases so does our susceptibility to delicate and impalpable agencies become developed. Since the world is gradually preparing to lay aside its cumbersome machinery of military force, prisons and barbarous punishments, and to rely on gentler and more moral influences—the medical profession is also slowly learning that huge doses of drastic medicines, profuse purging, depletion by the lancet, and other measures, which might have been tolerated by the rude constitutions of a

barbarous age, are entirely unnecessary as well as injurious, and that the gentler agents of the materia medica, the delicate appliances of Homœopathy, animal magnetism, and psychological medicine, are entirely sufficient for the treatment of diseases."

What is the use of medical colleges with such men?

Again he says:

"With an unflinching internal sense he chooses his appropriate nutriment with equal certainty; he avoids noxious plants and minerals, and when his health is deranged, he needs but to walk through the forest, and exercise his finer senses, to find out a plant which combines in its leaves, its flowers, its bark or its seeds, the power that restores him to health."

The above was well illustrated by Dr. J. M. Scudder in his recent address to the graduating class of the E. M. Institute, from which we quote.

"How beautiful and benevolent this system of medication! no need of pills, of powders, of draughts, of poultices, nor of the one hundred and one measures taken by us to combat disease; no need of our studying for years those branches of medical science which we suppose necessary to the rational practice of our profession; no need of anatomy, physiology, pathology, chemistry, surgery, and materia medica; the patient has 'but to walk through the forest and exercise his finer senses,' and they will infallibly direct him to the plant which will restore him to health. 'This man we would hold up for the contempt of every true Eclectic. Pass him round, but handle him lightly; for he is so spiritual, so ethereal, that the slightest jar would cause him to shift this mortal coil, and his immense spirit would go off at a tangent, to join some circle of spiritual tippeys, and with that cane of his, we would expect some astounding developments in the other world.'"

Now we ask the friends of the Institute if the removal of such men from its faculty is not to be regarded as a fortunate circumstance.

THE ENEMIES OF OUR COLLEGE.

The expelled members of the Faculty are still at their dirty work, misrepresenting the facts in regard to the late difficulty, by writing letters to various persons, con-

taining statements which could only emanate from a set of men who would imitate certificates of stock with a pen, to the amount of \$7,000, and then swear in court of justice that they issued it *only in part* to carry the election of the Board of Trustees. We will give a few extracts from some of these letters, in a subsequent number of the Journal. They are rich and spicy, and truly reflect the character of those who wrote them.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

Of all the great and "brilliant discoveries" of the nineteenth century, Dr. J. R. Buchanan claims to have made the greatest. Those of the past are thrown into the shade. By himself, and some of those whose adulations of himself he has made public, he has been ranked as a discoverer—a brilliant genius—equal to Sir Isaac Newton, Galileo, and others of like renown. He has assumed, and so proclaimed, that his discoveries of *new* organs of mentality, from the crown of the head to the sole of the feet, with not a vacant spare inch over the entire extent of the same, are discoveries second to none made for centuries.

Assumptions so grave, and discoveries so brilliant, as well as so important to science and to the well-being of society, as he asserts them to be, are public property, and deserving the investigation and consideration of the public. It is pre-eminently the duty of the medical profession, to extend to his philanthropic and humane discoveries a fair and impartial investigation. The writer proposes to examine those most important, as time and circumstances may permit. To examine all would be impossible. Those which will receive attention will serve as examples of the remainder. They are quite as useful and important to the medical profession, and the public generally, (if true,) as those which time and space will force him to omit. They will clearly illustrate the

its of all, and fully exhibit their claims he notice of medical men, especially to professors of medical colleges.

That ex-Professor Buchanan is a brilliant genius in his way, no one will dispute, whether equal to his own exalted view of himself, is a question open to very well founded doubts.

VITALITY.—"The name of this organ clearly indicates it to be one of the most important organs of mentality in the human body, and is so regarded by Dr. Buchanan in his "System of Anthropology." (pp. 370, 371.)

Were it not for the profundity of his scientific attainments, as well as his peculiarly scrutinizing and carefully searching investigations, the reader might be led to doubt the locality assigned to this all-important organ to life, to wit, the "ORGAN OF VITALITY." To question his scientific attainments, and accurate scientific investigations, is to question the veracity of the man and the truth of the published discoveries of a philanthropist and philosopher of almost superhuman research. To question its locality is an imputation cast upon the "Roman helmet" of truth and science, which the Doctor wears. Then, reader, where would you look for this newly discovered organ of mentality? Its locality, doubtless, prevented philosophers of past ages from making the discovery, and had it not been for the brilliant genius of Dr. B., it might not have been discovered for centuries to come. He applied the touch-stone of science, and behold the "organ of Vitality," indispensable to the life of that being who is made in the image of God, was discovered just below, and immediately adjoining the most projecting part of the "buttocks," extending inward to the very verge of the "anus."

The obscurity of the locality but serves to render the discovery the more wonderful, and the triumph of science and his genius the more complete. It surely affords another striking evidence of the greatness of the man. Again, I repeat, ten thousand ordinary philosophers, while they might have admitted the existence of this new

and undiscovered organ of mentality, might have sought, for centuries to come, to discover its locality, but sought in vain. This great and vital discovery remained to bedeck the brow of ex-Professor Buchanan. It is another feather in his cap—another flower in the wreath which posterity must sooner or later acknowledge and award to him.

By reference to "Buchanan's System of Anthropology," the reader will find, fronting page 359, two beautifully executed lithographic cuts, or figures, representing both an anterior and posterior view of a naked female, supposed to be designed to represent the "Greek Slave." Here is an evidence of the elevated, refined, and noble sentiments which constantly pervade the Doctor's mind. Upon one of these figures, at the point designated, will be seen the locality of "Vitality" fully displayed. The Doctor does not inform us by what process of manipulation or investigation he succeeded in demonstrating its locality—whether first upon paper, upon the "marble slave," or upon the dead or living subject, nor whether he has discovered the same organ of mentality on the body of males, and whether similarly situated. The presumption now obtains that he detected its locality by "anal psychometry," an accidental discovery made by him in 1853. But then, as the figure of a naked female is used for illustration, and no reference made to a psychological experiment made upon his own person, the inference is that it is an organ peculiar to females. Be that as it may, the communication to the public makes it public property. Its uses and incalculable benefits belong to the medical profession at large, but more especially to that branch of it known as "Ectlectic."

"HATE"—AN INTELLECTUAL ORGAN.—None of the "brilliant discoveries" of Dr. Buchanan exceed, in a scientific point of view, or more fully illustrate the genius, deep penetration, and original philosophic scope of his broad and expansive intellect, than the discovery of the organ of "Hate." This organ of ideality or mentality he has

conclusively proven to be located across the most prominent and projecting part of the *buttocks*, on either side.' Whether the cerebral or nervauric organ of intellectuality under consideration exists in the gluteal muscles collectively or in the *maximus*, *medius*, or *minimus* he does not inform us. He has, however, designated the locality on the figure of the naked female which the reader will find in his *System of Anthropology*, fronting page 359, and it would be unwise—even the height of folly—for weak men, the ignorant, illiterate, and unphilosophic, to call in question the existence of such an organ, its locality, and the light which the discovery has shed upon the minds of the medical profession, and scientific men generally. Although the obscurity of its locality bears no comparison to that of "vitality," yet its discovery remained for Dr. Buchanan, his predecessors in the literary, scientific, and philosophic walks of life having failed to detect it, simple as the discovery may seem to be when narrated.

Traditional rumor hands the discovery down in this wise. It is said an impudent fellow abused the confidence reposed in him by his friend and benefactor, by acts and advances which served to disturb and even break up the matrimonial relations in a certain case, which came to the knowledge of Dr. Buchanan in the early periods of his scientific investigations. The penalty inflicted upon the rude fellow, consisted, it is said, in bringing the toe of the boot of the injured husband, in rapid succession, in fierce contact with the gluteal muscles of the disturber of these sacred relations.

The result was a lasting aversion to him who used the boot so dexterously, which has ripened into an irreconcilable "Hate" or hatred. The ex-professor, eagle-eyed and profoundly scientific, having a perfect knowledge of these facts, had no difficulty in appropriating them to the cause and furtherance of Neurological and Anthropological science. Upon careful and extensive investigation, he found in every instance the boot, when thus applied, served

to create an indelible hatred on the part of him who felt it, and he wisely affixed the locality of this organ of mentality upon the exposed and suffering part. By this discovery he added another laurel to the already long list of his scientific and brilliant discoveries. Although the organ of "Hate" is less important to life than that of "Vitality," yet it forms another link in the unbroken chain of his new discoveries. The presumption is that this organ is possessed by both sexes, as it was first detected by him on the male, and he has also located it upon the female figure, thereby not subjecting the reader to the doubt which might arise in reference to the organ of "Vitality."

This species of scientific discovery belongs to the Eclectic Medical Institute for there it has been industriously taught by day and by night. It belongs to Dr. B.'s associated Professors, both of the past and those who are now connected with him in his new or "Spirit Circle College of Medicine," at Gordon hall. It belongs to the graduates and students, who have left that college since 1846, for they have doubly paid for it, first in the general cost of tuition for from two to four sessions, and second, by taking his "private pay ticket" once or more. To them this species of Eclecticism belongs, for they have paid for it, encouraged and sustained it, and to them, individually and collectively, all the honors incident to its propagation belong; upon them, as Eclectics, the glory and renown of Buchanan Eclecticism must fall. They have merited the award. It is theirs, and to those that have been faithful and true, it is his pleasure to award the honors, and they shall receive them.

L. E. JONES, M. D.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The annual meeting of this Association was held in New York City, on the 11th and 12th of June. It was an interesting meeting. The very best feeling existed

long all who were present. The reports of medical progress were cheering. As we have not received the official report of the proceedings, we will defer a synopsis of them until our next number.

We will, however, give the constitution, adopted in 1849, as well as the resolutions adopted at the same time, all of which are re-adopted at the meeting in New York. We do this to show that the charges recently made by certain parties, against this Association are unfounded.

CONSTITUTION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For the purpose of more rapidly extending the principles of medical reform, as set forth in the address of the first National Eclectic Medical Convention, as well as promoting the knowledge and dissemination of all improvements in medical science, and adopting all measures which may be considered necessary to forward the cause of medical reform, the members of this Convention adopt the following constitution.

ARTICLE I. This society shall be known by the name of the "National Eclectic Medical Association."

ART. II. This Association shall be governed by the usual parliamentary rules, and shall have the power of adopting such measures, rules, and by-laws, as may be deemed necessary and proper.

ART. III. The officers of this Association shall consist of a President, two Vice Presidents, two Recording Secretaries, two Corresponding Secretaries, and a Treasurer, who shall perform the usual duties appertaining to their respective offices, and who shall constitute the Executive Committee of the Association, for the general management of its affairs, and for the transaction of all business not delegated to special committees. These officers shall be elected by ballot, annually, at the first regular meeting of the Association.

ART. IV. There shall also be Committees of three each, on the following branches of medical science, viz: on Theory and Practice, on Surgery, on Obstetrics, on Materia Medica, Medical Botany and Pharmacy, on Physiology, on Chemistry, and on Medical Statistics, who shall be appointed annually by the President of this Association, and who shall receive from the members of this Association, and from all friends of medical reform, on their respective branches, all interesting cases,

discoveries, improvements, suggestions, and other useful matter in relation to medical reform, and who shall annually report the same to this Association.

ART. V. The Association shall meet, and hold their meetings annually, at such time and place as may be appointed by a majority of the members present at any regular meeting.

ART. VI. No alteration, amendment, or addition can be made to this constitution, except by a majority of two-thirds of the members present at any regular yearly meeting.

RESOLUTIONS.

1. *Resolved*, That we regard it as one of the most important duties of the medical profession, to investigate truth from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all.

2. *Resolved*, That we regard all combinations to proscribe and degrade any portion of the medical profession, merely on account of a difference of opinion in matters of science, as a serious crime against the true interests of the profession, against the welfare of the community, and against the common rights of man.

3. *Resolved*, That it is incumbent upon all medical reformers, to regard all members of the profession in a spirit of liberality and courtesy, to abstain from personal and disparaging remarks in reference to differences of doctrine, and to cultivate those amicable relations which admit of co-operation in the pursuit of truth.

4. *Resolved*, That the great struggle of the present day in medical science, is between the spirit of freedom on the one hand, which is seeking boldly for truth in science, and the spirit of conservative despotism on the other, which aims to perpetuate opinions by the force of organized combinations, and to discountenance or suppress every attempt at reform, whatever may be its merits or its source.

5. *Resolved*, That we regard all medical reformers, who are struggling for the improvement and the freedom of the profession, as engaged in a holy cause, and that we regard it as the duty of all such, whatever may be their differences of opinion upon minor points, to unite in the most cordial manner, as the American colonies united in their struggle for freedom.

6. *Resolved*, That as the confederacy of the patriotic colonies which achieved the freedom of America, resulted in the establishment of a national union of independent States, forming a true republic, so we

hope that the confederacy of medical reformers may not only achieve a revolution, but establish in the highest degree of freedom and harmony, the *confederated republic of medical science*.

TO OUR CORRESPONDENTS.

We have been compelled, very reluctantly, to divide the article on Dysentery, by Dr. Turrentine, on account of its great length, the first part of which will be found in this number; the remainder will appear in the August number.

Another of the interesting and valuable series of articles on consumption, by Dr. Dutcher, will be found in this number. We regret that the Doctor has not been able to abandon entirely the use of those medicines which have long since been found injurious to the system. In this, we differ with him.

We have several communications on hand from the pen of A. Behr, Esq., one of which will appear in our next issue.

A FAIR PROPOSITION.

At a meeting of the Board of Trustees of the E. M. Institute, held at the hall of the Institute, on Thursday, May 1st, 1856, the Treasurer was directed to make the following propositions, for a speedy legal decision upon the claims of Dr. Buchanan and his associates, and of their pretended board of trustees. He was further authorized, if any of the propositions were accepted, to take all necessary steps to carry the same into execution.

"CINCINNATI, MAY 1, 1856.

"Messrs. William Sherwood, Joseph R. Buchanan, Charles H. Cleaveland, J. W. Hoyt, and John King:

"GENTLEMEN—On behalf of the Board of Trustees of the Eclectic Medical Institute of Cincinnati, I have the honor to make you the following propositions, of which the acceptance of any one will be satisfactory to me and them.

"They are willing to offer (if the prosecuting attorney will assent, and we pre-

sume he will,) to go into an immediate trial of the *quo warranto* now pending in the District Court, as a test case, or to have a new *quo warranto* brought on the relation of themselves against all your trustees, or that your trustees shall have one brought against them (the board on whose behalf I write,) and will agree to an immediate trial; or if the District court can not conveniently try such a case at once, or if you prefer it, they will agree to refer all matters in dispute to either one of the Judges of the Superior court

"In the mean time, if you accept either of said propositions, they are willing that the building shall be taken charge of by the Mayor, the Chief of Police, or a receiver appointed by either of said courts. And as security for their compliance with the decision made in the premises, they are willing to give satisfactory and ample bonds, you binding yourselves in the same manner to abide the event of such decision.

"An early reply will oblige

"Yours respectfully,

"R. S. NEWTON, *Treasurer*."

No answer has been received to these propositions, and no advance has been made in the legal proceedings. We think no one can doubt on whom the responsibility rests of not having a speedy termination to this controversy.

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R. S. NEWTON, M. D.,

90 W. Seventh st. Cincinnati.

ECLECTIC MEDICAL JOURNAL.

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Part 1—Original Communications.

DYSENTERY.

BY J. TURRENTINE, M. D.

[CONCLUDED.]

CAUSES.—The cause of this disease has elicited much more *theory* than *information*. Much as has been written upon the subject, it is perhaps involved in as much obscurity now as it ever was. If I am asked what is the cause, I am frank to confess I do not know. What we have to say on the subject will be more of a negative character than otherwise.

Malaria has been mentioned as a prolific cause. I know not what the agent is, and consequently know nothing of its character and laws, and hence, know not how to commence investigating the subject of what it can or can not produce. I would feel myself highly favored, if some one who understands the subject well would inform us on the subject. A clear treatise on the nature and laws of malaria would interest the profession and the public more than any other paper that could be produced. We must remain in the dark till this is done. Even at this hour, we know not how to commence investigating the subject. We would add, that to our mind, to say that a disease is produced by malaria, and that it is produced by some hidden

and unknown cause, are tantamount expressions, conveying the same idea.

If, however, malaria is what it has been supposed to be—effluvia arising from the decomposition of vegetable and animal matter, aided by warmth and moisture, there are insuperable difficulties in the way of ascribing dysentery to it. The disease is neither confined to warm seasons of the year, nor to low, marshy districts. It is more common under these circumstances; yet I have seen numbers of cases during the winter, and in freezing weather. I have known it to prevail extensively on high land, far from any marshes, and where intermittents and remittents are not common.

It has been ascribed to exposure to wet and cold, and to high diurnal heat and cold nights. It is contended that the solar heat exerts a peculiarly debilitating influence over the system at large, and increases the susceptibility of the intestinal mucous membrane; that it stimulates all the secretory organs to extra efforts, and to some extent vitiates the secretions; whereas, the sudden stoppage of perspiration turns the transpirable matter that should have been eliminated through the cutaneous surface, upon the intestinal canal, finding it in a susceptible condition, when all the secretions become deranged, and dysentery ensues. And to all this may be added the putrid gas that is exhaled from wet and evaporating surfaces. (See Watson's Prac. Med., p. 816.)

This view carries great plausibility with

it, and no doubt the disease is often ushered in by this cause. Yet it can not be the only one, nor, I will add, the general cause. As before stated, it is by no means confined to this sort of weather, nor to individuals exposed to heat and cold, and it is almost as often seen amongst the wealthy as the poor, and amongst females who are not exposed to the vicissitudes of out-door life, as among males who are.

Unhealthy food, too free indulgence in fruits, and especially unripe fruits, have been mentioned as causes. Either of these, I suppose, can act as exciting causes, when the latent elements of disease are lying dormant in the system, but can not create epidemic dysentery. It often prevails among the well-fed, and I may add, that so far as my observation goes, it has prevailed equally, if not more extensively, in years when the fruit crop failed. Fruits rather prevent than create it.

Vitiated hepatic secretions long retained in the intestines, and assuming an acrid condition, has been regarded as the cause. (See Ec. Med. Jour. 1852, p. 290.)

But what we have already said on this view, is a sufficient answer. Bilious diarrhea is no doubt frequently created in this way, but dysentery never; at least we have no evidence of it.

Intestinal worms, undigested food, etc., have been given as causes. Perhaps they can sometimes give an impetus to a case where there is a strong predisposition; but to ascribe epidemic dysentery to such causes, is puerile and foolish in the extreme.

It has been by some attributed to scorbutic origin. This is no doubt sometimes the case, under circumstances favorable to that condition. (See Wood's Prac. Med. vol. i, p. 592.) This, however, has not been a cause in any of the epidemics coming under my observation. In our judgment, it would be more likely to lead to intestinal hemorrhage than dysentery.

Prof. Newton (Ec. Prac. Med., pp. 798, 799) ascribes it to certain electrical vicissitudes. We have no doubt that this is a prolific source not only of this, but of various other diseases.

Such are the many causes to which the disease has been ascribed; perhaps none of which are entirely right, and none altogether wrong. We mean by this, that the disease has no stereotyped cause. It is no doubt sometimes excited by one cause, and sometimes by another. In one case, perhaps, one of those above mentioned may be the exciting cause, and in another case, another; and in a third case, some cause that to this time remains hid and numbered among the unknown agencies.

But we can not longer refrain from our own convictions. We think the important item to be borne in mind is, that the dysentery in epidemics is not *the disease*, but simply a *local complication*; and that in this lies the great difference between sporadic and epidemic dysentery. The former is mild, while the latter is a violent and fearful disease; because the former is simple, while the latter is complicated—the former simply local, while the latter is a local disease conjoined with a general and constitutional one. We do not believe epidemic dysentery ever exists as a simple affection; at least we are certain the four or five epidemics that we have seen did not, but were only local complications of the general and constitutional disease.

With this view, we can, perhaps, drop one more item in reference to the cause of this fearful malady. The various causes that have been mentioned, increasing the susceptibility of the intestinal surface and predisposing it to take an inflammatory action, existing in conjunction with the causes, be they what they may, of the other epidemic, lead to this disease; i. e., the mucous membrane of the large bowels is in a highly susceptible condition; but the causes, whatever they are, of remittent, typhoid, or typhus fever exist, and hence, one or all of these forms of disease exists, and when an individual is attacked, his large intestines being a weak point in their present condition, the other and constitutional disease lays hold on that spot with cormorant avidity, and hence we have a fearful case.

This idea may seem somewhat novel to some, and yet it seems to me to be the only view that can explain all the phenomena in the case, or that will lead to successful treatment. It will be recollected that I am not now speaking of simple or sporadic dysentery. I fully believe there is such a disease; I have seen many cases; and I as fully believe that it is never a dangerous or stubborn form of disease, when occurring in an individual of good constitution. It is a disease that furnishes its own remedy, and needs but little aid from the physician. The large bowel is inflamed, it is true, but it depletes itself by pouring out the congested blood into the intestinal canal, and relieves that inflammation, and, with a little aid from the physician, soon recovers. Yes, and very often these cases end in speedy recovery under the most absurd treatment, in spite of the erroneous course that has been pursued.

But I am speaking of epidemic dysentery, and I am not speaking of the cases you have seen, but of the ones I have seen myself, and only of others which have been of a similar character. Of all of them I can confidently say, the dysentery has only been a local complication of the constitutional disease, which, divested of the dysentery wholly, would in some cases have been well developed remittent fever, in others well developed typhoid, and in others as well developed synocha, or simple continued fever. I have never seen a typhus, if it differ from low typhoid.

I need not recall to your mind the symptoms as already described. It will be recollected at once, that they comport with this view. And who that has witnessed but one of these epidemic ravages, can not call to mind the symptoms in the same, corroborating what we have said? Have you not seen well marked remittent fever existing in conjunction with dysentery, and in every degree of intensity from the mildest attack to the most malignant, ushered in by a congestive chill, in whose grasp the vital energies were crushed, and in a few hours life ebbed to its close? And have you not seen typhoid fever, with its

slow and sluggish steps, marching on in its monotonous course, and even sometimes persisting for many days after all the symptoms of dysentery had yielded; and not unfrequently even then, so wearing out this mortal coil, that it was shuffled off by the spirit as an unfit habitation, and consigned to the grave? And have you not seen every grade and variety of synocha, or simple continued fever, sometimes gradually yielding with the dysenteric complications going on afterward, and at other times degenerating into a low, irritative form of fever, over which medicine had no control, and which at last wore away the individual's life? In a word, have you not witnessed the full array of symptoms that is indicated by the views herein set forth?

TREATMENT.—We will conclude this article, already growing too long, by a synopsis of the treatment that has been proposed, and the plan that we have found most successful in the many cases which have fallen into our hands. Were I to give a general review of the various forms of treatment, and the many therapeutic agents that have been proposed in this form of disease, it would be almost a summary of all the resources of medicine in all the maladies to which human flesh is heir.

General blood-letting has been proposed, but it has been found that it exerts no influence over the disease, and too often hastens that collapse to which there is too strong a tendency under fostering treatment. *Local depletion* and *revulsive measures* have been resorted to, and with marked amelioration of the local affection. But that could exert no influence over the constitutional disease, and one febrile paroxysm quite demolishes all the advantage thus gained.

Warm, cold, and medicated bathing have been tried, and with marked benefit as adjuncts to rational treatment. But the monster that has taken possession of the citadel of life, can not be routed by ablutions alone. Both *acids* and *alkalies*, externally and internally, have been used according to the views that have been held of its pathology, and sometimes with benefit,

and sometimes with injury. *Emetics* have been lauded highly, and tried extensively, sometimes with some benefit, and again with injury, exerting simply no influence at all over the constitutional disease, and only lacking about twenty-five feet of small intestine of reaching the local affection they were designed to remove. Purgatives, astringents, anodynes, sedatives, stimulants, diaphoretics and antiperiodics, have come in for their share of laudation and blame, while specifics may say, "My name is Legion, for we are many." Were I to mention all the specifics that have been recommended, it would exhibit a bundle of stuff quite humiliating to the profession. Not the least important of which would be mercury, acetate of lead, sulphate of copper, sulphate of zinc, nitrate of silver, or the strong acids, such as nitric, nitro-muriatic, pyroligneous, &c.; while lemon juice, vinegar, and even butter-milk, have been found specifics. Nor have the sal magnesia, sal soda, tartrate of potassa and sodium, the bitartrate of potassa, epsom salts and chloride of sodium, comp. powder of jalap, ipecac, nux vomica, aconite, tannic acid, alum, borax, kino, catechu, quercus nigra and rabra, rubus trivialis and rubus villosus, hydrastis, camphor, myrrh, and even mutton tallow, been the least efficacious.

But as we have no confidence in specifics, we shall not waste longer time with them.

If our views are correct, the indications for treatment are obvious. We have both the constitutional and local disease to battle with, and we should lose sight of neither. Fortunately, their demands do not clash. If we are called to the case during the cold or depressed stage, it is proper to aid in establishing reaction, which sometimes requires active stimulation. Brandy, as an internal agent, is inferior to none. It may be used as freely as the stomach will tolerate. The patient is generally found suffering very much, which should be palliated by combining morphia, or some other opiate, with the brandy. A mustard sinapism should be applied over the stom-

ach when there is much nausea, and to the extremities and spine where reaction is tardy.

From the nature of the case, however, we must not rely on palliatives, but must institute a decided course at once. And the very first indication is to remove the offending matter and vitiated secretions from the bowels, unload the portal circulation, and correct the secretions. Hence we see an effectual cathartic, which should be of the cholagogue variety, is indispensable. Calomel, or other mercurials, is naturally suggested to the minds of those who think nothing else will fill these indications. But many who once relied on it, from its great inutility in some cases, and evil effects in others, have laid it aside.—(Charleston Med. Journal, vol. xi, p. 185.) It is too irritating to the mucous membrane for this disease. Should any one think that nothing else will do, let him guard it well with opium, and even then use the pil. hyd. or hyd. cum. cræt., instead of calomel. I have found the following the most effective cathartic I have ever used:

R	Podophyllin	gr. iij,	
	Leptandrin	gr. vj,	
	Diaphoretic powder	gr. xij,	
	Sach. alb.	q. s.	M.
	Ft. pulvis number iv.		

One of which is to be given every two hours until free catharsis is produced. Or if the above is offensive to the stomach, the following will be found an excellent pill:

R	Podophyllin	gr. iv,	
	Leptandrin	gr. viij,	
	Morphia sul.	gr. j,	
	Ext. hyoc. nig.	q. s.	M.
	Ft. pil. vj.		

Of which one should be given every two hours. Nor should this be suspended until free catharsis is produced. I would impress this indelibly upon the mind. Until this is accomplished, convalescence is impossible, and not unfrequently it dates from the occurrence of catharsis. With a torpor of the hepatic functions, loaded portal circulation, and accumulated and vitiated secretions in the intestines, im-

provement is impossible. Let this be borne in mind. We know of no form of disease in which constipation should be more assiduously guarded against.

The first cathartic should act thoroughly, and should it unload the bowels properly, by producing large and offensive bilious operations, it will be sufficient if there is one fecal evacuation every day, and sometimes every other day, during the remainder of the illness. Just a sufficient use of the above to have this effect is perhaps as good as any thing that can be used. If thought best, however, it may sometimes be changed, and perhaps with advantage, for small doses of castor oil and laudanum, or rhubarb and cream of tartar, or the saline cathartics so highly recommended by some, with which, however, I have always been unfortunate.

While we are waiting the action of the cathartic, it will generally be found necessary to palliate the case. Nothing is better for this purpose, than small doses of morphine repeated every hour or two, aided by fomentations or soothing cataplasms to the abdomen, and anodyne enemata where they are retained. Free cupping over the seat of inflammation, and on the lumbo-sacral region, with cold water injections, sometimes succeed better than any thing else. Or there should be a little morphine, aqueous solution, or tincture of opium, added to the injections, to give them a greater anodyne effect.

After the action of the cathartic, some anodyne astringent should be used, as well to diminish intestinal hemorrhage, as to allay pain. And as all practitioners have their favorite prescriptions, I must be indulged in mine. For the above indications I have found nothing to surpass the following:

R	Tannin	gr. xij,	
	Morph. sul.	gr. j,	
	Spts. lav. comp.	3j,	
	Aqua	3j.	M.
	Ft. mist.		

Of which f3j may be taken every two hours. Where it is desirable to increase the anodyne effect of this solution, the

morphine can be increased, or some other anodyne can be given.

Anodyne enemata should never be omitted where they can be retained. A little starch or slippery elm water, say not more than two ounces, in which one-half grain morphine, or aqueous solution of opium, is suspended, will perhaps be retained when any other would be expelled. Where the injections are immediately expelled, as is often the case, the opium suppository so highly recommended by Dr. I. G. Jones, will sometimes be retained with good effect. But when both are expelled, any such applications being only a useless annoyance, they should by all means be suspended.

In such cases, benefit can sometimes be obtained by leeching freely around the anus, aided by scarifying and cupping the lumbo-sacral region.

Where the above anodyne astringent is objected to, some other can be tried. The following is very excellent:

R	Tinc catechu	3iij,	
	Tinc. opii camph.	3v,	
	Syr. zin. vel. cin.	3j.	M.
	Ft. mist.		

Of which f3j may be given every one, two or three hours; or any other good anodyne astringent may be given in suitable quantities.

But it should not be forgotten, that one of our main stakes is our antiperiodics, which should never be omitted during the partial remission that usually exists early in the morning; or at whatever time it occurs, whether the cathartic has acted or not, this should not be omitted.

The most effectual way that I have found to administer antiperiodic medicine in this, or indeed in any other periodical or remittent type, is to give a sufficiency at once, or at most at twice, one hour apart. Then, during the partial remission that may be expected every day, the following may be given:

R	Quinia sul.	gr. x,
	Pulvis Doveri	gr. v. M.

Take at once, or at most at twice one hour apart. Let me admonish you not to try

your two-grain doses every two or three hours. Given in this way you cannot give enough to do any good without giving some at a wrong time. Given at once, you secure all its antiperiodic effects at once, and in the above combination, it will act as an anodyne sudorific. The Dover's powder can then be continued in small doses without the quinine, as well for its anodyne as its diaphoretic effects.

When the skin is dry and hot, I have found the tinc. gels. semp. in 3ss doses, every two hours with a pitcher of cold water poured upon the head occasionally, very beneficial, as well as grateful to the patient's feelings.

The above treatment carried out, making the necessary changes to suit particular cases, will generally conduct the case to a safe convalescence.

It will be borne in mind, that so long as the tongue wears a yellow or brown coating, the above, or some other good cholagogue cathartic, should be used, but moderately after the first catharsis. Given in two or three alterative doses daily, so as to keep up a gentle impression on the liver and bowels, and produce one moderate action every day, is an excellent plan.

The neutralizing cordial is often recommended, and in some cases is excellent. But it is objectionable in cases with a yellow or brown tongue. In all such cases there is an alkaline predominance already, which should be counteracted by an acid, instead of administering an article saturated with an alkali. A white coating on the tongue indicates an acid condition, and warrants the use of an alkali, in which case the syrup rhei et potass. is a good remedy. A dark yellow or brown tongue indicates an alkaline condition, and calls for an acid. Nor is this true only in this disease, but holds good in all, so far as I have tested it.

Should all the symptoms gradually improve, the above treatment, of course, should be modified so as to suit the case. Should they grow more severe, the treatment must be carried out more heroically,

or something else added when there is a clear indication for it.

During the active stage of the disease, scarifying and cupping over the seat of inflammation and over the lumbo-sacral region, and leeching around the anus, occasionally, should not be omitted. Fomentations or cataplasms of quercus rubra, or of weak ley thickened with corn meal, should be worn over the bowels all the time; or sometimes a large blister will succeed better.

Where ulceration is suspected, or where the tongue becomes fiery red and dry, or brown and glistening, turpentine is an invaluable remedy. The following is an excellent mode of administration:

R	Ol. terab.	3ij.	
	Tinc. cin.	3j.	
	Mucil. gum acac.	3vj.	
	Sach. alb.	q. s.	M.

Of which a table spoonful may be given three or four times a day. The nitrate of silver and sulphate of zinc, taken internally in proper quantities, and by enema, are good remedies. Nor is the cupri sol. unworthy of a trial. When the vital powers have a tendency to give way, they should, by all means, be sustained by stimulants. Carb. of ammonia, wine or brandy, whichever seems to do best, may be given as the urgency of the case requires.

When the case is of the typhoid variety the proper treatment will suggest itself to those who understand the nature of the case. It should be borne in mind, that cases of this variety will not tolerate as free a use of purgatives as is required in the above variety. They are, however, needed, and should be so administered as to keep up a gentle impression, at least during the active dysenteric stage. Nor can we derive the same benefit from our antiperiodics. It is also important to commence the turpentine at an earlier stage. Much benefit can be derived from the use of nitro-muriatic acid, or even the muriated tincture of iron, in this form of the disease. Impaction in the wet sheet, as recommended by Prof. I. G. Jones, some-

mes acts like magic. A freer use of stimulation may also be required. Other treatment, so modified as to suit the case, is pretty much the same as in the other variety.

As this article is already too long, I shall not particularize on the treatment of the third variety. Any one understanding the nature of the case, will know how to modify the treatment to suit the fever. This variety will be more benefited by a continuous use of cream of tartar, gels, emp., cold bathing, etc., than either of the other varieties. And should quinine be used, there is not the same necessity for giving it in large doses, and giving a sufficiency at once. Nor need we expect to derive great benefit from it.

Three Creeks, Ark., May, 1856.

SIGNS AND SYMPTOMS OF PULMONARY CONSUMPTION, No 5.

BY A. P. DUTCHER, M. D.

THE STATE OF THE BLOOD AND URINE.—So far as my knowledge extends, I am not aware, that there is any conclusive evidence to show, that there is any thing resembling tuberculous matter in the blood. The microscope can distinguish nothing peculiar in the blood of the phthisical patient, nor has chemistry detected any characteristic alteration in its protenin compound, which we might reasonably expect to find primarily affected. It has already been observed in a former article, that the blood, in phthisical patients, has a dark violet tint, is viscid, and exhibits no tendency to form a consistent clot; and that it is also deficient in red globules—yet the same thing occurs in other diseases, and, therefore, can be of little use to us as a sign of phthisis.

"It would be of great advantage," says Dr. Thompson, "to be able to detect tuberculosis of the blood, prior to the establishment of any real tubercular disease. With this view, I have from time to time availed myself of the microscope in order

to ascertain whether any difference could in this way be detected between the blood of the phthisical and that of the healthy individual. You are perhaps aware, that when a drop of blood taken from a suitable part, the finger for example, is placed on the glass for examination, the corpuscles, after a period, varying much in duration in different subjects, often exhibit a change of outline, the discs becoming mulberry-like in form, then stellated or corrugated. The promptness of this change, as before observed, varies. It is probably accelerated in healthy individuals, by exercise or any circumstance which quickens the pulse; but I have satisfied myself, that quickness of the pulse is not the only cause of the phenomena; as far as I have yet observed, it would appear to occur more quickly in consumptive than in healthy persons, and more quickly in some consumptive patients than in others; and I am inclined to think, that those patients are most likely to improve whose blood is longest undergoing this particular change.

"In some unfavorable cases, the blood discs almost immediately lose their characteristic form, and seem to melt into a confused mass, as is said to have been observed in the blood of the spleen, and as I have observed in a patient undergoing a severe course of mercury. In such instances the disease may be expected to advance rapidly. Observations of this kind are liable to many fallacies, since it is possible that temporary causes, such for example as mental emotion, modify the result, still I recommend the inquiry to your attention, as worthy of regard when pursued concurrently with other modes of investigation."

Let us now briefly consider whether there is any peculiarity of urine characteristic of phthisis. If so, what does it consist in? We know perfectly well that the great work of the kidneys is to separate from the blood certain nitrogenous materials which are no longer fit for circulation. If, therefore, there be an entire suppression of this fluid for any length of time, death is almost an inevitable consequence. According to Dr. Prout, the specific gravity of healthy urine is about 1020. Simon, however, states it at not more than 1012. The following table expresses the relative amount of the different components, in every 100 parts of solid matter, according to the analysis of Simon.

Urea, - - - - -	33.00
Uric acid, - - - - -	1.40
Ext. matter, ammonia, salts, and } chloride of sodium, - - - - }	72.60
Alkaline sulphates, - - - - -	8.14
Alkaline phosphates, - - - - -	6.50
Phosphate of lime and magnesia, -	1.59

From the investigations of several experimenters, it appears that a certain relative proportion of uric acid to urea are essential to a healthy state. Now in phthisis, this relation is disturbed, as the following table from Percy will show:

A CASE OF ADVANCED PHTHISIS.		A PERSON IN HEALTH.	
Solids,	64.08		67.00
Urea,	23.90		30.10
Uric acid,	2.40		1.00
Salts,	10.85		15.29

I believe it may be stated as a general rule, that whenever, from any cause, rapid waste of the system is proceeding, an excess of uric acid will be found in the urine. Such is always the case in phthisis, if it be not complicated with kidney disease. But the chief characteristic of the urine in this disease, is the production called *EURÆYTHRIN*. This is a beautiful carmine precipitate and is easily detected, by the addition of a few drops of ammonia, to the urine that contains it. It is seldom found in any other disease, except some of the more serious organic affections of the liver. We may, as a general thing, suspect suppurating cavities in the lungs, when this sediment appears in the urine. In the first stages of phthisis, the specific gravity of the urine is very little below the natural standard, but in the last stage it assumes what may be called anaemic urine, presenting a pale aspect without sediment, and of a very low specific gravity. If these three conditions of the urine are constantly kept in view, they will without doubt, at times, be of great use in making out a clear diagnosis of the disease.

PROGNOSIS OF PULMONARY CONSUMPTION.

Having thus presented a general outline of the signs and symptoms of pulmonary consumption, it will not be out of place, now, to make a few observations on the prog-

nosis of this formidable disease. In a disease which has proved so destructive to the human race, it will, as a matter of course, be supposed that the prognosis will be unfavorable. The disease is not, however, universally fatal; for it has been demonstrated time and again, by anatomical research, that it is sometimes cured by a natural process. Lænnec, Andral, Bennett, Thompson, and Wood, have all recorded cases of recovery.

After the existence of the disease has been clearly made out by the physical signs, the prognosis is to be formed principally through the general symptoms. The extent of the pulmonary lesion may, indeed, only be determined by the physical signs, the dullness of percussion and respiration, the cracked metal sound, and other signs of excavations, whether they are confined to a small space, or extend to a considerable portion of both lungs; and in the latter case, the rapid progress of the disease to a fatal termination may be at once reasonably inferred. But where, as is often the case, the physical signs establish the presence of the disease rather than its extent, we must refer to the state of the general health, to determine the probable time during which the constitutional strength may struggle against the disease, and the chance, if there be any, that it may get rid of it.

When there is very much cough and considerable difficulty in breathing, with copious purulent expectoration; the pulse continually over one hundred beats per minute, with night sweats and diarrhea, the loss of strength and flesh considerable and progressive, very little, if any hope can be entertained with regard to a favorable termination of the disease, and it will probably end in a short time. In some cases that I have seen, where there is great difficulty in breathing, from, almost the very commencement of the disease, death took place before the emaciation became extreme, and this is generally the case in acute forms of the disease, and where the fatal termination is caused by an inflammation or hemorrhage of the lungs occurring

as the result of the tuberculous injury. In such instances, the feet, face, and other parts sometimes become cedematous before death. But in those cases which are not so rapid in their nature, the emaciation is very great. In the very last stage of the disease, the expectoration is frequently changed to a dark dirty green or porraceous, surrounded by a pinkish halo. Dr. Thompson regards this as one of the most fatal signs of phthisis; when this kind of expectoration makes its appearance, death will occur in a few days. Shortly before death the expectoration is sometimes altogether suppressed.

In some of the more prolonged cases, the progress of phthisis is rarely very uniform; it is characterized at first by a series of attacks of increased symptoms, with temporary amendments between them. This is generally referred to the weather, or increased exertion, and under favorable circumstances may be checked. Thus individuals frequently pass years, losing ground in winter and spring, and rallying during the summer, until, at length, they gradually sink into the grave. In some cases the improvement is more decided and lasting; the fever abates; the pulse loses its frequency; the cough subsides; the expectoration becomes mucous and ceases; the local physical signs are diminished, and vesicular respiration in a measure restored; and in some instances the disease appears to be entirely removed, and the flesh and strength restored. If there is a strong hereditary predisposition to the disease, the prognosis is always unfavorable.

But I cannot conclude my remarks under this head, without expressing the belief, that the idea so generally entertained in respect to the incurability of phthisis, is principally owing to the fact that it is not recognized until it has advanced nearly to the last stage, when there is no remedy. And yet I am free to say, that there is scarcely a disease, which, by one practiced in the use of the stethoscope and percussion, can be more readily detected. The way inspiration, so accurately and beau-

tifully described by Dr. Thompson, the prolonged expiratory murmur, the vocal resonance, followed by dullness on percussion, with the gingival margin, and Dr. Powell's VITAL SPACE, together with the well-known general symptoms, can leave little room for doubt in relation to the nature of the disease. Now and then there may be a case, the symptoms of which are so obscure, that they cannot be decided with any degree of certainty. Yet, if physicians generally would only accustom themselves to detect the signs just enumerated, consumption would, in a great measure, be disarmed of its terrors, and thousands would be cured who now sink into a premature grave. It is not that medical science is destitute of means of detection, but that the necessary knowledge is not possessed by medical practitioners; for, notwithstanding all that has been said and written on auscultation and percussion, comparatively few practitioners have sufficient knowledge of either of these sciences, to detect the various sounds which are produced by a morbid condition of the chest. And some who occupy high positions in the medical profession, have denounced the use of the stethoscope in terms of unmeasured severity. But they only manifest their own ignorance.

And I would here, also, take the liberty of recommending to my medical friends, Skoda's great work on Auscultation and Percussion. From a careful examination of this work, I have formed a very high opinion of its merits; and I would almost venture the assertion, that it is the most valuable treatise on this subject which has appeared since the time of the great father of auscultation, Rene Theophile Hyacinthe Lennec. It contains a philosophical investigation of many of the leading facts connected with auscultation and percussion. The reader feels that he is in the hands of a deep and original thinker, and a most cautious, and clear-seeing observer—of one, indeed, who has had vast experience, and who manifests the rare power of subjecting theory to the results of practice and experience. He will not

be found to offer vague opinions, or to indulge in flights of fancy. The grounds on which his doctrines rest are plainly exposed, so that there is opportunity for those who reject them to show, either that his experiments or his data are faulty, or that his deductions are not warranted by his premises; but his experiments permit of being readily repeated by any one possessed of any ordinary degree of skill. In a word, I commend this work to the attention of all who are engaged in the general practice of medicine, with the full assurance that they will find in it many valuable suggestions and much useful practical knowledge.*

Enon Valley, May, 1855.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

This Association convened in New York on Wednesday, June 14th, 1856, pursuant to adjournment, at the lecture room of the Stuyvesant Institute, No. 659 Broadway, at half-past 10 o'clock, A. M. In the absence of the President and Vice President, Dr. Johns, of New York, Recording Secretary, took the chair, and inquired the pleasure of the Association.

On motion of Dr. Firth, of New York, Dr. Van Buren, of Brooklyn, was unanimously elected President *pro tem*.

The reading of the minutes of the last convention being called for, they were read by the President, and, on motion of Dr. Mattocks, of Troy, N. Y., accepted.

Dr. Smith, of Brooklyn, called for the reading of the constitution and by-laws of the Association.

The call being sustained by the convention, they were read by the President.

Dr. Archer, of Connecticut, asked for the reading of the report of the resolutions constituting the "platform" upon which the Association was organized.

* Lindsay and Blakiston, of Philadelphia, have just published a beautiful edition of this work. Price by mail, \$1.00.

Prof. Newton, of Cincinnati, read the resolutions, which, together with the constitution and by-laws, were, on motion of Dr. Mattocks, of Troy, accepted and adopted by the Association.

Dr. Frisbie, of Brooklyn, having been appointed Treasurer *pro tem*, the members proceeded to register their names, and pay their annual dues.

During the time occupied in registration, much good feeling was manifested, and cordial salutations exchanged, by the members of the Association.

Dr. Firth, of New York, seconded by Dr. Smith, of Brooklyn, moved that the Chair appoint a committee to nominate permanent officers for the ensuing year.

Dr. Sweet proposed that said committee should consist of five.

The proposition being accepted by the convention, the chair announced the names of the following gentlemen to constitute said committee:

G. COE, New York.

R. S. NEWTON, Cincinnati.

D. E. SMITH, Brooklyn.

Z. FREEMAN, Cincinnati.

S. W. FRISBIE, Brooklyn.

On motion of Dr. Firth, of Brooklyn, the Association empowered the chair to add three more members to the committee. The chair announced the following gentlemen as added to the committee:

H. M. SWEET, New York.

H. A. ARCHER, Connecticut.

I. M. COMINGS, New York.

The Association having resolved that a committee to arrange the order of business be appointed, the chair announced the following gentlemen as constituting said committee:

H. S. FIRTH, New York.

E. J. MATTOCKS, "

J. D. FRIEND, "

On motion, the convention then adjourned to half-past 2 o'clock, P. M.

AFTERNOON SESSION.

The Association convened pursuant to adjournment, at 2½ o'clock P. M.

The Secretary being absent, Dr. Coe was appointed Secretary *pro tem*.

An opportunity was then offered those wishing to join the Association, to record their names.

The chairman of the committee appointed to nominate permanent officers for the ensuing year, reported the following:

For President,

SAMUEL TUTHILL, Poughkeepsie.

For Vice Presidents,

R. S. NEWTON, Cincinnati.

M. VAN BUREN, Brooklyn.

For Recording Secretaries,

C. JOHNS, New York.

G. COE, "

For Corresponding Secretaries,

H. M. SWEET, New York.

Z. FREEMAN, Cincinnati.

For Treasurer,

S. W. FRISBIE, Brooklyn.

The report having been received and the committee discharged, the nominees were elected by acclamation.

On motion of Dr. Stone, the names were taken up and voted upon separately, and each officer was elected by the unanimous voice of the convention.

Dr. Johns having asked to be excused from serving in the capacity of Recording Secretary, he was, by vote of the convention, excused, and Jos. D. FRIEND elected to fill the vacancy.

The President being absent, the first Vice President, Dr. R. S. Newton, took the chair.

On motion, the report of the Committee on Business was read by the Secretary, received and adopted. The following is the report:

Committee on Communications—Freeman, Friend, Brown.

Committee on Medical Institutions—Coatings, Hollemback, Newton.

Committee on State and Progress of Medical Reform—Archer, Van Buren, Coe.

Committee on Medical Publications—Sweet, Sanders, Friend.

Committee to Select ten Members to Read Essays—Firth, Freeman, Johns.

Dr. Firth, of New York, Chairman of Committee on Concentrated Remedies, appointed at the previous meeting of the

Association, being called upon for his report, stated that he was only prepared to report progress. He stated that he had written to various persons concerned in the manufacture of concentrated remedies, and had received letters from various sources, but that they contained nothing throwing any light on the subject.

On motion, the report was received, and the committee continued.

No other business being before the convention, Mr. Geo. H. Bates, agent for Dr. Thayer, was permitted to present some fluid extracts for examination by the members. Mr. Bates read a paper, prepared by Dr. Thayer, setting forth his claims for his preparations.

Dr. Firth, of New York, then called the attention of the convention to an article published in the New York Tribune, over the signature of Jos. R. Buchanan, and an article in the "College Journal," signed by Jos. R. Buchanan, John King, Wm. Sherwood, C. H. Cleaveland, and John W. Hoyt, reflecting upon the character and policy of the Association.

On motion, Drs. Firth, Friend and Coe, were appointed a committee to report resolutions expressive of the sense of the Association, in regard to the action taken by the above named individuals.

The order of the day was then taken up, which was the report of interesting cases, and the therapeutic action of concentrated remedies.

Dr. Firth reported a case of erysipelas successfully treated with the muriated tincture of iron; also another case of erysipelas complicated with lupus, situated upon the face, in which both affections yielded readily to the remedy.

Prof. Newton followed, quoting the following language from the writings of Jos. R. Buchanan, to show that person's estimate of physical medication:

"The gentler agents of the materia medica, the delicate appliances of Homœopathy, animal magnetism, and psychological medicine, are entirely sufficient for the treatment of disease."

Prof. Newton made some extended remarks upon the subject of concentrated

remedies, giving his valuable testimony in favor of those agents. He had used them in many hundred cases, both in clinical and private practice, and regarded them, when containing all the principles of the plants, as reliable and efficient. He disclaimed any reference to any particular manufacturers, when speaking of the imperfections attached to some of the remedies, but gave preference to those manufactured by B. Keith & Co.

Prof. Freeman followed, upon the same subject, speaking highly in their favor. He dwelt particularly upon the value of gelsemin, as a relaxant, diaphoretic, and nervine. Combined with sulph. morphia, he had derived great advantage from it in the treatment of hysteria and various forms of nervous affections. He combined it with podophyllin, in order to secure the full detergent power of the latter. He was of the opinion that it increased the emmenagogue power of macrotin. He also spoke highly of the value of senecin, viburin, &c. His remarks and those of Dr. Newton, were received with much applause.

It being then 5 o'clock, the convention adjourned to 7½ o'clock P. M.

THURSDAY MORNING, JUNE 12, 1856.

The convention came to order at 9 A. M., the first Vice President, R. S. Newton, in the absence of the President, in the chair. No session was held the previous evening.

The minutes of the previous session having been read by the Secretary, the President called upon the various committees appointed yesterday for their reports.

Dr. Freeman, Chairman of the Committee on Communications, stated that no communications had been received by the committee, hence he had nothing to report.

Dr. Archer, Chairman Committee on State and Progress of Medical Reform, made a verbal report, alluding to the cheering indications afforded by the prosperous condition of the various Reform schools, the favorable action of various legislatures, and the enlightened state of

public opinion. He regretted the existence of causes which impede our progress—the neglect of physicians to attend our associations, and to maintain the State organizations. He directed the attention of the Association to the importance of cultivating a friendly spirit, and the observance of a proper degree of professional etiquette.

Drs. Van Buren and Coe, of the same Committee, followed with a few remarks giving a cheering account of the progress of medical reform in their different localities.

On motion, their report was received and the committee discharged.

An opportunity was then offered for further remarks by members of the convention.

Dr. Freeman spoke cheerfully of the progress of medical reform in the West and of the desire of the people to avail themselves of the benefits of progressive medical science.

Prof. Friend referred to the benefits which might arise from a retrospect of the progress of medical reform, and of the interest which would attach to a history of its rise and progress in this country. He referred to the great change which had been effected in the laws which govern medical practice, and the enlightened state of public opinion in regard to the merits of the Reform practice.

Dr. Frisbie referred to the legislative enactments, which had hitherto impeded the progress of medical reform, but which are now happily done away. He regretted the apathy manifested by physicians in not sustaining their local organizations.

Dr. Firth regretted the non-attendance of those who should manifest an interest in the welfare of our cause, and suggested the propriety of extending the hand of courtesy to all engaged in the improvement of the healing art.

Prof. Newton expressed himself highly gratified with the reports made in regard to the condition and progress of medical reform, and made some very interesting remarks in reference to the influence exer-

ed by medical reformers in throwing off shackles which have fettered public opinion, in regard to the merits of sanative dication. He referred to the West and north-west, as being the great field of dical progress. He gave an interesting out of the progress of reform in various sections, which was received with flattering marks of appreciation by the convention.

On motion, the report of the Committee Medical Reform was adopted.

Prof. Hollemback, of the Committee on Medical Institutions, asked for further time to make out a report, which was granted.

Prof. Newton, of the same Committee, reported the various schools to be in a flourishing condition.

Dr. Sweet, Chairman of the Committee Medical Publications, stated that notwithstanding aware of his position on the Committee, he was not prepared to report.

Dr. Friend, of the same Committee, reported that there were now being published, the Eclectic Medical Journal, of Cincinnati; the Journal of Medical Reform, of New York city; the Middle States Medical Reformer, of Millville, Pa.; the Northern Medical Reformer and Review, Macon, Ga.; and the Worcester Journal of Medicine, of Worcester, Mass.; all of which are in a flourishing condition.

On motion, his report was received and adopted.

The committee appointed to select ten members of the Association to read essays at the next annual meeting of the Association, reported the following, which were received and adopted:

On *Physiology, Temperaments, &c.*—W. R. Powell, Kentucky.

On *Chemistry, Pharmacy, and Mode of Preparation of Concentrated Medicines*—Joseph Behr, New York.

On *Ancient Medicine*—I. M. Comings, New York.

On *Theory and Practice of Medicine*—S. Newton, Ohio.

On *Obstetrics, &c.*—H. M. Sweet, New York.

On *Surgery and Improvements in Surgical Practice and Statistics*—Z. Freeman, Ohio.

On *Anatomy and Pathology*—H. M. Sweet, New York.

On *Medical Progress and Comparative Statistics*—G. Coe, New York.

Eclectic and other Reform Medical Colleges, Literature, Number of Physicians, Comparative Success and Popularity in the United States—L. E. Jones, Ohio.

The Committee appointed to draft resolutions expressive of the sense of the convention, in regard to the action of the five expelled members of the Faculty of the Eclectic Medical Institute toward the Association, reported the following:

Whereas, Certain documents written by Jos. R. Buchanan, have found their way into the public prints, purporting to emanate from the press of the "National Eclectic Medical Association," we beg leave to inform the medical profession and the community generally, that he is not, nor has he been for the last five years, a member of this Association, having lost his membership by neglecting to attend the meetings of the Association, and failing to pay his yearly dues during that period; *and whereas*, the course he has pursued has been endorsed by others whose claims to our confidence and to authority are quite as untenable as his own: therefore,

Resolved, That we caution the profession and the public against receiving any thing emanating from said sources, as expressive of the principles or policy of the Eclectic medical profession.

The foregoing preamble and resolutions were, on motion, received and unanimously adopted.

It was then voted by the convention, that the next annual meeting of the Association be held in Cincinnati, on the *third Wednesday of June, 1857*. The convention then adjourned to meet as above specified.

The action of the convention throughout was characterized by the most dignified courtesy and gentlemanly bearing of the members, and the meeting broke up with kindly evidences of good will and an earnest desire to meet again.

SAMUEL TUTHILL, Pres.

GROVER COE, }
JOS. D. FRIEND, } Secretaries.

GELSEMIN.

BY GROVER COE, M. D.

It is with much pleasure that I resume my pen for the purpose of recording a few items respecting this elegant and valuable remedy. It was for some time supposed that the active properties of the gelseminum could not be obtained in the form of powder; but in the presence of the remedy in that form, we recognize the fact of its accomplishment.

For the sake of those who are as yet unacquainted with this remedy, I will mention that the plant from which it is derived is known by the botanical appellation, *gelsemium sempervirens*; nat. ord., *apocynacea*; sex. syst., *pentandria digynia*. The remedial properties of the plant reside in four distinct principles, namely, resin, resinoid, alkaloid and neutral principles.—These four principles represent the entire medicinal power of the plant, and combined, constitute the gelsemin under consideration.

This is comparatively a new remedy, but one which has gained a deserved popularity since its introduction into the Eclectic materia medica. Fully aware that its true value and range of application are not yet fully understood and appreciated, I shall confine myself to a relation of such facts as are justified by a somewhat extended experience in the use of this remedy. Its utility in the treatment of febrile affections being generally recognized, I shall confine myself to a brief history of other specific cases, in which I have advantageously employed it, simply stating, in regard to its value in the management of the above named class of diseases, that it fully merits all the encomiums lavished upon it by its most enthusiastic advocates.

Gelsemin is diaphoretic, relaxant, nervine, antispasmodic, febrifuge, and alterative. It enhances, in a remarkable manner, the power and permanency of other remedies of its class, and also of tonics. In consideration of the latter fact, I have employed a combination of gelsemin and

hydrastin in the convalescing stage of fevers with the most marked advantages.

For some time past I have been employing the following prescription in the treatment of spermatorrhea, and so far, my success has been most gratifying.

R Gelsemin gr. ss,
Hydrastin,
Cypripedin, aa gr. j. M.

One dose, to be taken at bed time. Repeat nightly. In one case which had resisted for a considerable length of time the usual therapeutical and mechanical appliances the relief was at once prompt and decided. Not only were the nocturnal emissions speedily arrested, but also the concomitant symptoms, manifested by an improved condition of the tongue, appetite and digestion and a subsidence of the accompanying febrile action. In nearly, if not quite, all the cases of spermatorrhea which have come under my observation, the diagnosis has revealed an accelerated action of the arterial system, and the presence of what I might be allowed to style a slow, consuming, nervous fever. Examination also reveals a supernatural temperature in the region of the cerebellum. I was first induced to employ the gelsemin in the treatment of this affection from a consideration of its power in inducing a remission in febrile conditions. I was further confirmed in my views of the adaptedness of the remedy by the perusal of Prof. W. Byrd Powell's able treatise upon the "special functions and pathological relations of the cerebellum." The well-known effect of gelsemin in producing muscular relaxation seemed to indicate its influence over the functions of the medulla oblongata. Hence it is that the faculties of amative sensibility, muscular motion, and animal sensibility stand aside. Having observed that the most relief was afforded by the sedation produced by cold ablutions of the cerebellum, or by counter-irritation by means of the irritating plaster to the back of the neck at the occiput, the appropriateness of this remedy was to me apparent. Whether future experience will confirm the truthfulness of my conclusions remains to be seen.

The addition of the cypripedin was based on its superior merits as a hypnotic. In some cases scutellarin, lupulin, or viburin might be preferable. Presupposing that the gelsemin would induce a remission of the febrile condition, the hydrastrin was added in view of its antiperiodic tonic power, in order to prolong the remission to an indefinite period. This, I should state, may be accomplished by a judicious repetition of the hydrastrin through the day. Should future experience justify the high estimate I at present hold of this remedy, I shall feel much gratified in having introduced it to the notice of the profession. The propriety of increasing, diminishing, or varying the proportions of the prescription, rests with the judgment of the practitioner.

This combination will also be found of singular efficacy in the treatment of hysteria. I have for some years been in the habit of using the following prescription in the treatment of that affection.

R Pul. Castoreum,
Hydrastrin,
Cypripedin,
Scutellarin, aa.

Dose, from two to five grains, repeated at such intervals as the indications of the case demanded. With this I have controlled spasmodic hysteria when the ordinary remedies seemed inefficient; employed with equal success in all derangements of the uterine and ovarian systems, nervous irritability, and spasmodic affections generally. Since becoming more conversant with the relative powers of the gelsemin, I have substituted it for the castor, and I think with advantage.

My experience in the use of the gelseminum has led me to different conclusions from those now on record, respecting its influence over the uterus. Anthon, while treating it as a relaxant of the muscular system, have awarded to it the property of a uterine stimulant, a property I have failed to discover. On the contrary, it most effectually and promptly arrests uterine action, if administered during labor, and manifests the same quiescent tendency

in all cases of uterine excitement, in which I have observed its action. This property I shall make the theme of a future paper.

Gelsemin increases the power of emmenagogues, hence it may be combined with macrotin, or senecin, or belonin, in the treatment of amenorrhea. It is employed with advantage in leucorrhœa, combined with hydrastrin, or stillingin, or cornuin; In dysmenorrhea, with viburin, cypripedin, or caulophyllin; in menorrhagia, with oil of erigeron. In short, the practitioner will find it susceptible of many useful combinations in the management of diseases incident to females.

The gelsemin has manifested the possession of efficient vermifuge properties. For the removal of the *ascaris lumbricoides*, it may be advantageously combined with chelonin, exhibited three times per day for three days, and followed by a cathartic dose of podophyllin and leptandrin. For the removal of the *ascaris vermicularis*, combine with apocynin, exhibit in the same manner, and follow with podophyllin and jalapin. It deserves a more extended trial. I have used the con. tinc. of gelseminum successfully in the treatment of convulsive diseases. A case in illustration I shall report in a future number of the Journal. Also in those affections of the ear characterized by a ringing, buzzing sensation, dependent, I presume, upon a preternatural dryness of the ceramen. Dilute with from two to four parts of water, and drop two or three drops into the ear once or twice per day. In every instance, so far as my observation has extended, the hearing was manifestly improved. I presume a solution of the gelsemin would answer the same purpose, but I have not tried it.

The gelsemin may be beneficially employed in a variety of external affections. Otitis, otorrhea, ophthalmia, strumous eruptions, burns, &c., have been benefited and cured with it. It may be used in solution, or made into an ointment with fresh butter. In the treatment of hemorrhoids, combined with hydrastrin and gerania, and made into an ointment, it has been used

with the most happy effects. I feel convinced that a more extended use will confirm its value in a great variety of dermoid diseases. In my own case, I derived much benefit from the application of the tincture as a remedy for the effects of poisoning by the rhus toxicodendron, or poison oak. It has also been used with much advantage as an application to erysipelitic swellings.

The gelsemin is a medicine of great power, and will not bear to be incautiously trifled with. Care and discrimination are required to secure favorable results. I would here again impress upon practitioners the propriety and necessity of neutralizing undue acidity of the stomach previous to the exhibition of any of the organic remedies. Also the prohibition of the use of acids, except in those cases which indicate a necessity for the employment of those agents exclusively. Acids effect a destructive decomposition of the resin, resinoid and neutral principles, and hold the alkaloids in solution, thus rendering the action of the remedy nugatory.

I have given but a brief synopsis of the value and range of application of the gelsemin, and would be much pleased to have other practitioners record the results of their experience in its employment.

The medium dose of the gelsemin is half a grain.

New York, June, 1856.

ELECTRICITY AND PUERPERAL CONVULSIONS.

BY O. S. LAWS, M. D.

Having made extensive use of this agent from the commencement of my practice, and having given it a wide range of application, I am forced to conclude, that it is one of our most reliable and satisfactory agents in the treatment of a certain class of diseases—indispensable in some, and a great assistant in others. I have used it mostly in nervous and chronic diseases,

and spasmodic affections. In many chronic cases, medicines seemed to exert but little influence, until a few "doses" of electricity were administered, which at once seemed to give new power to the medicine. Pains, aches and weaknesses, in many cases, have vanished from a single "dose," which had resisted all the plasters, liniments and poultices. Weak stomachs and torpid livers are aroused to strength and action by its proper application.

A few rather remarkable cases have fallen into my hands, one of which I will here briefly report.

August 3d, Mrs. R. having arrived at the full period of her second pregnancy, was left entirely alone, while her husband hastened for a neighboring woman at a distance of "three-fourths of a mile." On his return, when "half a mile" from home he heard her "screaming at the top of her voice," and continued so until he arrived, when they found her delivered, and greatly excited, sitting up in the bed. He then brought an old mid-wife from some distance. She attended the patient till the case became alarming in the extreme. The husband was now advised to go for a "doctor." He came for me, some five miles.

We arrived at his house just at the dawn of day, and I was told by the old lady that "all was right" in regard to her delivery, &c., but the woman had had a "fit;" that she found her in an excited and flighty state of mind, and nearly exhausted; that she also complained of pain in the bowels and left side, which extended up into the shoulder, and would startle, and declare that some one was striking her side with a hammer, and suddenly took a "fit." Found her with a very slow, weak pulse; skin cool and dry; tongue whitish and badly bitter; vomiting freely: severe pain in the back of the head, and seemed not to know one person from another.

The indications of treatment were clear: to correct the irritability of the stomach, and thus arrest the vomiting, and perhaps the pain in the head; to support the strength, or rather, in this case, to restore it, and increase the action of the heart;

and to guard against the return of convulsions. But in spite of our best efforts to fulfill these, the convulsions came again, and again, till seven had passed. Nothing would do her any good; medicine, of all sorts and sizes of doses, was rejected by the stomach. The heart now played like a sledge hammer, jarring the whole body of the patient. She lay, ghastly, in a state of stupor.

We had almost despaired of affording relief—only one more alternative now remained, and that a new one to me. Dr. Coombs, who had come, (being my partner,) remained with her, while I went for my battery. Returned as soon as possible; found her no better, but worse—had two convulsions in my absence; they became more aggravated, the breathing stifled and almost suspended.

We at once applied the electricity, and continued it for half an hour or more. This was at 5 o'clock P. M., August 4th. I remained with her, and applied it occasionally, when she became restless or complained. It acted like a charm; there was no more vomiting, the heart became quiet and regular, the breathing process became free and easy, and so all went on for five hours, making good use of the time in administering medicine.

At 10 o'clock at night, all the symptoms of a convulsion suddenly made their appearance; eyes rolled up and head thrown back, &c.; but the battery was ready; and instantly applied, and thus we held it at bay for over half an hour, till it seemed to pass off, when the current was removed to clean the zinc plate, and suddenly she was seized, as if by a lurking monster; but the machine was instantly applied, and although the struggle was severe, it was somewhat shortened, and free respiration established much sooner. And much to our satisfaction, this was the last one.

At 3 o'clock, I was summoned to her bed; found the skin very hot, pulse almost too rapid to number, with all the attendant signs of fever. Discontinued quinine for the present, and gave *veratrum viride*. After

a few doses, the fever vanished, and left her in quite a favorable condition.

The after treatment was to maintain what we had gained, using both medicine and electricity. She is now well, and her friends thank electricity for it.

This is a hasty sketch of the case, and without further detail, may not satisfy the minds of many, as to the utility of electricity in the case; but all eye-witnesses were perfectly convinced of the fact, and our object is mainly to call attention to its use in such cases. My manner of applying it in this case, and in diseases of the chest generally, is by passing a pretty strong current from the nape of the neck through to the epigastrium, and various points, as circumstances indicate, using sponges moistened in water and applied by manipulations, continuing it from ten to thirty minutes, or longer, and not using the brass balls in contact with the skin, as a general thing.

N. B. In the above case, there was entire suppression of urine for twenty-four hours, but was soon relieved by the electricity applied to the region of the kidneys, the bladder filling in about half an hour after its use. I used it for the same purpose in a case of typhoid fever, with complete success in an hour, all other means of note having failed.

Keene, Ky., June, 1856.

SINGULAR AND INTERESTING CASE OF RUPTURE OF THE CESOPHAGUS.

BY THOM. W. FOSTER, M. D.

I was called to see a negro man, aged about 50 years, in consultation with Dr. Holloway. Upon entering the room, found him suffering excruciating pain, and groaning with agony at every inspiration. Observed that when the thorax was expanded to a certain point, he would catch as a person would with a "stitch in the side," at every breath. Found the epigastric region rather full and very sensitive to the

slightest pressure. Extremities cold, pulse almost imperceptible. The particulars of the case, as detailed by Dr. H., were as follows: The patient was as well the day before as usual; took spirits three times during the afternoon (which was nothing uncommon), and after feeding the stock, was on his way to our town. He was taken with a sudden coughing spell, which was followed by vomiting, attended with very hard straining. In the matter ejected he discovered some blood. On getting to a house near by, Dr. H. was sent for, who administered an emetic, followed by no relief, but rather an increase of the pain, which was referred entirely to the epigastrium. Calomel and Dover's powder were administered during the night at intervals, but failed to diminish the suffering. Morphine was then given in large doses, with hot fomentations to the abdomen, and purgative injections, followed by a natural evacuation, healthy in appearance. Blister applied over the stomach, which had commenced inflaming the skin when I saw him, about 12 o'clock. He expired about two hours afterward.

I pronounced the case one of rupture of the stomach, with effusion into the abdominal cavity. This conclusion was formed from the severe symptoms coming on so soon after hard emesis, the intense pain, referred all the time to the epigastrium, and the rapid sinking of the vital powers.

Post Mortem.—First tied the upper portion of the duodenum, just above the cardiac orifice of the stomach. Found the latter organ distended with wind and about two pints of liquid food. On examining the parietes, all appeared sound. Discovered a piece of cartilagenous food in the stomach, about two inches long and one and a half broad. There being nothing to account for death in this organ, we began to give the parts adjacent an inspection. The diaphragm on the left side was so convex on its abdominal surface, as to draw my attention, and seemed to be pressed down by gas and fluid. Dr. H. made an incision into the upper or front portion of this tumor, while I supported

it with a tenaculum. We found therein (after the gas escaped with quite a report) a sanguineous liquid, mixed with dilute food, and on the surface of the liquid floated a large dose of castor oil. This condition of things put us on the right track. I then directed the doctor to take out the œsophagus, by cutting it off as high up as he could reach. Upon exposing this part we found a rupture of stellated appearance, communicating with the left side of the thorax. This discovery explained the presence of food and medicine in the chest.

Now how is this rupture to be accounted for? Could the quick and forcible emesis from a full stomach produce a rupture of the œsophagus with sound walls? My conjecture is that the piece of cartilagenous beef was thrown up into the throat by the first expulsive effort of the stomach, and there acted as a plug; the next efforts forcing the contents so strongly against the obstruction, and finding no egress, burst the œsophagus.

Nolynn, Ky., June, 1856.

KEITH & CO.'S CONCENTRATED REMEDIES.

BY PROF. L. E. JONES, M. D.

Much has been said of late, in a certain quarter, against Keith & Co.'s concentrated Eclectic remedies. It is the duty of reformers to pause, and examine the condemned agents, before they decide as to their merits or demerits. Liberality and a sense of justice should govern in making up their decision. They should remember, that from the early days of medical reform down to the present time, its enemies have been proclaiming us dishonest, deceptive, our remedies unreliable, and all that we said in favor of them and the success of our practice, as mere pretensions. Knowing such to be the case, it behooves honest Eclectics to institute an inquiry as to the merits of the reputed adulterations, which Keith & Co. are said to have imposed upon us. If he, or they,

have largely adulterated them, as charged, their dishonesty should be exposed, and their preparations condemned. On the contrary, if they are genuine and reliable agents, no true Eclectic should disparage their merits, oppose the manufacture of them, or brand with wholesale charges of dishonesty, those who prepare them.

With the motives of the accusers, I have nothing to do; whether they be honest or dishonest, remains for reformers to judge. One thing is certain: many who profess strong regard for Eclecticism, especially those who have seceded from Allopathy because they could not gain a subsistence by patronage received while defending it, are not always reliable men, and their testimony should not weigh a feather in the scale which is to decide for or against the new agents. Especially is this the case, when a disappointed applicant for an agency to make sale of them, has sustained a pecuniary loss in consequence of such failure.

With the motives of the accused, the public have something to do. If their motives are dishonest, they should be exposed; if they are defrauding the public by the sale of adulterated drugs, they should be condemned, and the sale of such drugs discountenanced.

A few months since, I believed the story of "base adulterations;" now I do not. I have just been to the laboratory of Dr. B. Keith & Co. I have carefully examined their agents, and witnessed their method of preparation, and am now fully convinced that the "concentrated remedies," as now prepared by them, are as pure as the present state of organic chemistry will permit. I can see no motive for adulteration. The wealth of the firm, with a good supply of the crude material from which the concentrated agents, about the adulteration of which the most has been said, are prepared, preclude the probability of an act of the kind, and the imputation of a motive so base. They are honorable gentlemen, and as far above suspicion as those who prepare the same agents in Cincinnati. That their method of preparation differs

from that of other chemists, and especially those of Cincinnati, is not disputed, and this may account for the different elements detected on analysis; but that this proves an *adulteration*, I do deny. On the contrary, it conclusively proves Keith & Co.'s method of preparation more perfect than that of others, and consequently their agents to be better and more reliable, and I am now thoroughly persuaded such is the case; and this I assert without any desire or intention to disparage the preparations of others.

The crude agents from which they are prepared possess both physical and therapeutical properties. The great desideratum is to free the latter from the former; in other words, to separate the medicinal or curative properties, from the ligneous part, or woody fibre. The object is, to free the remedy, as far as possible, from the bulky, indigestible, and oppressive materials, with which most vegetable agents are blended in their original state. If we wish the entire effects or therapeutical action of a particular article, we are forced to employ the crude agent, or extract from it its various medicinal properties, and blend them together in their original proportions, as nearly as possible. Important as the quinia is known to be, yet every medical man knows that some of the most valuable properties of the Peruvian bark are lost, or not retained when it is prepared. They also well know that the bark of the cinchona, in its crude form, often effects cures after the quinine has failed. This, it appears to me, affords ample proof that active and important curative properties reside in the refuse or rejected materials. In the exhibition of its alkaloid, but an isolated therapeutic principle is brought to bear upon the system. The same remarks apply to morphia; it acts differently from opium, the latter being far more reliable than the former, in fulfilling certain indications.

I suppose it will not be doubted that each principle found in each agent, if it proves curative at all, acts differently from a different principle obtained from the

same agent. It is well known that most of our vegetable agents contain several distinct principles. While one principle may be tonic, another stimulant, a third laxative, a fourth may be astringent, and the fifth may differ widely from either of the others, in its action upon the system.

In accordance with this view of the subject, chemistry reveals the existence of a *resinoid, resin, neutral and alkaloid principle* in the hydrastis. The cornus florida furnishes a resinoid, neutral and alcoholic principle; prickly ash a fatty matter, a crystalline matter which is stimulating, and a neutral principle which is tonic; while the podophyllum yields an alcoholic, neutral and resinoid principle, and a resin. Each article possesses other principles, and who can doubt each principle newly and differently impresses the organs of the body, and in a manner peculiar to itself? Who can doubt when all the active principles of a single article are blended together and exhibited, the therapeutic effect will differ, in most cases, from that which results from the administration of an isolated principle? Then if we desire the curative influence which experience has led us to ascribe to the use of the remedy in its crude state, why not combine all its constituent principles?

Keith & Co. isolate the different principles to an extent unequalled by others who are engaged in the preparation of "concentrated remedies," and then incorporate them together in their former proportions. This is one of the reasons why their preparations differ in appearance from those of a similar kind prepared by others. It is the reason (and the only reason, as I verily believe), why some have reported they were adulterated with salt, magnesia, starch, &c. after having analyzed them. I am fully convinced that they are as free from salt, magnesia, starch, or inert foreign matters, as all similar preparations of other chemists. This also may account for the charge made by some, that they are less active than the same agents prepared by others. The isolated purgative principle of the leptandrin may be given alone, in one case,

while the tonic, alterative, and hepatic properties, existing in other constituent principles from which the former was free, may have rendered the latter far less active as a purge, yet more efficient as a curative agent. The same charges have been made against the podophyllin, and for the same reason, as I believe. If less active as purgative agents, I believe them to be more valuable as remedies.

Dr. Bronson, Prof. Baldridge, and many of our oldest, most experienced, and most successful physicians, have objected to the use of podophyllin and other concentrated remedies, in consequence of the local irritation which they induce upon the mucous surfaces of the alimentary canal, and they have therefore expressed a preference for the crude article, believing its action to be more congenial to the human system than the isolated principle. I have no doubt the irritation which they often create has caused many to oppose the use of those prepared by our Western druggists. This opposition has arisen from the exhibition of certain constituent principles of the agents; whereas, had the entire principles furnished by the same plant, root or bark, been blended together, and exhibited, a more congenial impression would have been the result. I am well persuaded time will confirm the accuracy of these general conclusions.

It is true, that some of our best physicians have asserted that Keith & Co.'s preparations are nearly inert, while an equal number have made similar declarations respecting the same preparations made by other druggists. It is likewise true, that some have found them more active—that less doses were required to produce the same degree of action, while the impression was comparatively milder and more satisfactory to both physician and patient.

If asked if I regard these agents as reliable and deserving the consideration of Eclectics, my emphatic reply is, I do. That improved methods of preparation, and better preparations than any now in use, may hereafter be developed, is not at all im-

probable. I am satisfied Dr. Keith & Co. have done much to advance and improve the therapeutic resources of the Eclectic materia medica, for which they deserve the encouragement which their efforts merit. Notwithstanding the base charges of a few, that Dr. Keith & Co. are dishonest men, and in the habit of adulterating their agents with inert or worthless substances, yet they are doing a thousand times more for the cause of Eclecticism, than those who have nothing to do, but to bestow their denunciations upon them. Their services are destined to be widespread and of great utility, while those of their dishonest opponents will be short-lived, and of no advantage to any; on the contrary, the injury which they have already done to the cause of medical reform, is more than they will be able to atone for, should they live a hundred years.

I have deemed it a duty which I owe to reformers to say this much, unsolicited and of my own free will and accord, in vindication of the motives and honesty of purpose of the slandered firm of B. Keith & Co., and in support of their preparations. For these independent, and as I believe truthful expositions, I expect to hear the thunders of pop-guns. I have long since learned, that for the utterance of truths, which he could not refute, Dr. Buchanan and his clique have issued their rebutters and popish balls, pronouncing me "an enemy of the Institute," "an enemy of reform," &c. Others have shared the same condemnation with myself, and we may expect a repetition. The same clique have made war upon Dr. Keith and his preparations, and upon every friend of true Eclecticism. It is fortunate for the cause of medical reform, that these men have been expelled from the Eclectic Medical Institute. Their immoral practices, such as retaining the college funds, issuing fictitious stock, &c., admonished the Trustees, that a period had arrived, when their high handed rascality could no longer escape the punishment it deserved, and they accordingly expelled them from the Institute.

Cincinnati, July, 1856.

YELLOW FEVER—HALLUCINATION.

BY PROF. J. MILTON SANDERS.

1. One bright summer day, when the glorious light of heaven, with its winged spirits of joy that bear to the heart such peaceful messages of hope and of cheering inspiration, was debarred from my presence, I crouched me down into my little cot, and strove to nurse the uneasy demon that was surging so restlessly within the morbid chambers of my brain.

2. It was a spirit not long awakened into being—the offspring of contagion and of noxiousness—of terror, of terrible emotion, of heart-sick enervation, of phrensed grief.

3. I rocked my body to and fro, and I strove to quiet the spirit with a cradle-song, which in brighter days had been chanted to me by a loved voice that is for ever hushed, and in sweet phrases of affection that have long ceased.

4. I swung me back and forth, and in a feeble and faltering voice, I sang that loved song, which, in the sunny days of childhood, had soothed me oft to rest.

5. But the spirit grew more watchful—still more troublous, more turbulent, more tumultuous.

6. And then I addressed it with phrases of kindness. I strove, in the sweetest blandishments of language, to sooth the awakened spirit, and to allay its restlessness. But it would not be quieted, and still it became more troubled, more disturbed, more agitated than before.

7. And then I resorted to the language of tender supplication. I implored the monster with all the vehemence of impassioned entreaty. I besought it in terms of supplicatory earnestness. I appealed to it as one prays for life to him who holds it in his power, and hesitates to sacrifice it. But the demon grew more restless, more uneasy, more unquiet.

8. And then I became agonized, and the passion grew in strength.

9. But yet the demon still essayed with-

in the tender chambers of my brain, and grew still more tumultuous, more violent, more confused.

10. Then terror and pain took possession of me, and I screamed the cradle-hymn, that still lingered within my mind, with greater vehemence than before; for I still fondly hoped that the monster would lull to sleep, would be assuaged.

11. But, like a great serpent, it lay coiled up within the delicate folds of my brain, with its terrible form entwined among its tender fibres; and there it squeezed, and crushed, and bruised.

12. And then it drew its folds still closer together, each moment closer still, until the fibers began to yield, and the cracking, the breaking, and the torture, were insupportable.

13. And then it began to gnaw at my brain—to tear fibre from fibre with slow and deliberate pertinacity—and I chanted furiously the cradle-song, and rocked my body to and fro more quickly than ever, and strove with passionate energy to sooth the monster to rest.

14. But yet it persevered in the fearful work of demolition. It tore its fangs into the quivering brain, and I shouted with phrensy, with madness, with delirium.

15. Then my brain brought itself into a hallucinatory dream, into a realm of horrid phantasm; and the demon, methought, with terrific prolificacy, multiplied an hundred fold, while its accursed progeny all bore the forms of devilish fiends.

16. With expressions of direful malignance, they all fixed their fiery gaze upon me, and with gnashing fangs and terrific screams, they represented to my quailing sight their hatred, their malevolence, their maliciousness.

17. They shook their mildewed hair in my face, and I suffocated.

18. They lashed me with whips of serpents, and as each lash wound itself around my body, it would strike its envenomed fangs into the trembling flesh.

19. I shouted aloud, but the wild screams of the fiends drowned my cries.

20. Then they upbore me with grasps of

irresistible might, and hurried me on toward a tartarus, which yawned close by, of cavernous depths below—a horrid place of poisonous, pestilential, and mephitic vapors—of darkness, dismal, frightful, abysmal.

21. And as they bore me onward in tumultuous triumph, with malignant laughter and exulting derision, they plucked the flesh from my bones, and thrust therein their heated fingers.

22. And the flesh seared, crisped, and scathed beneath the infliction, while my supplications for mercy were heard with shouts of fiendish laughter, with mockery, with ridicule, with derision.

23. And then they hurried me to the edge of the abyss. Far down beneath the lurid flames revealed a mass of molten matter, which bubbled and heaved with the intensity of its own temperature.

24. And suffocating vapors curled from the livid depths below, and rolled upward in hazy forms like the ghosts of those who suffered and howled below.

25. They poised me on the edge of the abyss. They threw my writhing form up, and as I plunged headlong down into the horrid tartarus below, they caught me, and drew me back.

26. Then poisoning me again on the brink, with shouts of fiendish triumph, they again tossed me into the dreadful crater, but only to drag me forth again as before.

27. I struggled with terror; I gasped for breath; I suffocated.

28. O, God! is there no tranquility for the agonized passions of the soul!

29. O, death! how welcome thy silent and peaceful sleep!

30. And then they encircled my neck with a flaming chain, and flung me headlong into the lurid crater.

31. Down slowly I went, suspended and dangling, the mephitic gases curling about my form denser and more suffocating as I descended, while the heat became more intense.

32. And soon my flesh began to roast, to scathe, to contort into detached pieces, and to part from the bones.

33. My eyes dried up, were parched and sightless.

34. My tongue became rigid, and refused to utter one more syllable of supplication.

35. And pain, intense and insupportable, and mingled with inexpressible terror—with overwhelming horror—took possession of me.

36. The fiends still closely crowded around me, and the screams that I uttered were drowned by the hollow reverberations of their howls, as they shouted them in the depths of that horrid hell.

37. I struggled with violence; I tore my hair with infuriated vehemence, until my sightless eyes and dried-up tongue protruded from my head in the agony of my exertions.

38. But the impotence of my struggles only added fresh glee to my tormentors.

39. Nature could endure no longer. I fell back exhausted and resigned. The last supplication died away upon my parched lip.

40. Then, with a shout more malignant than ever—with a howl of diabolical rage, of disappointed malignancy—the demons released their hold of me, and fled down into the bubbling and surging cauldron beneath.

41. And then there appeared before me a being clothed in immaculacy, with features radiant with compassion and illuminated with love.

42. She smiled sweetly; then taking me by the hand, she bore me to the top of the tartarus, and placed me on the cool sward.

43. The delicious breeze of heaven fanned my temples, and saluted with sweet kisses my cheeks.

44. And then my eyes were opened, moist, clear and bright, and I saw.

45. With a sigh of tranquil joy, with whispering expressions of thankfulness, with eyes beaming inexpressible gratitude, I welcomed the loved being who had delivered me.

46. And then I breathed a heartfelt prayer, imbued with fervid religion and with pious sincerity, and the cooling tears moistened my eyes, as I wept for joy.

47. I sank into a tranquil sleep, and the gentle feelings of childhood, with their soft, sinless influences, enwrapped my soul.

New York, May, 1856.

THE REVIEWED REVIEWER.

BY N. S. KEITH.

[We have had the following communication on hand some time, but have forborne to publish it. We have been waiting for Dr. Cleaveland to produce that letter which he said he had received from the author of the review; but as he has not produced it, we have concluded to publish this reply to his article.—ED.]

MR. EDITOR—Colton has said that it is safer to be attacked by some persons, than to be protected by them. This expression derived its origination and its significance from an acute observation of human nature. For we find, upon mingling among mankind, that human nature, wherever it may be studied, is ever the same. We find that in the coldest countries, some men are as ardent in their vindictiveness, as in the warmest climates they are cold in their gratitude. We find that even in Christian countries, the benign influence of its religion exerts as little effect in chastening the morals of these men, as the Alcoran does that of the Musselman, or Buddhism that of the Chinaman. Among such men repentance comes only at the hour when all earthly hope is lost, and their forgiveness of their fellow men only arises when most they require that of Almighty God in respect to themselves.

We find that Colton has spoken quite to the point, when he asserted that it is safer to be attacked by the persons we allude to, than to be protected by them; for when the human mind has become the suppliant tool to passions as treacherous as they are evil, we find that their recipient has lost the powers of making mischief equally as he has that of doing good. It is through this reason that he who is totally lost to all those moral attributes

which ennoble the human heart, is as much bereft of the power of successful attack, as he is of that of protection, even of himself. This appears to be the inevitable result of the conventional rules of society, which invariably withhold from that person who ceases to respect himself, that respect which belongs and is awarded to all deserving persons.

There are some persons who appear to be gifted with an hereditary disposition to do evil, and despite all the good examples which may be set before them, and the strong premonitions which indicate the predisposition to crime and the penalties attendant upon it, they continue to persevere in their downward course, until even repentance cannot palliate the enormity of their acts.

When such hereditary taints fall upon those who fill responsible stations, then it behooves us to scan their acts closely, that evil may not accrue where good is anticipated.

We were in no wise astonished, therefore, upon perusing the article of Dr. C. H. Cleaveland, in the April number of the College Journal. With his fertile genius, and busy inventive disposition, we can easily imagine, from the violence of the little mental powers he has, what disastrous results would accrue from that of those more forcible ones he fortunately has not. It appears to be a wise ordination of Providence, that those powers of the human mind which delight in mischief, are generally associated with indifferent force of character, so that where we would dread evil, nought but neutrality results.

We shall not descend to an altercation with the peevish imbecility of Dr. Cleaveland's nature. We cannot lower ourself to his grossness and licentiousness of expression, and we will neither call him liar, nor thief, nor scoundrel, although we may be necessitated to prove him all of them. Although we do not wish to insult him by an appeal to his past life, still we would inform him that there is a consistency and uniformity in the plain language of truth, which will ever distinguish it from his

studied expressions of mendacity. For he should recollect, that however dexterously the language of cunning may be wrought—however elegant its diction, or captivating its terms—still it conveys with it an internal conviction of falsity, which always proves fatal to its insidious designs. It is so incompatible with liberality and loftiness of soul—with all that is generous and noble—that none resort to it but those who have sacrificed their souls upon the altar of depravity, and offered incense to the most terrific of beings. We would not, however, have it inferred by the reader for a moment, that we attribute any elegance of language to Dr. Cleaveland's productions. On the contrary, his expressions are in the highest degree gross and low-bred, and evince such a familiarity with all that is vitiated and degraded in heart and sentiment, that he who peruses them may well wonder whether any good can come from such a source. But it is as impossible to add adornment and refinement to such a style as his, as it would be to aggravate the several acts of his past life, or to add one more term which could enhance the description of their despicableness. True, his language is weak and indecisive, for, engaged in a hopeless task, (that of bolstering up his own ignorant pretensions,) it could not be expected that he should be enabled to employ terms of elegance and dignity, in the defense of conduct and qualities implicating all that is low and vitiated. Had nature gifted this man with an intellect at all compatible with the powerfully reckless character of his words, she would have produced one of the most formidable monsters the world ever saw. But as it is, she has presented to us one of those neutral compounds, in which vacillation and inconsistency are so blended with roguery and profligacy, that while all honest men avoid him, none hate or fear him.

We should perhaps be accused of maliciousness, were we to rehearse the facts which we brought forth in our former article, in proof that Dr. Cleaveland is totally ignorant of the first principles of science.

should doubtless be accused of the levolent desire of torturing a poor wretch, after he had already been stretched on the rack, and of a callous wish to inflict fresh pangs upon the already broken heart. We shall not adduce the proof of his ignorance a second time, for howsoever sophistry may evade, or charlatanism assert, or bold impudence deny, the adduced facts stand irrefutably before the people, and prove Dr. Cleaveland not only an ignorant pretender, but likewise guilty of that species of subterfuge, which pleads so weakly in defense of those noble attributes which belong to the bold and the honorable. If Dr. Cleaveland is not guilty of ignorant presumption, why does he not adduce proof to the contrary? Why resort to disputable science and to questionable literature?

There is a style of expression which conveys with it the conviction of consciousness of guilt in the writer, and which induces itself thus upon all discerners. Each expression bears indubitable evidence of a little heart quailing beneath the knowledge of its own ignorance, and of a little mind trembling with its consciousness of vulnerability. Such men as these should never write, unless they feel that they are on the verge of truth. They should not trust their allness to the rigid scrutiny of the people, or they (close discerners of human weakness) too readily detect the brawling pretender from the truly scientific man—the old, open, fearless expressions of truth, from the weak, vacillating and imbecile language of conscious falsehood.

The very expressions of Dr. Cleaveland convey with them the proof that he feels his total inability to refute the facts brought forth in proof of his ignorance, and of his incapacity of filling any station which requires a liberal education. The very rude expressions of equivocation, the very language of duplicity, which he resorts to, are just so many rough expressions of acknowledged guilt, and convey to the discerners, testimony as strong as holy writ, of that apparently concealed consciousness of the writer.

The analysis of such minds as that of Dr. Cleaveland, requires scarcely an effort. When morality loses its characteristics, and standing up boldly before the public, denies its own published performances—when the face, pallid with guilt and unsuffused with a mitigating blush, intrudes itself before the public, and denies the truth of well known scientific facts, and calls in question the character and the scientific investigations of Faraday, De La Rive, Grove and Wheatstone, and boldly asserts that even Liebig himself is no professor, nor worthy of being one—then it behooves us to stamp upon that brow the brand of ignorance.* We have done so, and that of Cain was no more indelible and conspicuous than shall be the disgraceful brand upon the brow of this conceited pretender. We shall not allow him one moment of respite, but like terrific visions of an incubus, we shall continue to hold up before him the evidence of his own ignorance, until its pitiable features shall drive him distracted.

Perhaps there is nothing which so excites our commiseration, as that timid, unhappy mind, which has neither the independence to acknowledge error, nor the force of intellect to combat it. Such neural characters as these infest our colleges too frequently, and have gained admittance into the ranks of American science to such a degree, as to almost confer disgrace upon its prestige. Instead of the bold, inductive investigator, and the scholar, ripe and thoroughly trained, a race of charlatans have crowded the chairs of our medical colleges. Instead of the matured intellect, deeply imbued with the truths of science, we have the weak, imbecile, and uneducated—the rude pilferer of other men's books—the itinerant vender of patent Yankee trusses, and the usurper of

* This man Cleaveland boldly stood up before the class of the E. M. Institute, at its last fall session, and asserted that Liebig was no professor. He said that such a person as Liebig might perhaps be considered as worthy of being a professor in such a place as Germany, but not in Cincinnati!

medical degrees never earned, never merited. And such individuals as these have been occupying our medical chairs, and with assinine gravity assuming the demeanor of erudition! But there is a fatality that accompanies such men as these, and fortunately betrays, with lucid conspicuity, what they would studiously conceal. It only requires the pleonism of their own pens to betray their own ignorance. It works out their inevitable ruin, and will assuredly purge our colleges, ere long, of such luminaries.*

But we might be accused of entertaining sentiments of uncommon asperity toward this unfortunate man, were we to furnish him with fresh motives for writing in defence of his literary and scientific abilities. The people, who are shrewd discerners of those private motives which implicate such grossness of language as he resorts to in his last article, are keenly alive to his distresses, and sympathize with their paroxysms, as they would be supposed to sympathize with those of a mad dog.

New York, April, 1856.

TINCTURE YELLOW JESSAMINE IN ASTHMA.

DR. BY W. B. SQUIRE.

I know not that it is generally understood by the profession, that the above medicine is decidedly our best remedy in asthma. So far, however, as my experience goes, I am inclined to think it much superior even to the lobelia inflata, as a palliator in this extremely distressing malady. In those cases in which I have used it, relief has invariably followed the second or third dose, without any unpleasant symptoms attending its use. Though aware of the properties of the article, I had always considered the lobelia as a medicine so super-

rior in this disease, that I had never resorted to any thing else during the paroxysms, and was only led to the use of the jessamine by the following circumstance.

I was called to a case of bilious fever last summer, in which I prescribed the tincture of gelsemium. Noticing a little girl, some ten or eleven years of age, who was suffering from an attack of asthma, prepared some tinct. lobelia, which was given to her, and which she continued to take for some days. Though materially relieved by this treatment, the paroxysms soon returned with their usual violence.

Not having any more of the medicine at hand, her mother determined to give her a portion of the tinct. jessamine, which had been left for her sister during the fever. "Thinking," as she said, "it might warm her stomach." Such was the effect produced, that it was repeated a second and third time, when she procured perfect relief. And since that time she has had but a slight symptom of the disease, when a few drops of the medicine was again given, affording perfect relief.

Two more of that family have received the same benefit from the jessamine, and have prescribed it in a few other cases though generally in connection with other medicines; yet its good effects so far have been visible in every case where prescribed.

When we consider the *modus operandi* of the article, unconnected with any unpleasant symptoms, so unlike the nauseating and disagreeable lobelia, if it prove to be the remedy in asthma that I am inclined to think it is, it must indeed be a desideratum.

Jasonsville, Ind., April, 1856.

A NEW MEDICAL PLANT.

BY W. B. MERRELL.

Dr. B. F. Coleman, of Boone county, Ind., wishes to communicate through me to the profession, his knowledge of a plant, the medicinal virtues of which he considers of the greatest value. He has for twenty

* Since the above sentence was written, the prediction has been verified in the case of Dr. Cleveland.

kept it a secret, and used it as a proprietary medicine, and now gives it to the sects. He did not know its botanic name, but from his description of the plant, the Indian name "Wycop," by which calls it, I presume, without doubt, it is "*Epilobium Spicatum*," a plant the virtues of which are not wholly unknown to our botanic practitioners.

Dr. C. regards it as a specific in intestinal diseases, and of more extensive application and importance than any other plant known, podophyllin excepted. He says, "I have used it in the worst forms of bloody and old camp distemper, and have never lost a single patient. I have taken a large number of cases given up to die, by all classes of physicians, not excepting Eclectics—have found some senseless and unable to swallow or move, or notice anything, and by wetting the mouth with this medicine, they have soon recovered the ability to swallow, then by giving it every ten minutes for three or four hours, have seen free perspiration break out, the discharges checked, the patients fall into a refreshing sleep, and be at once pronounced out of danger. I have saved a large number of lives with it, both children and adults. It is perfectly inoffensive and may be given to very young children without the least unpleasant effect. I have used it in several other diseases, and always with the happiest result."

He describes it as very scarce—but a beautiful rich looking plant, with square thick and bushy top, flowering in August, and found growing mostly in wet meadows and along the banks of small streams.

He prepares it by steeping the tops in boiling-hot water for some time, straining off the decoction—making very sweet with sugar, and sometimes adding good brandy. Administered once in two or three days. But the simple decoction seldom fails to cure.

I hand you this condensed statement of Dr. Coleman's account of this article, and have no doubt it is worthy the attention of the profession.

Cincinnati, June, 1856.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES, M. D.

EXTENT OF THE "REGION OF INSANITY."—A late discovery of Dr. Buchanan is of vast importance to the medical profession—of more perhaps in a therapeutic point of view than any other which he has made, in as much as it appertains to that unfortunate class of our fellow beings, known as the "insane." It must be obvious to every one that a knowledge of the exact locality of the part or parts of the human body, concerned in the cause of insanity, cannot fail to afford the physician a sure index to the appropriate treatment. If a healthy state of the organs or structures involved can be restored, it is probable the incoherent mind will be relieved and sanity the result.

Such being the case it is very important that every physician, and the keeper of every lunatic asylum or insane hospital, should be familiar with the affected parts, in order to be prepared to address his means of medication directly to the disordered parts; for what can be more irrational than to direct our appliances to the head, when the "region," and of course the organs involved in cases of "insanity," are to be found in a remote part of the body?

The "region of insanity," the learned investigator informs the public, is located upon the anterior and inferior surface of the body, extending downwards upon the thighs. He has favored us with lines, drawn upon one of his naked female figures, which accurately exhibit its superficial boundaries at least. The line commences one inch below the anterior superior spinous process of the ilium, rises gradually as it extends forwards towards the median line, and finally it forms a gentle inclination until it meets its fellow on the opposite side on the linea alba. The lower lines, indicating the lower boundary of this region of mentality, commence upon the outer surface of either thigh, and on

a level with the perineum. From thence it extends forward about half way across the thigh, when it forms a gentle curvature downward and inward, and appears to terminate just four inches and a half below the perineum. He has neglected to inform us whether it extends around the body, so as to embrace all on its posterior surface opposite the parts indicated in front. We are inclined to think not, from the fact that it would then include all that extensive space chalked out on the posterior of his naked female, known as the "*combative and destructive region*," together with the "*region of crime and selfishness*." It would also include "*Vitality*" and "*Hate*." The reader will readily see this must be impossible, for two or more real organs cannot occupy the same space at the same time; were they mere organs of fancy or imagination, they might.

From the extent of surface embraced, and from the geography of the parts, and likewise from their delineation upon the naked female, we suppose he has found this disorder located in the skin, adipose matter, fascia, origin and insertion of numerous muscles, and perhaps in the muscles themselves—in the bones of the pelvis, peritoneum, bladder, uterus, vagina, perineum, blood vessels and nerves. Whether it extends so deep as to embrace any part of the small intestines, the colon and rectum, or only the anterior surface of the two latter, or the tube which they form, is not clear. We earnestly hope the Doctor will, at his earliest convenience, give us more light on a subject which so deeply interests the entire medical profession, as well as the insane and their friends.

We are not informed by what experiments or process of manipulating, ex-Professor Buchanan made this "brilliant discovery." He will make it known in due time. In the mean time, let all be thankful for the knowledge they have derived from his scientific investigations, keeping it constantly in mind that they would not have been in possession of it, had it not been for his philanthropic exertions. All these acquisitions of knowledge—these

contributions of his to science, would or have been known to the public, had not been for his connection with the M. Institute, and the generous aid which its professors and students extended him. The one gave to these "brilliant discoveries" all the character or notoriety which they enjoy, while the other furnished all the "material aid" necessary to print and circulate the news.

He will repay their kindness and assistance, in his services as their treasurer. While their money is in his hands, there need be no apprehension of thieves. If cash is scarce with him, he will compensate them in stock, he being president of a company that issues stock with great facility.

CALORIFIC ORGAN OF MENTALITY.—We propose, in this brief article, paying a merited tribute to his late discovery of the Calorific organ of Mentality, which he has found by numerous and careful experiments, (as he informs us,) to be located just half way from the arch of the pubis, or inferior margin of that bone, to the umbilicus or navel.

At first view, this discovery may seem to be less brilliant, and the newly discovered organ less important to the human species, than many others first made public by the illustrious Buchanan; but when it is once known, as Dr. Samuel Thompson informs us, "that where there is heat, there is life, and where there is cold, there is death," the indispensable character of this organ, whose function it is to generate caloric or heat, will be apparent to all. This proposition is self-evident, and requires no further arguments to substantiate its truth.

While all will cheerfully award to Dr. Buchanan the credit of this discovery, and no one will conspire to rob him of the meed of praise or glory, which he has so fairly earned, by laborious research and experiment, some will doubtless regret that he has not been more explicit in some of the details as to the circumstances which led to the discovery, and the precise tissue in which it exists. But if we possess the facts, of what utility are mere

lateralis. He has given us a truth which says he has demonstrated, (whether by the hand or the thermometer, he does not state,) and we must be satisfied if he does not attempt to favor us with minor questions. Let us be thankful, and duly appreciate at which he has been pleased to communicate. That which is most important and useful, belongs to the public already.—Nevertheless, the inquisitive mind will profit by the hints given, and strive to add that knowledge already but dimly seen to the faint light imparted. Many will doubtless wish to learn by what process of experimenting he proved its existence at all, and whether located on the surface, the skin, abdominal muscles, peritoneal membrane, jejunum, ilium, fundus of the uterus or bladder, or colon; or whether diffused, or in the abdomen at large, and whether both sexes possess it, and if so, whether it is seated in the same organ, one or parts, in both. When time permits, the Doctor will doubtless satisfy these inquiries, by pointing out the specific organ of heat, that we may see it and handle it, as we may the organs that secrete bile and urine. Having recently been dissatisfied of that with which he had been instructed in 1846, by a board of trustees who have less regard for science than himself, we will, it is to be hoped, elaborate more fully upon the exact tissue or part to which the new organs are confined; whether to single anatomical organ, or to a dozen different and distinct organs; whether the artificial bounds fixed by the lines drawn by the Doctor, affix the new organs of intellect to one end of a long muscle, or to a middle—to one end only, or to the middle of long bones; or whether it extends the entire length of the bone and muscle; and in like manner in reference to the intestines, blood vessels, nerves, membranes, adipose tissues, &c.

It is to be feared, however, by his friends, and the friends of science, that his new vocations may prevent, for recently, he, together with the four other ex-professors, organized a new college at Gordon Hall, which, it is reported will be known as the

"Spirit Circle College of Medicine," over which he presides as Dean, and in which are to be taught anthropology, neurology, psychology, sarcognomy, psychometry, mesmerism, clairvoyance, animal magnetism, homœopathy, allopathy, &c.—everything but Eclecticism, and as little of that as possible, as it is too practical to meet the views of the expounders of science in this new college, which, it is said, is the only one adapted to the progressive spirit of the age. In short, it is to be a perfect encyclopedia of these sciences—an embodiment of all that is useful to man, and the only institution of the kind in the world. The reader will readily perceive the immense task imposed upon the presiding officer of an enterprise so extensive as this is. None but Dr. Buchanan could perform the duties incumbent upon that officer. In addition to these crushing burdens, he has assumed a new office, viz, that of president of a newly organized joint stock company, (\$7,000 of the stock are now issued,) John King, M. D., being Secretary; the Rev. Wm. Sherwood, Treasurer; the Rev. John Wesley Hoyt, Dr. Charles H. Cleveland, and Geo. S. Jenkins, Esq., being Directors, and all but the latter professors—we mean in the Spirit Circle College, for they have long since ceased to be connected with the E. M. Institute, their lofty aspirations having soared far above Eclecticism.

I trust the reader will pardon me for this little episode, which is designed merely as an apology for what may seem to be omissions in the seemingly needed illustrations and exhibitions of these new organs and new scientific discoveries.

To you, Trustees, Professors, Graduates and Students of the Eclectic Medical Institute, is Dr. Buchanan indebted for the spread of these doctrines—within the walls of that college, these doctrines have been instilled into the minds of young men, for ten long years, to the neglect of what he regarded less important. You have fostered, nurtured, and cherished them and him; and therefore if any real advantage has accrued to the Institute, to the cause

of Eclecticism, or to yourselves, by their inculcation, to you all the credit and praise belong. You have endorsed them, you have passed your eulogiums—they are upon record. Although he did not always make them plain and *entirely* intelligible to you, yet you doubtless understood them *pretty well*, or *thought you did*—sufficient, at least, to pass your eulogies, for truth and merit are not indispensable to the award of eulogies. You have reaped—you are now reaping the Doctor's reward. Where are the friends of the College for 1855 and 1856?

COLLEGE JOURNAL.—MISREPRESENTATION.

BY A. H. BALDRIDGE, M. D.

In the May number of the College Journal, page 182, the following paragraph was published:

"The announcement in our last, of the combination between Dr. Newton and his former antipodes, the expelled Professors Jones and Baldrige, and the attempt of these parties to displace the old Trustees and Faculty of the Institute, doubtless prepared the minds of our readers for his subsequent course of desperate hostility.

This little group of words thrown together, to say nothing of the blunders in grammar, exhibits such a want of honesty and truthfulness toward's myself particularly, as to require a short notice of one or two items, however reluctant to meddle with trifles. The above is evidently the language of J. R. Buchanan, as he has used it heretofore.

The statement that I was expelled from the Institute, the Doctor knows to be untrue.* Yes, he knows it, yet he reiterates

* We have the records of the college which show that Dr. Baldrige resigned, and never was displaced, as charged by Dr. Buchanan. The latter and his party, having been expelled for their fraudulent attempts to injure the corporation, are anxious to create an impression that others were treated in like manner. Dr. Buchanan's statements, in all matters pertaining to the college, require a rigid scrutiny.—Ed.

and re-reiterates it. Why then, read knowing it to be untrue, is he found uttering and publishing it? First, is it not evident that he delights more in falsehood and misrepresentation, than in truth and honesty? And second, is it not a sufficient indication that he is fearful of my infirmities against him? Is it not manifest from his conduct, that he is destitute of all the noble traits characteristic of a great and honorable man; and that he is to be classed with a much lower order in society?

This expelled professor, J. R. Buchanan, knows I resigned, and that I gave notice of doing so more than a year before the management of the College. And I will again say, for the Doctor's comfort and edification, that at the very time resigned, Dr. T. V. Morrow urged me to call the Trustees together and have him (Dr. Buchanan) expelled. Yes, he used every persuasion he could to prevent me from resigning, and to have Dr. Buchanan expelled.

But the Doctor says—"and the attempt of these parties to displace the old Trustees and Faculty of the Institute." Yes, Doctor, there was more than a mere attempt at expulsion; you were expelled, and that lawfully, without remorse or solemnity. But they were the "old faculty." How old? Some about yearlings, and others two or three years—just old enough to be impudent, and learn some of the tricks of the master B., who is older in tricks than in lecturing.

As to the expulsion of Prof. L. E. Jones it was "conceived in sin," and consummated "in iniquity." And as to the combination between Profs. Newton, Jones, and myself, for any purpose other than to do justice, and promote the cause of medical reform, it was not thought of, and any statement or insinuation to the contrary is utterly false. We are sensible that the interests of medical reform required the pruning knife, in order that healthy fruit may grow, without any specks of bitter rot upon it.

Cincinnati, June, 1856.

A CASE IN SURGERY.

BY DR. C. T. KIRK.

On the 26th of June, at one o'clock P. M., I was sent for to see a little boy, four years of age, (William Parks;) who had received a gun-shot wound, anteriorly, in the lower third of the left arm. When I arrived at the spot, distant some four miles, I found the patient in a very faint condition, the wound having bled profusely. Upon examination I found that the lead, which was of large sized shot, had entered the insertion of the anterior edge of the deltoid, penetrating the biceps flexor cubiti and coraco-brachialis, or making its way through the brachialis anticus, and without severing in its course the triceps muscle, carrying with it one inch or more of the bone, and badly shivering either end of the humerus. From the character of the hemorrhage, the extent of the wound, and faint condition of the patient, no doubt existed as to the complete division of the axillary artery; the subclavian being secured by pressure.

After forming a diagnosis and prognosis, I thought that amputation was necessary in order to save life, during such very warm weather.

I ordered twenty drops of laudanum to be given, to quiet the nervous system, ease pain, and to produce sleep. As I had no chloroform I had to operate without. I applied the tourniquet near the humeral artery, in order that I might amputate below. Assisted by two gentlemen I proceeded by placing the knife near the humerus, and drawing it through by circling, which made a circular flap. Then placing the knife on the opposite side, I made another to correspond. I then ordered a small piece of cloth (cotton) four inches wide and twelve inches long, split within six inches of the end, to be placed over each flap, and drawn tight. The tourniquet was then slackened a little in order to expose the arteries, which were shown by a wash of blood. I then caught them with fine tenaculum, and ligated forthwith.

The next thing in order was sawing the bone, which I did with caution. I then washed the parts, and drew them in contact with the interrupted needle sutures, and bound up with the compress and roller. Some raw cotton well oiled was placed around the stump.

June 27th.—Rested well during the night; some hemorrhage, parts not swollen, look normal. Parts bathed frequently, with cold water. Compress and roller re-applied.

July 1st.—Has some fever, is restless at night, no appetite, parts swollen a little, and slight hemorrhage. Gave a mild purgative at night, combined with diaphoretic powder, grs. iiss, sulph. of morphine gr. one sixteenth. In the morning take quinine grs. iiss, pruss. of iron gr. iss, hydrastin grs. iv. Make one powder; take three per day, (say morning, noon, and night,) for a few days. Bathe the parts frequently during each day with cold water.

July 8th.—Improving; has no pain, appetite good, parts look normal, uniting by first intention. Keep it well wet with cold water; draw out a few sutures. Take neutralizing cordial, syrup of ginger, aa. ʒss, every six hours for some time.

July 16th.—Can walk about the room, parts united, except a space of an inch, which seems gangrenous. Apply mild zinc ointment.

July 20th.—Discharged cured.

It will be seen that union was effected in fourteen days. The treatment was plain and simple, which is the great advantage that Eclecticism has over any other system. To carry out Eclecticism in full, we should try to aid nature all we can by giving tonics. I am proud of the name, and shall ever contend for it; and so long as the able Faculty, which is now at the flourishing head, shall continue their active labors for its extension, it will continue to spread far and near. In five or ten years hence, Eclecticism will be so imbedded in the South that all other pathies and isms combined can not move it.

Buckhorn, Miss.

Part 2-Progress of Medical Science

ON THE PROTECTION OF SOCIETY FROM CRIME.

BY PROF. W. BYRD POWELL, M. D.

[CONTINUED.]

It has been seen that clans can turn off-
fending brethren out upon society, the
laws of which they may not have offended;
but if a state shall turn an offending citizen
out of the state, it will do injustice to a
neighboring state, which should be avoided;
it follows, therefore, that each state or
community should make provision for its
own offenders. Civil society has the power
to do this without the destruction of life;
and when the offender can be rendered use-
ful to his family, his creditors, and his
country, it would be a great outrage upon
all of these interests to destroy him. On
the contrary, there is a preponderating
motive to save him, more especially as he
may be converted into a good citizen dur-
ing his useful confinement for the protec-
tion of society.

As we can have no hopes that a wolf or
a tiger will reform and cease to be danger-
ous, and as we can appropriate him to no
useful purpose by imprisonment, so we dis-
patch him at sight; and if the same cer-
tainities could be had with reference to a
man, it would be wise to treat him in the
same manner; but such a certainty can
not be had with reference to man, except,
perhaps, in a few instances of idiots and
hopeless lunatics.*

When, therefore, a man has been found
to have injured society or the public, by

* And where is the wisdom of preserving them? They are of no use to society. If their relations are disposed to maintain them, let it be their privilege; but there is no obligation upon society to do it. Of the former there can, under no circumstances, exist a hope of such improvement as will render them useful, and if the latter should recover, they should never be allowed to procreate.

theft, burglary, robbery, murder, or in any other way, except by accident, the public safety requires that he shall be taken out of the community, and kept out of it, and a very probable certainty shall arise that when liberated he will not again transgress. This should be done, not as punishment, but for the protection of society.

I have found it very difficult to make people understand in what respect this differs from punishment. Is it punishment to turn a man out of church, because he will not live in conformity with its regulations? Can this not be done, without any more motive to punish him, than is manifested towards a mortified leg when it is amputated to save the body? If society could have a certainty that the offender would go into the forest and live entirely removed from civilization, he should have the privilege of going, but this certainty can not be had. Let it be remembered that according to the laws of the human sentiments, no man has a right to liberty any longer than he acts in conformity with them; when, therefore, he infracts them by doing injury to others, he forfeits his liberty, and then, in point of natural law, he has no more right to it than he would have to a horse that he had stolen; and certainly no one would assert it to be punishment to take the horse from him.

Suppose civil society should refuse to support the laws of the human sentiments, and consequently every offender was permitted to run at large, would not the consequence soon be, that each citizen would feel that he was doing right to shoot down the offenders wherever he found them, although they had done him, individually, no mischief? Would not destructiveness and combativeness, under such circumstances, be acting in accordance with the dictates of the human sentiments? Neither revenge nor punishment is aimed at—the whole purpose is the protection of society.

But to return: when the liberty of the offender has been taken into custody, it becomes the duty of the law to ascertain, as to the fact, whether he has or has not offended. If the affirmative shall be found

be the fact, the conclusion is certain, at he should be removed from society, whether idiotic, sane, or insane—questions with which the court has nothing to do.

Justice has now been done to society; its individuals may go to sleep under a feeling of security. The offender has been placed where he is to remain until he can come out with safety to the public good.

It is now proper that we should visit the prisoner, and ascertain his true condition, at justice, at least, should be done to him. An investigation of his condition discovers that he has not received such an education as would enable him to comprehend his relations to or his duties in society; or he has had entailed upon him an organization indicating such a deficiency of the human sentiments as to render it impossible that he should be a law unto himself, and that he has not been educated or trained to act in conformity with the established laws of society.

In either of these events, it is evident that society was the first offender, and, as consequence, it has suffered; and that he one through whom it was made to suffer, has now to suffer in consequence of its act; and if punishment is to be introduced, society, for its neglect to the prisoner, deserves more than he—indeed all of it.

In civilized countries, the municipal laws and institutions are supposed to be founded upon the supremacy of the human sentiments, otherwise it is still in the animal or savage state, which is, unfortunately, in great degree the fact. A society existing strictly under the supremacy of the human sentiments, would take care to prepare every individual for a life of harmony with its institutions; and in proportion as it neglects to do this, will it suffer through its neglected individuals. This is not all: a state of society long existing under the supremacy of the human sentiments, could not furnish a degraded or criminally constituted individual, any more than the cattle about Lexington, Ky., where proper attention has been given them for many years, can furnish a scrub cow or ox. Both

ignorance and degradation are therefore referable to society, and all that it suffers through its evil doers, are consequences which as inevitably flow from the social infringement of the laws of the human sentiments, as broken bones do from the infraction of the laws of gravitation.

Under this state of the facts, what shall be done? Justice answers, "Although the safety of society required that he should be taken out of it, yet, it does not follow that our obligations to him are to be in this wise cancelled. We should, as far as possible, make restitution for our neglect, not only to him, but to his ancestry. He should have our kindness and charity, as an unfortunate individual of our race—as one upon whom the blighting influence of social neglect has fallen, without any agency of his own. We should provide for him kind and capable instructors, such as can convince him of the justice of his imprisonment—call into activity his human sentiments, and regulate by them the action of his animal impulses; and make him feel that society is kind, and designs to restore him to liberty and happiness."

In other words, I have to say, that inasmuch as all offenders are such because of inherited mental imperfection, an education at war with the safety and interests of society, mental deficiency, or mental derangement—insanity, they should be regarded as unfortunate rather than as criminal. The laws, therefore, should furnish them protection, under such influences as will be favorable to their return to society with a strong probability, not only of safety to the latter, but of usefulness.

To obtain these requisite results, our penitentiaries, with proper modifications, will answer. But the name should be changed: they should be called *sanitary*, or *reformatory*, or by some other name which conveys no idea of disgrace. To the offenders every possible motive should always be presented that can favor reformation. As labor is indispensable to both health and happiness, they should be required to labor, but in this labor they should feel as much interest as they did in

their labor before forfeiting their liberty; that is, all that they earn over and above the expenses of the prosecution and imprisonment, should be placed to their credit, and subject to their order, under the discretion of the superintendent.

The institution, morally and intellectually, should be under the guidance of one, who, by talent and education, is capable of judging of the capacity, sanity, degradation and degeneracy of each prisoner, and of treating each one accordingly; of awakening and directing the human sentiments; of training the animal propensities; of doing, in fine, all that can be done, promotive of their return to society. In few words, this individual should be an educated, practical, and philanthropic phrenologist.

Nothing like punishment should ever be inflicted. Whatever was requisite to do, to secure obedience, should follow as a necessary consequence upon violated law, as a broken arm succeeds to and depends upon a fall from a horse. Every prisoner should be made to believe that his removal from society was not for punishment, but for the protection of it; and this will be easily accomplished, if the treatment that follows shall correspond with the idea. This course is essential, because the idea of punishment flows from and is received by the animal faculties; and so long as they feel the imprisonment and the consequent treatment to be punishment, so long will all reformatory efforts be attended with a failure.

Furthermore, every thing that is done should be done kindly, and with an obvious intention to their advantage. By this means they will soon love and obey the officers, and feel grateful for the means which are bestowed upon them with a view to their ultimate liberty, happiness and usefulness. The repose which this course would soon procure for their animal propensities, and the activity which their human sentiments would acquire, would, in a short time, render them more happy than they ever before had been.

To an institution thus provided and gov-

erned, the laws should send every offender not for a definite period, but for an indefinite one, or for a time as long as the safety of society shall require it. No one should be permitted to return to society, before a strong presumption shall be obtained that he will be a good citizen. Under such a system, from ten to fifteen, possibly twenty-five per cent. would never be returned to society; and why should they? They are so nearly animals, that with enough to eat, they become happy in the prison, but could not be happy out of it because incapable of providing for their wants by any variety of consecutive industry.

This is briefly my plan for the protection of society, and the reformation of offenders; and though the tendency of society is now toward an abandonment of punishment, although punishment has never adequately protected society, and although I am as confident that a plan in principle like this, will ultimately be adopted by a more advanced civilization, yet a partiality for time-honored errors, a bigoted aversion to change, an existing love of vengeance, and the existing ignorance of the natural laws of man, will start a thousand objections to the plan, a few of which I will anticipate.

Objection: It would not be safe to leave it to the discretion of any officer of the prison to discharge whom he pleased, as cured or reformed.

Answer: Those who are sent to prison are first, by a verdict of their fellow citizens, found guilty of having abused society; and when they can satisfy another jury that they are capable of being useful and law abiding citizens, let them out.

Objection: They may stimulate reformation, and thus deceive the officers and all others with whom they may have intercourse, and when they get out, may return to their crimes.

Answer: Under the present system, all who are discharged from prison, with an occasional exception, return to their crimes, with more address and energy than they manifested before; hence it is impossible, by any change, to make matters worse

in they are. But I will add, that the reformatory efforts which have been made in Edinburgh, Boston, and New York, are attended by sixty to seventy per cent. permanent reformations, although the plan was crude or empirical, and in many instances opposed by the laws.

Objection: This plan presents no preventive influence upon the minds of the criminally disposed.

Answer: This objection is a great error. We have shown that the so-called preventive influence of punishment, is a provoking influence; and as such, increases crime. This is not all; the idea of being taken out of society for an indefinite period, and merely for the good of it—and that, too, under the conviction of a moral incapability of conforming to its requisitions—exerts a reventive influence immeasurably stronger than punishment can; because it is addressed to the reflecting faculties, cautiousness, approbateness, and self-esteem, without the resistance of combativeness, wantonness, and destructiveness, which even the idea of punishment never fails to excite. The villain does not live, who would not sooner go to prison, leaving the impression on society that he could have obeyed its laws, but would not, than to dare upon it the idea that he was too depraved to do otherwise than he did.

Objection: It is certainly very unjust to treat with kindness and compassion those who have been guilty of murder, piracy, and robbery.

Answer: Separate and apart from the consideration that society, by its neglect and improper government, produced these criminals, it should be remembered, that neither the torture nor the execution of the murderer can restore the murdered; and then, again, the pain of death is far less than the suffering consequent upon being removed from society, and placed under disciplinary government. The offender, it is admitted, did a great wrong in killing a man, but if the execution of him will produce other murders, as I have shown to be the fact, then society would do as great a wrong in the execution of him

as he did; and certainly two wrongs can not make that to be right which is in itself wrong.

Objection: Criminals live in the hope of escaping from prison, and sometimes do, and again abuse society.

Answer: Criminals hope to escape conviction through the lenity of the jury and court, and more frequently do than from prison; but under a protective and reformatory dispensation of the laws—the purposes being in harmony with the best feelings of our nature—our juries would send every offender to prison, as to a moral school, for improvement.

Objection: This plan presents no difference between sane and insane offenders; it is certainly wrong to associate, even in idea, an insane man of good family with a naturally depraved and wicked one.

Answer: They were, in Adam, both equal, and the imperfections of social government were probably the cause of both misfortunes. Insanity, as well as depravity, is hereditary; but without discussing this point, suffice it to say, that an injury done to society by an insane man, is just as bad as if it had been committed by a depraved one; and as it is no more in the power of a court and jury to ascertain the existence or non-existence of insanity, than it is to ascertain the depth of the ocean, the law should simply place the offender in the custody of those, who, by education and opportunity, can best discover his true condition, and treat it accordingly. But be this argument correct or not, it matters but little, as the application of the plan to lunatics is not a necessary element of it.

In teaching my views upon criminal legislation and government, the preceding are the principal objections which have been urged against them, and, in my judgment, they absolutely amount to nothing.

[CONCLUDED NEXT MONTH.]

PARSLEY.—Two physicians of Paris have published a memoir, the object of which is to make known the immense resources which the healing art may draw from the seed of parsley.

POISONING BY ACONITE ROOT.

Dr. F. Headland lately (March 15) read a paper on this subject before the Medical Society of London. After glancing at the history of the plant, and its use as a poison in ancient times, he referred to a number of statements made by authors in the Middle Ages, which showed that the poisonous properties of the plant was well understood by them. Poisonings by aconite, in modern times, were usually accidental. A number of cases in which the leaves and shoots had been eaten with fatal effects, were first briefly remarked upon, and then the cases of poisoning by aconite root, which had been recorded in the country during the last few years, were divided under two heads—(1.) Cases of an overdose of some preparations given as medicine. This was generally the tincture. (2.) Cases in which the root had been eaten by mistake as an article of diet.

1. Four cases of poisoning by the tincture have been recorded within the last five years. Others are said to have happened. Of these four persons, two died from taking one fluid drachm of Fleming's tincture; one died from the effects of twenty-five minims of the tincture of the London Pharmacopœia; a fourth barely escaped from a dose of fifteen minims of the same. Two of these cases were attributable to carelessness in dispensers; one to ignorance of the power of the preparation. The author made these recommendations with the hope of obviating such accidents for the future: First, to carry out the plan of the Dublin College, requiring druggists to keep all dangerous preparations in square or angular bottles. Secondly, that the tincture of aconite, if used, should be made of one uniform strength (as far as possible.) At least three different tinctures are in use in this country. Or, thirdly, that it would be still better to discard this tincture altogether, as an uncertain preparation, substituting for it a solution of aconitina of one fixed strength, containing 1-600th of a grain to each drop.

2. In nearly all the cases in which aconite root had been eaten as food, the singular error has been made of mistaking it for the root of the common horseradish and so scraping and eating it with roast beef. The author read accounts of four cases of this fatal error, which have occurred of late years, the last of them being the recent tragedy at Dingwall, in Scotland, when three gentlemen lost their lives. To show that such mistakes could not be committed by careful persons, specimens and drawings of horseradish and aconite root were exhibited and compared. The acid but not pungent taste of the aconite parings, and the pinkish color which they assume when exposed to the air, were among the points noticed. The author, having noticed a singular case of poisoned coffee, proceeded to state that there were two ways in which a case of aconite poisoning could be recognized: (1.) By the symptoms, which are very characteristic. (2.) By obtaining some of the poisonous principle, by a chemical process, from the contents of the stomach and matters vomited, and then trying its action upon small animals, or on the tongue, etc. There are no distinctive chemical tests for it, but 1-300th of a grain of the alkaloid (aconitina) would kill a mouse, and 1-1000th, placed on the tip of the tongue, would cause tingling and numbness.

With regard to the treatment of such cases of poisoning, Dr. Headland recommended the immediate and free administration of animal charcoal, mixed with water. This is to be followed by a zinc emetic, then by brandy and ammonia. The charcoal has the power of retaining and separating the poisonous alkaloid, and if we have rendered help in time, the patient may perhaps be saved.—*Med. Times & Gaz.*

PRE-EXPULSION OF THE PLACENTA IN CHILD-BIRTH.

BY C. GOODBRAKE.

I was sent for in great haste to visit Mrs. B., residing 1½ miles out of town, on the 21st of February, at 9 o'clock A. M.

nd who, I was informed by the messenger (her father), was in the eighth month of her second pregnancy, and had that morning slipped on the ice before the door of her house, and fell with her back across a hewn stick of timber about eight inches square. On arriving at the house, I found the woman lying across the foot of the bed on her left side; her hands and feet cold, pulse feeble but quick, and complaining of a dull heavy pain in the lumbar region, over which her mother informed me there was considerable abrasion of the skin, caused by the stick of timber, over which she had fallen. Upon inquiry, she informed me there was *very moderate* hemorrhage, and that she had experienced only two or three *slight* bearing-down pains since receiving the fall, but complained of a continuous pain in her back, and an uneasy sensation in her right side, and said something had torn loose in her side when she fell. The sensation in her side she described as a gurgling of water, and said it caused her to feel sick. In addition to these symptoms, there appeared to be considerable nervous excitement.

After considering the nature of the case, and the symptoms as they presented themselves to my mind, I came to the conclusion, that by giving such remedies as would quiet pain, allay nervous excitement, and check the hemorrhage, the case might possibly be safely conducted to the full period of gestation. With this view, I made an appropriate prescription, ordered the woman to be placed properly in bed, directed warmth to be applied to her hands and feet, and enjoined strict quiet.

I now stepped into an adjoining room to the fire; but the changing of the woman's position in bed brought on violent pains with increased flooding, and her mother soon called me to the bedside, and informed me that the water had come away. I immediately proceeded to make an examination, and to my surprise found the placenta already protruding through the external parts, and before I had time to make any further examination, there came on a violent pain, and the placenta came

away entirely; the head of the child following the placenta so far as to press against the perineum.

I immediately placed my finger in the mouth of the child, and while in this position, I distinctly felt the convulsive or gasping movements of the child; and in a few seconds the woman had another violent and protracted pain, which expelled the child. When the child was born it did not breathe, but seemed to be affected with a general tremor, every muscle perfectly rigid, with arms and legs flexed, face bloated, and lips purple. I immediately instituted artificial respiration, when to my great satisfaction, and the unbounded joy of the relatives of the little premature, it first began to breathe on its own responsibility, and then to squall. After the birth of the child, the uterus could be felt above the pubes, firm and well contracted, and there was no more hemorrhage. Mother and child (female sex) are both doing well up to this time, March 10.

I must not neglect to state, that about three months previous to the accident above detailed, this same woman received a fall by the upsetting of an omnibus, at which time she was considerably bruised and a good deal frightened. And she informed me that ever since that time she had experienced more or less of the uneasy sensation in her side, and which was only aggravated by her fall on the ice.

So far as I can now recollect, I have never read of a case similar to the one I have attempted to describe. I have been unfortunate enough to have several cases of placenta previa come under my care, consequently I have endeavored to neglect no opportunity, by reading or otherwise, to inform myself on the subject; and, to my mind at least, this case presents the following points of interest:

First. The very slight degree of hemorrhage for a case of *reversed birth*, there being no more blood lost than in the majority of cases of ordinary labor. This might be taken as an argument in favor of the plan recommended by some writers, in cases of placenta previa, namely, the detachment

of the placenta to avoid excessive hemorrhage.

Second. The child being born alive after the expulsion of the placenta. How was life sustained from the time the placenta became detached and expelled, until respiration was established?—*N. W. Med. and Surg. Journal.*

CASE OF PUNCTURED FRACTURE OF THE CRANIUM, AND WOUND OF THE BRAIN.

BY M. MORTON DOWLER, M. D.

Instances of recovery after the most formidable injuries of the brain are not unfrequently recorded, and have, in some cases, not a little contributed to overthrow the theories of physiologists and psychologists, demolishing at once, as with a "knock-down argument," the skull-bump psychology. The crowning case of Gage, related in the July (1850) number of the "*American Journal of the Medical Sciences*," affords an exemplification, which, coming from a less reliable source, would be regarded as almost incredible. It has been seen in this case, that a tapering iron bar, of the length of three feet seven inches, and of the diameter of one inch and a quarter, may enter beneath the zygoma, and pass out at the junction of the sagittal with the coronal suture, passing through the anterior lobe of the left cerebral hemisphere, and that the subsequent report may be, as in this case, that "the patient has quite recovered his faculties of body and mind, with the loss only of the sight of the injured eye." Nevertheless, whatever may be the deductions afforded by exceptional and extraordinary cases such as this, all surgery gives us emphatic warning, that in cases attended with any manner of lesion of the brain, its blood-vessels, its meninges, or its bony protection, the gravest and most serious results should always be apprehended and guarded against, on the part of the attendant. A person whose brain has been laid open, and the

proper substance of the same wounded, should be considered as being in both immediate and ultimate peril; and should no urgent or alarming symptoms whatever occur, during the treatment of such a case, it must be considered as a remarkable exception, and the more especially where the patient is of tender age, and has received a severe punctured wound. Of such exceptional kind is the following case, which is not like the case of Gage, given as an extraordinary case of mere recovery, but as exemplifying recovery without any symptom corresponding to the gravity of the injury sustained, being in this respect the most remarkable I have ever witnessed.

On the 3d day of September last, a little boy, Louis, son of Mr. D. Maclin, of New Orleans, received a punctured fracture of the skull, and penetrating wound of the brain, under the following circumstances: A negro servant girl ascended a shed, about twelve feet from the ground, for the purpose of driving a nail, using, in place of a hammer, a large male hinge, weighing nearly two pounds, which had been drawn from a post of a wide gate-way; and after effecting her object, without taking the precaution to look downward, she threw forcibly from her hand the hinge, which descending, struck the child on the parietal bone of the left side, an inch and three-fourths from the coronal, and one inch from the sagittal suture, the post-spike of the hinge presenting, and entering the brain. The child was at the time sitting with the head erect, and the iron entered in nearly a perpendicular direction. The spike of this formidable iron is a four-sided body, six inches long, gradually tapering on all sides, but so flattened laterally as to triple the width of the horizontal surfaces, thus terminating in a wedge, the edge of which is half an inch long, and which is dull and battered. The iron penetrated about an inch, passing into the medullary matter of the brain, making by the tapering spike, an external opening three-fourths of an inch long and one-fourth of an inch wide. The great weight of the butt end of the hinge, and its slight deviation

from the perpendicular direction of the pike, caused it to be swayed over across the sagittal suture, the thin parietal bone offering no other resistance than as a fulcrum on which the whole iron became a lever of the first kind, to injure the brain in the direction of the parietal protuberance, and the child's body was thereby drawn over to the right, and he was found with the right side of his head on the ground. Mrs. Maclean ran to the child's relief, and drew out the huge spike from his head, and she saw particles of cerebral matter adhering to the rough, rusty iron, and also escape from the wound. The blood at first escaped pretty freely, but soon ceased to flow. The force and weight of the iron was such, that it produced a simple oblong opening the exact shape of the spike, without there occurring any surrounding depression, or radiating fracture, the displaced bone being comminuted into small particles, as is believed. But few of these latter were ever found, and must have cleared the wound during suppuration, otherwise they involve a mystery. After the transient primary shock had subsided, none of the symptoms of concussion or compression of the brain manifested themselves; nor did they subsequently, the child relating to his father, in an hour afterward, how the accident happened, and inquiring if "he must die" from the injury.

Dr. W. P. Sunderland, the family physician, was sent for, and was soon in attendance. Very reasonably regarding the case as one likely to be attended with the gravest consequences, it resulted that I met him in consultation, and was fully impressed with the justice of his apprehensions. He had sponged the wound and made the only topical application subsequently resorted to—a simple compress saturated with cold water. We engaged to meet twice a day and watch the progress of the case. The patient never at any time labored under any apparent urgent symptoms, excepting during the second and third days; nor was any medical treatment found necessary, or resorted to, excepting the administration of an occa-

sional saline aperient. Excepting during these two days, there was but little febrile irritation or pain; there was freedom from delirium, from coma, and the intellectual manifestations were unchanged, the wound soon beginning to suppurate and to rapidly heal.

During the second and third days there was considerable nausea and uneasiness of the stomach. The patient was kept for many days strictly in a recumbent position. I discontinued visiting him at the end of ten days, and he was subsequently under the care of Dr. Sunderland. Toward the close of December the wound completely healed, and a firm membranous cicatrix now shows the seat of the injury. The patient is a child of great intelligence, and his faculties have in no way suffered from a wound in which there has been a loss of cerebral matter amounting, as Dr. Sunderland and myself both estimate, to at least a drachm in weight.

In neither the effects of injuries, nor from the effects of remedies, can we calculate on uniform results. The most inexplicable peculiarities and individualities interpose themselves, so as to render an ordinarily salutary remedy pernicious, and an ordinarily fatal injury a thing of ready cure. Much here remains to be elucidated before the depths of pathology and therapeutics can be considered as explored.—*N. O. Med. & Surg. Journal.*

CHRONIC ENTROPIUM.

Mr. William Batten reports, in a late number of the *Lancet*, two obstinate cases of entropium, both of which had resisted a great variety of treatment, but which were cured by the application of collodion to the skin of the eyelid, previously corrugated by the thumb and finger. Several layers are successively applied and allowed to dry before the fingers are removed.—The application is made at first every other day, and afterwards at longer intervals.—*Virginia Medical Journal.*

THE POISONOUS EFFECTS OF LEAD.

BY EDWIN R. MAISON, M. D.

Though lead, in its various forms has long been recognized as a poison both to man and the lower animals, I suspect that the extent of its pernicious effects are not yet fully appreciated.

I am satisfied by careful observation, that the lead colic comprises but a small share of the morbid conditions which are produced by lead. And that the systems of many persons, exposed to lead, suffer severely from its effects, without the development of colic, at least in its marked form.

Lead may be, and frequently is, introduced into the system by the stomach, by the lungs, and by the skin.

It is taken into the stomach as a medicine; or, accidentally, in various solid or liquid substances, especially in the various kinds of wine, which often contain it, or, where lead is used, floating particles of it, in the air may become entangled in the saliva of the mouth, and thus accidentally be introduced into the system.

The oxides or carbonate of lead, may be taken into the system by the lungs, in fine particles, with the air which is inhaled, wherever these preparations are exposed to the air; the absorbents of the lungs receiving and carrying the particles into the blood, with which they are carried to every part of the system.

Lead is frequently introduced into the system through the skin, being applied as a remedy; or being diffused in the air it may become attached to the skin; and in either case by exposure to the absorbents of the skin, it is taken up and carried by them into the blood, and thence goes to every tissue of the body.

In these various ways, I apprehend, lead is often introduced into the system, in its different forms; and, though its effects are more frequently observed in persons employed in lead manufactories, in painters or those who use white lead, I am

compelled to believe that its pernicious effects are by no means confined to such, but that it often produces very serious effects upon persons exposed merely to newly painted rooms—especially upon children; one marked case of which, with paralysis as a consequence, I now distinctly remember.

Even the pure lead, by exposure to the air, and the various acids which it contains, or which are accidentally brought in contact with it, is often the source of serious mischief. And when we remember how often lead is made the conductor of water and other liquids, for culinary and drinking purposes, we need not think strange that neuralgia, paralysis, and other kindred affections are so common.

I saw a striking illustration of the effects of lead a few years since, on the lower animals, in the poisoning of several cows, by eating hay from a wagon; the hay having been partially saturated, accidentally, with a mixture of pure white lead and oil.

But a more direct illustration, however, of the danger of lead as a conductor, I saw illustrated in the poisoning of a herd of swine, caused by the passage of the sour whey, upon which they were fed, through a lead pipe, in being conducted from a reservoir to the trough. In this case the symptoms were those of lead colic, and those that died appeared apoplectic.

Thus we see, that lead may affect not only man, but the lower animals, and frequently from what would at first appear like a very slight exposure. And it is evident that in whatever form or manner lead is introduced into the system, it soon passes to the various tissues of the body and appears to assume a form which renders the absorbent lymphatic vessels more or less incompetent to take it up, in consequence of which it is mostly retained in the system, irritating the cerebro-spinal and ganglionic system, and thereby developing the symptoms which follow:

The patient loses his appetite—the gums and sometimes the mucous membranes of the mouth assume a darkish tinge, the teeth become discolored, there

a sweetish taste in the mouth, fetid breath, sallow skin, yellowness of the conjunctiva, with a soft, compressible, and low pulse.

If the impression is strong and long continued the patient feels sick, discharges saliva from the mouth, and has exceedingly restless nights, vomits everything he swallows and suffers from severe acute neuralgic pains, as well as frequent attacks of colic and often paralysis or apoplexy.

The neuralgia and paralysis, when they exist as symptoms, are evidently the result of irritation and consequent congestion of the brain, or spinal cord—but in those cases in which colic often occurs, I suspect there is, in addition to the cerebro-spinal irritation, serious derangement in the anglic system of nerves, and that the immediate cause of the colic is at first spasmodic, the later permanent contraction of the alimentary canal, especially of the colon, while other portions become paralysed, relaxed, or very much distended. This is rendered certain to my mind, for in nearly every case that I have examined, both in man and the lower animals, I have found contraction of some portion of the large intestines, and dilation of other portions, the contraction in some cases barely admitting the passage of the little finger.

TREATMENT.—The treatment which I have found most effectual is dry cupping along the spine, to overcome congestion, and thus relieve the neuralgia and spasm of the colon, as well as prevent paralysis of other portions of the alimentary canal—quinine in small doses, to equalize the circulation, and, if the neuralgia be severe, extract of hyosciamus, or tinct. of stramonium as an anodyne or antispasmodic.

To remove lead from the system, and to overcome its deleterious effects as far as may be, the iodide of potassium in five grain doses, three times per day, given in solution, and continued for a long time, is, according to my observation, the best remedy we possess.

And this is as we might expect, for it not only unites with the lead, forming a

soluble compound, which the absorbents may readily take up; but it also stimulates the absorbent, lymphatic and glandular system, to take up this noxious agent and remove it from the system with the various excretions.—*Western Lancet.*

CAUSES OF DECAY OF THE NATIONAL HEALTH.

Two things are generally conceded, viz: that the American women are not as healthy as the European; and that the present generation, especially the women, are not as healthy and vigorous as former ones.

What are the causes? Not our climate, for that is the same as it was when the women of this country were as healthy as the English, Scotch and Irish, and when both sexes were as vigorous as their ancestors, or any other people. The change, then, must be owing to changes in our domestic habits and modes of education. Some of these will now be indicated.

Nothing so certainly deteriorates and undermines the body as habitually breathing impure air. The open fireplaces in kitchens, parlors, bedrooms, and workshops, secured to our ancestors pure and cool air. But at the present day, close stoves and close sleeping rooms, with no proper ventilation, are debilitating perhaps nine-tenths of the people, while children are crowded into school-rooms heated with stoves, and almost never properly ventilated.

Four-fifths of all the food and drink taken are thrown off through the lungs and skin. Every pair of lungs vitiates one pint of air at every expiration. That is equal to one hogshead of air each hour for every pair of lungs.

No room, then, can be properly ventilated that does not receive from without at least one hogshead of air each hour for every pair of lungs. This is always secured by open fire-places, but by a stove almost never. Thus it is that the greater part of

this generation have had every bodily tissue nourished by imperfect blood; thus inducing a delicate or feeble constitution.

A second cause of debility is the want of vigorous exercise, especially to the muscles of the arms and trunk. In former days the children worked with their parents in pure and cool air for several hours a day, and thus exercised the muscles most important to health, especially to female health.

But in these days, school children, especially the youngest girls, have little vigorous exercise. And where exercise is demanded, a walk of a mile or two is deemed sufficient, while the exercise of the muscles most important to health is entirely neglected. Thus both sexes, but especially that upon whom depends the constitution of the children, are every year becoming more delicate and sickly.

The third cause of national debility is a change from a simple to a stimulating and luxurious diet. Stimulating food provokes an unnatural appetite. A great variety tempts to excess. Both combine to overload the organs of nutrition, and the whole organization is strained and overworked to throw off the excess.

The more food we eat and the richer it is, the more exercise is needed. But, instead of this, the people constantly are eating more and exercising less. Meat is the most stimulating food there is, and there is no other nation on earth where all classes devour such quantities of meat, fat, butter, sugar, molasses, hot cakes and hot tea and coffee. And no nation on earth have such bad teeth, and every other indication of a debilitated constitution.

A fourth cause of national debility is excess in stimulating the brain, unbalanced by exercise and recreation. Fifty years since, to read, write and cypher, were all that was expected out of a college course. No daily drilling in hot school rooms, in all manner of sciences, with evening lessons at home. No Sunday lessons; no books for children at every turn, both Sundays and week days. There is fifty times as much intellectual stimulus of the brain

in childhood as was ever known in former generations. Then the cares, business, and excitements of all kinds, for both men and women, have increased at an equal ratio. Every thing is going on at high steam pressure. Now, the more the brain is thus stimulated, the greater the need for pure air, exercise, and seasons of relaxation. But, contrary to this, the more the brains of children and adults are stimulated, the less relieved. To use the words of a medical writer, "the constant exercise of the brain takes up the chief strength of the system, and consumes it in feeling and thinking."

Another cause of general debility is the fashions of the female dress. The stays of our ancestors were trifles compared with the accumulated enormities that have been practiced on the female form during the last twenty years. The thin covering for the upper portion of the spine and the vital organs in cold weather, the accumulation of clothing on the lower portion, the pressure of tight dresses around the waist, the pressure of whalebone in pointed waists, and the weight, as well as the heat, of the enormous mass of clothing resting on the hips—all these combining with delicate constitutions, have produced, and are increasingly producing, terrific results that are but little known or understood.

THE USE OF CHLOROFORM IN EDINBURGH.

Prof. Simpson states, that during the last six or seven years, few operations have been performed in Edinburgh, either in hospital or private practice, without the patient being previously anesthetized with chloroform. During that period one death has occurred in the city, among the many thousands who have been subjected to the use of chloroform. But during the same six or seven years, among the comparatively few operated upon there without chloroform, three or four deaths have taken place, either during or immediately after the surgical operation. This statement, from such a source, is of great value.

—*Medical Times.*

Part 3.—Editorial.

ECLECTIC MEDICAL INSTITUTE.

The readers of the *Journal*, and friends of reform, will learn from the announcement of the college in this number, that the Board of Trustees have filled the vacant chairs with good and substantial men; and no doubt the appointment of two of the original founders of the school, Profs. L. E. Jones and A. H. Baldrige, to their old places, will be hailed with great satisfaction by all the early graduates of the Institute. These gentlemen have labored in the field, and fought manfully and successfully for Eclecticism; their names are identified with this great and glorious work throughout the West.

The Institute having been relieved from all its encumbrances—those restless spirits that were continually destroying its influence—the students will have no more trouble with such vexatious men, and we regard the school, at this time, as being upon a firmer basis than heretofore. The building and all the property belonging to the college, are in the possession of the legal Board of Trustees. The friends of the school, from every section of country, give the most flattering accounts of the prospect of a large class at the coming session.

PROF. L. E. JONES.—Many of the readers of the *Journal* may ask the question, why is Prof. Jones again in the Institute? Although he had long since determined, that he would never, under any circumstances, accept an appointment in the school, he found it indispensably necessary, under the circumstances, to yield to the unanimous request of the Board of Trustees, and the scores of the old graduates and friends of the school. All the real difficulty which did at one time exist being settled, and an acknowledgment made of the wrong which had been done him in past years, he is now fairly in the work

again. He is the largest stockholder in the Institute, is identified with its prosperity in every respect, and no man ever connected with the college has bestowed more labor and devoted more time and money to advance its interests, than Dr. L. E. Jones. In this department, hereafter, the student will have only practical and valuable information presented.

PROF. POWELL is well known to the profession, and at this time stands at its very head, as a scientific and practical man—his numerous writings fully sustain him in this position. We have known him for many years, and have been connected with him as a colleague before, and can speak of him from personal knowledge and acquaintance.

PROF. SANDERS formerly filled the same position in the school which he now holds. His high standing as a teacher and scientific man, warrant us in saying, that the student will obtain all the information from his department that can be learned in one course of lectures.

To the friends of the school we will say, that it is with you whether there will be a sufficient number of the right kind of young men, to supply the various locations where Eclectic physicians are wanted, in the College this coming winter or not. The demand for good and well educated Eclectic physicians, at this time, is greater than ever before. We receive hundreds of letters saying "send us a good Eclectic physician."

PROF. POWELL'S NEW WORK.

THE HUMAN TEMPERAMENTS. Illustrated.

This work is now in press, and will be issued by H. W. Derby, of this city, in a few weeks. From the great demand for the Doctor's writings, we doubt not that this will be one of the most saleable and valuable works issued from the American press for years. All the various temperaments are illustrated with wood cuts, and the work is being got up on a cheap but substantial plan—the great object being to place it in the hands of every person who will read.

THE EXTRACTION OF MERCURY FROM THE SYSTEM BY GALVANISM.

In answer to the many inquiries concerning our opinion of its utility and success, we will say that we know it can be accomplished, as we, like many others who have given attention to it, have relieved many persons—in some cases obtained more than one drachm of mercury. We use Grove's battery, consisting of twelve cups, and generally find it necessary only to have it applied from three to five times.

Persons wishing information on this subject, as to apparatus, &c., can address Dr. J. M. Sanders, 590 Houston street, N. Y., who is prepared to furnish apparatus of different kinds and at different prices, with full instructions how to apply the same.

THE CLINIC OF THE COLLEGE.

The students, as heretofore, will have the best clinic facilities that the city can afford. No trouble or expense will be spared to make this one of the most valuable and interesting departments of the college—the entire Faculty giving it their assistance. The students will have an opportunity of learning the treatment of the most important diseases of our country.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

In another column, will be found the proceedings of the recent meeting of this Association in New York. It will be seen that the convention passed unanimously a resolution referring especially to Dr. J. R. Buchanan and the other expelled members of the Faculty of the E. M. Institute. The doctor and his confederates made an attack upon this organization last year, to which the following reply was published by the

editor of the Worcester Medical Journal. We copy it that our readers may see that this Journal stands up to the work, regardless of the attempt of such pseudo-reformers, to govern not only medical matters in general, but even men's opinions. After quoting Buchanan's article, the editor remarks:

"The foregoing article appeared originally in the New York Tribune, over the signature of Joseph R. Buchanan. The substance of it was published, also, in a secular paper in Cincinnati. And lastly, the entire article, with brief comments, was inserted in the Eclectic Medical Journal. It seems therefore to have been considered by its author, as something decidedly smart, and he has taken particular pains to give it publicity.

"There are some people who seem to think there isn't much in the whole creation outside the sphere of their influence. Whether Dr. Buchanan is to be ranked among them, we shall leave it for others to judge. If his actions are allowed to be any index of his feelings, it might be presumed, he labors under the impression that Eclecticism comes only from the Cincinnati Eclectic Medical College, and radiates from that Institution simply and solely because he is connected with it! He speaks as if he were the founder and living embodiment of the whole system. And especially does he protest against the use, by a medical association in New York, so far off from what appears to him the center of the world, of the name 'National Eclectic Medical Association!' He appears unwilling to allow that there is much Eclecticism this side of the Alleghenies.—In one sense, perhaps he is right, particularly if he himself is to be considered the standard of Eclecticism. The physicians in this part of the country are in the habit of devoting themselves earnestly to the duties of their profession. And they are disposed to leave to Dr. Buchanan and his few disciples, the exclusive privilege and unshaded glory of pursuing, alone and in their own way, the various *isms* 'harmoniously jumbled together,' in which they have dabbled, as mesmerism, psychology, clairvoyance, anthropology, table tipplings, spirit rappings, and other speculations, employed by quacks and charlatans to addle men's minds, raise the wind and humbug the world. Reformers at the East are fully satisfied that these things constitute no part of true Eclecticism in medicine.

"The National Eclectic Medical Association was organized some years ago, and

om that time to the present its meetings have been held annually in different parts of the country. It has never assumed to be the authorized representative of not less than three thousand Eclectic physicians, nor the mouth-piece or exponent of any other number, beyond what was actually assembled in annual convention. If the meetings have been thinly attended, it is no fault of those who did attend. Ample information was given of the late meeting, by issue of circulars, and prominent notices published in every reform journal in the country, except, perhaps the Eclectic Journal, at Cincinnati, where the notice was inserted obscurely among the yellow-covered advertisements of that paper! The friends of the Association have never aimed to speak dogmatically, or to produce absolute uniformity of sentiment. The object has been to unite the friends of medical reform, collect their scattered forces, concentrate and give a tone of nationality to their efforts, and thus carry forward the work, in the true spirit of freedom, leaving very one to the full enjoyment of his own individual opinions.

"Dr. Buchanan, with a dogmatism, intolerance, and sectarianism, ill comporting with his profession, protests against the appearance of nationality in such a work—'facelessly' protests! But in that protest he assumes the very thing which he denies to be twenty-five physicians in convention at New York—the right to speak in behalf of the three thousand Eclectic physicians in the country! We might with propriety protest against his protest, and perhaps should do so, were it not that he is, as we are informed, in rather bad odor with his own friends at the West. Even with his colleagues, members of the Faculty of the Eclectic Medical College at Cincinnati, unless we are greatly mistaken, he is held in no very high repute. They are gentlemen of too much talent, and too much good sense and stability to follow him in all his erratic movements. Perhaps on that account he is anxious to remove to some other place, and his reference to the Cincinnati Eclectic Medical College, with its 2,100 matriculants of his own paternity, may have been designed to advertise himself in the New York market. Possibly, too, he may succeed in becoming the 'national representative' of an Eclectic Medical College in that city—where he may find a few kindred spirits to join with him in the inculcation of psychologies, anthropologies, biologies, somatologies, and heterologies of his own taste, and thereby secure to himself a modicum of the doxol-

ogies of a retinue of gaping dupes. If such be his desires, we are confident that no one will be disposed to disturb him in his lofty aspirations or cower the wings of his ambition in any such pursuits. Meantime the members of the 'National Eclectic Medical Association,' will continue to use that name with as much coolness and freedom as if 'Mr. Jos. R. Buchanan' had never protested. The meeting of the Association will be held next year in the city of New York; and we do not doubt that there will be present a very large and enthusiastic gathering of active, earnest, and intelligent reformers, Eclectic physicians, not belonging to the broken-down charity students, so numerous among the matriculants of 'Joseph R. Buchanan,' and a burlesque upon those really intelligent men who have paid the regular fees and enjoy the honors of the Cincinnati Eclectic Medical College."

It will be seen from the above, that this editor is not willing that Dr. B. should control him in this matter. If he knew Dr. B. as we know him, he would not be surprised at this "grand fizzle" of his.

The next meeting of the Association will be held in Cincinnati. This appointment was made, however, without the consent of Dr. Buchanan.

OPINIONS OF THE FRIENDS OF THE INSTITUTE.

We present our readers with a few extracts from the numerous letters we daily receive from graduates and friends of the Institute.

We could multiply them almost *ad infinitum*, but will let a few of the most pointed ones suffice for the present.

Dr. L. P., of Indiana, May 19, 1856, writes thus:

"Although not personally acquainted with any of the Eclectic Faculty of Cincinnati, I cannot let this epistle pass without expressing the pleasure I now experience in regard to the late revolution in the Eclectic medical school. May its future career be as useful and glorious as its present is brilliant and promising."

Dr. J. F. D., of Illinois, May 22, 1856, expresses himself as follows:

"I would congratulate you on your suc-

cessful endeavor in sustaining the original dignity and Eclectic character of the E. M. Institute, despite the deep-laid schemes of 'soidisant' Eclectic professors to throw it back on a humiliating level with old Allopathy. Without using a word of false praise, I would say, that to yourself, Prof. Freeman and others, is due the highest praise and best assistance from all true Eclectics."

Dr. L. P., of Ohio, June 12, 1856, expatiates in this wise:

"It is highly gratifying to me to learn, that the Eclectic Medical Institute has gained another glorious victory—a victory to be hailed above any triumph—over one of the strongest parties. Without us, from the beginning of Eclecticism, or the reformation in medicine, we have had to contend with a host of enemies, insomuch that it was to have been expected, that the war with those without would have kept us united within; so that an insurrection, such as you have just terminated, was the least expected. But from the day I learned that my friend, L. E. Jones, was expelled, I have anticipated just such results and proceedings as have been publicly at work since the publication of the College Journal; and if seditious divisions and expulsions had not been intended, why the publication of such a journal, with numerous abuses and misrepresentations of our own party? Why, any one with half an eye could see it imbued with a spirit which is arbitrary, dictatorial, and which would have the victory, if it could be obtained by no other means than the issuing of no less than seven thousand dollars of bogus stock.

"Please give my respects to my friend, L. E. Jones. It gives me pleasure to see him reinstated to an office which, during the short time I was in attendance, was certainly filled in a worthy manner, and from which I always believed he was unjustly, and I will say insultingly, expelled, but to which truth and justice has again restored him, and where I hope he may remain, until old age shall compel him to surrender his post to another.

"I have two students who are about completing a study of two years, and intending to be on hand at the opening of the next session of the Institute. It may be I can send three."

Dr. G. U. F., of Kentucky, June 14, 1856, true to his nature, thus speaks out:

"I was not surprised to hear of your troubles about the college. How could it be otherwise, when such men as Cleaveland and Buchanan were Professors? I

was satisfied, when I was there, that they would rule or ruin. As for Buchanan, he was and is a mere sack of wind—touching every thing, and good at nothing; so ethereal, so spiritual, he could not be satisfied with earthly affairs, but must soar aloft among the spirits of the dead. Of all the humbugs, he is the greatest one of all. As for Cleaveland, he is a small affair any way, a perfect nobody, a cat's paw, a hypocritical abolitionist. If he could get a chance, he would do the Kentuckians' Negroes like he did Reese's Lexicon. I have had the same opinion about them for eighteen months, that I have now. You must keep out such trash as Buchanan and Cleaveland, or Eclecticism will become a by-word, a disgrace to those who wear the name. If you can, get the vacant chairs filled with such men as Freeman, Jones, and Beach. I wish you all the good luck possible."

Dr. J. S. L., of Michigan, June 23, 1856, laconically writes:

"I was really gratified to learn, that you at length have got freed of the shadows connected with the college."

Dr. U. M. B., of Pennsylvania, July 2, 1856, an old graduate, expresses his gratification as follows:

"I am gratified to see that you have again organized; and am indeed happy to see that Prof. Jones is again filling his chair—he being the only man of the new Faculty I am acquainted with, personally, and the only one whose name I have the honor to have on my diploma. I was always afraid of Buchanan's peculiar doctrines, and trust the counterfeit stock business may prove a blessing to the institution in the end."

Dr. W. B. S., of Indiana, July 3, 1856, says:

"Since a change in the Faculty (in part) of the E. M. Institute has taken place, I have determined to attend a course of lectures the ensuing winter. The expulsion of Drs. Buchanan and Cleaveland from the college, I hail as an event which should be cherished by every lover of Eclecticism. Dr. B.'s self importance, his fancies, and his foolish imagination, have done much to impede the progress of those to whose lot it has fallen to receive instruction at his hands. I never have conversed with a student of that Institute, who attached enough importance to Dr. B. to pronounce in his favor. As for Cleaveland, he has long since placed himself in

unscientific a position, to merit the guomen of Professor in the humblest position. Dr. King, too, has manifested a willingness to publish his ignorance to the world, for the sake of pecuniary gain. I am, therefore, truly glad that Eclectic students can now no longer be bored in the E. M. Institute, by such hollow heads as at least a part of these ex-professors. I am also truly satisfied to know, that so many of the vacancies have been filled by men of high standing in our ranks—men whose scientific attainments are such as to merit the highest positions they now hold; and there is still plenty of material—such, too, as will happily stand the test—to fill up the open ranks, and I feel confident the remaining chairs will be filled with honor to the Institute. I predict a fuller attendance the coming session (all things considered) than you have hitherto had."

Dr. B. C., of Tennessee, July 4, 1856, writes as follows:

"I am rejoiced to learn that Messrs. Sanders, Powell and Jones, have been appointed to fill the vacancies occasioned by the expulsion of Buchanan & Co. from the faculty of the E. M. Institute. The columns of your Express (often enriched by the effusions of Prof. Sanders) afford ample testimony of his ability and scientific attainments. Indeed, his very name is familiar with every scholar and lover of science in the land; while your work on Practice shows Prof. Powell to be one of the ablest and most original thinkers of the age. Under the auspices of such men, in connection with yourself, the Institute must flourish. I will send you three students next fall, who are now undergoing course of preliminary reading in my office."

Dr. D. S., of Pennsylvania, July 4, 1856, presses his approbation thus:

"I admire the independent course you have taken in the college affair, and hope you will continue to take an interest in medical reform. We certainly need men of ability and honest integrity to take the lead in all the reforms of the day."

"Dr. G. L. P., of Ohio, July 5, 1856, congratulates us as follows:

"I also congratulate you on the purification of the Institute from visionary theories and slidings into Allopathy, and hope Eclecticism will be kept pure. I suppose you have had a good time of it."

PROFS. JONES AND BALDRIDGE.

We copy the following from the Journal edited by Prof. Morrow, all of which was fully endorsed by him.

SENTIMENTS OF THE MEDICAL CLASS OF THE ECLECTIC MEDICAL INSTITUTE.

Proceedings of a meeting of the students of the Eclectic Medical Institute; A. M. Black, Chairman, L. W. Blakesly, Secretary.

The object of the meeting as stated by the Chair, being that of making some public demonstration of the esteem and attachment in which the professors of the Institute are held by the class, viewed in connection with their labors during the session just closed. It was

Resolved, That a committee of five be appointed to draft resolutions embodying the intent of the meeting; whereupon Messrs. G. B. Judd, A. B. Treat, C. J. O'Hagan, P. C. Dolley, and M. Smith were appointed.

The Committee submitted the following, which was adopted by the class, and ordered to be printed.

REPORT.

To the readers of the Reformer and the public generally, the class of the Eclectic Medical Institute would submit, in behalf of the cause of medical reform, the following summary views, as partially expressive of their opinion of the Professors of said Institute as men, as competent teachers in their respective departments, and of the estimate placed upon their labors during the session just closed.

Dr. L. E. Jones we confidently pronounce as successful and untiring a teacher as this or any country has produced. Indeed we view this Institution as singularly fortunate in the department of materia medica and therapeutics. His industrious and persevering labors in glean- ing the old and combining all the new remedial agents which the improvements in medical practice have developed—his sound and philosophic views of their modus operandi—his patient endurance, and his energetic and felicitous capacity to instruct; render him at once an ornament to his chair and a bulwark to the Institution—and although we have recognized his capacity and expressed our views of his professorship heretofore, in unanimously requesting that he furnish the public with a work on materia medica, therapeutics and pharmacy—yet we cannot omit so favorable an opportunity to re-

peat our conviction that he now stands pre-eminent among teachers—that he will stand pre-eminent among authors—and to recommend to all desirous of medical instruction his services, as an able, faithful, experienced and persevering teacher.

Dr. A. H. Baldrige, we believe as thorough and judicious a teacher, as can be in his department. And we deem it due to him and the public at large, to say that we regard obstetrical science as having undergone many invaluable modifications and improvements, from the long experience and careful investigation, made by him in this branch of medical study. Indeed he seems peculiarly adapted to fill the sphere he has so long and so successfully occupied. Being a sound, plain, and practical man, we deem ourselves fortunate in having received his instruction, in a branch so difficult of appreciation by the medical student. The merits of his improvements in the treatment of the diseases of women and children in particular, will be manifest, if not at present, in a coming generation; whose physical condition he has labored hard to alleviate and improve.

Eclectic Medical Institute.

WINTER SESSION OF 1856-7.

FACULTY.

J. MILTON SANDERS, M.D., LL.D.,
PROFESSOR OF CHEMISTRY, PHARMACY, AND MEDICAL JURISPRUDENCE.

L. E. JONES, M.D.,
PROFESSOR OF MATERIA MEDICA, THERAPEUTICS AND MEDICAL BOTANY.

W. BYRD POWELL, M.D.,
PROFESSOR OF PHYSIOLOGY AND THE INSTITUTES OF MEDICINE.

R. S. NEWTON, M.D.,
PROFESSOR OF PATHOLOGY, PRACTICE OF MEDICINE, AND SURGICAL DISEASES.

Z. FREEMAN, M.D.,
PROFESSOR OF PRACTICAL SURGERY & ANATOMY.

A. H. BALDRIDGE, M.D.,
PROFESSOR OF OBSTETRICS AND THE DISEASES OF WOMEN AND CHILDREN.

CLINIC.

R. S. NEWTON, M. D.,
LECTURER ON CLINICAL MEDICINE.

Z. FREEMAN, M. D.,
LECTURER ON CLINICAL SURGERY.

EDWIN FREEMAN, M.D.,
DEMONSTRATOR OF ANATOMY.

The twelfth Winter Session of the Eclectic Medical Institute will commence on Wednesday, October 15, 1856, and continue sixteen weeks, in the COLLEGE EDIFICE, corner of Court and Plum streets, Cincinnati. Gratuitous preliminary lectures will be delivered from the first to the fifteenth of October, and the dissecting rooms will be open.

The Spring Session begins in February, immediately after the close of the Winter Session, and embraces a full course on the same terms.

EXPENSES, &c.—The College fees are as follows: Matriculation, \$5; tuition, \$20; Clinic fees, \$5; Graduation, \$25, Demonstrator's ticket, \$5. Boarding, \$2.50 to \$3.00 per week. All are required to engage in dissection before graduation. All students are expected to bring and present satisfactory testimonials of the time they have devoted to medical study. The requisites for graduation are a good moral character and three years of medical study, during which time at least two full courses of medical lectures must be attended, one of which must have been in the Institute.

TEXT BOOKS,—The text books recommended are as follows: *Chemistry*—Gregory, Fowles, Gardner, Turner. *Anatomy*—Wilson, Harrison, Horner. *Physiology*—Kirkes & Paget, Dunglison, Carpenter. *Materia Medica*—American Eclectic Dispensatory, Pereira, Beach. *Botany*—Griffith's Medical Botany, Bickley's Botany. *Practice*—Newton & Powell's Eclectic Practice, Jones & Morrow's Eclectic Practice. *Pathology*—Williams. *Surgery*—Eclectic Surgery, Erichsen. *Obstetrics*—King, Meigs, Ramsbotham.

Graduates of the Institute, or other respectable schools, are admitted to attend the lectures by paying the matriculation fee. For further information, address

R. S. NEWTON, M. D.,
90 W. Seventh st. Cincinnati.

ERRATUM.

In the article on Concentrated Medicines, on page 352, for "alcoholic," in the twelfth and sixteenth lines from the top, read "alkaloid."

THE

ECLECTIC MEDICAL JOURNAL.

FOURTH SERIES, VOL. II.

SEPTEMBER, 1856.

No. 9

Part 1--Original Communications.

ECLECTIC MEDICAL INSTITUTE.

TWELFTH ANNUAL ANNOUNCEMENT.

The approaching session of the Eclectic Medical Institute of Cincinnati, renders it proper that we should lay before the public some statement of its claims to a generous confidence and support. Its present progressive condition and flattering prospects of extensive usefulness have arisen entirely from its solid merits as a practical school of medicine, and from the zeal, talent and energy of its Faculty. To place this Institution at once in the front rank of medical colleges, we believe it to be necessary only that its character should be properly made known to the public.

It is confidently believed that no institution in the United States gives a more thorough and satisfactory course of medical instruction, embracing as it does in the liberal spirit of Eclecticism, all of much value that belongs to any of the existing systems of medicine, and presenting much that is taught in no other medical college. The peculiar knowledge imparted in this institution is not the result of mere compilation from European authors, nor is it the result of a passion for theory and speculation; it is the result of original, accurate and extensive observation, of zealous experimental researches, and of suc-

cessful discoveries. The members of this faculty speak not in the tame and doubtful manner of the mere book worm. They are little disposed to be the mere passive instruments for the utterance of the opinions of others; they speak with certainty and precision of that which they positively know, and thus their instructions carry with them a vitality and force, which cannot be gathered from books, or from the instructions of the mere compiler. They aim to educate a superior class of practitioners, and they impart freely those methods of practice which they and their former students have amply tested during the last twenty five years. The merit of these superior methods is annually displayed by the speedier relief which they afford in the ordinary diseases of the country, and by their singular success in cases esteemed incurable. To build up the constitution of the feeble, to prefer a safe and sanative medication, to harsh, dangerous, and morbidic treatment, and when possible to substitute constitutional treatment for surgical operations, should constitute the highest honor of the medical practitioner, and such are the characteristic features of the practice which has been introduced by its professors, and which they are now prepared to teach in an effectual manner. They refer with pride and confidence to the practitioners whom they have heretofore instructed, and as their plan of operations and facilities are annually enlarged, they do not fear to refer to the future graduates of the Eclectic Med-

ical Institute as practical demonstrators of the value of their instructions, and to declare that they hold themselves responsible for the rational and successful treatment of disease by the *alumni* of the Institute. What they have accomplished thus far in the way of sending forth well qualified practitioners, by their private and public instructions, has been accomplished by their individual exertions, unaided by governmental patronage. They enter upon the field of exertion for medical honor, with no stronger support than that which they have derived from their earnest conviction of the immense value of the peculiar knowledge which they impart—from their strong confidence in the public intelligence and discrimination—from the sympathy of numerous friends of medical improvement, and from their immovable resolution to accomplish the great undertaking of effecting a reformation in medical science, in which undertaking they believe are involved immense consequences to the health and happiness of mankind.

The professors who now constitute this faculty are amply qualified to sustain the high character which the Institute already bears among those who have a personal knowledge of its style of instruction.

CHEMISTRY, PHARMACY, AND TOXICOLOGY.

In this department, the Institute is fortunately supplied with an enthusiastic devotee of science, whose attention has for many years been concentrated upon his chosen branch, and whose scholastic enthusiasm enables him to inspire his pupils with a portion of his own vivid interest in a subject which is too often neglected as dry and repulsive.

The science of chemistry is illustrated by all the necessary apparatus, and taught in a manner which renders it clear and attractive. Its bearings upon practical medicine, physiology and pharmacy, are clearly elucidated. Inorganic chemistry is fully taught, but more especial attention is given to organic chemistry, on account of its important relations to the medical profession. Physics, embracing especially

the subjects of light, heat and electricity will be carefully taught, not overlooking the important meteorological conditions which affect the human constitution. The medical uses of electricity will be fully explained, giving to that agent its true scientific position in therapeutics.

The pupils of Prof. Sanders will have the satisfaction of realizing that their knowledge is accurate and reliable, not being a repetition of old lectures, behind the present condition of science, but embracing the most recent and accurate researches of the chemists of America, England, France and Germany.

CEREBRAL PHYSIOLOGY.

In this important branch of science, the Institute has secured the services of Dr. W. Byrd Powell, one of the most original and independent thinkers of the age. The physiology of the brain may appropriately be defined the science of every day life, inasmuch as it is the science of all our external relations; it furnishes the elements of all our municipal laws, and thus becomes the foundation of all legislation, and the guide to all government. It embraces the human temperaments, a subject of great importance to the medical practitioner, a subject of which Prof. Powell is an acknowledged master. Taken as a whole it is one to which the Professor has devoted, we may say, his whole life—certainly the most active and energetic part of it. For a knowledge of this subject the physician has use in almost every visit he makes in answering the numberless questions which are propounded to him by the heads of families, with reference to themselves or children; and as the doctor is supposed to understand every subject connected with the human economy, the physician who aspires to an elevated position, does well who prepares himself to achieve his aspirations, because success depends much upon it. And further, a physician should always avoid an exposure of a sense of humiliation with reference to the science of man in any of his relations. All the facts in the subject of cerebral physi-

gy, are highly interesting and useful, and the professor is emphatically a fact man; he acts only with reference to things tangible; there is nothing visionary or ethereal about him. The subject sheds a halo of light around the practice of medicine, and without a knowledge of it, the physician must frequently be in the utmost darkness. The physiology of the human brain, from its relations to the world is the most interesting and absorbing that can engage the attention of man.

PHYSIOLOGY, INSTITUTES OF MEDICINE, AND MEDICAL JURISPRUDENCE.

This department of the Institute has the advantage of the energetic and philosophic mind of Dr. G. W. L. Bickley, whose lectures on materia medica, therapeutics and medical botany, were received with much general satisfaction during the years 1852, 1853, and 1854.

Prof. Bickley will present the science of the human constitution, with a thoroughness and fullness which is not to be found in any other institution. In medical schools generally, physiology receives but little attention; hence some of the most important principles for the preservation and restoration of health, are overlooked entirely, or but casually mentioned. Owing to this defect, methods of medical treatment which violate or disregard important medical principles, are taught and practiced without suspecting their unscientific character and destructive tendency.

The course of practice taught in the Institute, finds a solid foundation in the unquestionable principles of physiology—thus, much that would otherwise be empirical, becomes philosophical and scientific, and medicine is advanced much nearer to the condition of an exact science.

In the ensuing course of lectures, Prof. B. will give more attention than heretofore, to the institutes of medicine, thereby giving a more practical character to his department, and pointing out principles of medical treatment, and the uses of medicines, with which the student will find it necessary to be thoroughly familiar in his subsequent practice.

Medical jurisprudence will be illustrated by a brief course of lectures, embracing all that is deemed necessary to the physician.

MATERIA MEDICA, THERAPEUTICS AND MEDICAL BOTANY.

DR. L. E. JONES, the veteran teacher of Eclectic materia medica, brings to this department the results of many years industrious and persevering labor, in gleanings the old, and combining all the new remedial agents, which the improvements in medical practice have developed—his sound and philosophic views of their modus operandi—a patient endurance and an energetic and felicitous capacity to instruct; which render him at once an ornament to his chair, and a bulwark to the Institution.

In the lectures on materia medica, the subject will be developed with that fullness and clearness, which has always characterized the teachings of Dr. Jones, and with a careful attention to all that recent experience has developed—to the character and peculiar resources of the Eclectic practice, and to the concentrated remedies and recent chemical improvements, which are making so great a change in Eclectic pharmacy.

The lectures will be demonstrative in their character—the substances described will be presented before the class—and the plants will be illustrated as far as practicable, either by paintings by dried specimens, or by the living plants.

MEDICAL PRACTICE AND PATHOLOGY.

The Professor in this department, upon the fidelity and correctness of whose instruction so much depends, brings to his department the proper preparation for a valuable practical teacher. Being the most prominent Eclectic practitioner in Cincinnati, and widely known through the Union as the most distinguished Eclectic surgeon, his extensive medical and surgical practice places him in the position which should be occupied by every professor of that department—in daily contact with the prevalent forms of disease,

and personally familiar with the value of recent improvements, instead of depending upon hearsay evidence or reports, for the results of clinical experience.

In his instructions, he avoids those theoretical discussions with which learned professors often encumber their course, and goes directly to the subject of disease and its remedy. He develops the pathology of all maladies in a more exact and thorough manner than was attempted in the early courses of the Institute, and describes, after a sketch of the old school treatment, that which he has found most successful. His lectures, therefore, have a peculiarly practical and clinical character, being illustrated by reference to cases in his own experience. In presenting the Eclectic treatment, he does not give it as a mere copyist of his predecessors, but aims, like a true reformer, at continual improvement. Having made very extensive use of the new concentrated remedies, which give to the Eclectic practice many advantages which it has heretofore needed, he gives, in his instructions, the full benefit of these improvements.

Clinical experience is the only true and final test of medical systems and medical teachers. Eclecticism has always proudly relied upon its success in the treatment of disease. We have often found the reports of the results of Eclectic practice to exhibit a mortality of but one per cent. or less, upon the number of cases treated, and never over two per cent., while the mortality in malignant cholera is but five per cent. The result of Prof. Newton's private practice is most eminently successful, and honorable alike to himself and to the cause of Eclecticism, of which his present position renders him the practical exponent. The statistics of Dr. Newton's practice exhibit, in the most eloquent manner, the immense value to mankind of the Eclectic medical reform, and show that the healing art, as at present taught in the Institute, is a glorious illustration of the spirit of progress, and the triumphs of the American mind in the nineteenth century. No European college, nor American offering

of the European system, can exhibit such results as these.

SURGERY.

In the department of Surgery, Prof. FREEMAN will spare no pains to make his course of lectures particularly interesting. His thorough and practical knowledge of anatomy, and, during the last few years, his constant attention to surgery, in treating surgical diseases, and the use of surgical appliances, and numerous operations with the knife, make him a practical exponent of all their interesting details.

Much actual experience with the knife, in the most delicate, extensive, interesting, and important surgical operations—as anaplasty of the cheeks, nose, lips, and eyelids, resections, amputations, &c., adopting the Eclectic system of practice as after treatment, a system of practice with which he has been prominently identified for a number of years—fits him peculiarly for the responsible position which he occupies as a learned and reliable teacher of Eclectic surgery. With many surgeons, operations terminate unsuccessfully from improper after treatment.

The Professor has a full assortment of all kinds of surgical apparatus, which will be applied before the class, and their use explained during the lectures upon dislocations, fractures, deformities, &c. Cancer, diseases of the eyes, joints, bones, fistula in ano, hemorrhoids, and our peculiar and successful method of their treatment, will be described clearly and carefully, as well as all other surgical diseases, so that the medical student will receive a more practically useful course of lectures at the Institute, than in any other medical college in the United States. The universal interest expressed and manifested in his lectures in this department, encourages him to spare no means to make, if possible, his coming course of lectures still more interesting. Occasion will be taken to bring before the class all the interesting surgical cases that can be used for that purpose, so that the student may use the eye as well as ear, in perfecting a practically useful course of surgical study.

ANATOMY.

To the department of General, Special, and Pathological Anatomy, the Trustees have appointed J. M. SCUDDER, M. D., a graduate of the Institute, and a gentleman whose energy of character, urbanity of manners, and practical and thorough acquaintance with the business of his department, eminently qualify him for the position. The student may rely upon hearing as clear, concise, and practical a course of lectures in this department, as has been delivered in the Institute for several years.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Prof. BALDRIDGE, whose name is connected with the early history of medical reform, and who is one of the oldest Eclectic practitioners in America, will, in the department of Obstetrics and Diseases of Women and Children, give a thorough and practical course of lectures, rendering the student fully conversant with these subjects, and imparting the recent improvements and most successful methods of treating the diseases of women and children. In obstetrics proper, the difference between Eclecticism and other systems consists principally in the collateral treatment.

The introduction of the new concentrated remedies in Eclectic practice, has given an impetus to further investigation, and led to many new discoveries of a valuable character, which have greatly advanced and improved the utility and efficiency of medical treatment. In obstetric practice, these new agents stand unrivaled, exerting influences upon the uterine system of a decidedly beneficial character, and calculated to deprive the period of gestation of its usual dangers and terrors. A complete exposition of all these improvements will be given to the student, and no effort will be spared to render him able to cope successfully with all the difficulties pertaining to this branch of the science.

With this efficient Faculty, composed of well tried men, original in thought, zealous and untiring in energy, we anticipate a

brilliant career for the Institute. Its charter as a medical college is perpetual, and confers the usual powers and rights of such institutions.

It has been the aim of the Trustees and Faculty, to render the Eclectic Medical Institute, as far as possible, worthy of its leading position in the West, and qualified, in every respect, to impart a thorough knowledge of medical science, with every requisite facility for illustrating thoroughly the important medical improvements which the Institute has been engaged in introducing.

In the arrangement of the departments, and the facilities which they afford, some changes have been made, and increased facilities provided, the results of which it is believed will be highly gratifying to all. In the department of Anatomy, the Faculty have secured the services of Dr. EDWIN FREEMAN, whose enthusiastic devotion to this branch of medical science peculiarly fits him for an efficient discharge of the duties of a Demonstrator.

On Tuesday and Friday of each week, three hours will be devoted at the clinical amphitheater to clinical instruction, illustrated by practice and operations upon patients. Professors Newton and Freeman, aided by other members of the Faculty, will thus illustrate and carry out before the classes, the doctrines which are taught in their lectures—thus giving the student familiarity and confidence in the exercise of his professional duties.

W. B. PIERCE, PRESIDENT.

W. H. HURLBURT, VICE PRES.

J. G. HENSHALL, SECRETARY,

Cincinnati, August, 1856.

MATRICULANTS OF THE WINTER SESSION OF 1855-6.

NAMES.	RESIDENCE.
Anderson Samuel M.	Georgia.
Anderson Charles William,	Indiana.
Alford Judson B.	Ohio.
Adams David,	Indiana.
Boyd William,	Ohio.
Branstrup Wm. T.	Pennsylvania
Brooks Simeon Crittenden,	Tennessee.
Bostick Charles Henry,	Michigan.
Burnett Flavivus Josephus,	Indiana.
Branson Elizabeth R.	Indiana.
Burger Jacob,	Ohio.

Bonebrake Jehiel H.	Iowa.	Kemble William E.	Virginia.
Bybee John,	Missouri.	Kirker John,	Pennsylvania
Brasher Anshures Wm.	Kentucky.	King David Morgan,	Iowa.
Brasher Thomas Jefferson,	Kentucky.	Lathrop Byron P.	Ohio.
Brown Marcus Demetrius,	Kentucky.	Lawrence Charles Thomas,	Ohio.
Barber Joseph,	Illinois.	Lessing Samuel,	Indiana.
Bowers James Brazil,	Georgia.	Logan Orlando,	Pennsylvania
Brown Hosea Bethel,	Mississippi.	Linegar Daniel Bessey,	Ohio.
Butler Thomas Mifflin,	Illinois.	Logan Robert A.	Virginia.
Birch Bright,	Pennsylvania	Love Benjamin,	Pennsylvania
Bates Henry Thomson	Mass.	Lacy Charles Barlow,	Ohio.
Barmore Benjamin B.	Mississippi.	Lewis Charles Douglass,*	Ohio.
Beck Oliver M.	Ohio.	Mann Ezra,	Ohio.
Black William A.	Ohio.	Manser Miles Benjamin,	Virginia.
Bass Marquis L.	Indiana.	McIntosh John Wesley,	N. Carolina.
Beebe Elizer Webster,	Michigan.	Morrill John L.	New York.
Coon James V. D.	New York.	McKee James Honston,	Pennsylvania
Carr Slocum,	Ohio.	McMullen William,	Ohio.
Oonden William Chase,	Ohio.	Malott Henry C.	Indiana.
Crofford George,	Ohio.	Malott Hiram,	Indiana.
Cohen Young Henry,	Canada West	Milan William Sumpter,	Georgia.
Conn James Edward,	Missouri.	McCance James,	Pennsylvania
Carey Joshua M.	Pennsylvania	Magann Edwin Winford,	Ohio.
Cornelius Andrew J.	Indiana.	McGowan J. G.	Tennessee.
Caldwell William Spencer,	Michigan.	McGrew John,	Illinois.
Cannon David Albert,	S. Carolina.	McGaughy Nehemiah R.	Mississippi.
Clover William M.	Pennsylvania	Merrill Stephen Augustine,	Illinois.
Coleman Benjamin,	N. Carolina.	McLean James Brown,	Michigan.
Crooke John Wesley,	Indiana.	McTavish James,	Canada West
Codding Louisa B.*	New York.	Nickles Samuel,	Ohio.
Cleveland,*		Newell Oliver Anderson,	Iowa.
Duke Elijah,	Mississippi.	Norris Albert,*	Ohio.
Deener Richard Henry,	Tennessee.	Overholser Daniel Landis,	Pennsylvania
Day Isaac Harrison,	Ohio.	Osgood Howard Gates,	Mass.
Dolley Charles W.	New York.	Prusk Daniel H.	Illinois.
Dale Harvey Newton,	Indiana.	Powell Caswell Henderson,	Tennessee.
Dora J. W.	Kentucky.	Phillips Luther,	Pennsylvania
Doane John Brown,	Iowa.	Pruitt John Williams,	Arkansas.
Eveleth Francis Marion,	Maine.	Powell Evan A.	Texas.
Edwards William Battle,	Tennessee.	Pendery Newton S.	Ohio.
Freeman Edwin,	Nova Scotia.	Penniman Alexander B.	Ohio.
Fisher Harris,	Georgia.	Penniman Martha Ann,	Ohio.
Ferris Israel H.	New York.	Pearcy Jacob W.	Georgia.
Fuller Ephraim B.	Tennessee.	Price James M.	Indiana.
Grinnell John Louis,	Indiana.	Plews Mary Jane,	Canada West
Gates Josiah,	Missouri.	Richard, G. H. Clemens,	Ohio.
Goodrich Charles G.	Maine.	Ridgeway John Frank,	Ohio.
Giffin James Hervey,	Ohio.	Rice Sylvester Stewart,	Indiana.
Groat Julius Wakely,	Ohio.	Race Wesley H.	Ohio.
Hutchinson Stephen James,	Ohio.	Rosindale Charles,	Ohio.
Hustead James Thompson,	Pennsylvania	Ross Jonathan Miller,	Virginia.
Harter John W.	Virginia.	Rogers Albert Gallatin,	Pennsylvania
Henderson James Eliab,	Georgia.	Reid James Anderson,	Iowa.
Holderness Edward P. G.	Ohio.	Roberts Barclay Martin,	Mississippi.
Hostetler Joseph A. W.	Indiana.	Rose	
Hicks Jonas Lycurgus,	Indiana.	Sams Eli Miller,	Alabama.
Hammock Elijah Benjamin,	Missouri.	Scudder John Milton,	Ohio.
Henry Peyton William,*	Illinois.	Spurlock Thomas J.	Tennessee.
Jessop Comly.	Ohio.	Stewart Alpheus,	Virginia.
John James M.	Virginia.	Stoneroad Jackson Davis,	Pennsylvania
Kinsley Nathaniel,	Illinois.	Smith Eugene T.	Michigan.
		Smith Reuben Wilson,	Indiana.
		Spencer Edwin E.	Mass.

* Attendance not regular, incomplete.

taton Samuel,
weezy William Carolas,
mith Benjamin Clark,
pangler Isaac.
tuttle John Thomas,
t. John Thomas Elliott,
tevenson Enos,
parkman Robert H.
tahl George Washington,
lurber William Henry,
smith William Washington,
short Wesley, M. D.
summey Frederick Camak,
seely Harriet,
stiger Joseph Leopold,
tucker William Clark,
candy Alexander Spratt,
thomas Samuel C.
crask Edward H.
van Buskirk Jehu,
van Voorhis John Phillip,
Williams William Morrison,
Witham Charles Emerson,
Witham Martha,
Winter George Washington,
Wright Samuel Benson,
Weaver Samuel Martin,
Wadsworth Heary White,
Yarrell Thomas Albert,

Indiana.
Michigan.
Georgia.
Virginia.
Mississippi.
Wisconsin.
Tennessee.
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New York.
Hungary.
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Kentucky.
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Iowa.
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New York.
Mississippi.
Ohio.
Ohio.
Virginia.
Indiana.
Ohio.
New York.
Kentucky.

Hollingsworth Calvin Shore,
Jones George Washington,
Jenkins Rachel,
Jessop Comly,
Kemble William Elkanah,
Knowlton James Franklin,
Kelly Hiram R.
Lassiter George Robert,
Laws Jeremiah,
Lewis Charles Douglass,
Lawrence Charles Thomas.
McTavish James,
McQuown John Humes,
McGanghy Nehemiah R.
Manser Miles Benjamin,
Morrill John Lorenzo,
McGrew John,
Martin George Alex. M.D.
Nickles Samuel,
Norris Albert,
Osgood Howard Gates,
Owen Edith Lee,
Overman Ephraim E.
Pratt Willis Virgil,
Parish Kichard Byram,
Quigley Thomas Van S.
Richardsou Ingraham G.
Riggs Walton.
Scudder John Milton,
Slout S. Amie.
Smith Hiram Leslie,
Schell Frederick Augustus,
Stewart John Mascal,
Simmons Augustus Alex.
Small Leonidas Henry,
Seely Oscar Fitzgerald,
Sman William,
Smith Benjamin Clark,
Stiger Joseph Leopold,
Tate Francis Marion,
Tallmadge James,
Thomas William Frank,
Truscott John.
Van Voorhis John Philip,
White Rufus Putman,
Wuist Dorothy S.
Winter George Washington,
Winans Mary Isabella.
Weaver Samuel Martin,
Wells Charles Phelps,

Arkansas.
Michigan.
Ohio.
Virginia.
Indiana.
Ohio.
Louisana.
Illinois.
Ohio.
Ohio.
Canada West
Kentucky.
Mississippi.
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New York.
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Indiana.
Georgia.
Hungary.
Iowa.
Wisconsin.
Ohio.
Illinois.
New York.
Ohio.
Ohio.
Virginia.
Ohio.
Ohio.
Michigan.

MATRICULANTS FOR THE SPRING SES- SION OF 1856.

NAMES.	RESIDENCE.
Antle Francis Petree,	Illinois.
Aikman John,	Ohio.
Andrews George Calvin,	Ohio.
Bower William E.	Indiana.
Buck Thomas B.	Pennsylvania
Bates Atticus Charles,	Ohio.
Bettes Jerome Napoleon,	Canada West
Burger Jacob,	Ohio.
Codding Louisa B	New York.
Coombs Elizabeth Bower,	Indiana.
Chalfant David Young,	Ohio.
Craig John,	Indiana.
Clemmer Jacob Jefferson,	Wisconsin.
Church Richard Campbell.	Illinois.
Dashiell Thomas K.	Virginia.
Doane Rebecca Ellen,	New York.
Doane John Brown,	Iowa.
Duke Elijah,	Mississippi.
Duling William James,	Mississippi.
Davison James,	Pennsylvania
Duff Henry Morrow, M.D.	Ohio.
Freeman Edwin,	Nova Scotia.
Fife Amos Edward,	Canada West
Griffin Wesley Ross,	Pennsylvania
Grinnell John Lewis,	Indiana.
Gardner William Rice,	Ohio.
Hostettler Joseph A. W.	Indiana.
Henning John Adam,	Indiana.
Henry Peyton William,	Illinois.
Henry Meredith Walton,	Texas.

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BIRCH BRIGHT,	Penn.
BURNETT FLAVIUS JOSEPHUS,	Indiana.
BYBEE JOHN,	Missouri.
CALDWELL WILLIAM SPENCER,	Michigan.
COON JAMES V. D.	New York.
COVEN YOUNG H.	Can. West.
DALK HARVEY NEWTON,	Indiana.

DAY ISAAC HARRISON,	Ohio.
EVELETH FRANCES MARION,	Maine.
GIFFIN JAMES HERVEY,	Ohio.
GOODRICH CHARLES G.	Maine.
HAMMOCK ELIJAH BENJAMIN,	Missouri.
HENDERSON JAMES ELIAS,	Georgia.
LATHROP BYRON P.	Ohio.
McMULLEN WILLIAM,	Ohio.
PENNIMAN ALEXANDER BROWN,	Ohio.
PHILLIPS LUTHER,	Penn.
PLEWS MARY JANE,	Can. West.
PRUNK DANIEL H.	Illinois.
REID JAMES ANDERSON,	Iowa.
RICHARD G. H. C.	Ohio.
RIDGWAY JOHN FRANK,	Ohio.
ROSENDALE CHARLES,	Ohio.
SPURLOCK THOMAS JEFF.	Tennessee.
STATON SAMUEL,	Indiana.
ST. JOHN THOMAS ELLIOTT,	Wisconsin.
SUNMEY FREDERICK CANAK,	Tennessee.
SURBER WILLIAM HENRY,	Virginia.
SUTTLE JOHN THOMAS,	Mississippi.
SWEZEY WILLIAM CAROLUS,	Ohio.
TANDY ALEX. SPRATT,	Kentucky.
WITHAM CHARLES EMERSON,	Ohio.
WADSWORTH HENRY WHITE,	New York.
WILLIAMS WILLIAM MORRISON,	Mississippi.
WRIGHT SAMUEL BENJAMIN,	Indiana.
YARBELL THOMAS ALBERT,	Kentucky.

Honorary Graduates.

MOSES Dr. J. F.	Mass.
BROWNELL Dr. N. P.	Mass.
TALBOTT Dr. F.	Illinois.
SWIFT Dr. O. R.	Michigan.
TRUMBLE Dr. MOSES,	Ohio.

GRADUATES OF THE SPRING SESSION
OF 1856.

NAMES.	RESIDENCE.
BUCK THOMAS B.	Penn.
CARR SLOCUM,	Ohio.
DUFF H. MORROW,	Ohio.
DUKE ELIJAH,	Mississippi.
DURR ABRAHAM,	Wisconsin.
ECKERT DANIEL H.	Ohio.
FIFE AMOS E.	Can. West.
FREEMAN EDWIN,	Nov. Scotia
KNOWLTON JAMES F.	Indiana.
MARTIN GEORGE A.	Arkansas.
McGREW JOHN,	Illinois.
QUIGLEY THOMAS V. S.	Virginia.
SCHELL FREDERICK A.	Indiana.
SCUDDER JOHN M.	Ohio.

Honorary Graduate.

CAMPBELL, N. H.	Georgia.
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PROFESSOR OF CHEMISTRY, PHARMACY, AND TOXICOLOGY.	
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DEMONSTRATOR OF ANATOMY.

CLINIC.

R. S. NEWTON, M. D.,	
LECTURER ON CLINICAL MEDICINE.	
Z. FREEMAN, M. D.,	
LECTURER ON CLINICAL SURGERY.	

The twelfth Winter Session of the Eclectic Medical Institute will commence on Wednesday, October 15, 1856, and continue sixteen weeks, in the COLLEGE EDIFICE, corner of Court and Plum streets, Cincinnati. Gratuitous preliminary lectures will be delivered from the first to the fifteenth of October, and the dissecting rooms will be open at this time.

The Spring Session begins immediately after the close of the Winter Session.

EXPENSES, &c.—The College fees are as follows: Matriculation, \$5; tuition, \$20; Clinic fees, \$5; Graduation, \$25, Demonstrator's ticket, \$5. Boarding, \$2.50 to \$3.00 per week. All are required to engage in dissection before graduation. The requisites for graduation are a good moral character and three years of medical study, during which time at least two full courses of medical lectures must be attended, one of which must have been in the Institute.

TEXT BOOKS.—The text books recommended are as follows: *Chemistry*—Gregory, Fownes, Gardner, Turner. *Anatomy*—Wilson, Harrison, Horner. *Physiology*—Kirkes & Paget, Dunglison, Carpenter. *Materia Medica*—American Eclectic Dispensatory, Pereira, Beach. *Botany*—Griffith's Medical Botany, Bickley's Botany. *Practice*—Newton & Powell's Eclectic Practice, Jones & Morrow's Eclectic Practice. *Pathology*—Williams. *Surgery*—Eclectic Surgery, Erichsen. *Obstetrics*—King, Meigs, Ramabotham.

For further information, address

R. S. NEWTON, M. D.,
90 W. Seventh st. Cincinnati.

SOME OF THE CAUSES WHICH RETARD THE PROGRESS OF ECLECTIC MEDICAL SCIENCE.

BY GROVER COX, M. D.

I do not flatter myself that I shall be enabled to elucidate fully all the influences which militate against the rapid advancement of Eclecticism, but as I have been a "looker on in Venice" for a number of years, I have thought that I might at least contribute my *brick* toward the rearing of an edifice of facts, which would serve to prove that we have the elements of vitiating influences in our own ranks.

As a member of that profession which has for its object the alleviation of the physical ills of our fellow beings, I presume I may be allowed to profess an interest in all matters pertaining to a consummation so devoutly to be wished for. Upward of twelve years' assiduous and untiring devotion to the *practical* department of my profession, has, I trust, given me the right to speak *authoritatively* upon those points, which it has been my peculiar province to put to the *daily demonstration*. And as I attribute the merit of those successes which have gained for me a "local habitation and a name," to the faithful application of the principles of rational Eclecticism, I feel some considerable degree of *assurance* in thus speaking.

Among the most prominent of the "crying evils" that attach to our cause, my attention has been especially drawn to the humiliating fact, that men have been unwisely selected to fill the post of teachers in our schools, who were lamentably deficient in a practical knowledge of the principles of our practice; and not only so, but of the requirements of their own special departments. In this way, almost irreparable injury has been done to our system, by the promulgation of false doctrines, and by placing the advocates of *sanative* medication in a false light.

From the pages of the *Northern Lancet* I quote the following :

"Podophyllin cannot be relied upon to supply the place of the mercurials in those cases where the solvent property is demanded, and in inflammatory adhesions of the tissues of the eyes, or in pleural or in other adhesions of serous surfaces. Neither do I think that it will remove deposits of inflammatory exudations following syphilitic infections, as calomel will."

Such language, coming from one who recently held the responsible position of professor of *materia medica*, therapeutics, and medical botany, in a respectable Eclectic school, can lead us to but one conclusion as to the cause of such extraordinary propositions—ignorance.

The assurance with which the first proposition is put forth, is supremely ridiculous, coming as it does from one who can not give us any reliable information in regard to the integral elements which, combined, go to make up the therapeutic whole of podophyllin; and whose attempts at *chemical analysis* are a puerile burlesque upon the science. This wonderful "solvent" power of the mercurials is a great stumbling block to those who were brought up in the school of "*contraria contrariis curantur*." As they know nothing of the *modus operandi* of mercury, it is fair to presume that they know nothing of the conditions in which it is indicated; hence, by putting "that and that" together, the result is such astonishing logic as the above.

"Of the *modus operandi* of mercury we know nothing, except that it probably acts through the medium of the circulation, and that it possesses a peculiar alternative power over the vital functions, which enables it to subvert diseased actions in many cases, by substituting its own in their stead."—*U. S. Disp.* p. 395.

There never was a truer sentiment than that mercury possesses a "peculiar alternative power over the *vital* functions," altering good to bad, and bad to worse; in short, altering the *vital* to a *non-vital* condition. In fact, I have known vast numbers so "altered," as to never regain their original identity.

But to this "solvent power." Experience in the treatment of the affections above named, teaches all intelligent Eclectic

lectica, that they oftener arise from the use of mercury, than from all other causes combined. This potent mineral has exercised such a "peculiar alterative power over the vital functions," that their altered condition calls for a *remedy* for the remedy. From page 397 of the Dispensatory I again quote:

"While the system is under the action of mercury, the blood is more watery than in health, less charged with albumen, fibrin, and red globules, and loaded with a fetid fatty matter. When drawn from a vein, it exhibits the same appearance as in inflammation."

Here we see that it has "solved" out the albumen, fibrin, and red corpuscles, and "solved" them into a "fetid fatty matter." Also that the blood presents the same phenomena as in inflammation. This is "solving" with a vengeance. We might be led to infer from the above statements, that that form of disease known as a "fatty enlargement of the liver" might be traced to the agency of the great "solvent." Having "solved" out the "albumen, fibrin, and red corpuscles," and charged the circulation with a redundancy of "fetid fatty matter," the unfortunate organ becomes the depository of the result of this wonderful "solvent" action. As from the source quoted above I learn, that although mercury is often found in all the fluids and solids of the body, yet it seems to have an especial affinity for the liver, being found in that organ one year after its absorption, while none could be found in the lungs, heart, &c., I hold that it confirms my proposition. I now pass to the second part of the Professor's proposition.

"Neither do I think that it will remove deposits of inflammatory exudations following syphilitic infections, as calomel will."

The italics are my own. It strikes me that he was put there to teach what he *knew*, and not what he *thought*. But, unfortunately, it too frequently happens, that the would-be oracles of medical science are incapable of teaching, except what they *think*, being perfect "know nothings," so far as positive knowledge is concerned. I

again quote from the Dispensatory, p. 396:

"In syphilitic affections, mercury, until of late years, was held to be an indispensable specific. Of its mode of action in these affections we know nothing, except that it operates by substituting its own peculiar impression for that of the disease."

So it seems that it is no longer regarded as an "indispensable specific," even by the school the Professor was *toadying* to.

From the quotations I have made, I think it will be evident to every reader, that in the employment of this great "solvent," we would be more likely to meet with "deposits of inflammatory exudations" than from any other source.

When told that under its action, the "blood is less charged with albumen, fibrin and red corpuscles, and loaded with a fetid fatty matter," and that it presents the "same appearance as in inflammation," it seems that "deposits of inflammatory exudations" must be inevitable. Every enlightened, experienced and candid physician will admit it as a "fixed fact."

Such mistaken propositions can only emanate from those who are imperfectly acquainted with Eclectic medical practice. Ignorant alike of the principles and of the therapeutic powers and physiological effects of remedies which give to that system its identity, they succeed only in "damning" our cause with "faint praise."

It would be far better, in my opinion, to cull the weeds from our own garden, before we exhibit too much anxiety about those growing in our neighbor's. A bad supporter of any cause always does it more harm than all the opposition that can be brought against it. I have often been pained by the knowledge of men being elevated to professorships in colleges, who never were enabled to maintain a reputable practice, and whose clinical knowledge consisted mostly in witnessing some half dozen cases, the opportunity being afforded by the charitable considerations of some practicing physician, who had taken them out on one of his morning rides. And frequently, too, have I known these embryo Æsculapians to arrogate the aforementioned half dozen cases to their own fame,

and make out elaborate clinical reports, giving astounding revelations of their exceeding skill.

To hear some of these "largely experienced" medical fledglings relate the history of their "extensive practice," of the "horses they rode to death," (query, victims they had "solved," into "fetid fatty matter,") of their "desperate cases," and the variety, extent, and magnitude of their "surgical operations," we only wonder that we "never heard of it before."

Perhaps this remarkable individual, during all the time that he has assumed to have been doing such a "rushing business," has been "hoeing potatoes" in the "back-woods," "mending harness" in a country town, "gambling" on a Mississippi steamer, peddling "goose-nests" over the country, or "trying on" his parasitic propensities on any medical body that would do him the charity to "take him in," though it usually happens that they are the ones who are literally "taken in," with a fair prospect of being "done for."

But perhaps the greatest mischief arises from a want of proper moral principles in these individuals. What must we think of men who will steal the creations of other men's brains, and palm them off as their own—men who become so utterly debased as to steal the *thesis* of a graduate of their own school, and have it inserted in a medical work as an original communication. But were I to go on multiplying instances of this kind, I should write a volume.

That these men have *principles* there is no denying, but they are like some "concentrated remedies," chargeable with shocking "adulterations." Were they "inert," they would be harmless, but as their *activity* keeps pace with their *evil nature*, hence they do "positive" mischief. It strikes me, that if we could apply a "solvent power" that would "solve" out these vitiating elements, and then, by means of a "re-agent," "precipitate" the "exudations" beyond the pale of our ranks, a great good would be accomplished.

It is more than likely that my communication may excite inflammatory symp-

oms in some quarters, but I shall endeavor to be always provided with a "solvent power," which will be equal to the emergency, should any "deposits" or "exudations" ensue, hoping to be always able to "solve" all "adhesions" between "tissues" of error, falsehood, ignorance and ingratitude, and the truth, justice, and honor.

I do not deem it necessary for me to enter into a disquisition of the merits of podophyllin, or any other Eclectic remedy, nor demonstrate their superiority over many so-called remedies of the old school. I am confident that every intelligent Eclectic is thoroughly enlightened and satisfied on this point. This much I will say, however, that it does *not* "solve" out the "albumen, fibrin, and red corpuscles," nor charge the blood with "fetid fatty matter." Unlike mercury, it possesses no "peculiar alterative power over the vital functions," but it *does* possess a "peculiar alterative power" over *morbid conditions*, "altering" them to a purely physiological one. Neither does it "subvert diseased actions by substituting its own in their stead;" for I have yet to learn that medicine is a "vital function;" but simply through its sanative impressions upon the specific intelligence of the involuntary forces of the system, it is instrumental in restoring lost or healthful action.

I am a full-blooded Eclectic, "dyed in the wool," an ardent advocate of "untiring research and continual progression;" and, though claiming little merit for myself, I have always and shall continue to advocate *moral integrity* as the basis of medical prosperity. No matter how well qualified a man may otherwise be for a station he assumes, if he lack moral rectitude, he will bring opprobrium upon the cause he advocates.

For years we have labored to advance the truths of Eclecticism against the tide of error, ignorance and bigotry, overcoming obstacles that might make the hardest quail; and it seems too bad that we should fraternize in our ranks men who, while

they openly profess to co-operate in our behalf, are ever ready in *secret* to strike a homicidal blow.

When we cease to elevate renegade Allopaths to high places in our schools and councils, and select from our own ranks those who possess the requisites of honor, talents, educational knowledge, practical experience, and established reputation, then shall we have a foreshadowing of the "good time coming."

Then will our instructors take an abiding interest in the welfare of our science, and *toadyism* cease to be.

New York, July, 1856.

THE PROCESS OF ANIMAL ORGANIZATION.

BY ADOLPH REHR, A. M.

[CONTINUED FROM MARCH NUMBER.]

The blood is the origin of all animal formation; even in ancient times, the highest importance was attributed to it: in it the old Egyptians looked for the seat of the soul. Whatever is to be organized has to be taken from it. However, as in all parts a continual consumption and exchange takes place, so is there a necessity for a continual renovation of the blood, and for a separation of the useless and corrupted constituents from it. These two main actions in the living blood, *formation* and *separation*, we must not forget, and between them lies the organization itself, the seat of which is the parenchymatous fluid of formation.

The reformation and the removal of the useless and deceased portions take place not only in the different parts of the body, but also in the blood itself. So there is every where and constantly going on, a reformation, renovation, and a removal and expulsion of the deceased particles—of which processes, in reality, the whole organization consists. The more perfect and harmonious both actions proceed, the more perfect also is the state of health.

The *progressive* and *negative* metamorphoses of matter are dependent upon the re-action of the organic form and the chemical material, and their mutual relation in the process of formation and restoration. This reciprocal relation in the blood, in general, may become disturbed in the following manner:

1. When, by a high progressive metamorphosis, the regressive stays behind, plethora, obesity, venous and melanitic blood, etc., result.

2. When, by a natural progressive metamorphosis, the regressive advances too quickly, producing deficiency of blood, anemia comes on.

3. Both metamorphoses proceed too slowly, and with too little energy, while at the same time, nourishment of regular quantity and quality is supplied. The blood then remains at a lower degree of formation, and gives rise to many morbid formations, especially in inflammatory conditions; when the nutriment is deficient and depraved, dropsy herpes, etc., will originate.

4. The progressive metamorphosis proceeds too slowly, and the regressive commences too soon, by which diminished agitation and complete cessation of the vital flow is caused. Consumptions, and in acute diseases the over-hasted crises, belong to this class.

The blood circulating in the vessels of the higher animals forms a thickish fluid, heavier than water. The specific gravity of human blood, in its normal state, varies between 1.045 and 1.075; it is less in women than in men, and less in children than in adults. Its heat capacity is in direct proportion to its density. Its color exhibits the different shadings of red, though the blood of the arteries is brighter than that of the veins. As the blood generally appears, we may perhaps call it cherry colored. In youth it is brighter than in embryo infants and old men; somewhat darker during utero-gestation. Difference in food and drink sometimes causes brighter or darker coloration of the blood. When

et warm, it has peculiar odor, stronger in men than in women.

About 2 to 5 minutes after its removal from the circulation, the blood gradually becomes tougher and gelatinous, commencing from the surface and periphery; it coagulates after 7 to 14 minutes, when this elly receives such a consistence, that the whole mass assumes the inner shape of the vessel in which it is contained, and loses all liquidity. The substance which caused the blood to coagulate, now gradually, by continued contraction, presses a great part of the fluid before enclosed in it, toward the surface; this fluid we call *serum*. This contraction of that gelatinated substance lasts from 12 to 40 hours, when below the transparent, pale-yellow colored fluid, there has been formed a dense, red clot, the *crassamentum*, which generally shows the inner form of the vessel in a reduced state. The lower part of this clot is generally darker, the upper part brighter, than the original non-coagulated blood. In blood from men the coagulation proceeds slower than in that from women; the coagulum, however, is denser. Arterial blood coagulates sooner than venous; the air promotes coagulum. When the fresh coagulated blood gets shaken, stirred up, etc., the coagulated substance separates in yellowish flakes or clots, while the fluid remains red and opaque. These clots we call *fibrin*.

The blood must be considered as nothing else but albumen in a higher condition, to which is added only various mineral constituents and some fatty matter. We can not, therefore, admit the existence of true, ready fibrin in the blood, but only more or less plastic albumen, in a higher potency. The formation, however, of the so-called proximate constituents (fibrin, coloring matter, etc.) of the blood occurs only when the blood comes out of the condition of life—when it is no more an animated part of the organism—and this formation must be regarded as the last act of organizing effort in the dying blood. As the formation in general consists in a gradual change from the solid, and the latter

progresses with the hight of the first, so now, in the dying blood, will the progress towards solidification be the more evident the higher the organizing force has been in the living.

This proportion, therefore, offers an important test for ascertaining the degree of formation which existed in the blood while animated, and also in that yet circulating in the body.

It is also interesting to know that, by chemical means, the albumen is changeable into fibrin, and *vice versa*. But chemistry has also demonstrated, that albumen and fibrin not only have the same elements (organic), but also the same proportional weight, and has so pointed out the same quality of the albumen with the fibrin. Besides this, the nitrogenized constituents of vegetable food, as woody fibre, albumen, and casein, not only among themselves, but also with the animal fibrin and albumen, have the same composition and equivalents. We must observe by this, that all our herbivorous animals find their albumen for the blood already proportioned in their food; they only, under the influence of their vital power, give it a higher potency. Now, under such circumstances, it is more than probable, that the single elements become differently placed and connected to and among each other, and always in a manner contrary to the laws of *inorganic* affinity; and this the more the higher the potency of the *organic* matter, the albumen.

The higher, therefore, the plasticity of the blood, the more have all signs of the laws of *inorganic* affinity disappeared, and the less do they in general show themselves in an after life.

It has also been accomplished, by chemical experiments, to represent, out of the animal albumen, a certain material, gelatinous, semitransparent, and of the same composition and qualities with the animal substance out of which it is presented. This substance, called *protein*, can also be obtained from the before-mentioned nitrogenized constituents of vegetables. Now, as this product of all substances is the

same, so is also a qualitative unique in all substances presupposed by it. These single products we will again notice, when describing them chemically.

New York, April, 1856.

[TO BE CONTINUED.]

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES, M. D.

SYMPATHETIC IMPRESSIBILITY. — Those who are familiar with the teachings and writings of Ex-Professor Buchanan can not fail to remember the extent to which he has carried his doctrine of Sympathetic Impressibility; nor have they forgotten the bewildered narrations of those who have embraced them. He maintains that many persons are so extremely impressible, that they contract disease by very slight contact with those disordered; that the impressible physician often experiences the morbid symptoms with which his patients are troubled, even though they be insufficient to indicate the existence of any positive disease. Such persons will suffer rheumatic and neuralgic pains, by feeling the pulse or handling a patient thus afflicted, says the ex-professor. They will, in like manner, contract pains in the chest, abdomen, or limbs, by intercourse or exposure, whether the disorder be rheumatic, neuralgic, or inflammatory. In short, whatever morbid conditions may exist, the same morbid impression will be impressed upon the attendant physician, nurse, or friend, whose person is brought in contact or within the sphere of his or her influence, whose system is disordered. Hence, phrenitis, laryngitis, pneumonitis, pleuritis, diaphragmitis, gastritis, hepatitis, enteritis, peritonitis, splenitis, nephritis, cystitis, metritis, &c., are sure to impress their characteristics upon the impressible male or female, who may be exposed to the morbid influences peculiar to each.

Such are the views, and such have been the teachings of Dr. Buchanan; and many

of the examples given, I have heard him attempt to enforce upon his classes. A few of those who became converts to his doctrines, claim that this is an infallible method of diagnosis; that they can determine, with the utmost certainty, the character, extent, and location of the disease, without any relation of symptoms by the patient, or by interrogatories, pressure, percussion, &c., but simply by taking the patient by the hand for a moment. In this way, one of Dr. B.'s proselytes caught a violent pain in his diaphragm by feeling the pulse of an aged man, and decided that he was laboring under a dangerous inflammation of that viscus, although a most experienced physician, then attending him, said not a symptom of diaphragmitis was present. Another's face was violently contorted by the intensity of the pain which he contracted, by taking the patient of another physician by the hand for an instant. His diagnosis was, that extensive and perhaps fatal inflammation existed, both in the stomach and liver; but the attending physician decided otherwise, and the result proved the psychological diagnosis false. Another could feel the colic pains of the speechless infant, and the *creepings* of the *pin worm* in the bowels of the infant, in his own intestines. The same individual took a young lady by the hand, and in a moment decided her *rectum* was full of the same species of worms, as he experienced the sensations peculiar to their presence, in his own rectum; and when he narrated this marvelous event to me, he descanted largely on the great value and infallible character of this species of diagnosis. He said it was a never-failing guide to the diseased organ, in his hands. He has since been compelled to retire from the medical profession, (as he said,) because of the high degree of Buchanan impressibility which he possessed.

If these be facts, the analogy must extend to every species of disease. If they do not contract the disease *itself*, they must contract its symptoms, or else his doctrine is false. If true, the sympathetic husband, whose person is so often brought

to close contact with his diseased wife, must experience the "*globus hystericus*," to which she is subject—the suffering which she experiences in "*mastodynia*," "*prolapse and inflamed uterus*;" while she, being more impressible than the male, must suffer from "*orchitis*," and other painful affections peculiar to males. If his doctrines are true, the analogy must apply. Has the test of experience proved it to be false, or confirmed it? What husband has contracted the disorders of his diseased wife, or what wife those of her husband, by a continuous contact for many years, except those diseases which are propagated by specific contagion? What physician has contracted *rheumatism*, *idiopathic* or *traumatic tetanus*, or *tic dolozeux*, by contact with patients affected with those diseases? Are better tests of the truth or falsity of his doctrine to be presented than those adduced? I have as yet the first instance of the kind to witness, and the physician who is continually subject to these imaginary disorders, and constantly contracting them, had better spend his days in building shacks, or making corn-stalk fiddles, than in the practice of medicine.

It has been said that a regular impressible anthropologist, a disciple of Dr. Buchanan, was called, in a certain case, to mitigate (as far as skill could do) the anguish of parturition. The efforts of nature were strong, and the suffering of the parturient female severe. Very soon, as the cry goes, the son of *Æsculapius* was discovered in the agonies of an apparently unfruitful periodical struggle, corresponding in every essential particular with those of a patient, thereby requiring the same aid from a second physician, as that which he was called to afford his patient. The final result is not detailed in any of the periodicals of the day—not even in the *Journal of Man*, or *System of Anthropology*, in which such events should, and usually do, appear. The probabilities are, (if true,) it did not transpire, until after the latter was published. Whether true, or a joke put to circulation by one mischievous anthropologist, to have a little sport at the

expense of another, it matters not, for it is no more marvelous, and no greater tax upon our credulity, than those cases in which the anthropologists already referred to, experienced intense pain in the diaphragm, liver, and stomach, as the result of taking the hands of the sick into theirs; and no more incredulous than feeling the *pin-worms* in his *rectum*, which were in the rectum of his speechless infants, or that of the young lady—which were occurrences related to me in all soberness, and as unquestionable truths.

If the male neurologist feels the pains of his rheumatic or neuralgic patients, is there any reason why he should not experience those dependent upon uterine disorders? If *nervous* transmission causes the psychologist to suffer from gastrodynia, gastralgia, gastritis, or diaphragmitis, what plausible reason can be assigned why he should not experience the *globus hystericus*, or the pains of *mastodynia*? Why should not the consumptive wife or husband impart that disease to each other respectively? Doctrines analogous to these have been promulgated by Dr. B. for ten years, and a thousand times over. If they be true, does they not apply to the sufferings of parturition? Physicians, imagine yourselves in the agonies of the parturient struggle! If like begets like, the neurological accoucheur demands our sympathy and aid. Who of you, except the Buchanan accoucheur, have either witnessed or experienced this marvelous sympathetic impressibility?

This is Buchanan Eclecticism. He has taught it for ten years, both in his general and *private-pay* lectures. The halls of the E. M. Institute have resounded with such teachings. If they are important and meritorious, to us (Eclectics) belongs the glory. The students of that college have encouraged and supported them, by the payment of from \$8,000 to \$10,000 for them; for such doctrines, or those analogous to them, have been embodied in all his lectures, both private and public. Recall to mind any thing else that you have learned from him, and apply it to practical

use if you can. The Faculty has given countenance to it, although secretly opposed to it, and fully aware of the injury and disgrace which it was inflicting on the Institute, themselves, and the cause of Eclecticism. Morrow, Beach, Baldrige, Hill, Owen, I. G. and L. E. Jones, Newton, Freeman, Bickley, Sanders, and others, have been fully persuaded of the evil his doctrines were exerting upon all concerned; but, to avoid discord and an open outbreak, they suffered its continuance, contrary to their own convictions of right and justice, and the good of the cause.

Even his present associates in the new anthropological school in Gordon's Hall, known as the "Spirit Circle College," have strongly condemned his doctrines, as, for instance, Profs. Hoyt and King; but, to use the language of the latter, "Buchanan is such a devil of a fellow to turn out those who displease him, I am afraid to oppose him;" and Dr. Hoyt, it is well known, for the same reason, dared not repeat what he had before often said.

The cause of the student, the good of the college, and the interests of reform, were too dear to me, to suffer this blasting and withering neurological incubus to longer weigh them down and ruin all. For my temerity my head had to come off, and I be branded with the epithets of "traitor to the Institute," "enemy to the Institute," an "Arnold," a "Judas Iscariot," &c.; with the charge of "incompetency," "unfitness," "neglect of duty," &c.—the very penalty which Dr. Buchanan had previously imposed upon Drs. Morrow, Beach, Baldrige and Oliver, and which he has recently inflicted upon Drs. Newton and Freeman. Had I not come to the rescue, Drs. N. and F.'s heads would have fallen as mine did. Had it not been for the embezzlement of the college funds, the defrauding of stockholders, the execution of fictitious notes, the issue of \$7,000 of fraudulent stock, with many other flagrant acts of injustice and intolerable wrong, inflicted upon the innocent associate, colleague, student, stockholder, and trustee, union would have still prevailed, no separation

would have occurred, and the "Spirit Circle College" would not have been organized.

In the language of Prof. Morrow, "still hope for the best, and that, by judicious management, we shall yet see me here, in the responsible capacity of teachers, who will be entirely free from the very serious objections."

Cincinnati, July, 1856.

[TO BE CONTINUED.]

HYDRO-PARAPHIMOSIS.

BY J. STEWART, M.D.

MR. EDITOR—Knowing as I do, the value of information circulating through the medium of your Journal, I would (by your permission,) indulge in a few remarks on a trifling disease, comparatively speaking but in reality important: first, because the natural course of the disease does not tend to a favorable termination; and second, because but little satisfactory information is gained from works on surgery, as far as I have had the opportunity of examining either in regard to the nature or treatment of the disease,

Hydro-Paraphimosis, the term which I shall prefer to designate the disease in question—and which disease, in my opinion, is a continuation and extension of simple paraphimosis—is, as the term implies a dropsical swelling of a part or the whole of the integuments of the penis. As I intimated before, it commences with a stricture of the prepuce behind the glands. The elasticity of that covering favors its distension, by which process the stricture is increased. The corpora cavernosa thus compressed prevents a free return of the blood, and the glands swell, and one part reacting on the other, the disease is constantly on the increase. The corpus spongiosum, and the integuments, seem to be more effected than the corpora cavernosa on account of the greater facilities for the return of the blood from the main body.

The causes that tend to produce the

isease, we can only imagine, as the cases that I have attended were young, from three to five years of age, and consequently no satisfaction could be obtained. Injuries from falls, or the various accidents to which children are liable, and any irritating substance that would diminish the natural secretion of the parts, friction, &c. may induce it. The description of a case will best illustrate my object.

About two months ago, I was requested to see a boy five years of age, who, the messenger said, had got hurt at school. As the case was out of my bounds, I ascertained that an Allopathic physician, and a graduate of one of the Philadelphia schools, had been called. He candidly confessed his ignorance of the nature of the disease, and consequently its treatment. The attempt, however, was made with warm poultices and cold applications, &c., and the boy growing worse all the time. I was sent for.

Condition of the patient about one week after the accession of the complaint.—Penis enormously distended, with a large pouch surrounding the glands, but much fuller underneath and at the sides, than above, with some ulceration on one side at the base of the glands. This swelling was tense, painful, and dark red at the glands, getting lighter in color backward to another stricture (which had occurred within twenty-four hours,) about midway between the first and the pubes, and behind which the swelling was more elastic, white and less painful, but extending rapidly. The boy had some irritative fever, restless, lay on his back, with his legs drawn up, and as might be supposed, urine partly suppressed, with painful micturition. This symptom proved to be on the increase, as on the next day I was told he voided a quart of urine.

Treatment.—I placed the boy on a chamber of warm water, took a sharp bistoury and made a number of longitudinal incisions, very slight but sufficient to allow a free discharge of blood and water from the parts, and bathing in the warm water to encourage the sero-sanguineous discharge.

The dressing consisted of tinc. arnica i3 to water iij3. A cloth, wet occasionally with this, was kept to the part, and the scarification was directed to be repeated twice per day, oftener if necessity seemed to require. I was back but once, and the boy was soon about.

The other cases I have treated were substantially the same, but not so bad, as they were taken earlier in the disease. I have used instead of the tinc. of arnica, a weak solution of tinc. of iodine; but I consider the scarification entirely sufficient, if properly applied, safe and speedy.

This treatment I would consider sufficient for phimosis and paraphimosis (analogous diseases,) without resorting to division and circumcision, as recommended by authors on surgery.

Glade Mill, Pa.

AN EXPLANATION.

BY PROF. A. H. BALDRIDGE.

A small space is asked for in the Journal, to give an answer to inquiries respecting my leaving the American Medical College, and a few words in regard to my connection again with the Eclectic Medical Institute.

There are several reasons why I was severed from the A. M. College: first, I could not approve of the latitudinarian views of some of the professors; and second, the policy in conducting the school did not meet my approbation.

Under the first objection, one at least of the faculty believed it his duty, to administer mercury, lead, arsenic, and other metallic substances, internally, in his practice. In this course he was countenanced by others of the faculty and publicly approbated.

Under the second objection, it is asserted we have no reform principles but liberality. As a consequence of such a position, there was considerable opposition to publishing any distinctive character of the school; and another consequence was,

that each professor was at liberty to teach such doctrines as he believed right, which would necessarily bring about confusion. This lack of unanimity of sentiment and concentration of energy, must lead to a dissolution.

There were also some things in regard to the settlement of pecuniary matters, at or near the commencement of the school, that were very unsatisfactory, and had their influence in bringing about other difficulties.

One other matter should not be overlooked. It is well known that Prof. L. E. Jones and myself were the principal founders of the school, and had some claim to be heard in consultation respecting all matters affecting the college in any way. With reluctance be it said, our counsels were not only unheeded, but utterly discarded, and the janitor was ordered at one time, not to allow us to enter the lecture rooms. It is with regret that this circumstance is mentioned. For the gentlemen composing the faculty, as individuals, I have no other feeling but that of kindness, but think they have acted wrong, and that their course is calculated, to destroy the school. In order, however, to give my reasons for leaving the school, it became necessary to thus particularize.

In regard to my again becoming attached to the E. M. Institute, I will say, in the first place, that when I left the A. M. College it was not my intention to become united with any other institution, nor had I the slightest intimation from any source, that I was to have any part in the E. M. Institute; and when I was first spoken to upon that subject, my ideas were averse to it. But, when I began to reflect upon the workings of Providence in all these matters of my connection with the Institute and other medical colleges; that it was principally through my influence that the Institute was brought into existence; that my becoming connected with it again was to be, as it were, a final stroke to those who have endeavored to destroy my influence; that I would be again placed along side of my old and faithful friend (a faithful friend both personally and in the

cause of medical reform); that we, unitedly, and with others, could bring about not only the re-establishment of true medical reform or Eclecticism, but for ever put down our personal enemies, and the worst enemies of medical reform, particularly J. R. Buchanan—I believed it my duty to accept the invitation.

And now, let me invite all who wish to obtain a thorough knowledge of true medical reform, to attend the E. M. Institute and avoid the bogus concern of Buchanan & Company.

Cincinnati, August, 1856.

CERASEIN.

BY GROVER COE, M. D.

In introducing to the profession this new acquisition to our indigenous materia medica, I feel conscious of the performance of an important and agreeable duty. Important, as affecting the best interests of suffering humanity, and agreeable because I am enabled to contribute my humble testimony in confirmation of its therapeutic value, as evidenced by positive physiological results.

Concerning the plant, or rather tree from which this agent is derived, considerable confusion has existed among botanists. Setting aside, however, a consideration of these differences, which might not prove interesting to the reader, I will mention that it belongs to the *nat. ord.* Drupaceæ, *genus* *Cerasus*, *sex syst.* *Icosandra* *Di-pentagynia*, *bot. syn.* *Cerasus* *Virginiana*; *common name*, Choke Cherry. To this order and genus belongs the common wild or black cherry, though placed in the genus *Prunus* by Linnæus, which division is still recognized in the pharmacopœia of the present day. Though recognized as *Prunus Virginiana*, its proper generic name is *Cerasus Serotina*. These two have been confounded, which is due to Michx. for having transposed the names. The *C. Virginiana* may easily be distinguished

from the smallness of its size, seldom reaching a height of more than twenty feet, and by its ripening its fruit a month earlier than the *C. Serotina*. The latter likewise belongs to a different sexual system, *Icosandra Monogynia*.

The bark, (the part used,) yields, on analysis, four distinct principles. First, a *neutral* principle, soluble in water and alcohol, and possessing astringent tonic properties. Second, a *resinoid*, soluble in alcohol, ether, and the fatty oils, and possessed of feebly nervine, anti-spasmodic, and diuretic properties. Third, *phloridzin*, soluble in alcohol and water, but not in ether; properties, anti-periodic, tonic, and febrifuge. Fourth, *amygdalin*, soluble in water, alcohol, and ether; properties, tonic. These principles, isolated singly and then combined in the proportions in which they existed in the plant, form the *Cerasein* of my article.

The reader will perhaps notice that a slight interpolation occurs in deducing the pharmaceutic term of the product of the *Cerasus*. This was rendered necessary, in order to prevent confusion, as from that portion of the gum exuding from the cherry, apricot, peach, and plum trees, which is insoluble in water, is derived a principle recognized in chemistry as *cerasin*. This principle was formerly supposed to be the same with *bassorin*, but it was proved by M. Guerin to be isomeric with *arabin*, into which it is converted by the action of boiling water. Hence its appropriate designation. It will, therefore, be seen that a distinction was necessary, which has been effected with as little violence to the rules of declension as possible.

To sum up, therefore, the properties of the *cerasein*, we have a remedy essentially astringent, tonic, nervine, anti-spasmodic, diuretic, anti-periodic, and febrifuge. It will be perceived that the principal therapeutic powers, which give this remedy its special adaptation—i. e., in the treatment of fever and ague—reside in the *phloridzin*. But it must be borne in mind, that the *amygdalin* plays an important part in the combination. Though simply tonic as it

stands, yet when received into the stomach, it is decomposed by the action of the fluid menstria, and hydrocyanic acid is evolved. This decomposition is accelerated by the co-operation of the neutral principle. Thus it will be seen that additional important therapeutic properties are developed, viz., anti-spasmodic, anti-periodic, and narcotic. The neutral principle, *phloridzin*, and *amygdalin*, are soluble in the stomach. The resinoid, the least important of the four, is soluble only in the enteric secretions.

The *Cerasein* possesses the properties of an anti-periodic and febrifuge in an eminent degree. Hence the practitioner will be at no loss to determine the indications which it is adapted to fulfill. Considerable experience in its employment in the treatment of ague and fever, has given it a pre-eminence which justifies me in asserting it to be at least equal, if not superior, to any known remedy. Cases of this disease have readily yielded under its exhibition, which had withstood for months the impressions of all other known remedies and appliances. Prompt, safe, and permanent in its operation, salutary in its influence upon the organs of digestion, assimilation, secretion, and nutrition, the whole economy acknowledges its health giving impetus. No cerebral excitement marks its tonic impress—no painful susceptibility of the auditory nerves—no paling of the gustatory sense—but good digestion waits on appetite, and refreshing sleep throws over the weary sufferer's couch its magic halo. The roseate bloom of health now mantles the cheek so lately ravaged by the demon chill and his pyrexian train. I will mention one case, in which the administration of the *cerasein* was attended with the most gratifying results.

Mrs. H., of Pa., came to this city with the intention of making a voyage across the Atlantic, in the hope of recruiting her shattered health, having failed to receive from her physicians that relief so much desired. She had been laboring under the ravages of ague and fever, of the double quotidian type, for eighteen months. Qui-

nine had been perseveringly used, and in large quantities, averaging about sixteen grains per day. Fowler's solution of arsenic had also been pushed to its fullest extent. Still the original disease remained unsubdued, while the system was rapidly sinking under the consequent complications. Pain and soreness in the right thoracic region, cough, loss of appetite, indigestion, nervous excitability, wakefulness, and constipation, constituted some of the concomitant symptoms. Having, on consultation, dissuaded her from attempting the voyage in her present condition, and also given her some encouragement of relief, she concluded to remain, and place herself under treatment.

Premised the tonic treatment by exhibiting the following powder at bed time :

R	Podophyllin	gr. iss,
	Asclepin	gr. j,
	Gelsemin	gr. ss. M.

This operating thoroughly, the exhibition of the cerasein was commenced the following morning in the form of pills, containing three grains each, three of which were directed to be taken every three hours during the day. On the second day the number of pills was increased to four. On the third day the dose was reduced to three pills, at which number they were continued for seven days, when the dose was reduced to four pills morning and evening, and subsequently to three. For the first nine days, five doses were taken on an average per diem. Thus it will be seen, that forty-five grains of the cerasein were taken on the first day, sixty on the second, and again forty-five grains per day for the following seven days. The above-mentioned powder was repeated on the evenings of the third, fourth, and fifth days. At the expiration of fourteen days, she was entirely rid of every vestige of the ague and fever, not having experienced a single symptom of either since taking the first dose of the cerasein. The appetite and digestion were improved, pain and soreness of the chest nearly gone, cough lessened, sleep natural, strength greatly improved, being enabled to take consider-

able walking exercise without fatigue, and to ride with comfort. She remains free of any chill or fever at the present writing, having rapidly regained her former health and spirits.

This is but one among numerous cases which might be cited in illustration of the superior efficacy of the cerasein—one that demonstrates its sanative power under the combined disadvantages of long sufferance, visceral complications, and bad treatment.

Not only in ague and fever will the cerasein be found a superior remedy, but also in the treatment of fevers of every grade. The convalescing stages of all acute diseases will offer a fair field for the display of its remarkable powers. The practitioner will find it a powerful auxiliary in the management of chorea, hysteria, &c. By referring to the synopsis of the therapeutic characteristics of the different constituent principles, as given above, the practitioner will perceive that nature has effected, with the greatest nicety, a combination admirably adapted to fulfill the indications in those diseases—such a one as he would aim to accomplish in his own laboratory, and one in which there is no error of incompatibility. Bearing in mind the antiperiodic and febrifuge character of the phloridzin, and the important solutions resulting from the decomposition of the amygdalin, the practitioner cannot fail to discriminate the conditions favorable to the employment of this remedy. Suitable combinations may be made, agreeably to the requirements of the case. The nervine, anti-spasmodic, diuretic, or other properties, may be augmented at the discretion of the practitioner. Thus, to increase the nervine power, scutellarin may be added; the anti-spasmodic, gelsemin, viburin, &c.

Indigestion, incipient phthisis, whooping cough, convulsive diseases generally, and every morbid condition indicating the therapeutic action of which this remedy is capable, will dictate its employment.

Much credit is due to Messrs. B. Keith & Co. for thus early bringing out, for the benefit of the profession, so important a

remedy. In this, as in many other instances, they have been the first to give a correct analysis, and develop the hidden resources of nature's storehouse. A new era has dawned upon the medical world, and already the intelligent of the profession, who are cognizant of the progressive strides now being taken in the department of organic chemistry, yield a grateful tribute to these worthy co-laborers in the hygienic vineyard.

The medium dose of the cerasein is five grains. Of course the quantity may be increased or diminished, to meet the requirements of individual cases. The judgment of the practitioner must dictate the propriety of repetition and continuance.

New York, August, 1856.

"NEW SCHOOL AND NARCOTICS"—A CONTRAST.

BY PROF. L. E. JONES, M.D.

An article appeared a few months since over the signature of Prof. E. H. Stockwell, in the "American Medical and Surgical Journal," the organ of the American Medical College, (now defunct.) on the subject of "Irritants, Irritation, and Irritability." It contained the following language.

"Now the new school oppose the use of narcotics, because they do often destroy this property—though many of this class, no doubt, possess other valuable properties; yet, because the physician cannot control the narcotic, property it may lie dormant, or produce immense destruction of irritability. The reformer rejects such articles entirely from his list of internal agents, and substitutes those that will regulate the action of this property, and not destroy it."

Again: "The materia medica of the new school may be injurious in degree, but not intrinsically, if administered by an enlightened hand. This is the difference: the narcotics are opposed, because they act not in degree, but naturally, against the vital properties of the tissues."

The above declarations are a tissue of errors. The new school do not oppose the

use of narcotics as stated, but exhibit them, and fear no injury from a judicious use of them.

The physician has nothing to fear from their action. There is no danger of their lying dormant in the system for any great length of time, and then producing "immense destruction of irritability," as stated. Vegetable agents soon act, and are eliminated from the system.

The reformer does not reject narcotics "entirely," as stated. The assertion is erroneous, and calculated to deceive those who are ignorant of its fallacy. No good, but much evil may grow out of this attempted deception, for the great mass of reformers know it to be such.

Narcotics are not opposed by the new school, (unless it be by a very few of the illiberal,) but their use is advocated.—When timely and properly used they are therapeutic agents of great value. The medical man has no substitute for them. He knows nothing that will or can supply the link which they do, in the chain of curative means. By this I do not mean to say cures cannot be effected without them.

But a few of the Thomsonian order of physicians now oppose their use. Graduates of the Botanico-Medical College, the Physio-Medical, and the Physopathic, as well as those of the Eclectic and American Colleges, employ them. This Prof. Stockwell stated to me in person, and more or less of all those instructed in those schools have confirmed his admission. Then why publish an article so illiberal, so untrue, so full of rabid Thomsonism?

It is in striking contrast with many of his verbalisms, that we have no principles but those of the Allopathic school—no reform but in our liberality—we cannot reject mercurials—the arsenico-mercurial treatment is equally successful with the eclectic, &c., &c. Such doctrines do not harmonize—they are incompatible and a curse to the college and the cause which he professes to advocate.

If he wishes to blend casein and loba-

lia, with mercury and arsenic, (as he evidently does,) to deceive, and draw in a larger number of medical students, he is destined to meet with a sad and mortifying disappointment. His little class of 30 last winter, and fifteen in the spring, should remind him of his fallibility and misguided course.

DR. BUCHANAN'S CHARGES.

BY PROF. A. H. BALDRIDGE, M.D.

Again I ask your indulgence through the E. M. Journal, to notice some remarks of Dr. Buchanan upon what he calls my expulsion from the Eclectic Medical Institute in the August number of the College Journal.

This is to me a very unpleasant duty, not from the unanswerable assertions of Dr. B.; no, but that I must again intrude myself upon the readers of the Journal with this subject.

The doctor would intimate that he has some sympathy for me as an unfortunate man. I have asked none of his sympathy, nor will I—conscious of the rectitude and truthfulness of my course, and ability to defend it. The doctor is at liberty to erect his battery and place his Bu-Cannon and fire as forcibly as he pleases.

He now admits I was not expelled by the Trustees, yet that was the impression he sought to make previously. As to his mere assertions that I was "an unbearable incumbrance from his [my] incompetency," it is utterly false, and only had its resting place in his conceited imagination. For him to think otherwise of any one who does not come down to his contracted views, would be like the Ethiopian endeavoring to change his skin, or the leopard his spots. His assertions stand opposed to hundreds of others, who have a better right to judge than he. That I was "unanimously and officially urged by the Faculty to resign," or that Prof. Morrow persuaded me to do so, or that I received any official or faculty letter, requesting or urg-

ing me to resign, which he says was the case, is false in the extreme, and without the shadow of truth for its support.

The Faculty, as such, never said a word to me upon the subject of resigning. Dr. Hill but once spoke to me on the subject, and then only asked if I still intended to resign. For, let me state, I had said, a year or more before this, that I would resign, owing to corruptions creeping into the school. Doctor Jones never said a word to me on the subject. Dr. Oliver came to me when I said publicly that I would resign, as above stated, and said that he was much surprised to hear me say so, and urged me to take it back. But what is still worse, Dr. Buchanan never whispered it to me himself. Prof. Morrow handed me a letter, signed by himself, Hill, and Buchanan, inquiring of me if it was still my purpose to resign, and which had this sentence in it: "If you believe it would be for the benefit of the college, or the good of reform that you should leave the college, the sooner you would do it, would give the faculty the better opportunity to fill your place, as it is desirable to get out the circular for the fall and winter session." Here was an intimation that my leaving the college would not be for its benefit. It was at this very time Prof. Morrow used all his persuasions, not that I should resign, as asserted by Buchanan, but that I should not resign, and was equally as urgent, that I should call the Trustees together, and have Dr. Buchanan expelled.

In order to strengthen what I have stated, let me make a short extract, from a letter written by Prof. Morrow, but a short time after the above interview with myself. This letter was written to one of our oldest and most prominent physicians.

"You ask why I amalgamated with Homœopathy? It was not my doings; I was opposed to the arrangement. Dr. Buchanan was the originator of the whole scheme. He is ready to rush into any scheme, with or without merit, if it only promises novelty, and a run of temporary popularity. I was sure that the plan would involve us in trouble. You must be aware, from

our personal knowledge, that we have one or two others, who are more fanatical than practical, and will be carried away from the true practical principles of medical reform, by the Homœopathic humbug. It is the nature of some men to be unstable and visionary; they cannot be practical, and are a curse to the profession. I do not mean Prof. L. E. Jones, or Prof. Baldridge. They are the right kind of stable, practical, and thorough Eclectics, dyed in the wool, and always true."

Again: "You ask why I do not control Prof. B. in his windy hypothetical extravagances? I answer, he is of that peculiar turn, and has a peculiar popularity which is difficult to control or subdue. There are some men like some other evils—had better be left alone to kill themselves. * * * * "I still hope for the best, and that by judicious management, we shall yet see men here, in the responsible capacity of teachers, who will be entirely free from these very serious objections,"

What stronger evidence could you ask for the truth of my statement, that Prof. Morrow urged me to have Buchanan expelled. It was his constant aim.

There was no one desired my resignation but Buchanan, and perhaps Dr. Hill, and their reason for this was for no other purpose, than to place two Homœopathic professors in the school, who now figure in the legal profession in this city. This was one of the plans which Prof. Morrow so severely condemned, and which was concocted, as he says, by Buchanan.

As to my hostility to the faculty, it is like all his other assertions, false.

The school got up in Louisville, was through the urgent solicitations of many of our practitioners in the South, and had it not been for a providential interference, just about the commencement of a session, it would now be the school of the West, as there were between sixty and eighty students there to attend.

I am now done with this matter, unless something new comes up.

Cincinnati, August, 1856.

H. M. Sweet, M. D. has assumed the publication of the N. Y. Journal of Medical Reform. Prof. Friend is still editor.

WHAT INDUCEMENTS ARE OFFERED BY THE MEDICAL PROFESSION FOR FURTHER RESEARCHES IN ORGANIC CHEMISTRY.

BY JOHN M. SCUDDER, M. D.

It is an established fact, that nearly all the useful improvements in the arts and sciences, are made by those who, per force, obey the injunction, "in the sweat of thy face thou shalt eat bread;" and in no art is it more true, than in that of pharmacy. It is true that we find, on turning to our works on chemistry, that there have been discoveries made by those who would not come in the above class; but, looking at them in a utilitarian point of view, we find none who have done much to benefit mankind by their investigations in this art.

Judging the future by the past, we must expect that those who devote themselves to this pursuit will require what is given by the community to every art or profession; that is, an inducement to commence, and protection when established.

Now comes our question, what inducements are offered by the medical profession for further researches in organic chemistry? and we will try to answer it briefly, stating the case pro and con. We will first take our pharmacist, a man who must have dollars in return for his labor. For the good of community, and the benefit of the profession, he undertakes to analyze and separate, for our use, the medicinal principles of some of our indigenous plants—not believing, as some members of our profession claim to, that these results are all brought about by chance. He goes to work scientifically; if he doubts his chemical abilities, he employs a chemist; he purchases his crude article, fits up a laboratory, furnishes various re-agents to separate the different constituents of the plant. This is but the commencement; now comes days, weeks, months, and sometimes years, of hard physical and mental labor, then success, sometimes only partial, very often a complete failure; when our

pharmaceutist finds himself minus his crude article, his chemicals, the money he has paid the chemist, &c., plus disappointment, anxiety, and all the disagreeable feelings that arise when a man is disappointed in some cherished pursuit, and the busy world cares not for his loss, his mental sympathy is re-echoed by his loss.

But if success has attended his efforts, we would naturally suppose that he would be entitled to the benefits to be derived from his discovery. Let me see about this. Suppose he patents his process, the profession will not use patent medicines. They will use a patent buggy, fanningmill, churn, or any thing else, but patent medicines will not do them. Outsiders would say, then let him keep the process secret. This would do very well, but the medical ethics of some say we can't use secret remedies, nor permit them to be used by others; if the manufacturer will not give the process, by which he obtained the principles from the plant, giving every step he took, the chemicals he used, their quantities, &c., he is a knave, he wishes to cheat the people, his medicines are all a humbug, &c.

It makes no difference to these sticklers for medical ethics, if the manufacturer gives the plant he analyzed, the principles he obtained from it, and gives their chemical qualities, and physiological action; they still reject it, without the precise formula for its manufacture, and for no other reason that I can think of, but one I heard given by a learned professor, that if the manufacture was carried on by many, in place of a single house, the remedies would be cheaper.

If this dogma of using no medicine, without the formula for its manufacture is published, is to become the principle of action with physicians, we need never look for farther progress in this department of medicine; a business man would be considered insane that would adventure a sum of money, to make experiments in this way, and before he had realized anything, make his process known, so that any and all that liked, might enter into competition with

him. In fact it would not be fair competition; for the discoverer would have the costs of the discovery to put on his article, whilst the man who expended nothing in this way, could furnish it for the cost of its manufacture only.

I would not have it supposed from the above, that I advocate patent medicines, or secret remedies, where they are compounded of different articles, or remedies that are sold as nostrums. But articles that come to the profession, as the isolated principles of a single plant, giving the chemical qualities of the article its physiological effects, &c., I believe in taking them, and allowing the discoverer such protection, as will justify him for his trouble and outlay. In no other way can we obtain what we so much desire—farther progress in organic chemistry.

Fulton, Ohio, June, 1856.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
SPRING SESSION OF 1856.

SERVICES OF PROFS. NEWTON & FREEMAN.

REPORTED BY PROF. F. FREEMAN.

CASE 410. March 7,—Miss. A. K., 21 19. Convergent strabismus. The left eye has been affected ten years, rather weak, vision indistinct, and the cornea inclined inward, toward the internal canthus.—Health otherwise good.

Operation by Prof. Z. Freeman. Cut the internal rectus muscle. The natural parallelism of the eye is restored. Apply the water dressing to the eye to keep down the inflammation.

March 11.—The eye can be turned outward as far as the opposite one, but is inclined to look inward. Vision of the affected eye double; was so previous to the operation. Has kept the eye covered since the operation. Uncover the eye and use it.

38.—Still has an inclination to turn inward. Wear a piece of court plaster over the external angular process of the os frontis, to attract the attention of the eye, and turn it outward.

April 10.—Discharged. Has had a strong inclination to turn inward, although it could be rolled as far outward as the opposite eye. A slight inward direction of the eye can still be detected.

CASE 411. March 7.—James Gavin, æt 17. Intra capsular fracture of the neck of the right femur. About six months ago, he fell from the scaffold of a house and produced the fracture. The pain was not severe at the time. He then attempted to walk home, and after going half a square, the fractured surfaces separated and he fell. He was then carried a short distance to his home. After this the part pained him much, and he was unable to move that limb, excepting by placing the foot of the sound leg under it and raising it with it; even this caused much pain. He was confined to his bed on his back, five months. The affected limb was shortened about one inch and a half. He could abduct, adduct, flex or extend the limb. Some of his physicians said that the muscles of the part were strained, and others that the head of the femur was dislocated, but none suggested the idea of a fracture. All the symptoms of dislocation were absent, but those of fracture were quite prominent. There was no shortening of the limb until after the parts separated, while walking toward his home, after the injury. To-day he walked here, assisted by his two canes. He can bear no weight upon the limb.

Suggested that he keep himself as comfortable as possible, as no other or specific treatment is calculated to benefit him.

CASE 412. March 14.—Mrs. B., æt 32. Sub coracoid luxation of the left shoulder joint. About six weeks ago she fell and dislocated the head of the humerus; her physician attempted to reduce it, but failed. The head of the bone now lies under the

coracoid process, and the other features of the case correspond. The left shoulder is narrower and more pointed than the right; depression under the acromion process—the arm stands a little out from the body—inability to raise the hand to the head. The shoulder joint pains much upon pressure, especially at its anterior aspect.—Patient large, robust, and otherwise healthy.

Treatment. Prof. Freeman reduced the dislocation by placing his heel in the axilla, and using extension and counter-extension. The adhesions were considerable and it required much force to separate them. The crushing sound was distinctly audible as the bone slipped into its place.—Apply tinc. arnica lotion as a wet dressing. Retain the parts in situ by apical bandage.

March 28.—Shoulder somewhat swollen from the severe pulling at the time of the reduction; patient otherwise healthy.

Treatment.—Continue the tinc. arnica lotion.

April 10.—No report.

CASE 413. March 14.—John McAllister, æt 40. Ulcer upon the left shin. Commenced six weeks ago. Caused by striking the shin against a dray wheel, breaking the skin, and then allowing his pants to chafe the sors. Ulcer of the size of a quarter dollar, slightly irritable and partly scabbed. It is kept sore by chafing.

Treatment.—Apply Mayer's ointment morning and evening.

April 2.—Discharged cured.

CASE 414. March 18. Sarah Jane, æt 11. Opacity of the cornea. Ten years ago she had purulent ophthalmia. Her physician applied a solution of the sulphate of zinc. This treatment and the severity of the disease, produced staphyloma of the right eye, and opacity of the cornea of the left. The right eye was operated upon, and is now sunken into the orbit; its vision is entirely extinct. A small ulcer formed upon the left cornea, which in time healed, and now the cornea is somewhat conical,

and is opaque. There is a small transparent spot upon the external part of the cornea, through which light is admitted, so that the patient can see to walk around, but not to read. There is also synechia anterior. There is no vascular engorgement, or any kind of inflammation of the eye. The cornea looks pearly, and as there is no probability of improving the condition of the eye, without a long and tedious attendance, we refrain from taking the case under treatment.

CASE 415. March 25.—Miss R., æt. 18. Chronic hoarseness. Fourteen years ago, she had an attack of the measles. They were not unusually severe, and passed off without any uncommon symptoms, though she was quite sick during their exhibition. Has been hoarse ever since; does not remember of having a sore throat at the time, and is not certain that the measles caused the hoarseness. Has had a cough for the last six months; is otherwise healthy. Voice husky, and scarcely audible; has to make much effort at speaking to be heard at all. No soreness of the fauces, nares, pharynx, or larynx. Appetite good. The recent cold she has taken aggravates her hoarse condition.

Treatment.—R Iodine ointment 3ss, iod. potass 3j. M. Apply externally over the region of the larynx, night and morning. R Iod. potass. 3j, water 3ss. M. Apply to the inner surface of the larynx with a probang, freely, twice a week. For the cold use diaphoretic powder gr. v, three times a day.

March 28.—Symptoms the same as before. Continue the treatment. Also use R Tinc. lobelia 3ss, tinc. sanguinaria 3ss, iod. potass. 3ss, syrup senega 3ss. M. Take 3i three times a day.

April 18.—Hoarseness slightly improved, general health excellent. Used sol. iod. zinc (iod. zinc 3j to water 3j) with the probang, once in three days.

June 4.—No improvement. This is an exceedingly stubborn case. The chronic difficulty existing in the vocal passages is of such a peculiar character, that it is dif-

ficult to detect, by the senses, the exact pathological condition of the parts, and thus the difficulty of restoring them to their normal functions. It is presumed that there is a thickening of the lining membrane of the larynx (chordæ vocales, &c.) which affects the timbre of the voice, giving it a sound corresponding with that of a coarse bass chord—the lining membrane being somewhat spongy, from the thickening, and consequently not tense.

CASE 416. March 25.—Mr. Toolan æt. 45. Hepatic torpor and sympathetic irritation of the heart. Has been ill about two months; was well previous to that time. Has an aching pain in the right hypochondriac region; tongue coated, bowels costive, appetite indifferent, some irritation of the heart and palpitation, pulse 112 per minute; also extreme nervousness, all premonitory symptoms of mania potu. He drinks about one pint of whisky per day; "prefers it to water."

Treatment.—Stop the whisky. R Syrup ipecac 3ij, tinc. digitalis 3j, ess. winter-green 3ss. M. Take 3j three times a day. Take one comp. cath. pill every night. Apply sinapism over the region of the liver night and morning.

March 28.—Looks and feels better; head feels better, has less tremor; has taken a dislike to whisky. Take the pills less often; continue the other treatment. Bathe the chest and region of the liver with spirits terebinth once per day.

April 1.—Feels well, excepting a dragging pain in the right side, extending from the axilla down to the angle of the ribs. Apply the mustard plaster morning and evening. He is about his business. Discharged.

CASE 417. March 25.—Rosa, æt. 3. Alveolar fistula and excrescences of the gums. Has been affected three months. The upper incisor teeth are irregular, and one is protruding from the gum forward, above the neck of the teeth. There is also a fistulous opening of the alveolus and gum, and a valvular excrescence of the gum formed at that point. The part is sensi-

ive and painful. Health otherwise good.

Treatment.—Extracted the defective teeth, trimmed off the excrescences from the gum, and extracted a splinter of wood from the alveolar process, above the incisor teeth, where it had become lodged some time previously. This had irritated the bone, and kept up the fistula and painful discharge from it. No further treatment.

April 1.—Discharged cured.

CASE 418. March 28.—M. B., æt. 16. Irregular ophthalmia, and slight opacity of the cornea. Has been affected one year; thinks it was caused by a cold. Both eyes were inflamed at first, but now the right is alone affected. Health otherwise good. Some physician has been attending the eye the last five months. Eye much inflamed and swollen now, and quite painful; conjunctiva very vascular, cornea also vascular, and is opaque or nebulous, also conical. Both palpebræ are inflamed and granulated; the upper the most severe, as is usually the case. Some intolerance of light.

Treatment.—Scarify the lids slightly, and apply dry sesq. carb. potass.; then keep down the inflammation with R Ext. stramonium gr. x, water 3vj. M. Apply to the eye as a wet dressing constantly. R Sod. potass. 3j, tinc. gelseminum 3ss, Syrup simp. 3vj. M. Take 3j four times a day.

April 1.—Eye much improved, feels better, can see better. Continue the treatment.

22.—Eye still improving. Clipped some of the engorged distinct blood-vessels of the cornea; trimmed the granulations. Continue the treatment.

29.—Eye not so well. Use mild zinc ointment.

May 6.—Improving; continue the ointment and the internal medicine as above.

CASE 419. Mar. 28.—Catherine Scruggs, æt. 30. Epulis. Has been affected two months. Epulis the size of a chestnut, located upon the gum of the lower jaw, op-

posite the left incisor teeth. Part not painful, but is a source of annoyance.

Treatment.—Excision by Prof. Freeman, and the immediate application of chloride of zinc to its base. Protect the part with cotton. It had been operated upon previously, and bled profusely; this time the hemorrhage was soon arrested, although the dissection was more extensive.

April 6.—Surface of the wound suppurating. Keep a piece of cotton and mild zinc ointment upon the wound.

15.—Part healed. Discharged cured.

CASE 420. March 28.—Thomas Mooney, æt. 24. Erysipelas. Has been affected five days. Caused by a cold. Face and nose reddened and swollen, itches very much; slight eruptions upon the face, not so much as there was yesterday; appetite indifferent, some cough and hoarseness. This is a mild form of erysipelas, resembling erythema.

Treatment.—R Hydrastis canad. gr. v.; take three times a day. For cough, R Syrup scilla, Syrup senega, tinc. opii camp. aa. 3j. M. Take 3j three times a day.

April 1.—Discharged cured.

CASE 421. April 1.—James Berry, æt. 7. Club foot (talipes varus), congenital. This is a case of talipes equinus and varus together; both feet are very much deformed. The heels are very much elevated, and the inner border of the foot much turned inward and hooked. The external malleolus protrudes much, and the foot seems dislocated, by a separation of the external surface of the astragalus from the external malleolus and the cuboid bone. The patient walks upon the outer border of the foot, while the soles are turned upward and inward. From the great deformity of the part, and the age of the child, I fear that it will be exceedingly difficult to restore the foot to a natural and proper appearance.

Treatment.—Operation by Prof. Freeman. Cut the tendo-achilles and the tibialis posticus muscles of the right foot, and placed it in Scarpa's shoe, or a modifica-

tion of Scarpa's by Dr. D. N. Daniels, of this city.

April 3.—The foot has been pressed around a little, but the firmness of the ligaments and peculiar shape and position of the bones, resist stubbornly any effort to restore the natural shape. Used firmer pressure with the shoe, to overcome, by daily effort, the resistance.

5.—The foot has pained him much, yet does not seem inflamed. Continue the shoe and pressure as they are, until the resistance of the parts seems less.

7.—Foot seems inflamed and painful. Loosened the straps, and applied cold water.

9.—Foot still inflamed; took off the shoe, and applied a poultice of hops and corn meal; also gave an anodyne of diaphoretic powder.

12.—The top of the foot, and a small spot on the bottom, sloughed from pressure of the shoe and straps. The foot was so deformed, and the parts so rigid from the age of the child, and the surface of the instep so sore from pressure, that the shoe cannot be worn.

May 12.—Parts still tender; do not think that I shall apply the shoe again. Prognosis unfavorable.

7 CASE 422. April 1.—J. F. Wesley, æt. 41. Paralysis. Has been affected nine months with paralysis of the left side; right side not affected. Caused, he thinks, by exposure to the weather. Was confined to his bed with a pain of the left leg, commencing at 4 P. M. and continuing until 9. Left arm smaller than the right; some tenderness of the left side of the occiput; can scarcely distinguish day from night with the left eye. He thinks that he is not improving, but evidently he is. Can now raise his hand to his head. Has been taking strychnine from a physician in Virginia; has taken no medicine since. Can not rest well at night. Bowels regular, appetite good.

Treatment.—R Quinine gr. xx, prus. iron gr. xx, gelsemin gr. xx, sulph. morphia gr. ij. M. Make powders xxx; take one

every four hours. Apply to the spine, whole length, R Rheumatic liniment ʒij, tinc. xanthox. frax. ʒij, M., night and morning. Use alkaline bath with friction, every evening.

April 4.—Has felt no pain in the leg for two days; leg weaker; sleeps finely, and feels better. Continue the treatment.

SUMMARY OF CASES TREATED BEFORE THE CLINIC CLASS DURING THE WINTER AND SPRING SESSIONS OF 1855-6.

Arthritis (incipient),	- - -	1
Paralysis (of the bladder)	- - -	1
" (lead),	- - -	1
" (hemiplegia),	- - -	1
Nævus,	- - -	1
Herpes (circinatus),	- - -	1
" (furfuracea),	- - -	1
Pharyngo-laryngitis,	- - -	1
Follicular pharyngitis and bronchitis,	- - -	1
Laryngitis and fauceo-pharyngitis,	- - -	1
Felon,	- - -	2
Spinal irritation,	- - -	2
Rheumatism (subacute),	- - -	2
" (chronic),	- - -	2
" (mercurial),	- - -	1
" (obscure and migratory),	- - -	1
Rheumatic affection of the heart,	- - -	1
Scorbutis,	- - -	2
Ophthalmia (acute),	- - -	3
" (chronic),	- - -	3
" (chron. with opac. of cornea),	- - -	3
" (tarsi),	- - -	3
Amaurosis,	- - -	2
Staphyloma (cornea, excised),	- - -	1
" (sclerotica, extirpated eye)	- - -	1
Ulcer of the scalp,	- - -	1
" on the skin,	- - -	1
Scirrhus of the mammary gland (excised),	- - -	2
Scrofula,	- - -	2
Enlargement of cervical glands,	- - -	2
External scrofula,	- - -	1
Scrofulous eruption of face,	- - -	1
Scrofulous abscess and ulcer of scalp,	- - -	1
Aphthæ,	- - -	1
Spinal curvature (cyphosis),	- - -	1
Opacity of cornea with granulation of lids,	- - -	1
Opacity of cornea,	- - -	3
Granulation of lids,	- - -	1
Subacute palpebral conjunctivitis,	- - -	1
Sprain,	- - -	2
Hypertrophy of tonsils,	- - -	1
Intermittent fever (quotidian type),	- - -	4
" (tertian type),	- - -	3
" (sequence of),	- - -	1
Anæmia,	- - -	1
Fistula in ano,	- - -	1
" alveolar with excrescences of gums,	- - -	1
Fracture of lower jaw, single transverse,	- - -	1
" neck of femur (intracapsular),	- - -	1

ronchitis (subacute) and cong. of lungs,	1
ontusion and œdema of hand,	1
tysepsia,	2
ecrosis of tibia,	1
" ulna,	1
arix of int. saph. vein and tributaries,	1
econdary syphilis,	2
ongestion of portal circle and debility,	1
lbugo,	1
" with ophthalmia tarsi,	1
urn,	2
inea capitis (favosa),	3
" (granulata),	1
" (mucifusa),	1
mercurial affection of bones of face,	1
ubercles of the scalp,	1
sthma and masked ague,	1
sthma caused by derangement of stom.	1
ancer of the eye (extirpation)	2
" face (fungous),	1
permatorrhœa,	1
ontracted knee (tenotomy),	1
learitis (chronic),	1
ysmenorrhœa,	1
" and uterine irritation,	1
ncysted caseous tumor,	1
un-shot wound,	1
onorrhœa,	1
neumonia (chronic),	1
ysentery (chronic),	2
rysipelas,	1
" (local chronic) with capillary varix,	1
trabismus internus (operation),	1
axation of shoulder joint (sub-coracoid)	1
loarseness (chronic),	1
rritation of heart and congestion of liver,	1
" cerebral,	1
pulis (excision),	1
alipes, equinus with varus (tenotomy),	1
laptized lung and liver,	1
ollicular disease of mucous lining of	
meatus auditorius externus,	1
menorrhœa,	1
ostiveness,	1
" hepatic torpor,	1
obstruction of ductus ad nasum,	1
rolapsus uteri,	1
uppressio-mensium (change of life),	1
orbus coxarius,	1
Total,	127

It will be seen by the above summary, that during the last winter and spring sessions of the clinic of the college, there were presented before the class, for medical and surgical treatment, one hundred and twenty-seven cases of disease, some of them requiring medical treatment alone, while a large proportion of them were sur-

gical, and demanded the application of caustic or other surgical measures. The frequent application, before the class, of bandages and other dressings, surgical appliances of splints and other apparatus, and the many operations with the knife, familiarize the students with their use, and make the clinic one of the best adapted institutions in the country for teaching the practical and operative part of the profession. The most of the cases presented were, as usual, those of long standing disease, that had baffled the skill, or had been discarded by our city and country physicians, and thus were excellent tests for our practice; nearly all have been cured.

Our clinic is just what the Eclectic students need. In the public hospitals, can be seen disease in as varied forms, &c., but the treatment there corresponds with the old routine of Allopathic practice; while the treatment at our clinic corresponds with the Eclectic system of practice, and is that which the student visits our college to obtain. If the medical student desires to learn the *Allopathic* practice, he goes to an Allopathic college; but when he desires to learn *Eclectic* practice, he should come to an *unquestionably* Eclectic college, where he will be taught that which suits his conceptions of medication, and for which he connects himself with our fraternity.

The great interest taken by the Professors of clinical medicine and surgery, in presenting cases and elucidating disease, and in surgical operations and appliances, to interest and instruct the successive classes, has been highly appreciated by them, and flattering testimonials of entire satisfaction, have encouraged them to continue, with unabated zeal, their earnest endeavor to advance the interests of the future classes in this department.

The clinic exercises will continue during the coming session as usual—not under the embarrassing and retarding influence of a few disaffected and disappointed members of the Faculty, while Prof. N. and myself have to perform all the labor; but

we shall be assisted by all of the members of the Faculty presenting cases as the demands of the students require.

All the cases of last spring's clinic session have not yet been reported in full, but will be as soon as space will permit.

Part 2—Progress of Medical Science

ON THE PROTECTION OF SOCIETY FROM CRIME.

BY PROF. W. BYRD POWELL, M. D.

[CONCLUDED.]

It now remains for me to make some remarks, in the application of these principles to the government of children and servants. It should be remembered that all efforts at government, to promise success, must be founded upon the two following principles: first, will is the only power which the mind has "of being determined, and of determining under motive;" that a volition can no more be found without a cause, than a mountain can be moved without one; and that over this cause the mind has no more influence than the mountain has over that which moves it. The motive or cause presented for all purposes of government should be humanizing and elevated, and not animalizing and degrading.

The motive usually furnished for the guidance of refractory children, negroes, and servants in general, is fear; and this is the most degrading qualitative mode of action of that useful but none the less animal faculty, called cautiousness. But whatever we may think of the character of this motive, matters nothing in comparison with the fact that its power is exceedingly feeble, in the face of temptation, with energetic minds.

From the earliest records of human history to the present time, the production of fear has failed to make good men out

of energetic and refractory boys—obedient and honest servants, dutiful soldiers, and useful citizens. Why is this the fact? Obviously because it was not intended, in the plan of the Creator, that moral excellence should be produced by animal and degrading motives.

Hitherto, the whole idea with parents, teachers, masters, generals, and governors, has been to make their respective subjects what they desired they should be by coercive measures, instead of surrounding them with such causes or motives as would influence them respectively to make themselves that which they were desired to be.

Many of our most wicked men possess great energy, and achieve extensive mischief. They live, furthermore, in constant fear of being arrested, and made the subjects of the highest penalty known to the laws, and yet this fear is not sufficient to arrest their energies in the prosecution of crime. Now, suppose this energy, by adequate causes or motives, had, at the commencement of their career of crime, been directed to the government and moral direction of themselves, will any one assert that they would not have succeeded just as thoroughly as they did in crime? Let self government become the object of pursuit, and will not a given amount of talent achieve as much in it as it would in any thing else?

If parents and masters were to direct the energies of their children and servants to the government of themselves, instead of trying to govern them, their most sanguine hopes would be secured. How is this to be done? Not by fear, for this paralyzes every energy; nor yet by punishment, for this produces an immoral action in every offended faculty; nor yet is it to be done by supposing them to be gods, capable of acting without motives, or of deciding against the strongest or in favor of the weakest. I will now illustrate the manner by which it can be done, with very uniform success, by the introduction of one case, out of an immense number which have been treated upon these principles.

A school-teacher in the South adopted

my principles for the government of his school, a knowledge of which he obtained from my lectures and private instructions. Some months afterwards, he wrote to me upon the results of his experiments, and I extract the following from his letter:

"A distinguished gentleman called on me, at my school, to know if I would take his son into my school, saying at the time, but he was a bad boy, and had been turned out of all the schools he had gone to, although he was only about eleven years old. The thought struck me at the moment, that this boy would furnish a good test of the practical importance of your principles, and I agreed to take him and did so.

"I found him to be a very manly and brightly boy, but exceedingly quick, quite vain, defective in firmness, and had your new organ of resentfulness very large.—Before classing him I informed him of the bad account his father had given me of him, and asked him if he wished to be a bad boy. which he very promptly answered in the negative.

"When the school dismissed for noon, I called him up and read to him the rules of my school, for I intended to have a fair start with him, and explained them to him, and then discharged him with the expression of a hope that he would be a good scholar.

"Shortly after the boys commenced their play, one of them came to me with his thumb bleeding. 'What is the matter?' inquired of him; he answered, 'Thomas brow'd me down and bit my thumb.' I pressed it for him, and then requested him to return to his play, but to keep out of the way of Thomas.

"During the afternoon he wore a very suspicious and guilty face. He evidently expected a sound flogging, but I treated him as though nothing had happened. When I dismissed the school in the evening, I detained him, and when we were alone, I asked him why he threw William down and bit his thumb. He answered, that William, in running after his ball,

threw his marbles out of the ring, and it made him mad. 'Well,' said I 'suppose you did get mad, you were not bound to throw him down and then bite him. Did you not tell me that you did not wish to be a bad boy?' 'Yes, sir.' 'Well, then, why did you bite him.' 'He made me mad, sir,' he again answered. 'But why did you get mad?' 'I could not help it, sir.' 'But could you not help biting him?' 'When I got mad, I did not know what I was doing.' 'Then if I understand you correctly, you mean to say, that when he deranged your marbles, you could not avoid getting mad; and when mad, you could not avoid doing what you did. Do I understand you correctly?' 'Yes, sir.'

"I then told him that I was pleased to learn that he was not so bad a boy as to do so wicked a thing intentionally. I then asked him if he did not think it would be a great wrong to punish a boy for doing a thing he could not help; at the same time encouraging him to speak without fear or dread—to speak as became the son of a great man. He now revived considerably, and answered that he did not think it would be right. 'Well,' said I, 'is not this your case?' He answered, 'I don't know, sir.' 'But did you not tell me,' said I, 'that at the time you got mad, you could not help it, and that when mad you did not know what you did?' 'Yes, sir.' 'And did you not tell me the truth then?' 'Yes, sir.' 'Then,' said I, 'it seems to me very clear that you could not avoid it, and therefore I should conceive it to be very unjust for me to punish you for it; so much so, that I will not do it.'

"This announcement made him breathe more easily. I told him that he was a manly boy, but unfortunately his temper was quick, and he could not govern it; that for the safety and happiness of my boys, and the government of my school, I should be obliged to keep him away from them; 'but,' said I, 'this will make no difference, as you and I can play together every day at noon, and I am very certain that we will not quarrel. On the contrary, I think that we will enjoy ourselves very

much.' After this conversation, I dismissed him.

"Every evening I found some employment for him, to keep him from departing with the other boys, and for about ten days he played with me every day at noon. At length he told me that he wished to go and play with the boys. I told him that as it was my wish to have all my boys happy, I could not object to his request, but added, that if he and the boys could not play without fighting, it would afford me much pleasure to receive him again as my companion.

"Four months have now elapsed, and he has given me no trouble since. His father is utterly astonished. Since embracing your principles, I have neither scolded nor whipped a student."

Now, what was the *modus operandi* of this boy's mind, under this treatment? His self-esteem made him feel, that unless he could govern himself, he was not as perfect as he ought to be; his approbation caused him to conclude that it was disgraceful to be separated from his fellows for such a cause; he determined, therefore, to make an effort to govern himself, and to render him successful, his destructiveness, combativeness, and resentfulness, (the very powers which before had offended,) with all his other faculties, now come to his aid, and he achieves his object—self-government. None of his faculties opposed this effort; the teacher had gained his confidence and approbation; his caution was not exercised in the feeling of fear, but in taking care to guard his temper; his human sentiments were not restrained, in their exercise toward his fellows, by his animal propensities, for they were now under subjection to them.

It must now be obvious to my readers, that the principle which achieved success in this case, is precisely the same with that which enables men to obtain success in all of the varied pursuits of life. It must be further apparent, that the application of the principle admits of a thousand modifications, and that it must be attended with success, with children, slaves,

soldiers, and prisoners, and for the reason that we have the personal control of them; provided, however, they possess the requisite energy.

It is much more difficult to reform those who steal corn, potatoes, and chickens than those who steal horses, and rob on the highway—more easy to make useful men out of bad boys, than out of those who are so good as to be good for nothing.

If further illustrations were deemed requisite, I would give details of its application to the government of forty negroes on a cotton plantation. Two brothers attended my lectures, embraced the doctrines above taught, and applied them on their plantation. The result was, that the negroes were happy, and made a larger crop than ever before, although previously driven by an overseer. They neither scolded nor struck a negro during the season. They assured me that their greatest difficulty was the government of themselves, which they acquired by constant vigilance far beyond their most sanguine expectations.

As a general fact, I believe no one is more ready to abandon an error of doctrine than myself, yet I confess that I should be exceedingly unhappy to discover that the preceding doctrine is untrue. I can almost say, that if it be untrue, I never wish to discover it, because I have more pleasure in charity than censure. It would make me unhappy to believe that any man ever committed a wrong which, under all the circumstances, he could have avoided; and it would make me equally unhappy to believe that my Creator ordained that punishment should be the remedy for any of the evils incident to human society.

As charity, and not vengeance, results from my conclusions, and as the former is essential to happiness, and the latter is sure to be attended with misery, I prefer to cherish these, my errors—if errors they be; and if they be errors, then my intellect is wonderfully out of tune—even to insanity.

My readers: This doctrine is not a mere momentary manifestation of fancy, nor of

an effeminate benevolence; for, by nature, few men are more censorious or vindictive; but it is the cool and deliberate result of twenty years of observation and investigation. And allow me to assure you, that nothing less than the most profound conviction of its truth could have inspired me with courage and confidence sufficient to announce so great a novelty—one so pregnant with serious consequences—as a solemn truth, as the will of God; and, as such, to surrender to it my rebellious nature, with humble submission.—*N. York Medical.*

"CONCENTRATED REMEDIES."

BY W. M. INGALLS, M. D.

Having noticed much which has been written within the past year, in our medical journals, in regard to concentrated medicines, and especially those manufactured at the establishment of B. Keith & Co., N. Y., I have taken the trouble to investigate the matter for myself, that I might ascertain the truth in regard to it.

It seems that they have isolated very many of the medical properties from our indigenous plants, and, in many cases, have combined them after isolation, presenting to the profession many very valuable preparations.

There are several firms in Cincinnati, who manufacture concentrated remedies, and I believe I have used preparations prepared by all of these firms, and have been highly gratified with their therapeutic effects. We should endeavor to encourage those who have undertaken to advance the great cause of medical reform, by presenting to the profession acceptable vegetable remedies, in a concentrated form; and they, in return, should present us with pure preparations; and the only manner to assist ourselves in this particular, is to put them in practice. It would almost seem, so far as we have relied on those who have contributed to our medical journals, that they have been well paid for their efforts—not much light has been giv-

en—only such and such preparations were adulterated, and on the reception of another journal, a strong denial was made of the same. Such a state of affairs has induced me to use the different preparations of certain firms, and as far as my experience in the matter has extended, I have been well satisfied with the effect of them in the treatment of disease. I have used Hill's podophylline, leptandrine, dioscorine, macrotine; Merrill's sanguinarine, xanthoxyline, scutellarine; Keith's senecio, hyoscinamin, jalapin, myricin, gelesemia. All of these preparations have proved valuable agents in my hands, in the treatment of those forms of disease for which they were adapted.

These remedies are more convenient for the practitioner, acceptable to the patient, and speak of a better day coming for the Eclectic practice of medicine.

Will practitioners investigate the matter for themselves—not depend on those who are interested only as far as money is concerned, in puffing into practice certain preparations.

No practitioner can be successful without reliable remedies; and the only manner of obtaining reliable preparations, is to investigate the matter, and when he finds an honest vender, patronize that firm.

[REMARKS.—There is much truth in the above remarks of Dr. Ingalls. Yet we are not certain but some good may grow out of the discussion going on in some of the journals, in reference to the subject alluded to, especially if there have been base adulterations practiced in the manufacture of the concentrated remedies. It may compel the several firms directing their efforts in this direction to be more honest in future, if they have been derelict in this particular heretofore. Since this discussion commenced, like Dr. Ingalls, we began to carefully test these preparations, especially those of B. Keith & Co. We have used some twenty of their different preparations in a tolerable extensive practice, and are glad that we can conscientiously say (we are not paid for our expression) that they have fully and entirely met our expectations, and candor compels us to assert that we believe them to be reliable, and the firm worthy the patronage of the profession.—*Ed. Rev.*—*Middle States Medical Reformer.*

Part 3.—Editorial.

ELECTRICAL INTENSIFIER.

By a perusal of the following communications, one from N. S. Keith, Esq., of New York, and the other from Prof. L. E. Jones, of this city, in response to a mendacious communication from one S. B. Smith, of New York, in the College Journal, in relation to what he calls his intensifier, the reader will perceive that this individual is placed in no enviable position before the public.

We happen to be quite cognizant of the merits of Prof. Sanders' intensifier, as it was originally used, previous to his great invention of using the inductive influence of the permanent magnet. The intensifier of Prof. Sanders develops only the *primary induced current*, and not the *secondary induced current*, as this man Smith claims to have done. Prof. Sanders had, long ago, (before he went to New York, or knew that such a person as S. B. Smith existed,) dispensed with the secondary induced current, as it proved too *intense*, and contained really no *quantity* at all; thus, in its medicinal action, only creating pain without effecting any good. This led Prof. Sanders to employ the *primary induced current*, with the alternate currents turned into one direction. This current Mr. Smith knows nothing about. In fact, he appears to be so ignorant of the principles of electricity, that when Prof. Sanders called on him to explain to him the difference between his invention and that of his own, he did not know what was meant by the primary and secondary induced currents! Still he tells the public, through the only vehicle which could be induced to publish his grammatical blunders, that Prof. Sanders has stolen his invention!

We think that before the really able writers who have honored this man by introducing his name in print, are done with

him, he will be capable of comprehending the old maxim, that "honesty is the best policy."

We would further state, that the brief notice of an intensifier, which Smith alludes to, (published in the March number of this Journal,) was written before Prof. Sanders knew that such a person as S. B. Smith lived, much less had disgraced the science of electricity by his ignorant pretensions and blundering failures.

But let all this pass. What is the use of wasting ammunition upon a thing which has been left far in the wake by the rapid progress of science? Even if Smith's pretensions were what he would make the public believe, they are far behind the age and are not worthy the attention of a public, who patronize the best, to the total neglect and exclusion of the worst. We hope, therefore, that there will be no more words wasted upon what has been done in the past, but that each man will leave the future to speak in praise of the relative value of his invention. The public, ever quick to discern, will soon separate the pretender from the truly scientific man; and while it will award to the latter his just meed of praise, it will give to the former that disapprobation which, sooner or later, crushes him and his pretensions to the earth, never to rise again.

NEW YORK, JULY, 1856.

MR. EDITOR:—In the College Journal for June, there is a communication from one S. B. Smith, of this city, in relation to the intensifier of Prof. Sanders. It is entirely foreign to any motive of mine, to attempt to do this old man harm, but who old age so forgets itself as to obtrude uncalled for, before the public, in the character of a traducer of private worth, and so far loses all emotions of gratitude, as to attempt the injury of those who have done him the greatest good, it behooves us to paint the portrait of such a person before the community in its true colors, as an act of strict and impartial justice which we owe to the public. Allow me, therefore, to state just what I know, and which

inceptible of proof beyond the attempt of refutation.

I know that this man, S. B. Smith, called at my father's house three times after Prof. Sanders, with the request that he would accompany him to his dwelling, to inspect a piece of apparatus which he pronounced a great discovery. At length Dr. Sanders consented to accompany him. The apparatus was simply one of the common electro-magnetic machines, in which Mr. Smith asserted he had turned the to-and-fro currents in one direction. Upon examining the machine, Prof. Sanders discovered that his pretense was not true, and that the complicated currents of this machine were not turned in one direction, and the whole affair was therefore a fraud upon the community. He also learned, during that interview, that this man Smith was entirely ignorant of the first principles of electricity, and that he really did not know the positive from the negative pole of his own machine. I am now ready to prove that he can not yet explain the distinction between Prof. Sanders' intensifier and his common electro-magnetic machine, altho' the two pieces of apparatus are not at all analogous, and involve two distinct principles of electricity in their operation. It should, therefore, be understood by the public, that there is not the least similarity in the intensifier of Prof. Sanders and the common electro-magnetic machine of Mr. Smith; and that, while the former is the result of true scientific research, the latter is a total failure in even that claimed for it, and is, therefore, a fraud upon the public. I pronounce it a standing monument of ignorance associated, as it always is, with pretension.

While the machine of Mr. Smith is an electro-magnetic one, involving the inductive action of an electro-magnet, that of Prof. Sanders has nothing whatever to do with electro-magnetism, but involves wholly magneto-electricity, and in its present improved form, produces enormous quantities of electricity, without the aid of the voltaic battery. The two pieces of apparatus are as entirely dissimilar as it is pos-

sible for two pieces of apparatus to be—the one of Smith being simply the common electro-magnetic helix, in which he has entirely failed to send the complicated currents of that machine in one direction. This desideratum can only be attained by the employment of at least one pole-changer, which Mr. Smith has not used in his machine, and therefore, he has entirely failed in what he pretends, and consequently is practicing a fraud upon the public.*

But there is one other subject which I feel it incumbent upon me to notice. This man Smith asserts that Prof. Sanders proposed that they should patent his intensifier in co-partnership! I am authorized by Prof. Sanders to pronounce this assertion an unmitigated falsehood. This tale bears falsehood upon its face, for if the apparatus, as he now uses it, had been already patented, (which probably is false,) how could Prof. Sanders propose to patent it again? Would Prof. Sanders be likely to propose the patenting of what he discovered at a glance to be an arrant humbug? The man who can so divest himself of those nobler traits of man's nature, as to stoop to the employment of the basest and most premeditated falsehoods to further still baser ends, is unworthy the name of man, and is reduced to the level of the brute.

In the presence of Prof. L. E. Jones, of the Eclectic Medical Institute of Cincinnati, this man Smith admitted that he had done Prof. Sanders injustice, in his former

* In order that the currents in this machine should be turned in one direction, it would be necessary to resort to a revolving electro-magnet of considerable complexity. This Prof. Sanders has already accomplished, but it renders the apparatus so composite in all its parts, and so liable to become deranged, that it would not be suited to the handling of those persons who would be most liable to require its use. The machine of this man Smith has nothing original whatever about it; it is simply the common electro-magnetic helix, in which he has destroyed the little virtue that it possessed, by his ignorant and blundering attempt to direct the intermittent currents into one continuous channel.—When will these stupid ignoramuses cease to infect the community?

article, and promised that he would go home immediately, and write an article for the College Journal, in which he would retract all that he had said in his former article.* He then admitted that the invention of Prof. Sanders was not at all similar to the one he makes pretension to, and that he would so inform the readers of the College Journal. At the same time, he made propositions of co-partnership, as he had done in a similar instance before. He vaunted, with his characteristic pretension, of the immense reputation his name had gained throughout the West and South, and thus his connection with Prof. Sanders' invention would greatly increase the sale of the machines! The answer that Prof. Sanders returned to this offer of co-partnership was, that after he (Smith) had written his promised retraction, he would then take into consideration his proposition. The last words that Smith said, upon leaving the room, were, that *he would write the retraction immediately upon returning home; that he was entirely wrong, had misunderstood the invention of Prof. Sanders, and would so inform the public in the pages of the College Journal.* But what does he do? Does he fulfill the pledge he so solemnly made? Read the July number of the College Journal, and there the record stands, in black and white, of as dark a piece of moral perjury as it is possible for any character, totally abandoned to every principle of honor and veracity, to perpetrate. The man who could, with such deliberate calculation, proceed to the dark act of perjury, and thus stamp upon his brow a more damning mark than that of Cain, is so totally devoid of all moral principle, that to call him a man would be but to perpetrate an insult upon human nature.

* Still, upon the face of this assertion, made in the presence of Prof. Jones, he writes to the College Journal a tissue of falsehoods, which stamp forever upon his character the dark crime of hypocrisy and ingratitude. Prof. Jones' article will place this man Smith in his proper light before the community, if this article has not already done it.

It is a wise policy, ere a person attempts to asperse the character of another, that he shall previously review his own, to ascertain whether it is impeachable or not. With a man who is vulnerable in all of his points—who, amid the active duties of a busy life, has so far forgotten the cloth he still wears, and the demeanor he still assumes, as to dissolve all these ties which the just and the honest most cherish and revere—it is time that old age should cease to be revered, and that gray hairs should cease to inspire that veneration and respect which are generally associated with them.

This man Smith alludes to an article published in the March number of the R. M. Journal.* The invention there described is as superior to the thing he pretends to have discovered, as it is possible for one thing to differ from another. Smith only professes to have turned the intermittence of the primary induced current into one direction, and he has failed in that; while the machine described by Prof. Sanders, and written long before he knew that such a character as S. B. Smith existed, has both the primary and secondary currents thrown into one direction.

But this old invention of Prof. Sanders has been superseded by that gentleman with another as far its superior, as was it in advance of that professed to have been discovered by this man Smith. Dr. Sanders has entirely dispensed with the galvanic battery, and has substituted, in its

* In the July number of the College Journal, this man Smith asserts that Prof. Sanders denied his own written article, with his name at the head of it! This assertion was made by its writer, under the full consciousness that he was not only perpetrating a falsehood, but was, at the same time, committing as base a piece of hypocrisy as it is possible for a person to be guilty of. After promising, in the most emphatic terms, to retract (that was the word he used) all that he had formerly written, he goes directly home, and not only renews his former falsehood, but adds a still greater one to it! In a future article, I shall give a few of the antecedents of this man, when the reader will not be astonished at his present duplicity.

dead, the inductive action of the permanent magnet. By the arrangement he has lately accomplished, he obtains full as much quantity of electricity as is contained in one hundred cups of Swane's battery. It was this invention that this man Smith wished to get an interest in, and who promised that upon these conditions, he would retract all that he had previously written. The man who could thus, after he deliberate posting and publishing of an article, agree to retract it, whether it was false or true, for a little pecuniary consideration, has indeed fallen into a wretched state of moral turpitude.* Such a character deserves no considerations of mercy, no sympathetic emotions of pity, but should be dealt with, irrespective of the sentiments we entertain for age, with the utmost rigor.

Have the amenities of age caused this man to forget that he is in the last act of his drama of life? Is he determined to inhibit that reverence which all men entertain for gray hairs, by sacrificing all that virtue which experience has linked with them? Is there no age for repentance, for meditation and contrition? Or is this man now determined to present a lamentable spectacle to the world—a long life spent in evil, without the redeeming trait of its last act consumed in penitence? Is he still determined that his old age shall be occupied in the same disgraceful pursuits, the same agitated and evil thoughts, which rendered his youth so liable, and his vigorous manhood so odious? We do not appeal to him in the exaltation of his being capable of wiping out the infamy of his former life, but in the hope that ere he escapes out of existence, he may be induced to mitigate the disgrace which has been thrown upon the condition of old age.

N. S. KNYE.

CINCINNATI, August, 1856.

An article appears in the July number of the College Journal, over the signature

Prof. L. E. Jones was present at the interview alluded to, and can certify to the truth of the statement.

of Samuel B. Smith, in reference to a conversation which took place between himself and Prof. Sanders, in the office of the latter, in my presence, on the 25th of June. It reads as follows:

"New York, 6th month (June) 25th, 1856."

"I have this day received a letter from Prof. Sanders, in relation to my article; which, it appears, has been published in the 'College Journal,' (although I have not seen it). In this he accuses me of having published an 'unqualified falsehood,' etc. I immediately called on him, in company with a friend. I told him that the intensifier, so called, which appeared over his signature in the March number of the Eclectic Medical Journal, was the same as my direct 'to-and-fro current electro-magnetic machine.' He answered that he did not know that any such article had been published in that periodical—that he did not write it. He stated that he had sent them an article about six months previous, but that it was not the article I alluded to.

"He professes now to have discovered something else to answer even a better purpose. This, however, I know nothing of—have not seen it—but from what he has already published, I presume it will prove an abortion. SAM. B. SMITH."

I was present at the time this interview occurred, and can but express my surprise that the above article from S. B. Smith is presented to the public as a fair and truthful exhibition of the facts. I cannot refrain from the conviction that the writer has published errors, and perverted the truth. Prof. Sanders did not answer, "that he did not know that any such article had been published," &c., and "that he did not write it." He stated emphatically he did write it some six months before, and that he did not know at that time, that Mr. Smith claimed to have made a similar discovery. He did not say the article published was not his, nor that to which Mr. S. alluded; but said his *late* discovery, and the one about which the present misunderstanding had arisen, was the one for which he contended, and entirely different, both in principle and mechanism, from that which was the basis of his article of last winter, and the one which Mr. S. alleged was an infringement of his patent. Each admitted the identity in principle of the

other's discovery, so far as respected the published article of Prof. S. written last winter; but when he explained his recent or new discovery, setting forth its simplicity—the rejection of cups, acids, &c.—its increased electrical power over others now in use, and its capability for being substituted for all other kinds, &c.—Mr. Smith admitted his mistake—said he had misunderstood the discovery claimed—confounded the late with the former; said they were totally unlike each other in principle, and the apparatus in construction—expressed regret that he had written the article published in the College Journal—said he wished to do no man injustice—admitted Prof. Sanders' explanation had convinced him he was in error, and that he had done him injustice—expressed a desire to acquire an interest in the new discovery of Prof. S., which he now supposes “an abortion”—boasted largely of his influence throughout the country—said if any man could make the new invention available, he could—said Prof. S. might as well dispose of an interest in it to him as to any one—wished to examine the apparatus, which Prof. S. promised to exhibit to him as soon as completed.

On leaving the room, he promised Prof. S. he would write an article that day for the College Journal, making honorable amends for the wrong and injustice which his former article had done him, by revoking or fully retracting what he had stated injurious to Prof. S. After he had left, Prof. S. requested me to bear in mind their conversation and his repeated promises—doubted his sincerity and intention to fulfill them. This is the substance of what passed between them.

If the article which appears in the July number of the College Journal is intended by Mr. Smith as a fulfillment of his promise made to Prof. Sanders on that occasion, I must say I think he has totally failed to fulfill it, both in word and spirit.

L. E. JONES.

MEDICAL PLAGIARISM BY DR. C. H. CLEVELAND—A STUDENT ROBBED OF HIS JUST MERIT.

We have, for several months past, promised to expose some of the unprofessional acts of the man whose name heads this article.

At present, however, we will refer to but one. During the fall of the year 1854, we received an article from J. D. Collins, M.D., of Madisonville, Ky., upon Phlegmasia Dolens, to be published in this Journal. We examined it, were well pleased with the views of the author, and regarded them as valuable to the profession, and accordingly published it in the December number of that year. The article was considered of sufficient importance by other journalists, of both old and new School, to republish.

Dr. Collins spent the spring of 1855 in this city. He again prepared the article, with such improvements and changes as he had made in his views since its first publication, which he submitted to the Faculty of the Eclectic Medical Institute as a thesis. This was delivered to me and published in the June number of the Eclectic Medical Journal, 1855, as will be seen by reference thereto.

Several months after this, Prof. J. King's work on Obstetrics was published. Judge of our surprise, when we found Dr. Cleveland had taken Dr. Collins' article and furnished it to Dr. King as an original contribution to his work. We will give the principal part of both, and let the reader judge for himself as to the correctness of the charge against Dr. Cleveland. The doctor may attempt to justify himself for reprinting Dr. Reece's Lexicon as his own, by saying that he has “done no more than Dr. Reece did before him,” but to take the entire labor of one of our own students, in this wholesale manner, and then have it inserted in a stereotype standard work as an emanation from his own brain, is too bad; yet it is in perfect keeping with his whole course, since he has been in this city.

The following is from Dr. Collins' article:

"From a careful investigation of the history and symptoms of this disease, I have been brought to the following conclusions: That it is caused by the pressure of the fetus on the numerous lymphatics that are located about the lower part of the superior and upper part of the inferior straits of the pelvis.

"This pressure causes obstruction in the lymphatic circulation—this obstruction induces irritation, and the irritation ultimately produces inflammation, which soon involves the glands of the whole of the lower extremity, unless arrested by some agent. What are the evidences upon which I come to these conclusions? They are of two kinds, viz., positive and negative. The positive are—

"1. That the lymphatics of the pelvic trunks stand out more prominently than by other circulating vessels.

"2. They are less able to resist pressure than any other vessels. Why? Because the visatargo of the lymphatic circulation is more feeble than any other circulation in these parts.

"3. There is an effusion of lymph long before the veins become involved. How do we know this? 1st, because of the peculiar character and appearance of the swelling; 2d, because the serum drawn off by scarifying the parts is found to contain large quantities of lymph.

"4. Because we find the lymphatics much swollen, &c., before the veins become involved.

"My negative reasons are—

"1. It cannot be the veins, because the phenomena of inflammation of the veins is not evidenced in this disease, until it has existed for some days, and sometimes weeks.

"2. Because inflammation of the veins elsewhere does not present the same appearances and phenomena that exist here, viz., effusion of lymph in cellular tissue &c.

"3. Because the treatment which is successful in combating inflammation of the veins elsewhere does not answer the same purpose in this case.

"4. Because a dissection of a portion of the limb from the diseased parts in its primary stage does not show any trace of inflammation.

"5. If it were inflammation of the veins, resulting from pressure of the fetus upon them, they would take on the inflammation sooner than they do here.

"There is no doubt in my mind that the veins do become involved ultimately, un-

less the disease is arrested in its primary stage. All of the post mortems show the veins, as well as the lymphatics, to be involved, but the post mortems are not reliable, so far as determining the primary cause of hardly any disease—they only show the extent of diseased action.

Dr. Cleveland's communication to King's Dispensary is as follows:

"This derangement of the lymphatic glands, I believe to be caused by the pressure of the head of the fetus in passing through the superior strait, and the reason why the left leg is more frequently the seat of the disease than the right, is owing to the fact that the occiput of the child is more generally directed to the left side of the pelvis. At the lower part of the superior, and the upper part of the inferior strait, there are many lymphatic glands which are large enough to be much more prominent than the nerves or veins; and they must oftentimes become compressed by the occiput of the child during its passage. This pressure may cause the glands to become inflamed and engorged, and the engorgement will cause an obliteration of their vessels, or, at least, an obstruction to the free flow of lymph through them, which obstruction will lead to congestion and inflammation of the inguinal glands and gradually of the lymphatics of the entire lower extremity.

"Among the phenomena on which I base this opinion, are, briefly, the following:

"1. The limb does not become seriously implicated for some little time after confinement.

"2. The lymphatic glands of the groin, and the lymphatic vessels of the limb are involved for some time before the nerves or veins appear to be affected; as evidenced by the locality and character of the swelling in every case examined; and also by the exudation of lymph, whenever scarification has been employed.

"3. The general lymphatic engorgement of the whole limb, and the cold, white appearance of the part, contra-indicate inflammation of the veins, or any other tissue except the lymphatics.

"4. The invasion of exactly the same form of disease in the arm of one man after amputation, where the lymphatic glands of the axilla had become involved, and the lymphatic vessels of the whole arm had become engorged, and, also, the appearance of two other cases of phlegmasia in the legs of men where certainly the lymphatics were first involved. Writers have also

observed the same phenomena among males.

"5. The veins can not in my opinion, be the primary seat of the disease, for they do not appear to be affected until after the disease has existed some days, and, in a few instances, even for weeks, after the affection of the lymphatics.

"6. The veins when inflamed do not present the same phenomena in any other part of the system, as are observed in phlegmasia dolens, as effusion of lymph, a white shining surface, and a low grade of temperature.

"The treatment which is found most successful in cutting short the disease in its earlier stages, is not such as would be demanded if the veins or nerves were primarily affected, but, is such as would be used for inflammation of the lymphatic glands, and vessels elsewhere."

ANOTHER CASE OF POISONING FROM STRYCHNINE, SUCCESSFULLY TREATED WITH SWEET OIL AND LARD OIL.

I was recently called to see a person who, at twenty-five minutes past 7 o'clock A. M., had taken $3\frac{1}{2}$ grains of strychnine.

I answered the call immediately, and arrived where the person was at fifteen minutes of 8 o'clock. On my arrival I found Dr. O. E. Newton had preceded me, and had administered $1\frac{1}{2}$ pints of sweet oil, the patient being then convulsed to the full extent that could be produced by the poison, but perfectly conscious. I immediately ordered $1\frac{1}{2}$ pints of lard oil, which was also administered. We then learned that Dr. Sherwood had been there and had administered alcoholic tinctures, and left the patient.

We called several times during the forenoon; the paroxysms become less frequent and milder until 12 o'clock, when he was powerfully convulsed. A messenger was immediately dispatched to my office, and I at once visited the patient. Before I arrived there, Dr. Sherwood had volunteered a prescription of camphor water. I immediately ordered the following:

R Oleo ros. zanthoxylum grs. x
Sach. alb. 3ss

Triturate well and make powders x.

One to be given every hour, which were continued for the next twenty-four hours. When I called at this time, the gentlemen in attendance had procured a quantity of strong coffee, which the patient was taking, to which I assented. At half past 1 o'clock he had another and the last paroxysm, from which he was much exhausted, but gradually improved for two or three days, when he was able to attend to his business.

In this case I have no doubt but that the oil administered saved the life of a valuable citizen.

We leave the profession to form their own opinion of the effect of introducing alcoholic tinctures into an empty stomach (as in this case) containing $3\frac{1}{2}$ grains of strychnine. Is it soluble in this medium and would it not by this means be diffused more rapidly through the system? I think it was well that he got the oil before it had much time to act on the poison.

"DYSENTERY OR BLOODY FLUX"

It appears from the last number of the organ of the expelled professors, that Dr. Sherwood has had a call to a lady of "temperate habits," (this, perhaps, does not refer to the use of tobacco,) and found she had the "dysentery or bloody flux," and that this case was attended with all the characteristics of the disease—a very wonderful thing! How could there be "dysentery or bloody flux" without them. Then follows another "funny" paragraph, which we quote entire:

"*Diagnosis.*—Dysentery or bloody flux as a name for the disease. As the basis of treatment, torpidity of the liver, general nervous irritation, and a debilitated condition of the large intestines, with congestion verging on inflammation."

"Dysentery or bloody flux as a name for the disease." What disease, Doctor!—

When will you complete the sentence? or is it "perfectly characteristic" of the writer? "As the basis of treatment, torpidity of the liver." What does this mean? Do you wish to produce torpidity of the liver, or do you wish to say there is such a condition present? How very lucid in expressing your meaning—suppose you think it is enough for you to know what you mean.

Again: "a debilitated condition of the large intestines, with congestion verging on inflammation." Now, Doctor, did you ever read in any medical work, of such a thing as dysentery or bloody flux without inflammation. Is not the inflammation the peculiar location of the disease? or are you willing to admit that there is only an obstruction of the depuratory process, and that inflammation is necessary to remove it. You say that your patient, the "lady of temperate habits," had copious dark colored discharges, with a reddish color, as if containing blood—fecal substances mixed with uncoagulated blood—bloody serum—pain and tenesmus, &c., and yet you say there "was congestion verging on inflammation." Had you not better study the symptoms of inflammation? We would now ask if there is to be found a first course student in any medical college, who has ever read a single work or description of his disease, but would laugh at this great big-headed expelled professor's ignorance of the practice of medicine. Such ignorance is only to be found among these hypercritical, highfalutin editors.

But here follows the cream of this extraordinary case:

Prognosis.—Will probably be very soon relieved by the following treatment:

R. Syr. rhei and potass. comp.

Tinc. xanthoxylin bac.

Tinc. serpentaria comp. aa f3ss. M.

S. Take two tablespoonfuls every four hours."

Now, to say nothing about the new method of spelling introduced in the above prescription and directions, as the reader will see, by this learned hypercritic, into the "only really valuable and readable journal of this city," the prescription is a

curious thing, and plainly shows that the whole case was treated on paper, and not in a body composed of the ordinary constituents of humanity. Let any reader refer to the ordinary dose, as recommended for the articles in the prescription, and he will at once see that this "great man," this man with the "big head," has no knowledge of the doses of even the most ordinary medicines in common use.

He then directs the use of "one fluidrachm of laudanum every hour, to be introduced into the rectum through a long tube." How long, doctor, should this tube be?—as long as a piece of string, we suppose. Now this looks like big doses of laudanum, but as the prescription is made by a "big man," it may all be right. We had hoped that these men who have such a perfect horror of the way the Eclectic Medical Journal is conducted, would give us something that would be perfect.

In conclusion, we would suggest to this Dr. Sherwood to study his books, especially with reference to the size of doses, as well as to the agents to be used in certain cases, for the benefit of those who may, by accident, fall into his hands. But this is like his administering alcoholic tinctures in a case of poisoning by strychnine, and then leaving the patient, and going on a pilgrimage, to ascertain what could be done—perfectly characteristic of this great spiritual doctor.

DETERIORATION OF MEDICINES.

We make the following extract from a letter of one of our very best Eclectic physicians, and think the suggestions worthy the consideration of the profession. For some time past, agreeably to the suggestion of our correspondent, we have used the agents singly, and from the improvement made, we have determined not to use them in combination any more.

"Since seeing you I have been much gratified with my success in relieving the pains following parturition, by the use of caulophyllin, cypripedin, and scutellarin,

in doses of one grain each. Also, with the almost specific action of tinc. veratrum viride in pneumonia. The daily action of these remedies confirm all my preconceived notions respecting them.

You will remember intimating to me, while here, that you failed to reap of late, your accustomed success from the use of the comp. syr. stillingia and iodide of potassa. It has occurred to me, to suggest that the facts which Dr. Keith advanced in regard to the *chemical decomposition* that takes place in extracts, might have a bearing upon the case. Has not the syrup been *too long made up*? I am in the daily dispensation of a similar compound, and I cannot detect any diminution of its therapeutical influence. I make it in small quantities and often.

If upon investigation the quantity of alcohol proves to be too small to resist decomposition, or rather acetous fermentation, the suggestion is plausible. And if a specific acid is generated, (or even the tannic acid of which the stillingia contains a large amount, and which is instrumental in the destruction of extracts,) may not the iodide of potass. which is added, be rendered partially or wholly inert?"

DR. SHERWOOD'S GREAT DISCOVERY—COLLEGE JOURNAL.

To create the impression that he has made a great discovery, Dr. Sherwood, of this city, reports a case of poisoning by strychnine (not his own), which he by accident saw in opposition to the patient's wish.

Now, Doctor, as you appear very angry because you did not get to report a case, though it belonged to others, I propose to refer to some of your demonstrations of extreme littleness which you are accustomed to make toward all parties you come in contact with, in answering some of your statements and personalities—giving, to some extent, the reasons of such statements and personalities, without the least intention, upon my part, to convey the impression that I wish to detract any thing from your *good name*. This fact I wish you to bear in mind.

The Doctor, having observed the treatment in the case, by myself and partner, tries to run off with it.

Now, Doctor, I presume your first prescription, tinc. lob. and cap. comp. will sustain your statement which I extract:

"A case of poisoning by strychnine recently occurred in this city, which appears to me to possess sufficient interest to justify a brief report."

Yes, the prescription of the above tincture fully justifies your report of the case, according to your knowledge of the practice of medicine. The case and treatment manifest no particular interest, further than to show how little common sense you displayed in giving to one lying prostrate before you in violent spasms from the introduction of 34 grains of strychnine into an empty stomach such a dose. Well may you say, on page 316, when speaking of the treatment, "no special credit should be claimed." You say, on page 317, that you gave him the tincture, and then "stepped across the street to get some lard." Why did you give him the tincture?—you can answer that. Your want of knowledge of the case only permitted you to administer it. You went home, or stepped across the street, after lard. What did you intend to do with the lard? Were you going to rub it over the mouth, and make the patient eat it? No, Doctor; you went home to look in your books, to see if you could find the antidote. Deny this, if you can, and say that you did not leave the poor patient, to go home, and there examine a book upon the subject, while every muscle in his body was convulsed, to *find out the remedy to be used*.

You say you returned in a few minutes, and called for some sweet oil. This assertion I believe to be basely false, as no such demand was made. When you returned, I had already given him several glasses of sweet oil. Why did you not ask for oil before you went home? You never thought of it until you saw me giving it. And why did you show such stupendous ignorance by giving a tincture, which any tyro in medicine should have known would only increase the difficulty? Well did the patient know this was bad treatment, as he stated, when he expressed himself by say-

ing, that the work of self-destruction was going on bravely, after you gave him the tincture. Now, Doctor, the patient knew that your treatment was calculated to increase, instead of mitigating the fatal influence of the draught he had taken. But, said he, when Dr. Newton gave me the sweet oil, I feared my object would fail—but the true antidote was given.

Dr. S. goes on further, and says: "At this time, Dr. R. S. N. came in and found me officiating, *but neither of them spoke to me.*" Now, I would here say, that at this time, and for some time subsequently, neither myself nor R. S. Newton knew that this man had been to see the patient; but after his officiating for some time in the way of offering suggestions, we indirectly learned from a gentleman present, that Sherwood had been brought in till Drs. Newton could be got, they being the patient's choices. While the messenger was on his way to our office, he met me on the street, consequently, I reached the patient before my partner, though all I did I considered done for his patient, in his absence. I will repeat: the patient's intimate friend was immediately dispatched for R. S. Newton; meeting me on the street, I preceded him. R. S. N. was there in a few minutes after, and before Dr. Sherwood came in. Knowing the preference for one of us, and that he had no confidence in him, the friends of the patient having stated after he came on, upon inquiry, that Dr. S. had only been here (being the nearest to him) until R. S. Newton could be brought, we had no hesitation in supposing the patient our own.

He says, on page 317:

"I produced my pump, removed the oil from the stomach, and injected a dose of lard oil, which had now been prepared at my request. The alcoholic tincture of camphor was introduced into the second dose of oil by Dr. N. himself, while I held and used the pump."

Now, I would state to the reader, that before any lard oil was given, I had administered to the patient all the sweet oil, (1½ pints,) which was used. The sweet oil being all gone, we then ordered lard oil. From the first dose of sweet oil adminis-

tered, the patient seemed better, and when the lard oil was ready, he was still improving. The presumption that the strychnine was mixed with the oil, and the stomach pump being at hand, justified its use to remove the oil now given. As soon as removed, there being no more sweet oil present, the lard oil we had sent for was introduced. In regard to alcoholic tincture of camphor, said to have been introduced into the second dose of lard oil by Dr. Newton, Dr. Sherwood makes a positive and malicious misrepresentation, for there was no camphor given by either of us.

He says that we opposed the use of the stomach pump, and that we were not disposed to speak to him.

Now, Doctor, as far as I was concerned, I objected not so much to your suggestion of using the stomach pump—not to extract the alcoholic tincture, but the sweet oil I had given before you returned from your trip after the lard—but I opposed your interfering with what I believed to be our rights in the case, not knowing, at this time, that you had previously been there, and to show you that we expected to treat the case according to our own judgment, without the advice of one in whom we had no confidence, as a practitioner of medicine, as we have had ample reasons to disregard your professional advice, both from the result of your practice, and the want of ordinary etiquette which is possessed by gentlemen. These reasons you should have assigned for our not speaking to you.

Again he says:

"If it be asked how Dr. N. dared publish a perversion of facts, I reply, that he knew the patient and his friends had requested that no publication of the case should be made which would identify them, and that, consequently, I could not avail myself of their testimony to disprove his statements."

What statements do you wish to disprove, Doctor?—that you gave alcoholic tinctures and then left the patient, to go after lard, or to look at your books? that you are not considered a practitioner of

much skill or experience? or that neither of those present would permit you to prescribe for him, under the same circumstances, unless it should be the patient himself, who wished to die, by whom, at such a time, your prescriptions might be accepted.

After one more flourish he says he will dismiss the subject, to wit:

"I have been long since satisfied that he was destitute not only of professional honor, but of moral sensibility."

Yes, Doctor, if such acts as you have been guilty of constitute professional honor and moral sensibility, neither R. S. Newton or myself wish to take from you the basis of such a component of character. I will further state some of the reasons, in addition to what I have stated, that prevented me from speaking to you. Your course as a medical man in this city, has been replete with outrages upon other medical men and the system that you pretend to belong to, for the past year and a half. During this time I have failed to observe any difference between the basis upon which Dr. Sherwood has practiced medicine and our most bitter Allopathist brethren of this city.

About two years ago it was said that Dr. S. had lost two patients within a few days of each other of puerperal fever, and that he had permitted them to be bled while under his treatment. This I could not and would not believe at the time, knowing how disreputable it had been considered by all the teachers connected with the E. M. Institute, to acknowledge that any Eclectic physician had to resort to bleeding to cure any disease; it was preposterous. To satisfy myself as to the truthfulness of the disreputable charge, I visited Dr. S. at my earliest opportunity, for the express purpose of being convinced by him, and desired to know of him if he really had so far forgotten all the previous principles governing the teachings and the practice of the founders of this prosperous institution. He answered, Yes, his patients had been bled—he had vomited them and given an emeto-cathartic—had given

the lobelia preparations, subjected them to the spirit-sweat, administered the anti-spasmodic tincture, etc., and after this he permitted them to be bled; "and," said he, "notwithstanding all the treatment, they both died." I would ask the reader if he is surprised at the result.

I answered the doctor at the time by saying that if he understood Eclecticism to bleed, from the teachers of the E. M. Institute, I had most signally failed to learn what was understood to be true Eclecticism in that institution, as it is well known that the Eclectic system had never recognized the necessity of bleeding in any case. He then urged that Eclecticism was to do anything for the patient considered for the best, and that under these circumstances he had permitted his patients to be bled; Eclecticism, he repeated, as he understood it, permitted him to do anything he pleased for his patients; at least he calculated to do so, any how. I remarked to him that we differed very widely as to what were the principles upon which the Eclectic practice was then and had been based, and left him. From that time till the present, he has not been recognized by myself and other physicians as a genuine Eclectic, but as bogus, like the kind of stock which he issues.

For the above and other un-professional acts of Dr. S., he has rendered himself unworthy of confidence as a physician.

Your "professional honor"—to swear is court that Dr. Newton had been in concert with Dr. L. E. Jones, for the purpose of overthrowing the Institute, when you yourself had been proven a mean trickster and a hypocrite; having made yourself various kinds of propositions to Prof. Jones, such as making him trustee of the college, etc.! To this part of the testimony the Court, even, was forced to observe, "I thought Dr. Sherwood swore that Dr. Jones was an enemy to the Institute, and that Dr. Newton had been in concert with him as an enemy of the Institute, but I now find by the testimony of Dr. Jones, which is not denied by Dr. Sherwood that he, Dr. S. himself, has made all kinds of propositions to Dr. Jones." This said, no wonder

as looked confounded. But our attorney marked: "Your honor will observe that as only to get the influence of his stock in the election of trustees; but when he said that he would not lend himself for any such purpose, Dr. Jones was immediately an enemy of the Institute." The judge certainly drew his own conclusions, and a furtherance of this matter you, Dr. S., found yourself branded with an act of duplicity and fraud, making it necessary for me to try and explain it to the students the next day. At the usual hour for lecturing you remarked somewhat as follows:

"Gentlemen, I am called upon to-day to make, or attempt to make, some explanation to you, as students of this Institute, or my apparent dishonest course, shown by my own affidavit as well as that of Prof. L. E. Jones, as read in court yesterday, to wit: that I swore that Dr. L. E. Jones had been and was an enemy of the Institute, and that Prof. Newton having voted for the same trustees that Prof. Jones had voted for, had connived and acted with the enemies of the Institute, when it was proven at the same time by Dr. Jones' affidavit, and not denied by myself, that I had proposed to Dr. Jones that he should vote with us (Dr. S. & Co.), in the coming election, and that I had made several propositions to receive Dr. Jones's friendship and votes, and that I would vote for him to be one of the next elected trustees, etc., etc. Well, gentlemen, I know you have reason to demand some explanation for my conduct in this affair, and you shall have it.

"Gentlemen, we had to have Dr. Jones' vote. Though I did make all the propositions above stated, I had not the least intention of making Dr. Jones one of the trustees—it was not my most distant idea, gentlemen—I was only sounding him." Reaching this point, the partial exhibition of your dishonesty ("professional honor") was met with hisses to your face of a large portion of the class, while a few, principally your boarders, applauded. Look at your response. "Gentlemen, I did not expect you to applaud, nor did I expect geese to him," and your "professional honor" sat

down, having sunk yourself still further in the estimation of the students present.

Doctor, if you call such acts as these "professional honor and moral sensibility", Prof. Newton does not ask for any indorsement from you.

After the above history of only fractional portions of your dishonesty, lying and slandering disposition, for your own reputation and the reputation of your posterity, please not question or doubt the veracity of any one you *would like* to build yourself upon, by tearing him down. Therefore, the next opportunity you have, it would be better to assail some one who is your equal instead of those who have mere friends upon either of the streets of this city than you have in the county—those who do more professional business in one month than you have done in this city, since the profession has been disgraced by your connection with it.

O. E. NEWTON, M. D.
No. 90, West Seventh street.

MORE WILD-CAT OPERATIONS.

We see by the last number of the College Journal that the five false stock operators are up to their old trick of misrepresenting. They very gravely inform their readers that Mr. E. S. Wayne has obtained the "Oil of Trillium Pendulum," conveying the idea that the oil from that plant is the active principle.

We can not believe that Mr. Wayne gave them any such information; if he did, then we are sorry that Mr. Wayne did not make his investigations sufficiently minute to determine that the Trillium does not contain one ounce of oil in five hundred pounds.

Again, these luminaries inform us that Mr. Wayne is going into the manufacture of phleridxin in quantities sufficient to supply the trade.

When the fact is known that it requires a capital of \$200,000 to carry on the manufacture of quinine successfully, it is quite improbable that Mr. Wayne will undertake

the task which will need a capital of nearly, if not quite, the same amount.

We know several physicians who have for sometime been using the trilliin, the active principles of the Trillium Pendulum, which is highly recommended to the profession. The trilliin was first introduced to the medical profession by the house of B. Keith & Co., New York, and is for sale by their agent, Jas. G. Henahall, of this city.

EXTRACTING MERCURY BY GALVANISM.

We noticed this in our last number, giving the process, and we will again say, that we, as well as many others, are succeeding daily in extracting large quantities from the system, by this means.

Since then we have tried it in a case (among others) of rheumatism and disease of the bones, where the patient had not taken any mercury for sixteen years, during all of which time, from the enormous amount which he had previously taken, he has been a great sufferer. His system has been completely relieved by the application of Groves' battery five hours—one hour a day. The deposit upon the negative plate was very large, and was as easily removed from the system, as in recent cases of mercurialization. The effect upon his system was remarkable, as expressed in his own words, "*I feel fifteen years younger*"—he being entirely relieved of all his aches and pains.

CERTIFIED PROFESSORS.

It has become fashionable, now-a-days, when a professional reputation has not extended to the breadth required for the market, to bolster it up with certificates. This is generally resorted to by third and fourth rate colleges, with those poor individuals who are so unfortunate as to be connected with them. As no man of real scientific abilities will consent to serve in such concerns, it becomes a necessity for

those who possess no ability at all, or but a very little, to do up the pretension and bombast necessary to their success. In order that this game shall succeed, it behooves those concerned to resort to certificates, which are deemed a legitimate method of proving a man's ability and respectability.

Whether Dr. Burnham really requires certificates to substantiate his wonderful surgical skill, we do not pretend to know; but we do know that he has chosen a most questionable vehicle to circulate these certificates in. Should the expelled members of the Eclectic Medical Institute ever succeed in organizing a college of their own, and in obtaining a charter for it, we here predict that Dr. Burnham will not be a member of it over one or two sessions, as that visionary, Dr. Buchanan, will scheme him out of it, in order to put in some creature who will be willing to stoop so low as to do him reverence.

OPINIONS OF THE FRIENDS OF THE INSTITUTE.

We present our readers with a few more extracts from letters we are daily receiving from graduates and friends of the E. M. Institute.

Dr. J. B., of Pa., July 7, 1856, writes thus:

"I was sorry to hear of the divisions which have taken place among the professors of the Eclectic college, as it no doubt is a cause of triumph to our enemies. I have long since thought that Prof. Buchanan was an injury to the cause of Eclecticism; that his teachings tended to favor Homœopathy, and that he advanced many visionary theories of no practical use to the physician, but calculated to lead the mind from things tangible into the misty regions of vision and speculation."

Dr. C. H. B. of Indiana, July 8, 1856, gives us the following information:

"I have to-day returned from a few weeks tour in the West. I have seen many of the older students of the E. M. Institute, and with but one single exception, (and that one of little account,) all are on the correct track—determined to retain

be name *Eclectic*, the organ of C. H. Cleveland, M. D., to the contrary notwithstanding; and all seem glad to hear that the platform once supported by the lamented T. V. Morrow is likely to be retained in the Institute."

Dr. J. W. P. of Arkansas, July 12, 1856, expresses himself in this wise:

"I am sorry to hear of the division in the Faculty of the E. M. Institute, but I think the school will lose nothing by it, as many if not all of the expelled members seemed more desirous of impressing the students with their own importance, and sinking you and Prof. Freeman in their estimation, than teaching them practical knowledge."

Dr. S. L. S., of Pa., July 17, 1856, an old graduate, expresses satisfaction as follows:

"It was with some regret I learned your late college difficulty, but am satisfied with the final result. I had no personal knowledge of the expelled professors, with the exception of Buchanan; and although I relieved him to be an advantage to the school, I never thought his lectures of any practical value to the student. I had the pleasure of attending the lectures of two of their successors (Profs. Jones and Sanders), and think them well qualified for their respective branches. I have no doubt the others are equally competent."

Dr. E. H. M., of Iowa, July 18, 1856, congratulates us in this wise:

"I must compliment you very highly for the bold stand you took in the difficulty in the Eclectic college. When I was there, two years ago, I could see the swindling that was practiced by a part of the Faculty, both in the chair and in private-pay lectures, and the humbug of anthropology, psychology, &c.; and now as you are clear of such men, I hope you will never let such principles sneak into the college again, but that you will get such men as will promulgate the true Eclectic principles, and not have them amalgamated with Homœopathy, Allopathy, nor any other pathy orism of the day, which designing men may see fit to introduce for the purpose of courtng popular favor."

Dr. J. W. C. E. of Indiana, July 28, 1856, encourages us with the following:

"I am highly gratified with the recent changes which have taken place in the Institute, and especially with the restoration of the rights of Prof. Jones. You may

rest assured that you have the approbation of the majority, if not all, of the Eclectics in this region. Since you have got rid of Dr. Buchanan, with every thing appertaining to the science (!) of "anthropology," and since my old favorite, Dr. Jones, is reinstated in his former position, I have made up my mind to take another course of lectures. I hope to be able to do so this fall; If not, I shall certainly do so in the spring, and will bring two or three students with me."

Dr. M. G. M., of Indiana, July 29, 1856, inquires in this fashion:

"Now, Doctor, in all candor and in good faith, I ask, why was not an action brought against Buchanan, King & Co. for forgery, which would have brought the matter to an issue instantler? Why must medical reform suffer, and the school of our branch of the profession be bored and scandalized by such worthless scamps? If there is any way by which it can be done, let it be done, if the ex-professors must be sent to the lock-up. Please let us know all about it through the Journal and Express."

Dr. J. B. S. F., of Ky., an old graduate of the Institute, July 16, 1856, writes thus:

"Having by accident got possession of the June number of the E. M. Journal, and learning therefrom that Dr. Buchanan is no longer connected with the Journal or the Institute, I take this opportunity to renew my subscription to your valuable journal. * * * I always considered Dr. Buchanan too visionary and too much of a theorist, for a competent instructor of medicine, and am truly glad that the Institute has got rid of him. Henceforth my sympathies are with you, and I will, whenever I can, forward the interests of the Institute."

Dr. R. E. C., of Ohio, August 2, 1856, expresses himself as follows:

"I am glad to learn the college difficulty is about settled. I was fearful it would perhaps be the downfall of Eclecticism in some localities, but recent developments have changed my views. I think, with the present body of professors, success will attend their efforts. I am not personally acquainted with all of the Faculty, but those with whom I am acquainted are men of integrity and indomitable energy. Prof. Freeman is certainly one of our most energetic, thorough, go-ahead men of the day, and his medical attainments are not surpassed by any. I expect to send you a student this winter, who, if properly trained,

will be an honor to the profession, and of great service to the community."

Dr. J. E., of Ohio, August 5, 1856, congratulates us as follows:

"As a graduate of the E. M. Institute, I rejoice to see that she still adheres to the principles of Eclecticism, as taught by its founder, (Morrow). And as to the disaffection felt by Prof. Morrow toward Prof. Buchanan, I am not at all ignorant. And as for myself, I longed to see him, with all his whimsical etherial notions, placed just where you have placed him. May all true Eclectics co-operate with you in purging the profession from all its abominations, and restore it to a position worthy the confidence of the public."

Dr. J. G. M., of Indiana, August 18, 1856, expatiates as follows:

"It is certainly gratifying to every reformer, who desires the success of the pioneer school of Eclecticism—the alma mater of many of our best physicians—again in the hands of those who are interested in this great progressive movement of the nineteenth century; who are not eclectics for personal aggrandizement, but actuated by a higher and nobler motive. The Eclectic Medical Institute, according to the diagnosis of many, has needed purgation for two or three years past, yet neglected, until the putrid contents of its bowels, acting as an irritant, has succeeded in an almost spontaneous dejection of a bombastic, etherial, and barbarygmatic entozoa, vapory organization will soon have passed away, like dew before the morning sun. A sanative reaction is established, the college is again convalescent, with a faculty at its head, that will reflect honor on the cause—one from whom the student will receive a diploma with pride."

DR. CLEAVELAND vs. DR. SHERWOOD.

DELIRIUM TREMENS.—Under this caption, on page 319, of the College Journal, edited by the expelled bogus stock dealers, Dr. Cleaveland says dangerous doses of opium were ordered, (for the man who died in jail,) which were "one teaspoonful of laudanum in one third of a teacupful of whisky; at first, once in three hours, and afterward once in two hours." Now if

this is a large and dangerous dose, what will Dr. Cleaveland say to the following, which he will find on page 284 of the same journal, in Dr. Sherwood's case of dysentery and bloody flux. Give 3j (one teaspoonful) of tinct. opii (laudanum) every hour.

Doctors will disagree, but if Dr. Sherwood's case was not killed by the laudanum, it is not fair for Dr. Cleaveland to insinuate that the laudanum killed the other case.

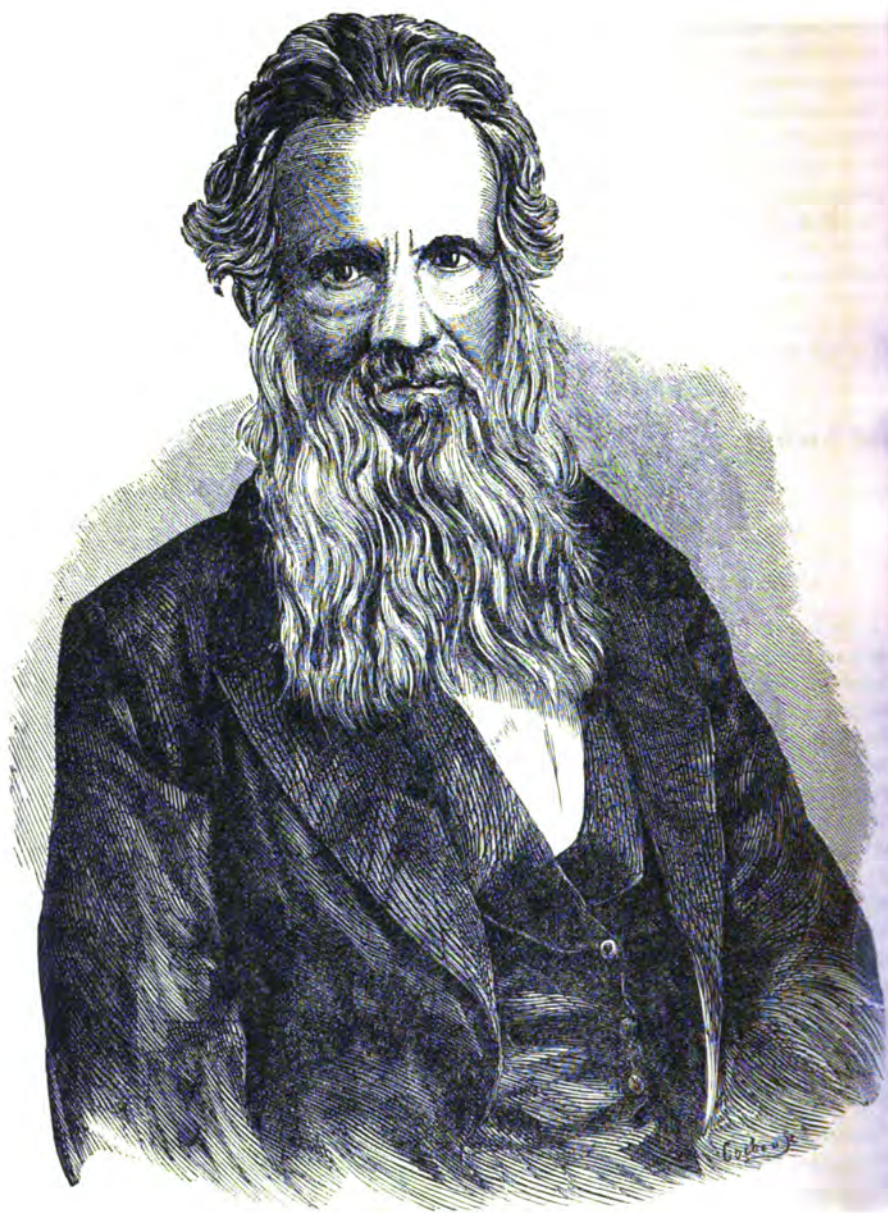
QUERY.

A house in Philadelphia finds it necessary to invest the sum of nearly half a million of dollars, in order to carry on successfully the manufacture of the single article of quinine. As that is the case, how much capital will it require Mr. Wayne to have to manufacture successfully the whole materia medica? But as this gentleman has met with such wonderful success in this business heretofore, we have not the least doubt but that he will find ample means to enable him to manufacture the active principles of the entire materia medica. We learn that it is the intention of Mr. Wayne to commence this vast business by the manufacture of the "*Oil of Trillium*."

CERASEIN.

We would call particular attention to the article of Dr. Coe's on the Cerasein. We hope that the profession will lose no time in giving this article a fair trial, and report their combined experience. It appears that the house of B. Keith & Co., New York, who were the first to introduce the article to the medical profession, have for a long time been testing the efficacy of the Cerasein, and we doubt not but it will prove a most valuable medical agent.

We believe that this firm is doing more in a scientific point of view to bring into notice and establish our indigenous materia medica, than has ever been done before, and the profession will soon see that they are much indebted to them for their efforts.



W. Byrd Powell

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Part 1--Original Communications.

MILK SICKNESS.

BY ALFRED HALLOWE, M. D.

1. ITS HISTORY.—So far as my researches are concerned, I can find no particular period at which it was first authoritatively recognized and registered as a disease. But on the contrary, there are even now eminent men in the profession who will not acknowledge its existence. On account, therefore, of this want of recognition, by almost all medical authors that I have consulted, I shall not be able to treat the subject thoroughly, inasmuch as I myself have not treated, perhaps, over a dozen cases of the disease. I have noticed but a very meager account of the disease, in one or two works on medical practice, from which I have not been able to gain much information respecting it. I have just now examined what Dr. Samuel H. Dickson says upon the subject in his "*Elements of Medicine*," which, indeed, amounts to but little.

There are several States in this Union, in which this disease, at times, prevails to an alarming extent. Some give to this disease certain well-defined geological boundaries; i. e., they bound it by *geological belts*, or structures of earth. I am inclined to this position; but it is not my purpose to dilate upon any particular the-

ory or theories concerning this disease, but mainly to state *facts*.

So far as my observations have gone, this disease is never met with in *prairies*, unless these prairies abound in creeks or rivulets, which wend their way through them, and are skirted by timber of a rich growth. Again, the disease is not known, so far as I am informed, in a very wet season, nor in a season of uniformity. And when, even in regions where it is known to exist under circumstances favorable to its communicability, the summer and fall months are uniform, water plenty, and good and abundant grazing, cattle do not contract the disease. But in dry summers, especially the latter part, when water is scarce, and green grazing almost impossible, except upon the skirts of water courses in rich soil, and in low, wet places, then do cattle fall victims to the disease in frightful numbers.

It is known as "*Milk Sickness*" from the fact that the human species generally take it by eating milk or butter. This is not, however, always the case; for eating the flesh of animals having had it, will produce it in the human species, in dogs, turkeys, turkey-buzzards, etc. So also is it pretty generally believed, when it prevails most, to be caused by certain waters. I have myself known dogs, which, after eating of the flesh of animals having died of the disease, could not run at all, nor get over a fence three rails high. Wild turkeys have been caught without much resistance and with but little effort; so, also, with regard

to the buzzard. These are palpable facts, that stand out in its history. It is also called *trembles*, from the fact that in beasts which have it, the muscular system does not and cannot perform its functions normally; and hence the trembling. From the milch cow it is communicated to the calf in the worst form; and when this is the case, the cow is comparatively freed from danger or much inconvenience from the disease.

2. ITS ORIGIN OR CAUSE.—Upon this point there are two theories. One theory adopts the doctrine of its vegetable origin; the other that it is of mineral origin—in either case it is denominated a *poison*. Those maintaining the first, generally regard it as the poison of the *rhiz toxicodendron*; and those filing off under the second, regard it as a mineral poison, which arises from the earth, and then settles upon the herbage, or which may be had in certain waters. Now, cattle grazing in its region before the sun has had power to evaporate such poison from the herbage, receive a sufficiency of this poison, with their food, to produce all the phenomena observed in this disease.*

Now, I cannot adopt the doctrine of its vegetable origin—first, from the fact, that there are no known vegetable poisons that are capable of producing all the phenomena of this disease; and second, from the fact, that were it caused by a vegetable poison, the disease would be likely to prevail among cattle at any season of the year, provided it were in the grazing season. Now, facts, plain, stubborn facts, contradict such theory. On a wet season, especially a wet fall, when there is an abundance of green and inviting vegetation, the disease should abound, according to the vegetable theory. All, however, who know any thing of the history of the disease,

know that the very reverse obtains. It can not, therefore, be a vegetable poison.

But there are still stronger proofs to negate its vegetable origin. Experiments have been made which tested this matter satisfactorily, to my mind at least. Cattle have been put into lots perfectly *nude* of vegetation—lots supposed to contain the poison in the earth. All food was cut off from them, except such as was fed to them within this enclosure. They might be fed in the day time upon such lot with perfect impunity. But if provender were placed upon this lot over night, and the cattle eat of it before the sun evaporated the *poison* next morning, they would invariably be attacked with milk sickness. Such experiments, I am told, have been tried time and again, and with uniform results.

Again, large spots of ground have been inclosed for such experiments. Abundance of vegetation grew here. Cattle have been excluded at night, early in the morning, and late in the evening, but permitted through the balance of the day. Such cattle, under such restrictions, roamed over the whole place at pleasure, ate, and drank water furnished them outside the enclosure, with unlimited freedom, and with perfect immunity from the disease. Whereas, if they were only allowed to be within such enclosure early of morning, late of evenings, and through nights, the disease uniformly felled its victims.

These facts, (and facts they are, if confidence can be placed in the asseverations of man,) conclusively prove to my mind that the disease is not, *can not* be produced by vegetable poison, but that it is produced by mineral poison. If the poison were of vegetable origin, it would produce its legitimate results, whether eaten in the day or night. Such, however, is contrary to the facts in the case. So, also, am I willing to admit that, if it were mineral, and eaten in the day time, it would produce the same effects. But in the experiments spoken of, the poison had to arise through the night and settle upon the herbage, and this to be eaten before the sun evaporated it. And again, the experiments upon the

* Since this article was written, I have conversed with stock raisers about seven miles south-east of this place, on the Indiana side, who are confident that this mineral is arsenic; and, in a certain low place in that region, they say it may at times be seen on the vegetation. Milk sickness rages here to a great extent.

ude lots entirely excludes the possibility of its vegetable origin. I have never tested these matters for myself, but I have heard men say, that they had—men in whom I could repose the utmost confidence. Such experiments have also been tried in regard to certain waters, and with about the same results. These facts, all combined, certainly negate the idea of its vegetable origin.

Now, there are other facts, which, to my mind, go to prove this poison not to be of vegetable origin. The known sequences of the disease prove this by analogical induction. It is a recognized and universally acknowledged fact, that, once thoroughly poisoned by some minerals, as mercury, arsenic, etc., no person ever after thoroughly recovers therefrom. There are hundreds and thousands of persons in our community, who would gladly dissent from his proposition, but who are constrained, as a consequence of their constant aches, pains, stiff and incurvated limbs, deformed faces and mouths, sleepless nights and miserable days, to acknowledge its truth.

Now, in regard to vegetable poisons, this is not the case. True, many of them are potent, and will destroy life immediately—are far more potent for present effect, than any of the mineral poisons. But, as a general thing, if the poison be only once applied, or even a few times, and death is not the immediate result, the patient will thoroughly recover therefrom. He may take opium, strychnine, or any other vegetable poison, and if not persisted in, he will soon recover from its use. Not so with mineral poisons. The sequences, therefore, of this disease, prove its mineral origin. True, an individual may have the disease slightly, be treated thoroughly, and recover from it entirely. So may they as regard to the sequences of mercury, when but slightly affected by it. I know persons who have had this disease some fifteen or twenty years since, but who, in warm weather, by a little over-exertion, sensibly feel its influence. Such instances are not few, and they stand out in the history of this disease, proving satisfactorily

its mineral origin. Many persons pronounce it *arsenic*, and say that it arises in the form of vapor, settles upon the herbage, and is thus taken with the food before its evaporation. I do not say *what* mineral it is, but, from all the facts in the case, I think I am warranted in saying that it is a mineral poison.

3. DIAGNOSIS.—There is no disease with which this may be confounded, other than "*typhoid congestive fever*." In the latter disease, in the regions of my practice, there is the same persistent nausea, continued efforts at vomiting, and generally almost the same persistent constipation, and the same want of peripheral circulation. But there are these which distinguish "*milk sickness*" from "*typhoid congestive fever*": a peculiar fetor arising from the patient; and a peculiar fluid which is ejected from the stomach, somewhat resembling a light but muddy indigo water. There is also a peculiar, persistent, burning pain in the stomach. The pulse is not so much disturbed in this disease as in the other. Frequently, in cases not severe, the pulse is almost normal as to its frequency. But no man, whether medical or non-medical, who ever smelt the peculiar fetor in milk sickness once, can ever forget it, nor can he ever confound it with any other fetor. It is well known there is a peculiar fetor attending mercurial ptyalism, which may invariably be detected from all others, by those who have paid any attention to it. But it is hard to describe, so that others who have never smelt it, may understand the description. In milk sickness, this fetor is more marked and unique. Before I ever knew anything of medicine, I have known physicians and others, who, upon their first entrance into the sick chamber of a patient with this disease, after the nausea and vomiting had set in, and before they saw the patient, could invariably pronounce upon the disease. And though I make no pretension to superior knowledge or skill, I will stake my reputation upon the point. You may blindfold me and lead me into the apartment of the sick, after vomiting has set in, and I will be able to

diagnose correctly, without any possible chance of mistake. There are some other points of dissimilarity between this and typhoid congestive fever, but these are sufficient to mark the disease as peculiar and distinct.

4. **PROGNOSIS.**—Under favorable circumstances, such as an ordinary good constitution, a good nurse, with well tried and approved agents, you may almost always give a favorable prognosis. If you can get a thorough action upon the bowels, before chemical action has overpowered vital action, your patient cannot die if he would. True, you may kill him afterwards, if you choose, or, not choosing, if you wish to be medicating continually and blindly, you may do the same thing. But once get up a thorough action upon the bowels, and then keep up their solubility, by gentle cholagogues, and I defy your patient to die. True, if his system has been thoroughly inoculated with the poison, and it has had much time to spend its force, before you have commenced your medication, then may be always at times, under certain circumstances, feel the effects of the disease.

5. **AUTOPSY.**—I have never been at a post mortem examination in this disease, either of animal or of man. Notwithstanding I have lived where hundreds of cattle have fallen its victims, I was never so curious as to expose myself to danger when I thought no good could result from such exposure. It is an admitted fact that the disease may be communicated to persons engaged in skinning animals that have died with it, and especially if such animals are opened. And I have thus far been so fortunate as not to lose a patient, consequently I have had no opportunity for a post mortem upon a human body.

In animals, it is said that the ventriculus or paunch, and indeed the whole alimentary canal, is dry as tinder, and that the feces are hard and dry. In Dickson's work, the following post mortem appearances are said to have presented in a man who died of the disease:

"The peritoneum was strongly inflamed

and gangrenous; the large curvature of the stomach injected, of a bright pink hue; the mucous coat much destroyed, and deprived of its epithelium, there having been the appearance of suppuration throughout the whole surface. Its veins were also highly injected. The duodenum was in much the same condition as the stomach. Brunner's glands were enlarged and red, but not ulcerated. The colon was in some parts pale, in others gangrenous. Ramolissement of substance of liver was noted; the gall bladder distended with sticky, inky fluid; the spleen enlarged and gangrenous."

SYMPTOMS.—Its incipient symptoms are languor, lassitude, a want of desire or energy to act, which are soon followed by nausea and vomiting, a peculiar fetor of breath, or exhalations from the body, and the fluid ejected, especially after some continuance of the disease, is of a light indigo color, though somewhat of a muddy appearance. The nausea and vomiting are of a persistent character. There is a burning sensation in the epigastrium, and the thirst is generally urgent; but all fluids taken into the stomach will, in a few moments, be ejected. Constipation almost irresistible, is one of its marked and leading characteristics. There may be constipation in other diseases, almost persistent; but, in these diseases, the constipation may be overcome in a reasonable time, and after treatment may be good, and still the patient may die. Not so, however, in milk sickness. Overcome this difficulty in time, and your patient is invariably safe.

It is true that I have heard of patients, of whom it was said, that there was a lax condition of the bowels. Such cases are not cases of "milk sickness." In them, this congestive or typhoid congestive fever has been mistaken for milk sickness. I have never been able to get up too much action of the bowels, nor do I believe it can be done by the use of any agents known, used within the latitude of a thousand miles of propriety. I mean that this can not be done, until the great power of the disease has been overcome. After the whole alimentary canal has been thoroughly unloaded, and the disease thereby shorn of its greatest power, then indeed, may the

judicious use of cathartics bring about a state of diarrhoea.

The surface is not generally hot. Indeed, in almost all cases that I have seen, the surface did not appear any warmer than normal. The extremities are always cooler than natural. The skin is dead in its appearance, and, though not preternaturally warm, is always dry and husky, until restored to its normal function by medication, or until death commences its ravages. The fauces frequently become inflamed and sore, in consequence of which the passage of fluids over its surface, renders deglutition painful and difficult.

[TO BE CONTINUED.]

TRILLIUM.

BY GROVER COX, M. D.

This elegant preparation is now for the first time introduced to the profession in the form of powder. Many attempts have been made to procure the medicinal principles of the trillium in a concentrated form, but so far they have been signal failures. It has been announced that the therapeutic properties of the trillium, reside in an oil, but this statement is in no wise true. The quantity of oil derived from the plant is exceedingly small; one hundred pounds of root affording no more than half an ounce, and even this small amount may be looked upon more in the light of a product than as an educt of the plant.

The error of analysis which determined the active properties of this plant to reside in an oil, evinces but a superficial acquaintance with the true principles of organic chemistry. Manipulations unskillfully conducted, conclusions hastily drawn and results empirically anticipated, will only serve to satisfy the professional mind of the nineteenth century. Statements capable of scientific demonstration—results capable of being consecutively secured—processes defined, and of absolute certainty, alone can rear a monument to

chemic art, upon a scientific base. No "guess" work now, no qualifying "perhaps" will sate the inquiring mind; no flowery rhetoric, nor mellifluous tones, will give deceptive gloss to baser earth.

And yet men there are, who, entirely destitute of these acquirements so requisite to the undertaking, yet possessed of an unlimited share of impudence, have the presumption to come before the profession with accounts of reputed chemical analyses, and to offer spurious, fractional and undeterminate compounds, under the specious term of concentrated remedies. Incapable of arriving twice at the same result—stumbling alike upon products and educts, without a why or wherefore—comprehending neither the method nor the result, they still have the temerity to announce themselves engaged in farther explorations of therapeutic mysteries! By what right such bunglers lay claim to aught of erudition or honesty, passeth my comprehension. The fact that ignorance and presumption go hand in hand, alone can solve the problem.

Concerning the plant from which the trillium is derived, some considerable confusion exists. The *nat. ord.* to which it belongs, Trillaceæ, furnishes but one genus, Trillium. This is, however, divided into three sub-genera, namely: sessilium, anthopium, and delostylium. The first furnishes eleven species and twenty-nine varieties; the second furnishes twenty-two species and thirty-nine varieties; the third one species and no variety; total, thirty-four species and sixty-eight varieties. In my humble opinion, too many species have been created, the differences being so slight as to constitute nothing more than varieties. It occurs to me that if we were to recognise but one genus, two sub-genera, and two species, it would much advantage investigation. Thus I would propose one genus, trillium; two sub-genera, sessilium and petiolatum; and two species, erectum and pendulum. These are but suggestions, and let them pass for what they are worth.

The species with which I have been most conversant, is the *T. Pendulum*—

This is the *T. Cerranum* Linnaeus and the *T. Latifolium* of Rafinesque. I have been accustomed to gather and prepare it for use for the past twenty years, and have seen much of its operations both in Eclectic and popular practice. I am therefore entitled to speak somewhat authoritatively in regard to its value.

The root of the trillium yields three principles of remedial value, viz: mucilage, resinoid and neutral principles. The mucilage mixes with, but is insoluble in water, an increase of volume being the only perceptible effect produced. It is soluble in alcohol, but not in ether. It is also soluble in acids, thereby displaying a fixed characteristic of mucilages. With nitric acid it yields oxalic acid. This is the principle which has been mistaken by incompetent analysts for an oil. A small quantity of a resinoid principle is afforded by the plant, which is soluble in alcohol and ether, but not in acids. The neutral principle is more abundant. It is soluble in water, alcohol and acids, but not in ether.

I shall speak of the therapeutic value of the different principles of the trillium only in a state of combination.

The trillium is astringent, styptic, tonic, diaphoretic, expectorant, antiseptic, and alterative. It is invaluable in the treatment of diseases of the mucous tissues, hemorrhages, either external or internal, asthma, hooping cough, prolapsus uteri, &c.

I have found it a reliable remedy for the purpose of restraining profuse lochial discharges. It is one of the most valuable remedies in the treatment of diseases incident to females, with which I am acquainted. It will seldom disappoint the practitioner when prescribed, with other appropriate treatment and regimen, for leucorrhea, prolapsus uteri, menorrhagia, immoderate flow of the lochia, hemoptysis, hematuria, hæmatemesis, and in all mucous discharges. In difficult respiration, from whatever cause, it seldom fails to afford relief. A small quantity introduced into the cavity from which a tooth has been extracted, will arrest the bleeding imme-

diately. Triturated with a portion of finely powdered slippery elm, and snuffed up the nostrils, it effectually arrests epistaxis. Sprinkled over the surface of phagadenic ulcers, or those having a tendency to gangrene, it rapidly corrects the septic tendency. Much more might be said, but as the trillium represents fully the therapeutic constitution of the plant, the practitioner will easily determine the range of its employment.

Dose of the trillium, from two to four grains.

New York, Sept. 185.6

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES, M. D.

The writer has already examined several of the author's newly discovered organs: also one of his newly discovered regions, to wit: the "Region of Insanity." Had the writer contemplated a series of reviews when he commenced, his order of arrangement would have been very different. At that time, he thought to say nothing on the scientific beauties of the various regions of the body, as delineated on the surface of the naked female figures of our author. When he commenced these articles, he had given but a hurried and very imperfect examination to the new science. As he advanced, and more closely examined the subject, he became more deeply interested in its stupendous greatness, and in the depth of thought displayed. He caught new inspiration as he progressed, from the author of the text; probably by frequently placing his hands upon the pages of the precious volume, whereby he imbibed, (though not conscious of it,) "the *nervaura* imparted to it by the writer as if he had been in contact with his hand or head." Its beauties, transparent clearness, elegant diction, freedom from vulgarity, polished refinement, exquisite taste, exalted sublimity, profundity of thought, philosophic cast, marvelous evidence of acute imagination,

It have served to awaken an interest, and spirit of investigation on the part of the writer, with a desire to enlighten the benighted minds of the scientific world, which at best, but in a chaotic state, when compared with our learned author, who claims to be at least fifty years in advance of the present age.

Laboring under the "mental stupidity" which the writer does, it cannot be expected that he can fathom the depths of our author's neurological science, which appears to be bottomless—its breadth, which is so expansive it has neither center nor circumference—its height, which is unmeasurable, even by cherubim, seraphim, or the highest archangel—none indeed but the learned author himself, can fully comprehend its vastness, and the beatific grandeur of this vision.

Prof. Agassiz and Henry experienced some of the same infirmity under which the writer labors, when invited by our author to partake of a banquet prepared for them at his house, and to examine and report upon his "brilliant discoveries," as exhibited in his system of Anthropology.—They were prevented by Prof. Sanders, from reporting them but the shadow of a host so diminutive in size as to elude detection, though sought after diligently through a telescope, possessed of the highest possible magnifying power.

The writer, however, thinks he begins to see in that instructive volume, more even than these learned professors saw. He sees many things to interest him—he sees in the offspring a perfect image of its parent—a beautiful delineation of its author—the immaculate glories of the sire indelibly impressed upon the image of the son—no question or dispute about legitimacy can possibly arise.

The reader will pardon this prelude and apparent digression, and find an apology in the deep and mysterious labyrinths of the text. The darkness of ages, the external cover of the past, appear at times to hang over the subject. When these periods rise, the writer indulges in digressions, until he again catches a ray of light, or a

scintillation from the dazzling nervauric splendors of our author's brain, when he is again enabled to proceed, until again invested with the impenetrable fogs arising from the profundity of "Neurological Sarcognoomy."

As light now begins to dawn upon the writer's mind, he will at once proceed to his task, and first give the general divisions of the human body into "regions," as mapped out by our author on his naked female figures. He does this that the reader may better understand his explanations of the general divisions, particular divisions, or sub-regions, and particular organs, as he progresses in his investigations.

"REGION OF SPIRITUALITY."—This region, as delineated on his naked figures, extends from the crown of the head to the under surface of the chin.

"SEAT OF THE SOUL."—Our author locates this region by dotted lines, extending from one inch below the crown of the head to the *scrobiculus cordis*, or inferior point of the *sternum*. From this it would seem, the soul resides in, and presides over only a part of its supposed tenement, though that part is somewhat extensive.

"REGION OF HUMANITY."—This is a very extensive region, extending from the chin to the knees. It embraces several sub-regions, as "Insanity," "Relaxation," "Disease," "Virtue," "Intelligence," "Combative and Destructive," "Crime and Selfishness," and "Healthful Energy;" with many, very many separate organs marked out upon the same space, or within the same boundaries. The writer had supposed the "region of humanity," came as near including the entire man as possible, for he had thought all there is of mortal men belonged to humanity. Finite beings are prone to mistake.

"REGION OF ANIMALITY."—This region extends from the knees to the ankle joint, and embraces several distinct organs within its boundaries.

"VEGETATIVE."—Our author has found all that part below the ankle joint, not including the "Mineral World" of the foot, to belong to the "Vegetative Region."

"MINERAL."—The "Mineral World," or mineral region of the foot, is indicated by inserting the word "Mineral" under the foot.

These regions, sub-regions, and particular organs as mapped out by our author, are doubtless pregnant with scientific and philosophic meaning, when rightly understood. Although the writer expects to be able to extract from them, and exhibit but a spark, (as it were,) of the scientific truths embodied in the text, yet he hopes what he does say may elicit investigation, and be profitable to the reader.

"MINERAL REGION."—The text reads thus: "Below the leg on the foot we find a region corresponding with the vegetable kingdom, and also with the mineral world."

Brilliant as this discovery undoubtedly is, yet I fear I do not fully comprehend the learned author. It seems to be veiled in some little obscurity. As I progress in the investigation of the subject, I hope for frequent nervauric scintillations from the author's brain to aid in the solutions of the profound problems of the text.

When he says a part of the foot corresponds "with the mineral world," what does he mean? Does he intend the reader to understand by this discovery, that there is more iron, lead, copper, zinc, mercury, or other mineral in that part of the foot not "vegetable," than in other parts of the body? If not so, where is its similarity, its analogy, or its correspondence to "the mineral world," which our author says is the case? Has any more than the ordinary, or relative proportion of lime, iron, or other mineral substance, been found by the chemist in any particular part of the foot? If not, where is the similarity or correspondence, and why call it the mineral region? What particular part of the foot is meant? Where does the author find the mineral world in the foot? But why so impudent as to raise these questions? Has not the man who is half a century in advance of the age, declared such to be the case? Would he have done so had he not by careful experiments, proved the correctness of the text? If others do not know

—cannot see—or cannot master the scientific problems of our author, is it any disparagement to his superior ability? Does it detract from his capacity because others are incapable of comprehending the scientific truths which he so thoroughly understands, and which he wishes to convey to others? It is audacity in the extreme to raise an imputation even, that he had not a perfect knowledge of the mineral composition of a particular part of the foot which no other man has. To insinuate that he has not offered proof positive, made plain his proposition, and removed all obscurity, is both absurd and insulting, and to be ascribed to their "mental stupidity" alone.

As I progress, I think I catch the inspiration transmitted by nervauric influences through the pen and ink of the learned author, which enables me, in part, to solve the problem, and make available the scientific facts which he wishes to impart—at least I think I catch some of his ideas—the entire depth of his thoughts, no finite being can ever expect to fathom. He doubtless had a double meaning in view when he penned the text. It is therefore susceptible of a two-fold interpretation.

First: It seems he did discover a greater preponderance of the mineral element in the sole of the foot, and more especially in the heel, (as is evidenced by its greater density,) than in any other part of the foot or body. Nervauric and magnetic experiments, doubtless, revealed the hidden secret, although he has not as yet fully made known the particulars. We presume he applied his magnet to the heel, and thereby discovered a stronger degree of magnetic attraction at that point, owing to the greater amount of mineral substance there deposited, than in any other part of the body. The heel of the negro being more ponderous than that of the caucasian, it is said his experiments upon it fully revealed its stronger magnetic power.—While the magnetic test afforded the author a pretty conclusive proof of a preponderance of magnetic attraction at that point, owing to the excess of the mineral

here deposited, the *nervetic* emanations served fully to confirm his former convictions.

Second: The attraction of gravitation keeps that part of "Animality" pointing downward, and usually the foot and heel in contact with the ground. The subterranean magnet, or mineral deposits beneath the surface of the earth, acting magnetically upon that part of man possessed of a preponderance of mineral matter, which our author denominates the "mineral world,") attracts and confines him to it, and thus seems to prove the truth of his "brilliant discovery." Were it not for this mutual attraction, man would doubtless take his exit to realms tenanted only by ghosts. This is all that has saved man from taking their flight to those regions long ago.

The fact that others had failed to make this beautifully practical, scientific and philosophic discovery, after so much research for centuries past, only serves to illustrate the profundity and transcendent genius of our distinguished author.

"*VEGETATIVE.*"—The discovery that "below the leg on the foot we find a region corresponding with the vegetable kingdom," is another interesting practical fact, which the unbounded philanthropy of our distinguished neurological professor, has placed upon record, for the benefit of those who are fifty years his inferiors, in profundity of thought, in wisdom and in scientific knowledge. This vast acquisition is the work of his intuitive *smartness*.

Whether our author has found the "vegetative" part in the *cutis vera* of the upper surface of the foot, in the muscular fiber, numerous tendons, nerves, blood-vessels, in a single bone, or in the entire number of bones of the foot, or whether in all its parts collectively, (except the heel, and that part corresponding "with the mineral world,") does not appear, nor has he informed us where the line of demarkation is, or where the boundary between the "vegetable kingdom" of man's foot, and the "mineral world" of the same, is to be found. Though the exact line that serve

to divide a "kingdom" from a "world," may be unimportant to the ignorant, yet it may be gratifying, and even interesting, to know where it is to be found, and by what research or process of experimenting, the learned author made this curious, ingenious, and, to some, mysterious discovery.—I do not wish to excite doubts as to the truth of his discovery, for a public character, and one enjoying his fame and widespread reputation, certainly would not deceive us if he could; and had he not made these discoveries as he has published in his "Anthropology," and were he not prepared to point them out, and demonstrate the division between the *kingdom* of the foot and its *world*, he would have informed us. In the midst of his cares, and the multiplicity of his engagements, the omission has arisen. He doubtless knows between which muscles, bones, tendons, vessels and nerves the line passes, which are divided, and the exact point where they are divided by it.

The inquiry still is, why did he not inform those for whose benefit he has published his interesting volume? Some may know these points, others may be curious to know, even though the knowledge may be unimportant to them. Friends, be not impatient; in due time you may expect a full and clear, (doubtless satisfactory,) exposition of these mysterious and abstruse discoveries. Remember the learned professor of "Female Sarcognomy" has not withheld these explanations because he could not make them. Remember also, that he is the President of a joint stock company, with a capital in stock of \$7,000, and that he has considerable cash belonging to others to appropriate—is Dean of a new college, and consequently, his time is mostly absorbed in the discharge of the arduous duties of these various offices.

So soon as disengaged, he will, I am sure, reveal all that now seems mysterious or in the least obscure in the text. These regions, he has already informed you, do not extend above the *malleolus*, therefore it is impossible to go far astray in arriving at the learned author's intended location

of the "vegetable kingdom" and "mineral world" of man. Most persons suppose there is about the same relative proportion of the "vegetable kingdom" existing in man at all times and in all his parts, (the intestinal tube at certain times affording the only exception,) and so with regard to his "mineral world;" but the unscientific are prone to error—they cannot appreciate true merit and scientific greatness.

This new discovery of the correspondence of a particular part of man's foot to the "vegetable kingdom," to the exclusion of an analogous correspondence of all other parts of his body, has its solution.

When he walks the fields, it is then that his "vegetable kingdom" mingles, as it were, with the rich verdure with which the surface of the earth is carpeted. His feet are in constant contact with the luxuriant grass and herbage—with the fruits and flowers—with that designed by nature for his food and raiment. In this we find the analogy—the correspondence; for certainly the author does not mean that any part of the foot is hay or stubble.

How plain—how simple, and yet how profound this "brilliant discovery!"—When once appreciated and rightly understood, well may we envy the proud pinnacle, "*Fifty Years in Advance*," upon which our author is perched.

With his "Roman Helmet" upon his noble brow, to shield it from the asperities of the rough and rugged way which he had to encounter, (as he removed the rubbish which inferior philosophers had strewed in it,) he slowly ascended the hill of science, until he had reached its utmost height, where he is now fortified in safety by the ramparts of anthropology, psychology, psychometry, neurology and kindred defences.

Well may he now look behind him and see the ignorant multitude groping their way in darkness, while he is now surrounded by a blaze of neurological glory. He is not altogether without proselytes, for some understand, (or suppose they do,) this sublime eclecticism. Profound philosophers with their organ of "Hate," a

half a hundred years in advance of an envious and perverse world, may bid defiance to its malicious assaults, and never more fear or dread the causes which led to the discovery of this delicate and interesting organ of mentality. The visions of a dreamer need no longer be disturbed by fears of the fierce application of the wicked boot.

Cincinnati, September, 1856.

THE MAGNETO-VOLTAIC BATTERY.

BY PROF. J. MILTON SANDERS.

Perhaps the most desirable invention which has lately been attained in science, is that of our MAGNETO-VOLTAIC BATTERY, or QUANTITY MAGNETO-ELECTRICAL MACHINE. Doubtless there is nothing in science so curious as that relating to the development of electricity by the presence, and therefore through the influence of a permanent magnet.

The equivalent qualities of all bodies possess certain unalterable values of effect, which can be expressed in numbers. For instance, if it required 8 pounds of oxygen to produce a certain effect, it will require 36 pounds of chlorine, or 6 pounds of carbon, or 32 pounds of zinc, &c., to produce an equivalent effect. In the voltaic battery, we have this illustrated in a striking manner. Each 32 parts of zinc consumed gives out a certain quantity of electricity, and this electricity is just enough to decompose, from their compounds, 32 parts of copper, or 108 parts of silver, or 200 parts of gold, or 99 parts of platinum, &c. That is, 32 grains of zinc contain just the quantity of electricity which is contained in 32 grains of copper, or 108 of silver, or 200 of gold, or 99 of platinum, &c. Each equivalent of metal contains the same quantity of force, and therefore, zinc can not be substituted for carbon, or coal, in the production of force. This could not be the case, unless 32 pounds of zinc cost less than 6 pounds of carbon. For this

season, the voltaic battery can never be substituted for the steam-boiler, in the production of power.

Therefore, the numbers representing chemical equivalents express the relative mass, or quantity of effect, which each body is susceptible of giving out. It is therefore a law, that force can not be obtained out of nothing, but that, for a certain amount of force, whether it be electrical, or that of caloric, an equivalent quantity of matter must be consumed, or lost, as it is generally expressed. We know that in the case of the galvanic battery, the electrical force is derived from the oxidation of a certain quantity of zinc, and that the rapidity of the development of this force depends upon that of the oxidation of the zinc. But in the magneto-voltaic battery of ours, we have the development of enormous electrical force, without apparently the implication of its equivalent, in the change or destruction of other matter. It certainly requires the expenditure of muscular force to wind up the clock-work which sets into action and maintains the motion of the revolving armature, but in this case it appears as if this expenditure of vital force required to wind up the clock-work of the machine, finds its equivalent, in the development of the electrical force, in the armature. From this we perceive what a small quantity of vital force is equivalent to an enormous quantity of the voltaic, and that, therefore, to supply the waste of the former, such large quantities of the latter are required. This is illustrated in the galvanic battery; for, to supply the waste of the small quantity of vitality lost in an organ, it requires the full force of a large voltaic battery, often for hours, to produce an equivalency of the lost vital force.

If it is not the case that in the magneto-voltaic battery, the vital force is the equivalent of the force generated, where does this equivalency of force come from? The armature might rotate between the poles of the permanent magnets till doomsday, and with each revolution there would be induced from the magnets an equal quan-

tity of electricity. There is no loss of force, on the contrary there is a gain, for the reciprocal inductive influence of the electromagnets imparts renewed power to the permanent magnets.

Is not this wonderful? Is it not almost beyond belief, that there should be an inexhaustible fount of electricity ever at hand, and continually pouring out its enormous torrents, without the least loss of power? This is really the case with our magneto-voltaic machine. So long as the clock-work continues to urge the armature around, the electrical current pours forth and bears with it not only vast quantities of what is termed the voltaic fluid, but enormous stores of that mysterious force which imparts vitality to the animal form; which gives life and activity to the various organs of the system; which imparts bloom to the cheek of beauty, and robustness and masculine vigor to the frame of manhood; which steals disease and lassitude from the almost paralyzed faculties, and supplies, in their stead, renewed stores of life and health.

This invention is certainly destined to effect a great revolution in electricity, and that is a desideratum greatly needed. What is more troublesome than the galvanic battery, even in its best form of construction? The acids are being continually scattered about, and burning the clothes of the operators, while their fumes are detrimental to both comfort and health. And then, even if cleanliness be not taken into account, the convenience with which our little light machine can be carried about, compared with the ponderous battery, speaks volumes in favor of the former, especially to those who are most conversant with the practical working of galvanic batteries. This little machine, really ornamental in its construction, can be used in the most elegantly finished parlor, while the galvanic battery must be placed in a room devoid of a carpet, nor must there be any thing near it which would be injured by the contact of acids.

But the value is greatly in favor of our machine, even if regarded in an utilitarian

point of view. In our machine, the first cost comprises the whole expense, and that will be but forty or fifty dollars. Its equivalent of electricity, derived from a Smee's battery, would cost at least two hundred dollars. Then the zinc elements of the galvanic battery are continually wearing out, and must be replaced by new ones. The acids must be continually renewed, and water applied to replace that lost by evaporation, while the connections of the plates must be closely watched. The amalgamations of the zincs must be kept up, or else there will ensue local action, by which the zincs are rapidly consumed, without there being derived from that consumption any electricity.

It was, in fact, these continued annoyances which led me to the investigations I have just concluded. The result of these labors is, the completion of a little machine, which gives out a greater quantity and intensity of electricity than a costly galvanic battery; which combines elegance of construction with cleanliness and portability, and all for less than *one-quarter of the price* which that galvanic battery would cost.

New York, August, 1856.

AMERICAN MEDICAL COLLEGE.

BY PROF. L. E. JONES, M.D.

The undersigned having received many letters from medical students, making inquiries respecting the "American Medical College," terms of tuition, text books, etc., and still continuing to receive them from those not familiar with the different colleges of the city, (not having taken any of the medical journals,) and being desirous to avoid continual replies, to similar interrogatories, avails himself of this method to make known the following facts in reference to that school, and some of the reasons which caused his resignation.

His connection with it as one of its professors, ceased on the 18th of June, 1855, he having announced to Dr. T. J. Wright,

Dean of the Faculty, on that day, he would no longer serve as professor, and ordered him to strike his name from their circular, then in manuscript.

In the next place, the circular was not reformatory—it contained no declarations of principles—expressed no opposition to the use of mercury, arsenic, antimony, acetate of lead, &c., while the majority of the faculty strenuously opposed any expression of opposition to either—they carefully refrained from the use of any term which any Allopathic school might not use; in short, studiously avoided any word or expression which would betray the slightest predilection to medical reform, such as the term Eclectic, reformed practice, American practice, botanic practice, &c.—Dr. Stockwell vehemently asserting as the reason of their omission, that it was enough for the medical profession to know it was a medical college.

Thirdly: Dr. Stockwell boldly asserted we had no principles but those of the Allopathic school—that our *pretended* reform consisted in our enlarged liberality alone, giving each the privilege of using mercury and arsenic if he chose, such practice not being opposed to Eclecticism—that we could not reject mercurials nor other agents which we have so long opposed. He also earnestly endorsed the success of Dr. Witt's arsenico-mercurial practice, &c. All of which the majority of the faculty acquiesced in and endorsed. By their acts and avowals they declared his expressed sentiments to be theirs, and thereby endorsed the use of mercury, arsenic, &c.

Again: Prof. Witt declared mercury would cure syphilis, when Eclectic agents would not—exhibited mercury in infantile disorders—gave arsenic to cure fever and ague—has recently exhibited mercury to cure croup. This practice Prof. Stockwell heartily approved before the board of trustees, and Dr. Wright silently endorsed it. Dr. Stockwell, but a few days since, said the reason why he endorsed Dr. Witt's arsenico-mercurial practice, was because he thought Dr. Baldrige and I were about

get the advantage of him. This was silly subterfuge. He knew he had led him into the heresy by his approval of that practice, and he must therefore defend both him and it before the trustees. Is it probable he would have approved it on such an occasion, had he been opposed to it? Such a supposition is absurd.

Knowing these doctrines to be the sentiments and settled policy of a majority of the faculty, while they vehemently asserted the majority must and would rule," I withdrew from the college, believing my continuance in a faculty of avowed mercurialists inconsistent, and incompatible with my practice, professions, and teachings for past years. I believed a longer continuance as one of a faculty, in which a part of the professors were giving mercury, arsenic, acetate of lead, &c., while others sustained their base hypocrisy all falsely professing to be true Eclectics or true reformers, would render the position of an honest Eclectic supremely ridiculous, and his acts inconsistent in the eyes of the public. I believed furthermore, that to co-operate with such men, I should be indirectly promulgating their doctrines—giving support to a mongrel college and an arsenico-mercurial practice, and thereby striking a death-blow at true reform; and that a lack of firmness and stability of character, so palpable on my part, could only serve to destroy any confidence which the Eclectic profession had reposed in me. I know I should be amenable to the charge of mongrelism—a founder and supporter of an arsenico-mercurial college—all being honors to which I did not aspire. I therefore left them to be enjoyed by Professors Wright, Potter, Stockwell, and Witt, to whom they belonged.

Prof. Baldrige united with me in protesting against such anti-reformatory doctrines, and against a policy so fatal to our prosperity and the cause of reform, but all to no purpose. We were informed the "majority must and would rule," and thus virtually ordered to submit and be silent. I would not approve their policy and avowed mercurial destinies, and therefore

felt compelled to resign. For these reasons we have both withdrawn from the college which we founded. I have been informed our places are to be filled by *professed Eclectics*, one of whom has been notorious for years for his instability in practice, and his frequent resort to mercury. He declared but a few months since, in a letter which I saw, that Eclectics might say what they pleased against mercury, it was an invaluable agent, and he had used it and would do so. Another contemplated professor has been famous for years for inducing mercurial sore mouth, while another is questionable in regard to his Eclecticism.

One of the advocates of arsenic and mercury, (Dr. Witt,) resigns his chair, (it is said) and goes to Africa. It is a great pity he did not go there long before he made his boasting professions of true Eclecticism, to deceive others, gain a professorship, and the reputation of a falsifier. He leaves mercurialists to supply his place, whom he says, are "as good Eclectics as he is." He will doubtless be as efficient in sustaining the mercurial practice as he has been, and as active in doing injury to the cause of medical reform. Prof. Stockwell still remains, who was, (as I have reason to believe,) the active instigator in converting the school into a mongrel concern, and he certainly acted as a bulwark and reserve force in the defense of mercury and arsenic before the trustees. He now denies he meant what he said, but his deliberate assertions, made at different times, are better evidence of his real sentiments respecting mercury and arsenic than his subsequent denials.

Prof. Stockwell will be aided by Prof. Wright, the man who could not check uterine hemorrhage with Eclectic agents, but was forced to resort to the acetate of lead; and then slandered me by falsely asserting that I had recommended its use in those cases.

They will be assisted by Prof. Potter, who has transferred the "Syracuse Medical College" *entire* to the "American Medical College," amounting to some four or five students, with no professors, the semi-

annual period for which they were regularly appointed by him having expired. With the aid of Prof. Potter, his usual success will be attained. His shrewd financial qualifications are fully appreciated in Syracuse, N. Y., as well as by many individuals living elsewhere, among whom may be mentioned Profs. Davis, Dolley, Reuben and others, who served brief periods with him, as well as by Prof. Baldrige and myself, who witnessed the amazing dexterity of the man (though a stranger) in the division of funds at the expiration of his first course of lectures in Cincinnati, in 1855, which continued for three weeks only.

The ease and facility with which he performed the operation, served to convince us that he was a practiced operator in that way. It is true, he was assisted by Prof. Stockwell, who is an operator of the kind, of no mean pretensions. These operations were of a character not soon to be forgotten. The facility with which he wrote the two circulars—the first for reform, and then converted it into an Allopathic or non-committal document—exhibited a diversity of mental resource; and the indifference as to choice between the two modes of practice which it exhibited, and the disregard which some men manifest, as to which side of the fence they fall, was very impressive.

If any class of students believe a mongrel or hybrid school to be the best calculated to give character to them as physicians, to that college I advise you to go; but if you would avoid a mongrel, mercurial school in disguise, you will seek instruction elsewhere. The objects and aims of its original trustees and founders have been perverted, deny it who will. It has been manufactured into an arsenico-mercurial concern, and the use of these agents approved by Stockwell and others.

Cincinnati, September, 1856.

It is said that in Cyprus and Egypt, hydrophobia has never been known to occur.

ECLECTIC MEDICAL SOCIETY OF CINCINNATI

A meeting of Eclectic Physicians of Cincinnati, was held in the lecture room of the Eclectic Medical Institute on the 29th of August 1856; at which time they adopted the following constitution and by-laws:

CONSTITUTION.

The undersigned physicians hereby agree to constitute a society, to be called the Eclectic Medical Society of Cincinnati, and to be governed by the following Constitution and by-laws, as a permanent rule, not to be changed without the concurrence of two-thirds of all the resident members of the society.

ARTICLE I. RIGHTS.

The society shall be governed by the usual parliamentary rules, and shall have the power of adopting such measures, rules and by-laws, as may be necessary and proper to forward the general interests of the members, as medical men; but no by-law shall be adopted, nor tax laid on the members, unless by a majority of two-thirds of the members present at a regular meeting, or a special meeting properly called. Nor shall any resolution be considered valid and binding unless one-half of the resident members were present at the meeting when it was adopted.

ART. II. OFFICERS.

The officers of the society shall be a President, Vice President, Secretary, and Treasurer, who shall perform the usual duties of such officers—who shall constitute the Executive Committee of the society, for the general management of its affairs, and for the transaction of all business not delegated to special committees.

These officers shall be elected by ballot annually, at the first regular meeting.

ART. III. MEETINGS.

The society shall hold such regular meetings as may be appointed by a majority of the members present at a regular meeting, or such special meetings as may be called by the Executive Committee, or by six members, with due notification of all in each instance.

ART. IV. MEMBERSHIP.

Additional members may be received into the society upon the recommendation of any two members, and a vote for their admission from four fifths of all the members present at the succeeding regular meeting. Any member may be officially censured, invited to withdraw, or expelled from the

society, for improper conduct by a vote of two thirds of the members. All votes relating to membership shall be by ballot. Those who are not graduates of a respectable medical college, or have not been engaged for four years in reputable practice, shall be received, when admitted, as Junior members of the society, and shall have the privileges of speaking and voting, but not of holding office, nor of voting upon the admission or expulsion of Senior members.

BY-LAWS.

1. This Society shall meet regularly on the second Tuesday of every month.
2. At each meeting of the society, after the reading of the minutes by the Secretary, the regular order of exercises shall be the delivery of essays upon medical subjects, or of addresses and verbal reports from different members, who shall be called upon by the President in rotation. The remarks of each member shall be open to discussion as soon as delivered, but each speaker in the discussion shall be limited to ten minutes. Before the close of each regular meeting, it shall be the duty of the President to appoint at least one member, to present an essay upon some medical subject at the next regular meeting.
3. It shall be the duty of members of this society to treat with professional courtesy all educated and respectable physicians of any school of practice—to avoid interfering with cases under their charge, and in consultation, to avoid any course which might discredit or disparage the attending physician. Professional courtesy should thus be extended to all physicians, unless they be guilty of flagrant or repeated violations of the principles of gentlemanly conduct.

After which they elected the permanent officers for the current year.

W. S. LATTI, M.D., *President*,
M. L. THOMAS, M.D., *Vice Pres.*
E. FREEMAN, M.D., *Secretary*,
O. E. NEWTON, M.D., *Treasurer*.

R. S. Newton, M.D., was appointed to read a paper at the next regular meeting, which will be held on the second Tuesday of September. W. S. LATTI, *Pres.*

E. FREEMAN, *Sec'y*.

Boston has six thousand more females than males in its population, while Chicago has about fifteen thousand more males than females.

Part 2.—Progress of Medical Science

DIVISION OF NERVES.

BY PROF. J. M. BUEZELI, M. D.

DIVISION OF A NERVE FOR NEURALGIA IN THE THUMB.—A division of the affected nerve for neuralgia, has been practiced considerably in former days by surgeons, but latterly it seems to be regarded as a measure of doubtful utility, not promising a permanent cure of the malady, and in some instances it being supposed that the operation produced only a transfer of the difficulty to some other part, and sometimes, doubtless, neuromatous enlargements, that formed upon the truncated extremities of the divided nerve, would give serious inconvenience and suffering.

It is well known that neuralgia may arise from constitutional or local causes; that is, it may result from general debility of the whole nervous system, or from some mechanical injury of a nerve. Now in my opinion, the reason why the division of the affected nerve has not been generally more successful, is from the fact that there has been no discrimination between those cases which were purely constitutional, and such as result from local injuries. To attempt to cure the neuralgia arising from constitutional debility, the pain in such a case being only a manifestation of a disease of the whole nervous system, or a sympathetic affection occasioned by disease in some remote part, by a division of the nerve, would be folly in the extreme. But when a nerve has been injured by a wound, or puncture, or is included in the cicatrix of a wound so as to produce pain, spasms, &c., the case is very different. The isolation of the disordered nerve, between the affected point and the brain, will not only relieve, but effect a cure, in such cases. That I am correct in my views upon this subject will appear from the cases I am about to report.

Mrs. B. of Simington, Me., aged 40 years, in 1844, had a wart upon the palmar side

of her right thumb, opposite the centre of the middle phalanges. It was quite large and troublesome, and a cancer doctor told her it was a cancer, and advised its removal by his cancer caustic! He removed the wart by making a very large sore which ran a long while, but which finally healed, making a very large eschar, which when complete, closely confined the soft parts to the bone. As soon as it was healed, the patient suffered severe paroxysms of pain in the thumb, and which would pass up occasionally the arm to the neck and head. Several times she had spasms, which were, however, only momentary. The thumb and hand became entirely useless, and for five years she suffered pain in her arm, with but slight intervals, in spite of all the treatment which she received at the hands of attending physicians.

At the time I was called (1849) the wrist, from the inactivity of the hand, had become distorted, the hand being fixed to its utmost extent upon the forearm. Upon examination of the thumb, I found that the two digital branches of the median nerve, distributed to the inside of the thumb, were implicated in the difficulty, being firmly bound down to the bone, and their function thus interrupted. I made an incision and dissection, bringing those nerves into view, and found them to be very sensitive—so much so, that merely raising them up upon a groove director, would give extreme pain in the arm and side of the face. I accordingly removed a considerable portion of both nerves, and dressed the wound. As soon as the nerves were divided, the pain ceased, and has never occurred since. I placed the hand upon a splint, to bring it back again to its natural position, and the lady was ever after free from pain, recovered her health, and has had the use of her hand as usual.

DIVISION OF NERVE FOR NEURALGIA IN FOOT.—In 1851, I was called to see a Mrs. P., of Hollis, Me., aged 22 years, who, some two years previous, had trod upon a sharp nail, which penetrated the sole of the foot, at the outer side, although it was

difficult to ascertain the precise point where it entered, at the time I was called. She had, after a short time, subsequent to the injury, experienced at intervals great pain in the foot and leg, which had disabled her during the paroxysms, from walking, and the foot had become somewhat thickened, and, especially during the paroxysms of pain, very tender. From the fact that there was numbness of the little toe, and the side of the next toe to it also, I inferred that the external plantar nerve was affected, or injured, by the introduction of the nail. I cut down upon the nerve and its fellow (internal plantar) on the inner side of the heel, near where the plantar nerves issue from the posterior tibial, and after separating them, divided the external plantar, removing a section of it, and then dressed the wound. The patient was instantly relieved of her pain, and has suffered no inconvenience or pain in the foot since.

DIVISION OF A NERVE FOR EPILEPSY.—

Mr. V., aged twenty years, of Windham, Me., applied to me for advice in 1854. At the age of twelve years his leg was amputated above the knee, for disease of the knee joint. Ever after the healing of the stump, he had regular paroxysms of epilepsy, or sometimes there would be spasms not amounting to fits. His general health appeared to be good. He was corpulent and robust. From the history of the case I was satisfied that the cause of the spasms must be traced to mechanical pressure upon or around the extremity of the nerves of the leg, by the cicatrix of the stump. Upon the application of the battery there was a marked difference between the sensibility of the crural and ischiatic nerves, the latter being very sensitive and tender. I divided the ischiatic nerve, by cutting down upon it where it passes between the trochanter major and tuberosity of the ischium, which was very tender, dressed the wound, and gave the patient a tonic and nervine combined, for a few days. A perfect cure was effected by the operation, and the patient enjoys good health.—*Mid. States Med. Reformer.*

[FROM THE WESTERN LANCET.]

BURNET HOUSE, AUG. 4, 1856.

MR. EDITOR—Since the appearance of the last number of the *Lancet*, you have assisted me in two operations, which for several reasons are worthy of record. I lieve with Wiseman, the father of British surgery, that it is the duty of every surgeon to publish his unsuccessful, as well as successful cases. "For my part," he says in his preface, "I have done it faithfully, and thought it no disgrace to let the world see where I failed of success," which I follow, he adds, "have attended all my brethren, as well as myself, and will attend thee, also, reader, in spite of all thy care and diligence, if thou undertake the employment." The date of this preface was May, 1676, (*vide. Chirurgical Treatises*.) and after briefly detailing the cases which have occurred in my practice, I propose to determine to what extent the predictions of the "Fare of England" have been verified, as regards the treatment of old dislocations of the shoulder.

About the 10th ult., aided by yourself, succeeded in reducing by manipulation, without the pulleys, a dislocation into the axilla of 80 days' standing. The reduction was accomplished in a very few minutes, under the influence of chloroform and ether, and the next morning the patient left for the country, in a comfortable condition. Since that I have received no tidings from him. Encouraged by the result in this case, another patient, himself physician, a tall athletic man, and about fifty years of age, decided to submit to the same manipulation, although his arm had been dislocated about sixteen weeks. The dislocation was downward and inward, and about the tenth week an unsuccessful attempt, by another surgeon, had been made with the pulleys, to which the force of six men was applied for two and a half hours. The patient being under the influence of chloroform and ether, aided by yourself, Drs. Fries, and others, I commenced my manipulations, adducting, rotating and abducting and elevating the arm. These

efforts had been made for about ten minutes, and the least possible violence employed, when a tumefaction appeared in the pectoral region, which in a few minutes attained considerable size. Supposing that the axillary artery was ruptured, as no pulse could be felt at the wrist, a ligature was immediately applied to the vessel at the upper part of its course.—The operation was performed about 10 o'clock A. M., and compression of the pectoral region, made by means of a sponge and broad roller. On removing this the next morning, the tumefaction had nearly disappeared. The patient continued comfortable, and about nine days after the application, I was compelled to leave the city, on a professional visit to Indiana. I left on Friday afternoon, and returned on Monday morning, at which time I learned that my patient had died on Sunday morning, from hemorrhage at the seat of ligature. Two physicians, his most intimate friends, lodged in the same house with him, but before they reached his bedside, the quantity of blood lost was so great, that he sank exhausted in about two hours from the first and only attack of hemorrhage. Previous to my departure for Indiana, I had suggested to the physicians in charge, the importance of having compressed sponge at hand, to be used in any emergency of the kind, but this was not used by the attendant; instead of applying pressure instantaneously he went in search of the physicians, who at that early hour in the morning, were in bed. The time thus lost, unquestionably led to the fatal catastrophe.

I might refer you to numerous instances of success in the reduction of old dislocations—from two to six months standing—which have occurred since the days of Wiseman, but I propose to notice only the accidents by which some of these attempts have occasionally been followed. One of the earliest recorded, so far as we have been able to learn, is the case reported by Desault, in the *Journal de Chirurgie*, t. 4, p. 201.

During the efforts of this surgeon to re-

duce an old dislocation, suddenly a considerable "tumeur aeriennne" appeared below the clavicle, which Desault attributed to the "*degagement de l'air amasse entre les cellules rompuës du tissu cellulaire*" in a few days this tumor entirely subsided, under the influence of "*astringens et une compression methodique*." Whether it was the result of a disengagement of air from the lacerated cells of the cellular membrane, as supposed by Desault, or of a rupture of blood vessels, we leave the reader to determine.

It is somewhat singular that Desault should have met with two cases of this extraordinary phenomenon. Pelletan's explanation, in our opinion, throws some light on this subject. In an attempt to reduce a luxation of four months standing, the same kind of "tumeur aeriennne" appeared. It was opened, and the hemorrhage from the torn artery was fatal. (*Clin. Chirurg.*, t. ii., p. 95.)

Malgaigne states that he is acquainted but with a single instance of an "emphysema veritable" following a reduction, and that is the one reported by Flaubert, in his *Mem. sur. plus cas de luxations dans lesquels les efforts pour la reduction ont ete suivis d'accidents graves*; which appeared in the *Repertoire d' anat. et de phys.*, 1827. The patient, a female, æt 70, screamed violently during the operation, and Malgaigne is disposed to believe that the emphysema was independent of the luxation, or the reduction, (*Fraite des Tract. et des Luxations*, tom. ii., p. 147.)

Malgaigne himself attempted reduction in a case of sixty-eight days standing, but was forced to discontinue his efforts in consequence of the sudden appearance of a tumefaction in the axilla and on the shoulder. Ice was applied, and in the course of a few hours the swelling was arrested, and by the twenty-second day, the blood, which he thinks came from ruptured muscular branches, was completely absorbed, (*op. cit.* page 150.)

A case occurred to Flaubert in which, besides the tumefaction, the pulse could not be felt at the wrist. The hand was

cold, insensible, and immovable. The next day, however, the pulse returned to the wrist, and in the course of twenty six days the effused blood was absorbed. From this we lost a patient from a rupture of the axillary vein, which proved fatal in an hour and half after the operation. (*op. cit.* p. 151.) The reader may find, in the comprehensive treatise of Malgaigne, details of cases in which the axillary artery was ruptured. We pass over those observed by Verduc, Petit Platmer, Delpech, and that referred to by Sir Charles Bell, in his *Operative Surgery*. The late Dr. John C. Warren tied the subclavian to arrest the progress of an enormous aneurismal tumor in the axilla, the result of the reduction of a recent dislocation, and of supposed pressure of the operator's boot. In this instance the coats of the artery were so contused, that sloughing took place during a fit of coughing, five days after the accident.—(*Amer. Jour. Med. Sciences*, vol. xi. N. S., 1846.) In 1824, M. Loundet lost a patient at the hospital in Rouen. The dislocation was of only eleven days standing, and was complicated with a fracture of the margin of the glenoid cavity, as in the two fatal cases that occurred in the practice of Prof. Gibson, of Philadelphia. The latter cases are too familiar to every surgical student to require particular mention in this place. Professor Gibson, in connection with the report of the above cases, gives briefly the details of a fatal operation by David, of Rouen. The luxation had existed several months, and great force was employed in the reduction. This resulted in an inflammation, mortification, and death. Some years since, Lisfrance attempted the reduction in a case of four months standing. He succeeded; but on visiting the patient an hour after, he was found dead. His death was attributed to cerebral congestion, as the autopsy showed the axillary artery, veins and nerves uninjured—(*Vit. Bul. de la Soc. de Chirurg. de Paris*, Tom. Premi., p. 718.) In the same volume M. M. Lenoir and Larrey refer to cases in which they had met with lesion of the brachial plexus, giving rise to paralysis, and

these were recent cases, and the action was most readily accomplished. I will not multiply cases of this kind; as already related, will doubtless suffice the minds of many, to answer the question—At what period of time after dislocation of the shoulder, is an attempt reduction justifiable? When Prof. Gibb lost his first patient, he wrote that could a case similar in external appearance to that of James Scofield, again occur, I shall feel justified in adopting a similar course. When he had lost his second patient, (John Langton,) he expressed his views as follows: "The conclusions which I am now prepared to draw, are directly the reverse of what I have stated in some of the foregoing pages; I am now disposed to condemn, in the most unqualified terms, attempts at restoration of ancient luxations of the humerus and other bones—except in cases where the patient is remarkably thin and debilitated, and where there has been little or no inflammation at the time or subsequent to the displacement." At a meeting of the *Société de Chirurgie* at Paris, July 2, 1850, M. Maisonneuve reported a case in which, after M. Velpeau had failed, he succeeded in reducing a luxation of the shoulder of 12 weeks standing, and related with this triumph over the veteran of La Uharite, he asserts that he is mistaken there are but few cases in which, with the aid of chloroform, we may not succeed. "*Quelles résistances y a-t-il à vaincre ici, en effet?*" He asks, *Il n'y a presque pas d'engrenage; les muscles sont neutralisés par le chloroforme; il ne reste donc que les adhérences fibreuses; l'on pourra presque toujours les surmonter les rompre.*—*Bull. de Soc. de Chir.* t. i. p. 716.) But these fibrous adhesions are not the only obstacles to overcome, where the tissues surrounding the head of the bone has become consolidated by inflammation, the axillary vessels and nerves, must be in danger of laceration. Perhaps, however, as M. Maisonneuve suggests, this accident may be avoided by "*extensions préparatoires*," as in the attempts to restore contracted limbs to their natural shape.

There are many other points of practical importance connected with this subject, but the consideration of these I must defer for the present. Hoping to resume the topic in your next number, I have the honor to be, Respectfully yours,

GEO. C. BLACKMAN.

CLINICAL LECTURE ON SOME DISEASES OF BONE REQUIRING THE USE OF THE TREPHINE.

BY JOHN ERICHSEN, ESQ.

I wish to direct your attention to-day to certain diseases of bone requiring the use of the trephine, which have been brought under our notice by a case on which I operated very recently.

There are certain morbid conditions of bone characterized thus:

1. The bone, usually a long one, generally and slowly becomes enlarged near its articular end, and in this condition may remain for a very long time, for months or years, before it is subjected to surgical interference. 2. This state is accompanied by pain of a peculiar character; it is gnawing and tensile, intermittent, sometimes very markedly so, often being absent for weeks, and then returning; it undergoes nocturnal exacerbations. 3. On a careful examination of the bone, it will be found that there is one spot more tender than the rest about the seat of disease. This tenderness is usually persistent, even though the spontaneous pain may be markedly intermittent.

These are the general characters of a disease of bone, which may arise from very different pathological conditions, though the symptoms resulting from these are generally such as have been described. These symptoms are referable to the expansion of the osseous tissue by the formation of fluid within it, or by its compression from inflammation.

The chief seat of these symptoms is the articular ends of the long bones, especially of the tibia. We may arrange their order

of frequency thus: 1st, lower end of tibia, just above ankle joint; 2d, upper end or head of tibia; 3d, lower end of humerus. The frequency with which they are met in the other bones varies, and has not yet been brought under any rule.

The affection appears to depend on four pathological conditions.

1. *Chronic circumscribed abscess* appears to be the most frequent pathological condition, giving rise to the peculiar train of symptoms just mentioned. Sir Benjamin Brodie first called attention to this point, and indicated the treatment which it is proper to adopt in these cases—viz., the application of the trephine. He has brought forward several successful cases in support of his opinion. His ideas and observations have since been confirmed by Mr. Stanley and other recent writers on the subject. When arising from this cause, the disease exists for a long time, giving rise to an aching, gnawing pain, with nocturnal exacerbations, and it is only when closely examined by the surgeon, that any local tenderness can be detected in the part affected. In some cases this abscess is of a truly inflammatory nature, and the contents are of a purulent character. In others it appears to be more or less connected with the deposit of tubercle in the cancellous tissue, which, having softened, gives rise to the formation of a cavity or vomica, resembling those formed in the lung in tuberculous disease of that organ. These tuberculous vomicæ in the articular heads of long bones play an important part in joint diseases. We had an excellent illustration of their destructive effects when opening into a joint in the case of James A—, who was admitted into the hospital last month. For many years previously he had suffered intermitting, aching, gnawing pain in the head of the tibia. One day, after unusually exerting himself, he felt something give way in his knee, and next day the joint swelled up, and he suffered violent pain in it. Suppuration and hectic set in, followed by destruction of the cartilages of the joint. After amputating the thigh, I found a cavity in the head of the

tibia, evidently of tuberculous origin, which had gradually worked its way upward, and opened into the knee joint, and the discharge of whose contents had been the cause of the destructive arthritis.

In such cases we may be led to suspect the presence of tuberculous deposit, from its existing elsewhere, from the patient presenting the usual indications of its strenuous diathesis, or from the long continuance of the suppuration either above or below the joint. From the case just mentioned, and many others which might be brought forward, we are forced irresistibly to the conclusion, that the softening of tuberculous deposit is a frequent cause of the circumscribed abscesses in bone.

The following case is a good illustration of the course and treatment of a chronic abscess of a long bone:

A woman was admitted under my care at this hospital in the month of January, 1853, in whom the following conditions existed: There was a chronic enlargement of the lower end of the right tibia, just above the ankle joint; this was attributed to a blow which she had received there ten years before, from which time the swelling and pain dated. The enlargement was not considerable. She had suffered, and did then suffer, from much aching pain of an intermitting character, at the seat of the enlargement. On careful examination, one tender spot was found, about two inches above the ankle joint, and though the spontaneous pain was intermitting, the tenderness on pressure at this particular spot was constant. Looking on the case as one of circumscribed abscesses of the lower extremity of the tibia, I cut down upon and exposed the bone opposite the seat of tenderness. On removing a circular piece of bone with the trephine, some dark purulent fluid escaped, and it was found that a cavity had been opened in the tibia that had contained thick pus, and around its walls was a layer of black cartilaginous bone; this I gouged out. The cavity was then stuffed with lint, and allowed to granulate from the bottom. A perfect cure was the result. This was a typical

we. Here we had a chronic swelling of the articular end of a bone, attended with permitting pain; we cut down, apply the trephine, open into a cavity filled with pus, remove the carious bone, clear it out and allow it to fill up with granulations, and a perfect cure results on the cicatrization of the wound.

2. The second pathological condition giving rise to the symptoms we are now considering, is *chronic osteitis*. Here the bone becomes enlarged in size and much denser, and the inflammation does not go on to suppuration. In these cases, intermitting pain, of a very severe character, with nocturnal exacerbations, frequently exists. Sometimes it would appear as if the pain was due to stretching of the periosteum, and then a simple division of the soft tissues, down to the bone, is sufficient to give immediate relief. This is illustrated in a case of chronic osseous nodes, attended with severe pain, due to the stretching of the periosteum; here the pain will be at once done away with, by a division of the fibrous membrane down to the bone. In other cases, the pain seems rather due to the mischief in the bone itself. In these cases the bone is enlarged, very dense and hard, and probably this condition is the cause of the pain by preventing all further expansion, and by the compression it exercises on the internal parts. Here division of the periosteum is of no avail in relieving the pain, but by applying the trephine, and removing a circular piece of the hard external osseous tissue, the tension will be relieved, and a cure will be the result.

In such cases, in addition to the local treatment recommended, the chronic inflammation may be combatted by a course of iodide potassium.

3. The third pathological condition attended with the same train of symptoms is that of a *cyst* situated in the osseous tissue. Cysts occasionally form within bones, and give rise to much annoyance, constituting, in fact, formidable tumors. They chiefly occur in the lower jaw, and there the proper treatment is to cut down, apply

the trephine, stuff the cavity with lint, and allow it to granulate from the bottom. This disease I have met with in the articular end of one of the long bones, which is certainly not so usual a situation for it to form in. In the particular instance to which I refer, the cyst was situated in the lower end of the humerus, just above the external condyle. The following are some particulars of the case:

George S., aged fifty-six, coachman, was admitted into University College Hospital on the 20th of June, 1853, on the recommendation of Dr. Pretty; he is a robust man, enjoying good health. About ten months before admission he observed a slight swelling above the external condyle of the right humerus. No pain was felt till after it had gradually increased in size for five months. He then began to suffer so much from it that he was obliged to give up his business as a coachman. He was seen by me in February, 1853, as an hospital out-patient. Looking on it as a case of chronic inflammation of the fibrous and osseous tissues, I ordered iodide of potassium internally, and the local application of issues. This treatment was, however, unattended with benefit.

On the 22d of June, 1853, thinking it advisable to ascertain the exact nature of the enlargement, I cut down upon and removed a soft piece of bone with a trephine. The wound healed up, and the patient was discharged. This operation was attended with only a temporary mitigation of the pain. Some time after his discharge the pain returned, and gradually increased until it was worse than before, and the swelling became greater.

Re-admitted into the hospital on the 10th of October, 1853. The wound made on the first occasion was found firmly cicatrized. On the 11th of October, I again applied the trephine, but a little higher than before. The crown of the instrument sank readily into a circular cavity in the bone, and two or three drachms of clear serous fluid escaped. This fluid so resembled synovia in appearance, that at first I thought the elbow joint had been perforated.

ated. On introducing the finger, however, into the opening, it passed into a round cavity, the walls of which felt smooth, and as if covered by a serous membrane. The patient made a slow, though perfect recovery; and he occasionally presents himself at the hospital, with a perfect arm, having suffered no return of his complaint. From the smoothness of the cavity, and the nature of the contents, I have no doubt that this was a case of cystic disease, which, if allowed to continue, would probably have expanded out the osseous tissue into what the old surgeons call a "spina ventosa."

4. The last pathological condition is a kind of *central molecular necrosis*, taking place in the cancellous structure of the articular end of a long bone. Such was the case recently operated on.

William P. was admitted under my care here on the 17th of June, 1856. Is a man of dark complexion and good general health. Five years ago, an acute attack of synovitis of the knee-joint came on, after taking a walk during convalescence from an attack of enteritis. He was treated at another hospital and at Margate for two years, but without success. He then applied to us, and received some relief from the application of issues on each side of the knee. He was subsequently treated at various places—on Scott's plan, with the actual cautery, with blisters, and in other ways. The joint subsequently became ankylosed in the straight position.

For the last three years, he has suffered severe intermitting pain at the inner side of the head of the tibia, with nocturnal exacerbations; it is readily aggravated by exertion. The pain is of a throbbing, gnawing character. There has been no enlargement of the bone at any time.

On admission, the knee was partially ankylosed, but not enlarged, and the pain previously mentioned existed continuously on the inner aspect of the head of the tibia. Here there was a tender spot almost as large as a sixpence, but no enlargement of the bone was perceptible.

On Wednesday, June 18th, I cut down

on the seat of pain and tenderness, and, applying the trephine, the crown of the instrument readily sank into the cancellous structure, as if the compact tissue had been eroded away, except a thin external layer. I saw no escape of purulent fluid, but two of the by-standers affirmed that they saw some fluid escape. In the soft cavity into which the head of the trephine sank, there was a quantity of dark, softened, spongy bone. This was carefully gouged out, a considerable portion being taken away from the interior of the head of the tibia. The wound was stuffed with lint, and cold irrigation was applied to moderate inflammatory action, in consequence of the seat of operation being in immediate proximity with the knee-joint. Since the operation the patient has lost all pain, and is doing well, the wound granulating healthily.

This case differs from the others, inasmuch as there was no enlargement of the bone, though there was internal molecular necrosis. There was not only no expansion of the head of the tibia, as is usual in these cases, but, if anything, a somewhat shrunken and wasted state of the knee and limb.

The operation of trephining a bone in such cases as these is very simple. Two trephines to be used should have narrow, deep, but smooth crowns, and the surgeon should always be provided with two instruments of the same size, that will cut in the same circle. This is requisite in consequence of the great thickness and occasional hardness of the bone in some of these cases, after it has been chronically inflamed, by which one trephine may be rendered useless. In consequence of not using this precaution, of having two trephines, I have seen a surgeon of eminence obliged to stop in the midst of his operation, till another instrument could be procured.

So much, gentlemen, for cases of intermittent aching pain in bone, attended by local persistent tenderness, with enlargement of the bone—for the different pathological conditions on which it depends—and for the one mode of relief, whatever be

the exact cause of the symptoms—viz., the perforation of the bone by the trephine.—*London Lancet.*

STRICTURE OF THE URETHRA, COMBINED WITH FISTULÆ, AND CALCULUS IN THE BLADDER; LITHOTOMY.

BY W. SETH GILL, M.R.C.S.E.

In this case, G. G., aged sixty-five, applied to me in the early part of this year, suffering at the time from bilious diarrhea, thin, with tears rolling down his cheeks, he stated "that he had suffered from stricture thirty years, urinary abscesses and fistulæ; had been under the care of several hospital surgeons, and only occasionally relieved; that he was then under treatment, and had been for three years, and that a practitioner was still dilating the urethra twice or three times a week; that he did not progress satisfactorily; indeed, that he was tired of trying." He also said that he had resided in the house of a surgeon for nearly two years, without any diminution of his symptoms; had paid an enormous amount for that accommodation and medicines, and he almost despaired of ever again being free from pain.

I endeavored to cheer him, and proposed a consultation with the gentleman in question, which was carried out on two or three occasions. The patient not feeling any better, and considering, as he stated, that his "old friend had done all he could for him," he was anxious for further advice, and asked me to recommend some one celebrated for the treatment of stricture. Having repeatedly witnessed the success of Mr. Thomas Wakley's method of rapid dilatation, and having been led to suppose, from the conversations and consultations, that the sufferer was laboring under stricture and its effects, I mentioned the name of Mr. T. Wakley, and at the same time proposed that the gentleman previously consulted should be present. To this the patient objected, and thought it unneces-

sary. Consequently, the treatment was left to Mr. Wakley and myself; and in about ten days a No. 12 tube was easily introduced. The fistula had healed, and the urine flowed copiously. We considered him cured, but were disappointed at the distressing symptoms continuing, which we were unable to account for satisfactorily. It was agreed that on our next visit a large sound should be passed into the bladder, when a diligent search terminated in the discovery of a stone. We pointed out to our patient that this had given rise to much of his suffering, and that the only chance of his perfect restoration was the removal of the calculus; that in his present state he could not be cured, nor live long. He expressed his alarm and surprise that others should have passed this over without discovery; and on his wishing to undergo the operation—"for," he added, "his life was a perfect misery"—it was deemed prudent that our own convictions should be supported by a third party, whose claims upon the public were established, and whose merits deserve the distinction he so generously receives. That gentleman was Mr. Coulson, who examined the patient, and confirmed our discovery. On account of our patient's excitement, and the nervous irritability under which he labored, it was thought prudent to perform the operation at once, he having had the necessary treatment in contemplation that such would be the case.

On June 21st, the patient having been subjected to the influence of chloroform by me, the operation, as remarked by Mr. Coulson, was "admirably performed" by Mr. T. Wakley. The calculus was lodged in a sac, and proved to be exceedingly friable, and separated into numerous fragments. In four or five minutes, however, the whole of them were removed, and the bladder carefully injected. Besides Mr. Coulson, Mr. Wakley, and myself, Mr. De Meier, Mr. Cartwright, and Mr. Coulson, jun., were present. The case progressed most satisfactorily; no hemorrhage, no peritonitis; the urine flowed in six hours through the urethra and wound, and con-

tinued to do so till his decease. The patient, the same evening, acknowledged his emancipation from the enemy and his comparative ease, and congratulated himself that his strength of mind, in combination with the skill that had been exercised, and the kindness he had received, had rescued him from so fierce a tormentor. He continued to do well until the third day, when symptoms of exhaustion set in, with retching. He was given effervescing medicines, with morphia, and injections of beef-teen and stimulants were administered with little or no effect; and he sank on the fifth day from complete exhaustion.

A post mortem examination was proposed by Mr. Wakley, but not acquiesced in by the landlady, on account of the oppressive heat of the atmosphere, and having other inmates occupying her apartments. That the bladder was extensively diseased can not be doubted. The urine was highly ammoniacal and fetid, and its muco-purulent and jelly-like character was maintained, despite the antidotes and remedies adopted.

It was very unfortunate that the calculus remained undiscovered for so long a period, and until Mr. Wakley was consulted and examined the patient. By means of the tubular bongs the stricture was removed with great rapidity; and had not all the symptoms been referred for several years to the existence of that disease, the stone might have been discovered and extracted, and the life of the patient much prolonged. The case is instructive, and proves most indisputably with what care examinations of diseases of the genital organs should be made before a diagnosis be pronounced, or a prognosis given.—*London Lancet.*

CONGESTION OF THE BRAIN.—Last year, Dr. Brooks, of Miss., reported a case of cerebral congestion, which he treated by bleeding; the patient died. He now reports three cases in which he did not draw blood, and they lived.

CASE OF SUPPRESSED MENSES

BY A. P. HELLER, M. D.

On the 17th of June, 1855, I was very unexpectedly called to see a lady in our vicinity, who, reports said, was rapidly declining, and would soon terminate in consumption. The summons was unexpected because I knew she was under the care of one of the most celebrated Allopathic physicians in the central part of Pennsylvania.

In compliance with the request of her husband, I went to see her. She informed me that about seven years previous to that time, she "caught cold," and ceased to menstruate. Being young and inexperienced, she said but little about it at the time, thinking it would be "all right" again in proper time. In the course of three months, her health began to fail her to such a degree, that her parents became alarmed and sent for a physician, who gave her medical attendance for six months, but without making any decided beneficial impression on her general health, or restoring the catamenia. She remained very delicate for the next four years, when she was married. Her husband then employed a very celebrated old school physician, who faithfully applied his remedies for several months, but finally, after exhausting his skill, gave her up as a hopeless case that "never could be cured." Another was then employed—the same to whom I first made allusion—who attended her for several months; but instead of effecting any thing curative, she was continually growing worse. Her friends became alarmed, and she was discharged. As a *dernier resort*, I suppose, I was called.

Well, I found her pale and emaciated, with scarcely any redness or flesh color about her face or hands. Pain and soreness in the region of the womb, and severe pain in her side; almost a constant aching across the small part of the back; a general swelling of the bowels; costiveness; high colored urine; no appetite; skin dry and hoaky; general depression of spirits;

cough, and expectoration of a mucopurulent matter. She generally inclined to a lying posture, not being able to sit up without producing great distress.

This was the history, and these the symptoms which I gathered from the lady, and I confess they were not of a character enabling me to form the most favorable prognosis. I felt reluctant to take the case under charge, thinking that if two highly respectable and educated physicians of the popular school could not cure her long before she had become thus far reduced, it were a rather dull prospect for me to attempt to do it now. Through the entreaties of her husband and her friends, I finally agreed to do what I could.

The indications appeared—1st, to arouse the torpid liver by mild hepatic combinations; 2d, to improve the general health by alteratives and tonics; and 3d, to make use of judicious emmenagogues at the proper period.

During the first week I put her upon the following pills: Hydrastin 2 parts, capsicum and podophyllin aa. 1 part, mixed with the extract of eupatorium; from three to six of these every day, in order to insure at least one stool from the bowels in every twenty-four hours.

June 24th.—The medicine had operated well; the pain in her side moderating. Less headache, but a very "bad taste" in her mouth. Gave her a lobelia emetic, which operated admirably, relaxing her completely. Had her well washed with an alkaline bath, and rubbed dry with a course towel. The former treatment continued, in connection with a compound lobelia pill every evening.

July 5th.—Her general health improving; appetite much better. Still considerable pain, however, about the region of the internal maternal organs. The last prescription discontinued, and the tincture of gum myrrh and aloes substituted—a teaspoonful three times a day before eating.

August 1st.—Still improving, but still pain and soreness of the abdomen in the region of the womb. Last prescription discontinued. Ordered the abdomen bathed

with tincture of lobelia; the hepatic pills as first prescribed; a tea spoonful of tincture of carbonate of iron twice a day.

Sept. 9th. A marked improvement. The headache has become periodic every four weeks, continuing but two days in succession—the pain in the womb occurring at the same time and of the same duration. But little pain in the side; appetite good; bowels regular. I concluded to prescribe an active emmenagogue, and ordered oil of savin diluted in alcohol.

Sept. 16. Saw her again. The emmenagogue had operated. It brought a discharge from the womb of bloody matter, which continued for three days. Continued the carbonate of iron with three grains each of macrotin and caulophyllin every evening.

In eight weeks from the time she had the first discharge, she had another nearer the natural color, continuing about a week. Kept her essentially upon the same course of treatment for the next four weeks, when the catamenia appeared in quantity and color entirely natural, and she enjoying, to use her expression, "better health than ever." To this date, (June, 1856,) she is well, and weighs, she informs me, at least one-fourth more than she ever did before.

—*Mid. States Med. Reformer.*

"PURGING" THE ECLECTIC MEDICAL INSTITUTE.

Of what has the College been purged by the expulsion of Sherwood, King, Hoyt, Cleveland, and Buchanan?

1st. By the expulsion of Dr. William Sherwood, the college organization has been "purged" of one who, contrary to the principles and practices of the Eclectic Medical Institute, and contrary to his daily teaching, permitted general bleeding in at least two cases of puerperal fever, known to us, both of which patients died—then in this instance it was "purged" of a hypocrite.

2nd. By the expulsion of Dr. John

King, the college was purged of a proprietor of secret nostrums, such as the electric elixir, red pills, galvanic pills, detergent pills, eutrophic tincture, and many others, the component parts of which he was always cautious not to publish in his Dispensatory. Therefore it was "purged" of a vender and maker of quack nostrums.

3rd. By the expulsion of Dr. O. H. Cleaveland, we have "purged" the college of a man who pretended to have left the Allopathic profession, merely to get a seat in our college. His liberalism was a mere sham to deceive us, as the following will show. A man who still hangs on to the Allopathic practice, notwithstanding his denial of it before Eclectics. This is proven also by the following precious position, taken by Dr. Cleaveland, in an article for the Northern Lancet, an Allopathic journal:

"Podophyllin cannot be relied upon to supply the place of the mercurials in those cases where the solvent property is demanded, and in inflammatory adhesions of the tissues of the eyes, or in pleural, or in other adhesions of serous surfaces. Neither do I think that it will remove deposits of inflammatory exudations following syphilitic infections, as calomel will."

Now bear in mind that this is the published language of Cleaveland, while he was professedly an Eclectic, and at the time occupying a chair in an Eclectic school. His object after he came into the college, was to change its principles from Eclectic to Allopathic, and for this purpose, he opened a tirade of abuse upon the principal agents of the materia medica. Then, in his case, the college has been "purged" of a wolf in sheep's clothing.

4th. By the expulsion of Dr. Joseph R. Buchanan, we have "purged" the college of a man, whose Homœopathic proclivities came near changing the original character of the school into that of Homœopathy.—a man who desired to vacate Dr. Morrow's position and chair, long before the death of that noble gentleman, in order to accomplish his own personal ends—a man whose teachings, since his connection with the college, have been a conglom-

meration of ethereal doctrines, spiritualism, and a general both-potch of "isms" and "ologies" which he failed to teach to students, or clearly understand himself.

5th. By the expulsion of Dr. J. W. Hoyt we have purged the college of an avowed Homœopathist, both in theory and practice—a man who openly declared his preferences for that system, even while a teacher of Eclecticism—a man who not only takes the infinitesimal doses himself, but gives them to his patients. A man who was employed by Dr. L. E. Jones as an amanuensis, received his wages, and then endeavored to keep from Dr. Jones his writings, should never have had a seat in any college. A man who was taken under the fostering care of Dr. Jones, and who, like the warmed serpent, turned and bit him for his pains—this man, we say, ought not to have been allowed entrance into any college, and especially not in one where honest scientific gentlemen, devoted to the principles of our system, can alone give the college a solid basis in public confidence. We need men who will meet friend or foe in the defense of true Eclecticism—men who will not act under the influence of dishonest men, actuated by dishonest motives.

The trustees have endeavored to fill the places made vacant by the expulsion of Sherwood, Hoyt, King, Cleaveland and Buchanan, with men who are not only devoted to the principles of true Eclecticism, but who feel that they must discharge their duties in harmony. Most of these gentlemen are now engaged in active practice in this city. This faculty organization is a unit; there is no mixture of doctrines antagonistic, no ethereal speculators, no one envious of the reputation of his colleagues. They present to the public a solid front of intelligence and scientific experience in the art of medicine. Now we leave it to be decided by our readers whether or not the college should not have been "purged" even long before it was.—*Newton's Express.*

REPORT ON CONCENTRATED MEDICINES TO THE MIDDLE STATES REFORMED MEDICAL SOCIETY.

BY PALEMAN JOHN, M. D.

"*Concentrated Medicines*" have for the last few years attracted a large share of the attention of the profession, and as they have assumed a prominent position in our materia medica—having been pretty generally canvassed through the press and tested in practice—the questions very properly occur. Are they reliable remedies? Can confidence be placed in them? Do they really possess any positive advantages over the crude article or even over the preparations as usually employed, such as tinctures, extracts, etc.? To these, rather than to any lengthened disquisition upon what concentrated remedies *are*, or upon the *modus operandi* of preparing them, I will confine the few remarks I have to offer.

When these preparations were first introduced to the profession they did not fully meet the expectations of those employing them. They were imperfect preparations. Nor was it to be marvelled at. This was a new field of inquiry opened to the pharmacist, and it required a re-investigation of all he had hitherto studied respecting the organic constituent elements of plants, and a re-examination of his courses and authors on Chemistry, and then after all, it required time, and patience, and experience. Brilliant discoveries in all the plenitude of their perfection do not flash upon the mind at once. It has always required effort and labor to fully elaborate and bring to bear the practical application of every great principle. And as in all things else, it has been found equally true in reference to the recent discoveries and improvements in materia medica.

No one has questioned but that many of the agents which have been in use for hundreds of years have possessed the most valuable remedial properties, yet long had

practitioners, and patients too, felt an objection to them, but to remedy these objections was a work of time. Indeed when the pioneers of our school first began to preach their doctrines of innovation and reform to the world they had too much to engross their attention to allow them any time for preparing their remedial agents in a very acceptable and agreeable form. Satisfied that the materia medica of the old school was filled with agents of a mischievous and pernicious character, they felt called upon to demonstrate that their use was unjustifiable and uncalled for by producing and bringing into successful use other agents the actions of which were both safe and sensitive. They had much to encounter and much to do—to point out the correct principles of medicine and to defend them against the operation of influences which dare not openly oppose them now.

It was enough for them to test and prove that there were innocuous remedies in the great laboratory of nature, and to designate and point them out. These had been totally overlooked and neglected by the profession, and hence, instead of finding them at the shops and druggists neatly prepared by the skillful pharmacist, they were compelled to gather them from the field, the highway, and the forest, as they needed them, and to administer them in the simplest form, either in infusion or decoction. In a few years, however, they began to find some time to devote a little attention to preparing their remedies into a more convenient and acceptable form. They called in the aid of the simpler arts of pharmacy to powder, tincture and compound their roots, barks, buds, leaves, gums and resins. This was one step in the right direction, for no matter how much of inherent worth and efficacy our remedies may be proven to possess, they never will become generally popular in their crude form.

After having incontrovertibly demonstrated that there were reliable substitutes for the pathogenetic agents of the other schools of medicine, another and brighter

epoch in our history dawned. Fully realizing the objections, existing against crude and bulky remedies, and seeing that the reduced and concentrated forms of the agents of Allopathy had operated incalculably in making them popular, the intelligent pharmacists of our school turned their inquiries and investigations in the same direction. But there the same chemical processes Allopaths resorted to in thus reducing the bulk of their remedial agents ours would not adopt, and why? They take a crude article—indeed it may be an innocent one, so long as the integrity of Nature's combination of proximate principles are not infringed upon—and in their process break up the chemical relations existing between its constituent elements, which relations perhaps rendered the whole innocuous, and they extract certain of its proximate principles, many of which when isolated are deadly in their character. Sooner than do this, Reformers were determined to make no change. But they despaired not. Men of indomitable perseverance, they pushed their investigations far and wide. They believed that the grosser portion, such as the lignin, etc., could be expelled, and all the medicinal properties retained, and that too without breaking up the integrity of nature's combination of proximate principles. They called in the aid of Botany in order to thoroughly ferret out the great important laws which govern the development of the plant, and of Chemistry to enable them to detect with unerring certainty the true character of these principles upon which the value of the plant as a remedial agent depended.

Well what have been the results? Have they succeeded? Have they been able to present the profession with reliable agents—with remedies in which practitioners can place confidence? From close observation and a considerable experience I am prepared to answer that, generally speaking, each one of these interrogatories will admit of an affirmative response.

But do they possess any positive advantages over the old forms of administration?

and if so, what are they? In several important particulars they are preferable to the old formulas and modes of preparation adopted.

In the first place—The bulk is so reduced by the removal of the lignin, woody fibre, and all the inert non-medical matter with which the medicinal principles of plants are connected, that the dose is brought down to a form entirely acceptable, contributing to the convenience of the practitioner by relieving him of the burdensome necessity of carrying his saddle-bags in order to carry medicines enough to meet the wants of his patients in his daily rounds; and more important still, meeting the wants of sick, by having the ligneous portion, which so often proves irritating to the stomach, removed, and the bulk so reduced that he can disguise his doses that what before was disagreeable and nauseous can be swallowed without being tasted.

In the second place—Their uniformity of strength is another important desideratum. When properly prepared, every sample of each article contains the same proportion of constituent elements and consequently the same degree of strength. The physician is enabled to know just how much medicine he is giving, thus imparting greater definiteness to his practice. To illustrate I quote from a late author:

"Many medical plants collected in cold climates contain only a small portion of the active principles, upon which the virtue of the plant depends, while the same plant grown under the influence of a tropical sun, contains a large amount of the active principles. Now a physician cannot well tell by the mere appearance of the dried plants or parts of the plant, from what section it was derived, and hence does not know how much medicine he is positively giving. This accounts for the very contradictory statements which we see in medical books relative to the value and inconstancy of the action of plants. Again, there are other plants which require to be grown in a cold latitude where the seasons are short; for in Southern latitudes the heat and drought of summer dissipates the active principles, unless the plants be gathered at a particular time. Now the concentration of the active properties avoids this uncertainty, and the phy-

ician is enabled to prescribe knowingly. The promptness and certainty of action thus induced brings the art of prescription much nearer to the conditions of a positive science."

Of course the article must not be an adulteration: it must be pure.

But admitting that they may be superior to decoctions and *sgrups*, because of the fact that the volatile principle of many of the articles is carried off with the vapor during the boiling process, and because the active principle of others undergo a destructive decomposition, yet in what way are they superior to extracts and tinctures? Extracts are generally held to be valuable preparations. Many of them I esteem very highly and expect to continue their use in practice. But the idea that extracts, especially when prepared *vacuo*, contain all valuable principles of the vegetable from which they are obtained, is not correct. The volatile parts, as in decoctions, are more or less dissipated, and some of the essential principles are oxidized, the vegetable substance is consequently altered, and not unfrequently destroyed. The result is an apothecary compound of deteriorated value. When prepared in *vacuo* they are less changed in their properties than by the ordinary method, and hence are more valuable. All vegetables contain various ingredients; and in order to obtain their valuable components unaltered, a proper solvent—one which does not, in any degree, change the nature of the substance to be dissolved—must be employed. Usually alcohol, water, and hydro-alcohol are used as the menstruum. In many cases they are neither proper nor sufficient. In many cases a compound is indispensable—in others different menstrua must be applied successively to the same substance. To ascertain the kind of solvent required in order to obtain the active principle it is necessary to accurately analyze the substance to be dissolved. In the preparation of extracts these important processes have been greatly overlooked. Their observance has given us complete concentrations of the vegetable compounds of certain

valuable medicinal plants, more reliable and more convenient than mere extracts possibly can be.

To tinctures there are objections entertained by many of the profession. Professor Comings, in a series of articles in the *Journal of Medical Reform*, condemned them as unwarrantable and injurious. They do not always contain the real active principle, especially where this is not soluble in alcohol, and in many cases, in consequence of the stimulation incident to the administration of spirits, they are entirely inadmissible. These objections do not exist against the concentrations. They are entirely free.

In conclusion, I would be understood. I would not entirely banish infusions, decoctions and syrups from the materia medica. I would retain them as adjunctive aids which they invariably prove when judiciously prescribed. But they should not be depended on alone, because of the large quantities necessary to effect the desired purpose. Nor would I by any means eschew tinctures and extracts. In their place I esteem them as invaluable, but because of the oftentimes inadmissibility of the former and the want of reliability of the latter I would include the concentrated remedies, thus rendering our remedial appliances as perfect as our materia medica is boundless.
—*Med. States Med. Reformer.*

DR. CLEVELAND vs. THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

In the August number of the *College Journal*, Dr. Cleveland holds this language:

"This is all very well; for the miscellaneous clique that met in New York (a small doctor's office would have held them all) was not an Eclectic meeting, but a hotch-potch of Physopaths, spurious Eclectics, and unknown individuals, and ought to have a platform of their own, after the Baltimore platform. What we object to is the impudence, the imposture, of getting together a little coterie, chiefly Physo-

pathic, and attempting to palm it off upon the public as a national Eclectic medical association, when it did not embrace ten Eclectics out of the three thousand in America."

Now, upon examination we find that the names of those attending the meeting of the Association in 1855 and '56 are almost entirely the same. In examining the proceedings for 1855, we find the following preamble and resolutions were adopted:

"Whereas, In the opinion of this convention, it is of vital importance to the cause and progress of medical reform, that a spirit of harmony and a concert of action be encouraged, in order to the furtherance of reform principles of medical practice; therefore,

"Resolved, That we extend the right hand of fellowship to all who base their practice upon the following principles;

"1. That in the administration of remedial agents, we should employ only those the therapeutical action of which is physiological and not pathological.

"2. That disease is not vital action, but that condition of a part which disqualifies it for the performance of its functions in a normal manner."

The above shows very conclusively the rules of admission. But on the following morning, when the convention re-assembled, Prof. Burnham, chairman of the committee on Medical Institutions, introduced the following resolutions, which were adopted:

"Resolved, That this Convention adopt all laudable measures for the encouragement of those medical institutions in which are taught the true principles of reform, exhibited in a sanative course of treatment for all diseases.

"Resolved, That we recommend to all the friends of medical improvements to lend their aid and influence in favor of those institutions, and those only, which are based upon these principles, and such as are well supplied with the means and facilities for a complete and thorough course of instruction in all the departments of medical science."

Prof. Burnham said, at the same time, "that the platform of the Allopathic school was to fight every body else, and in his opinion we ought to join in one solid phalanx to fight the Allopathic school."

This convention was opposed by Buch-

anan, Cleaveland & Co., like the present. They published a protest in the N. Y. Tribune, which was replied to by the editor of the Worcester Medical Journal, in the following style:

"Prof. J. R. Buchanan, of the Eclectic medical college of Cincinnati, has come out in a late number of the N. Y. Tribune, reflecting severely upon what he says is somewhat facetiously called the National Eclectic Medical Association. We have nothing to say in reference to the general swell of that gentleman, or his visionary theories relating to mesmerism, psychology, anthropology, etc.; but we fear the three thousand Eclectics will not hold him in any higher estimation for his attack on a respectable medical association."

From the above quotations it appears, that Prof. Burnham, being a leading member of the convention of 1855, was repudiated by the very men who now find it difficult to get words expressive enough to show their admiration of him. "O, consistency!" "My ox has gored your ball."—*Newton's Express.*

CASE OF UNITED LIVING CHILDREN, (RUSSIAN.)

On the 4th of April, 1855, one of the rarest cases of double formations occurred in the St. Petersburg Foundling Hospital—namely, two girls growing together by the skulls—which still live, and so far, appear to be in good health. Of all the cases hitherto known (of which there are seven), the union of the two individuals was never of that kind to bring the face of one child directly opposite the face of the other. These twins are so united that if the middle line of the face of one child be prolonged from the nose, this would strike upon the ear of the other. Through the mobility of the necks the two children really lie in a straight line, one girl lying on the back, the other on the side, and thus they sleep. The face of one child is quite asymmetrical as far as the forehead, and it is first in the formation of the skull that want of symmetry appears. In the face of the other, the right half is much

shortened and the eye of this side opens more than the other. The two children possess a perfectly independent existence from each other as relates to sleeping, waking, want of food, &c. The one sleeps quietly while the other takes nourishment or looks about. Common sensibility does not appear to exist, since in cases of this kind the brains and nerves of each individual are preserved distinct. Not so always with the blood vessels. Once, one child screaming loud, awoke its sister.—The face of the screaming child became suffused and reddened deeply, whilst the other was still asleep. Then the face of the other began to redden and swell, and it was only after this that it opened its eyes. The features of the two children, especially of the one whose face is not shortened, are very pleasing. The physicians of the Foundling promise to observe this case more fully, and publish the results.—*Monatsschr. für Geb., July, 1825.*

CASES OF SCIATICA, TREATED PRINCIPALLY BY CUPPING AND TONICS.

[The following cases occurred in the London Hospital, under the care of Septimus Gibbon, reported in the London Lancet.]

The causes which are said to produce sciatica are very numerous indeed, and oftentimes require no ordinary amount of skill on the part of the physician to detect the true one. This not unfrequently leads to the most varied and opposite treatment, and accordingly we find a great diversity of opinion prevailing amongst writers as to the remedies which ought to be employed in this affection. This has been clearly shown by Mr. Hancock in a former volume of this Journal. He thinks the most common cause of sciatica is the irritation of the nerve within the pelvis, either from a loaded colon or cæcum, or from tumors formed within that cavity, and acting mechanically upon the nerve in that situation.

There can be no doubt whatever that the state of the bowels is perhaps the most common cause within the pelvis. Sometimes, however, this condition is associated with a disordered state of the kidney, and when treated by turpentine, yields very speedily, from its influence upon this organ. Amongst the poor and lower orders of society, again, who are exposed to privation, cold, damp, and moisture, sciatica depends most generally upon an inflammatory condition of the nerve or its sheath, and from the low state of health met with in such persons, local depletion with tonic treatment, proves very beneficial. It is this last form of sciatica, to which we would draw attention in our "Mirror" of to-day which is illustrated by several cases, in which the treatment was tolerably successful.

We cannot refrain from adverting, while upon this subject, to the revival, a few years ago, by M. Malgaigne, of a remedy in popular use in Corsica—namely the application of the actual cautery to the tip of the ear. Upon what principle the cure is effected here, we are at a loss to determine, but several reported successful cases were given in the French journals at the time. We rather suspect the remedy had the effect of frightening away the pain.

CASE 1.—*Double Sciatica, arising from sleeping in damp sheets; treatment by cupping solely.*—Thomas B—, aged 22, a healthy looking lad, of light, florid complexion, was carried up into Harrison ward on the 17th of March, 1856. His skin was cool, pulse 105, moderate volume, and compressible; tongue was clean, bowels opened regularly once a day. He complained piteously of paroxysms of severe lancinating pain down the backs of both legs, extending from the buttocks to the ankles. He had no spasm or cramp of the legs, but was unable to move them, on account of the pain which followed the least motion. There was marked tenderness over the ischiatic notches extending over the course of the sciatic nerve in the middle of each thigh. He was unable to sleep without taking opiates.

The history he gave of his complaint was, that two weeks ago, after sleeping in damp sheets, this severe pain came on, and quite incapacitated him from following his employment, as a grocer's assistant. He has since almost entirely kept his bed, and under medical advice, applied many remedies, with temporary relief to the pain.

Dr. Gibbon, judging that the pain depended upon an inflammatory condition of the nerve or its sheath, ordered twelve ounces of blood to be taken by cupping over the most tender parts of both nerves. No other remedies were given. The blood was drawn from the integuments over the sciatic notches, with a very marked and almost magical relief to the pain. To have middle diet.

March 22d.—Feels great weakness in his legs; is scarcely able to walk; has slight pain without tenderness, extending from both knees to the ankles; general good health. Ordered to have a mustard foot-bath every night.

29th.—Able to walk well; no pain or tenderness about the hips and thighs, but slight pain continues to lancinate between the knees and ankles. To have two grains of quinine thrice daily, and turpentine liniment to be rubbed into the painful parts.

April 7th.—The pain continues, but is so slight as to be scarce worth mentioning. Discharged at his own request.

CASE 2.—*Sciatica and lumbago, arising from damp and cold; treatment by iodide of potassium and steel.* David B—, aged 56, by occupation a coalwhipper, admitted on the 18th of March, 1856; is a stout, healthy looking man; skin natural; pulse 64, moderate volume; tongue thinly furred; abdomen soft and natural; sleeps indifferently, owing to pain in the left hip; appetite good; thirsty; complains of pain across the loins, which is very acute on motion; there is considerable tenderness on the left side of the sacrum, and he complains of frequent lancinating pain, extending along the course of the sciatic nerve as far as the toes.

History.—Of temperate habits. His

occupation exposes him constantly to damp and cold. For the past nine weeks he has had twinges of pain across the loins. Ten days ago the sciatic pain commenced, and has prevented his either sleeping or walking. Ordered cupping to the extent of eight ounces over the left hip; a mixture of iodide of potassium (three grains) thrice a day; and middle diet.

March 15th.—The cupping relieved him. He has since continued free from sciatic pain, and slept well last night.

26th.—Left leg continues very weak, so that he requires crutches to walk with. In other respects he is nearly well.

April 2d.—Power in the left leg returning, but slowly. Ordered fifteen minims of muriated tincture of iron, and five minims of nitro-muriatic acid, in an ounce of infusion of calumbo, three times a day, and a pint of porter; ten grains of compound colocynth pill, on alternate nights.

23rd.—Quite free from pain, but is not able to walk well, on account of the weakness of the left leg. Discharged.

CASE 3.—*Sciatica from cold, treated by cupping, quinine, and iron.* Wm. C—, aged 61, a stout, not unhealthy looking man, applied as an out-patient on account of a severe darting pain down the back of the right leg. There was marked tenderness over the right sciatic notch. He stated that the pain causing lameness commenced suddenly a fortnight ago. In his daily occupation as a brewer, he was exposed to great vicissitudes of temperature, but he unhesitatingly assigned his illness to having sat a considerable time at stool on a cold and windy privy. Ordered cupping to the amount of eight ounces over the right hip, and a pill three times a day, of two grains of quinine, one grain of sulphate of iron, and a sufficiency of extract of conium.

April 16th.—By mistake he was cupped over the loins. The pain continues very acute, especially on rising in the morning. He sleeps well. To have a hip-bath on alternate days, and a liniment of opium to be rubbed over the right hip and thigh morning and evening.

19th.—No improvement. To be cupped to four ounces over the most tender part of the right hip. The pills were continued.

23rd.—The cupping has afforded marked relief; and he is very much better. To go on with the pills.

27th.—Very little pain in the course of the sciatic nerve. Pills to be continued. May 3rd.—Discharged cured.

CASE 4.—*Sciatica and Rheumatic Fever, cured by cupping and colchicum.* Margaret K——, aged 40 admitted April 2th, from the out-patients room, on account of the severity of the pain, and her inability to walk. She complained of excruciating pain in the course of the left sciatic nerve, extending as far as the ankle; this pain recurred in paroxysms, or was excited by movement of the limb. There was considerable tenderness in the track of the left sciatic nerve to the commencement of the lower third of the thigh.—There was rheumatic swelling of all the large joints of the right arm, with marked derangement of the motion of the shoulder and wrist disturbance.

History.—Has had several attacks of rheumatic fever. The present attack commenced one week since, followed two days ago by the sciatic pain. Ordered cupping to six ounces over the left thigh, a saline mixture, with a drachm of the acetum colchici, and half a drachm of the sulphate of magnesia, three times a day. Milk diet.

April 16th.—Great relief was afforded by the cupping, so that she was enabled to walk a few hours afterward. Slight tenderness over the sciatic notch. Pulse 90; tongue thinly furred. Complains of pain in the right shoulder joint. Bowels relaxed three or four times in the course of the day. Omit medicine.

19.—Bowels became regular as soon as the colchicum mixture was discontinued; skin natural; pulse 84, full and soft; rigors; no slight pain in the shoulder joint; there is but trifling tenderness over the left sciatic notch. To have two grains of calomel, and one of opium at night.

23rd.—Sleeps well; no return of rheumatic pain in any joint; pulse 80; tongue

clean; bowels regular; is able to walk about without feeling the least pain or inconvenience.

26th.—Discharged cured.

[We have copied the foregoing cases on account of the interest which they possess, though we do not approve of all the treatment exhibited.—ED. JOURNAL.]

THE PRACTICAL APPLICATION OF CHLOROFORM AS A TOPICAL ANÆSTHETIC TO MUCOUS AND CUTANEOUS SURFACES.

(From the unpublished works of Prof. Simpson, of Edinburgh.)

In 1848, my essay on local anæsthesia and its artificial production by chloroform, &c., was printed in two English medical journals.* In 1852, Dr. Hardy of Dublin, published in the November number of the *Dublin Quarterly Journal of Medical Science*, an interesting communication on the same subject, entitled, "On the Local Application of the Vapor of Chloroform in the Treatment of various Diseases."

The principal peculiarity in Dr. Hardy's essay consisted in the proposal of a special valved instrument—the anæsthetic douche as he termed it—for the purpose of applying in an intermittent stream, the vapor of chloroform to any part or surface that was wished to be affected.

But in projecting a stream of chloroform vapor upon any point, I have generally made use merely of a common enema syringe; and it will be found, I believe, to serve as well, if not indeed better, than any of the complex and expensive special instruments invented for the purpose. In fact, a larger and more powerful stream of vapor can be kept up by an enema syringe than by any of the special anæsthetic douches which I have seen.

Any of the usual forms of pea-valve enema syringe will answer the purpose, provided their lower or receiving extremity be immersed in the vapor of chloroform, and the instrument worked in the usual way employed for the transmission of water or other liquids. The vapor of chloroform

etc., or rather of air loaded with the vapor, passes readily through the canal of the syringe, and is projected in an intermittent stream from its orifice.

The syringe which I have generally used for this purpose, is the barrel syringe of Mr. Higginson. It consists of three pieces of caoutchouc tubing, the middle or thickest portion being provided at either extremity with the common pea or ball valve, and altogether forms, in my opinion, by far the simplest, most durable, and at the same time the cheapest description of syringe yet suggested for injecting fluids into the rectum or vagina. When used for the transmission of chloroform vapor, it requires to be worked in the usual way for the transmission of liquids, but with its lower or inferior extremity placed in air loaded with the vapor of chloroform. In order to effect this last arrangement, all that is necessary is to place this lower extremity of the instrument in the neck of a phial or bottle containing liquid of chloroform. The lower extremity of the barrel-syringe is generally made of the size and form of the two last joints of the little finger; and the tube is encircled with a projecting ridge or shoulder above this point. When employed as an anæsthetic douche, this finger-like end of the instrument is passed into the neck of a chloroform bottle sufficiently large to admit it easily; whilst at the same time the circular projecting ridge of the tube rests on the mouth of the phial. For this purpose the common six-ounce phial or bottle, with a mouth four or five lines wide, answers perfectly. An ounce of chloroform placed in the bottom of the phial will enable it to serve as an anæsthetic douche for a long time. Before using it, the shaking of the bottle will impregnate the air in it more thoroughly with chloroform vapor. When patients themselves employ the syringe and bottle, perhaps it will be found necessary to explain to them that they are not to inject the liquid chloroform through the tube, but only the vapor of it, or rather air loaded with the vapor.

The preceding simple arrangement con-

verts a common enema or vaginal syringe into an anæsthetic douche, equally, or indeed more, powerful than the ingenious instrument especially invented by Dr. Hardy for the purpose. As a proof of this, let me merely state, that in various trials upon various individuals, I have never seen the stream of vapor, from Dr. Hardy's instrument, when fully charged, produce a state of general anæsthesia when the jet from it was projected into the mouth; but I have found that result to follow in some instances when the same experiment was made with the stronger and more sustained stream of chloroform vapor sent through the common syringe.

When the inferior end of the enema syringe employed is of such a shape that it will not pass into the neck of a bottle containing chloroform, other arrangements may be required to supply it with chloroform vapor. For this purpose the lower end of the syringe may be placed upon the hollow of a concave sponge bedewed with chloroform; or a piece of lint, flannel, or the corner of a handkerchief, or other such material, freely wetted with it, may be lightly rolled around the lower extremity, of the instrument. Sometimes, with the same view, I have placed the end of the syringe in the bottom of a cup or tumbler in which there was a bit of sponge or lint soaked with chloroform; for the vapor of chloroform being nearly four times heavier than atmospheric air, fills always the lower part of such a vessel. By any of these means a sufficient quantity of chloroform vapor can be supplied to fill the instrument and to make a stream of it pass from its superior orifice, when the syringe is worked in the usual manner for transmitting liquids.

I have used the injection of chloroform vapor into the vagina by the preceding method, in many cases of painful and neuralgic conditions of the uterine and pelvic organs. In most instances, after the first sensations of the warmth produced by the injection have passed away, relief has been found to follow for a greater or less length of time; and to sustain this state of free-

dom from suffering, the injection has generally required to be repeated by the patient after the lapse of a few hours. This treatment has appeared to me more particularly useful in neuralgic states of the uterine organs and passages; in those organic diseases that are occasionally accompanied with suffering, as carcinoma uteri; in some cases of severe feelings of bearing down, and incapacity to stand and walk, complicated with displacements and enlargements of the uterus; and in various spasmodic conditions of the uterus attended with pain, as in threatened abortions; in after-pains; and most markedly in severe dysmenorrhœa. But at the same time I would beg to remark that in various instances in which the preceding morbid states were present, and in which I fully expected the usual anodyne effect of the vapor to be experienced, the treatment has failed to give the usual relief; probably because the mere superficial anesthesia which results from the anæsthetic vapor was not sufficient in depth or in degree to produce an anodyne effect. In other instances, on the contrary, in consequence perhaps of the peripheral extremities of the nerves distributed to the genital mucous surface being specially affected or having a special reflex influence upon the deeper seated parts and pains, the chloroform vapor has succeeded in not only producing temporary relief, but in producing even a speedy and permanent cure, under circumstances where the previous duration and severity of the symptoms seemed *a priori*, to forbid the hope of a restoration to health by this means alone. I had, for example, lately under my care, a patient who, in consequence of severe pelvic or uterine pain, had been obliged to keep the supine position upon the bed or sofa for nearly six months previously. All attempts at standing or walking brought on renewed paroxysms of suffering. The uterus was slightly retroverted, but otherwise appeared healthy. After being brought with some difficulty to Edinburgh, from a distant part of England, the only treatment to which she was subjected consisted of an

injection of chloroform vapor several times a day into the vagina, which at once relieved and ultimately altogether removed the uterine pains. Within a week, the morbid sensibility of the parts entirely disappeared. There was, about a month subsequently, a short relapse, from exposure, but speedily yielded to the same treatment.

I have repeatedly applied chloroform to the maternal passages during labor in cases of rigidity of these passages, and particularly in rigidity of the cervix uteri when co-existing with morbid irritability and sensibility of the parts. In these instances I have used sometimes the chloroform vapor injected by the usual means; sometimes a few drops of fluid chloroform, mixed up with oil, or with a small solid mass of butter or ointment. The practice has appeared to me to be very often followed by two very beneficial results—first the abatement of the supersensibility of the maternal canals; and secondly, very often also with an increased secretion of mucus, and increased susceptibility to relaxation and dilatation in the rigid structures.*

[TO BE CONTINUED.]

* During parturition, the maternal canals, viz., the cervix uteri, vagina, and vulva, are no doubt dilated principally by the results of muscular uterine action and mechanical pressure. But they evidently become also dilatable and relaxed by another and an additional process, which is so far independent both of muscular action or mechanical pressure. In proof of this, we find the whole length of the canal of the vagina relaxing and widening during a protracted labor, before the head has yet passed the brim or fully opened the os uteri. This vital process of dilatation seems to me to consist of a rapid development of cells within the tissues of the walls of the maternal canals—just as the thick mucous secretion thrown out upon the free surface of these canals during labor (and indicative, when present in great quantity, of great dilatability in these canals) is essentially, and in its ultimate physiological analysis, a rapid development of cells upon the free surface of their mucous coat. The application and stimulus of various substances, as simple warm water, of warm aqueous vapor, oils, simple or stimulant, &c., apparently promotes the dilatability of the tissues of the cervix uteri and vaginal canals, by promoting probably the more rapid formation of these cells. And from various cases which I have seen, I am led to believe that chloroform, both in the form of vapor, or of fluid diluted with oil or lard, will be found especially successful in producing this result, or at least—be the explanation what it may—in producing the required relaxation in cases of a normal or morbid rigidity.

Part 3.—Editorial.

DR. I. G. JONES vs. THE E. M. INSTITUTE.

In the pamphlet circular just issued by the expelled members of the old Faculty, Buchanan, King, Hoyt, Sherwood, and Cleveland, we observe a letter purporting to be from Dr. I. G. Jones, now in New Jersey trying to battle off a fatal disease. We regret that Dr. Jones has thus suffered himself to be drawn into the ranks of the enemies of the Institute. It is really inexplicable why Dr. Jones should thus voluntarily assume the task of abusing the remaining members of the old college Faculty. He tries to be very severe upon myself, and since the expelled gentlemen and their friends seem so very anxious for a personal "tilt" with me, I shall take up the glove thus thrown down. In the honest defense of truth, one man is a host.

As inferences, innuendoes, and mystic allusions, are so constantly employed by the detached members of the Faculty, for the purpose of deceiving the public, I shall hereafter consider myself fully justified in using very plain language—the language of truth—language which can be verified in any court of justice.

In Dr. Jones' letter—or what purports to be his letter—the Doctor professes to feel a very deep solicitude for the cause of Eclecticism, and for the interests of the Eclectic Medical Institute of Cincinnati in particular. Now, considering who Dr. Jones is, and his peculiar position before the Eclectic medical profession, it can not but be regarded as a strange announcement which we make, when we declare that Dr. I. G. Jones never has, from the day the Institute was organized up to the present time, contributed a single dollar toward supporting the school! He occupied a professorship in the Institute two seasons, and lectured only a portion of that time. Prof. L. E. Jones with great kind-

ness filled his lost time, while Dr. I. G. Jones received his pay for the *entire* course. And having thus drained it of funds which he ought not to have accepted, as he had not performed his duties, he terminated his connection with the school at the close of the winter session of 1852, since which time his name has been occasionally used, as some members of the Faculty thought it might be the means of catching a few more students, but it was well understood that he was physically unable to lecture.

While Dr. I. G. Jones was connected with the E. M. Institute in this city, I was connected with the Memphis Institute. In the month of January, 1851, Dr. Jones wrote a letter to me, urging me to get our Faculty in Memphis to consent to come to Cincinnati, and, if possible, thus save the old Institute—saying that I was "the very man to take hold of the concern, and manage it through;" that "if this could not be accomplished, the Cincinnati school would have to go down;" that the state of his health would not admit of his remaining with it longer than the close of the winter session; and that "Dr. Joseph R. Buchanan would blow the school to hell, if he could get the entire control of it;" and that he had "no confidence in either Buchanan or any of his fanciful notions." He urged me to consider the matter, and to come immediately to Cincinnati. The same mail brought a letter from Prof. R. L. Hill, and another from a warm friend of Mrs. Morrow, both of the same import, urging me to come to Cincinnati.

Feeling a deep interest in the prosperity of the Institute, and believing that a prominent central school should be sustained at this point, I laid the matter before some of my colleagues at Memphis; the result of which was, that arrangements were at once made for my departure for Cincinnati, to learn every particular concerning the Institute, Prof. Freeman agreeing to fill my chair while absent.

I left Memphis, January 24, 1851; arrived here on the 29th, and there was at once called a meeting of the Faculty. There

received the official proposition, by the Faculty of the E. M. Institute, that our Memphis Faculty should be at once solicited to come up, and that Profs. Freeman, Powell, Sanders, and myself, must consent to fill places in the Faculty of the E. M. Institute. This proposition was written out by Dr. J. R. Buchanan, as the action of the Faculty of the E. M. Institute, and delivered to me to be laid before the Memphis Faculty, which was accordingly done upon my return to Memphis.

My colleagues in the South, feeling the imperious necessity of sustaining the old E. M. Institute, consented to abandon the Memphis enterprise, and come to Cincinnati. Prof. Powell declined going into the school while Dr. Buchanan was connected with it. Dr. I. G. Jones, Dr. B. L. Hill, and Dr. Gatchell subsequently left the school—Jones in consequence of ill health, and Hill and Gatchell to enter the Homœopathic school at Cleveland. Profs. Freeman, King, Sanders, and myself, went into the school to save it if possible. By the help of Prof. L. E. Jones, we succeeded in placing it on a solid foundation.

But now, in 1856, Dr. I. G. Jones says that the school is "*purged*." It is "*purged*," of the excrementitious matter which had accumulated in its organization. Its corporate body has been "*purified*" legally—not by a fraudulent issue of stock. It is "*purged*" of Dr. J. R. Buchanan, in speaking of whom Dr. Jones has frequently said to me, that he was a positive injury to the school, and that he "could only be useful when kept under the control of some one who had judgment and business talent enough to do what was necessary."

Now Dr. I. G. Jones seems to manifest a marvelous affinity for this same man Buchanan, and to think him a second "*Nick Biddle*" in financial capacity. And we do not wonder; for Buchanan and his clique can increase the capital stock of an institution in a way entirely unknown to Mr. Biddle, or any other financier. Does Dr. Jones remember the state of his feelings when Buchanan so garbled and changed

an introductory lecture delivered in November, 1852, and published in the January number of the Eclectic Medical Journal for 1853? The Doctor has forgotten that he did not then know his own lecture; he has forgotten that he then said, Buchanan was capable of any thing. If he wishes to be reminded of his language on the occasion, we can name the parties present during the conversation, who remember it well.

I am truly sorry to find Dr. Jones—a man now fast sinking from consumption—lending himself to such a set of men for such purposes. I have ever entertained the kindest feelings for you, Doctor, and esteem you highly as a gentleman and physician; nor can I refrain from entertaining the belief, that you labor under the delusive effects of a systematic course of deception which has been played off on you, by these enemies of the Institute. I trust that the Doctor may yet live to see the game which he is asked to play in, in all its "*malicious purity*."

Now, Doctor, to you, as a man, I beg to propound a few simple considerations. With what show of justice could you and your clique attack me, as an enemy of the Institute, when I have so much more at stake in its success, than the whole Buchanan faction united? You, especially, are not pecuniarily interested in the success of the E. M. Institute. Your interest and mine, therefore, bear no proportion to one another. The men whom you have seen proper to associate yourself with are situated not unlike yourself, and what I say to you applies to them. What good reason have you for abusing either myself or Prof. Freeman, when neither of us have ever been otherwise than most kind to you? After giving you time to reflect, I shall refer to your position again.

PORTRAIT OF PROF. POWELL.

Our readers will no doubt be pleased to receive, in this number, the portrait of this distinguished philosopher.

"CONSISTENCY IS A JEWEL"— DR. SHERWOOD AND THE COMMERCIAL HOSPITAL.

[The following communication was received too late for insertion in its proper department.]

Does Dr. Sherwood remember his hospital experience of the fall of 1855? I fear he has forgotten it, from the strong recommendation he and his coadjutors have given the Commercial Hospital in their bogus Announcement. To refresh the Doctor's memory, I propose to give his version of the story, told to the class of the E. M. Institute, a day or two after the occurrence. Dr. Sherwood addressed the class in substance as follows:

"GENTLEMEN—I wish to give you an account of one of the most ungentlemanly and disgraceful transactions I ever knew. Yesterday I went over to the Commercial Hospital to transact some business with Dr. Rea, Demonstrator of Anatomy in the Ohio Medical College, he being one of the assistant physicians in the Hospital, and residing there. After transacting my business, I was introduced by Dr. Rea to Prof. Blackman, who had just come into the office. Prof. Blackman very kindly invited me to walk up into the amphitheater, and witness an operation he was going to perform that morning. I consented. We went up into the room together, where were four or five of the other members of the old school faculty. They immediately called Prof. Blackman aside, and told him that unless I withdrew, they would not remain, declaring that they did not consider me a physician, &c., and would have no intercourse with me. Prof. Blackman informed me of their objections, and requested me to withdraw, which I did with the best grace I could."

"Now," says he, "gentlemen, I will never enter that hospital again, so long as it is controlled by the Ohio Medical College, and I would advise each and all of you not to go near it, as I would consider it DISREPUTABLE FOR AN ECLECTIC STUDENT TO BE FOUND THERE, after what has occurred; and," he continued, "you have no need to go there for clinical instruction, for we have greater facilities for presenting to you practice, in our CLINICAL INSTITUTE, where cases will be treated according to the Eclectic mode of practice, and you can

observe the effects of our peculiar treatment, and witness it from beginning to end; while at the Commercial Hospital, a case will be brought before you, and operated upon or prescribed for, and the probability is, you would never see the patient again, unless you found him in the dissecting room."

I will now, after giving Dr. Sherwood's views in 1855, give an episode from his history, which transpired in the spring of 1856, about three or four weeks before the end of the spring session of the E. M. Institute, when they were trying to drive Profs. Newton and Freeman from the Institute. The great difficulty with the bogus stock dealers appeared to be the loss of the Clinical Institute, if they drove Dr. Newton from his post. But, being determined to push through their iniquitous schemes, if possible, to gain the college and retain the students, went to the directors of the hospital and bargained with them, to have all the students of the E. M. Institute admitted to the hospital, during the remainder of the session, for \$50, which they would pay out of their own pockets. This they did, knowing that the students would not be satisfied to give up their clinical privileges.

Now came the *denouement*: Prof. Buchanan occupied the first hour of the lectures at the college. He appeared before the class, with his face wreathed in smiles, and said that Prof. Sherwood had a rich treat to offer to the class that afternoon; that the managers of the Commercial Hospital had given up their old foggy notions, and were about to admit the Eclectic students to the privileges of the Commercial Hospital, on the same footing with their class; and thinking that they would probably be benefited more by what they would see there, than by his lectures, he would give them up his time. He was followed by Prof. Sherwood, who said that one of the trustees of the hospital had invited the class of the E. M. Institute to attend the remaining lectures of Prof. Blackman and Armor free of charge, and he would advise them to accept the offer. A portion of the class, who could not see behind the

curtains, started; they had gone about half way, when they were met by a man from the hospital, who informed them they could not get in. They returned to the Institute, when Prof. Sherwood tried to make an explanation, but failed, winding up with the promise that they should go the next day; but the invitation was never renewed, and the class never went. It was currently reported at the time, that the trustees of the hospital, finding they had been deceived in regard to the closing of Newton's Clinical Institute, considered they were justified in backing out.

If Dr. Sherwood denies the above, I can bring a hundred witnesses to prove its truth. Now, with what grace can he come before the public, recommending an institution from whose officers he has received such pointed marks of the unfavorable light in which they and others view him.

JOHN M. SCUDDER, M. D.

Fulton, September, 1856.

HOW IS THIS?—WILL DR. BLACKMAN ANSWER?

We have received the annual Announcements of the Ohio Medical College for 1856-7, but we find therein no reference to the following, which we copy from the Announcement of the bogus stock "spirit circle college" company:

"Prof. Bernham aided by the clinical opportunities of the Commercial Hospital, and the able lectures and operations of Prof. Blackman, the students of the [bogus.—N.] Institute will enjoy much greater advantages for the acquisition of surgical skill, than they have ever had heretofore."—*Buchanan's Pamphlet*, 1856.

Now, if the Ohio Medical College has been married to this "bogus spiritual company," without her knowledge, we may suppose that it has been consummated as was the following:

"A SPIRITUAL WEDDING.—A wedding took place in Cincinnati a short time since, between a spiritual lecturer of dark complexion and mixed blood, by the name of Randolph, and a white woman—a young widow by the name of Brooks. It is said

that he psychologized her, and thus having gained control over her will, caused her to consent to a marriage. They lived together for some days, but she finally recovered her will, refused to remain with him, and went home to her friends."

May it not be that the great psychologist has used his art to accomplish their object, that is, the marriage of themselves with the Ohio Medical College and Commercial Hospital? Will Dr. Wood, the editor of the *Western Lancet*, or Prof. Blackman (a gentleman who stands too high, in our estimation, to have any thing to do with these "fellows," after their true character is known) reply? Or are you yet in the condition of Mrs. Brooks, not having entirely recovered the control of your will? We expect, when it is restored, that this matrimonial alliance, which has been made in direct violation of all natural laws, will be severed, and both parties go home to their "mamas."

We have always thought that this "wonderful power" might be used for bad purposes. Sometimes we have almost been induced to think, that Dr. Buchanan had exercised this peculiar power over a portion of his faculty and board of trustees, in the issuing and countenancing the issue of the \$7,000 of illegal stock.

We would caution all "impressible" persons and institutions to be cautious how they admit great operators to carry on their manipulations, lest they awake up some morning and find themselves married to something.

As the matter now stands, taking Dr. Buchanan's pamphlet as authority, we will publish the following matrimonial notice:

MARRIED, in this city, on the 8th of September, 1856, by the Rev. Psychologist, Dr. Buchanan's Bogus Stock Spirit Circle College to the Ohio Medical College and the Commercial Hospital, all of this city, the latter being in a psychologized state.

TO THE PROFESSION.

For some months past, we have had much to say upon the subject of concentrated medicines, advising, in all cases,

their being tested on the human system; for it is only in this way that the true therapeutic action of any medicine can be known.

We have been more anxious for a trial of all our Eclectic remedies, because there are those in this city professing to be Eclectic physicians, who are doing all in their power to prevent such from being used or tested by our practitioners.

We now propose to the entire Eclectic profession, that if they will furnish us with the results of their experience in the use of concentrated medicines, by whomsoever made, with the peculiar action of each, as well as their individual opinions upon the subject, we will publish the same in the Journal. We care not by whom or where they may have been manufactured, we only ask the result. This will at once establish the character of all our Eclectic medicines beyond controversy, and for ever put all such opposers to silence.

MR. E. S. WAYNE'S OIL OF TRILLIUM.

The editors of the College Journal appear to be gifted with the singular ability of ruining every thing they attempt to eulogise. The mark of Cain was not more damning than a paragraph of praise from the pen of one of these unfortunate men. It was they who first brought Mr. Wayne before the public. With fulsome panegyric they indited several long paragraphs to this gentleman, and since that time, there are many chemists who question his ability on subjects of even the simplest character.

But we deemed Mr. Wayne fortunate in one thing—that was, the final silence of his panegyrists. For several months Mr. Wayne had rested in peace, and his reputation, so imperiled and dilapidated by the College Journal's former articles, had already begun to recover from the shock. But in an evil moment another fatal eulogy has made its appearance, loaded with the

unfortunate ignorance which wrecked Mr. Wayne's former reputation. Cannot this gentleman prevail upon the editors of the College Journal to remain silent? He would be only doing himself justice, were he to implore those fatal friends of his to pursue another course of action. Instead of striving to erect a new scientific reputation for him, he should advise them to bolster up the little which they themselves profess to have earned, but which by their late conduct, has become exceedingly unenviable.

But what is the latest piece of eulogy which these fatal friends of Mr. Wayne have perpetrated upon the scientific reputation of this gentleman? We are gravely informed that Mr. Wayne has "extracted the oil of *trillium* from the *trillium pendulum*." This piece of information is on a par with that which, several months ago, revealed to us the wonderful chemical abilities of Mr. Wayne, together with the very lucid and voluminous illustrations of that fact. We were not aware before, that the *trillium pendulum* possessed any oil, and we are not aware of it yet. One of its invariable constituents is a mucilaginous matter possessed of considerable therapeutic value, and which, to an ignorant person, presents all the physical properties of a fixed oil. But it possesses none of the chemical properties of an oil. Although, when rubbed in the hand, it presents so close a physical resemblance to oil, still water washes it off as easily as it would soap. Oil is soluble in ether, while this substance is not. Oil is insoluble in diluted acids, while this oil of Mr. Wayne's is quite soluble in that menstruum. Oil will not combine, nor even mix intimately, with water, while this substance readily mixes with it, swells up like the gums—such as tragacanth—and forms a coherent mass, not unlike soap. There are other properties possessed by this substance, which are directly antagonistic to oil, and therefore, it presents all the characteristic properties of an anti-oleaginous substance, and could be mistaken for oil only by the merest tyro in chemistry.

And still we are informed that Mr. Wayne intends "to persevere until he has gone over our entire materia medica!" The samples of this gentleman's perseverance which have already been given in several articles in this Journal, and the one just introduced, are strikingly illustrative of his rare gifts of chemical analysis, and of his profound knowledge of the constituents of vegetable organisms.

We are then gravely informed that the editor of the American Journal of Pharmacy has really endorsed the wonderful analytical powers of Mr. Wayne. We can scarcely give credence to this assertion. If it be true, we are to attribute this endorsement to the fact, that the good named gentleman who presides over the columns of that excellent periodical has doubtless allowed himself to be imposed upon by false representations, or else has yielded an unwilling assent to this marvelous acknowledgement, through urgent importunities which he could not otherwise woid.

There is one axiom in ethics which Mr. Wayne ought to be cognizant of, which is, that that reputation which is very questionable itself is but a poor vehicle for the proclamation of that of others. The reputation of the College Journal stands upon a par with that of its editors, and both together are in such a precarious condition, that it is very questionable which will first sink beneath the weight of its own ignomy. It is a race for a very unenviable goal, and in which the victor may well congratulate itself upon the high perfection which continued study and practice has given to roachery and mendacity.

ECLECTIC MEDICAL INSTITUTE.

The prospect for a large class is flattering. The college edifice will be in a fine condition and every thing in good order, affording every facility to be had in any medical school. Several students are already in attendance. The clinical department of the college is now in full operation—open every Tuesday and Friday.

DR. BUCHANAN ON THE REVOLVING PEDESTAL AGAIN.

VIEW FIRST—SCENE FIRST.

"When the hour of death arrives for the Ohio Medical College, as it issues no annual catalogue of its students, it will be capable of dying as quietly and privately in the winter as in May."—*Buchanan, in E. M. Journal.*

"The Commercial Hospital has dwindled away under its present arrangement, until it is no longer important for clinical purposes, except to show, by its dreadful mortality, the difference between petrified humkerism and rational medicine. The latter may be seen in the Eclectic hospital [Newton's Clinical Institute]; the former has already 'made its mark' in the Commercial Hospital, and erected its earthly monuments in the nameless graves in the Potter's field."—*Buchanan, in E. M. Jour.*

VIEW SECOND—SCENE SECOND.

"Prof. Burnham aided by the clinical opportunities of the Commercial Hospital, and the able lectures and operations of Prof. Blackman, the students of the [bogus] Institute will enjoy much greater advantages for the acquisition of surgical skill, than they have ever had heretofore."—*Buchanan's Pamphlet, page 8, Sept. 1856.*

"Good Lord, good Devil," is Buchanan's motto. Prof. Blackman of the Ohio Medical College, as well as the friends of the Eclectic cause, will be no little surprised to hear that Prof. Blackman is co-operating with Prof. Buchanan's bogus party. This may be said to be only another of Buchanan's faces.

How Buchanan's prejudices change! how affinities mingle themselves up! We wonder if the Eclectic medical profession has forgotten the terrible war so long waged by Buchanan on the Ohio Medical College and its pet baby, the Commercial Hospital. How particularly severe he used to be on the Faculty of the Ohio Medical College! Only think of it, ye who have listened to this man of many minds, whose opinions change as often as the chameleon's color! After saying all that he could say of Dr. Burnham as a surgeon, he adds to it that such as may be kind enough to attend their (*Gordon hall*) lectures, will also be the recipients of addi-

tional advantages arising from the "able lectures and operations of Prof. Blackman." Then, we suppose, their chair of Surgery will be filled by Prof. Burnham, of the Worcester Eclectic School, and Prof. Blackman, of the Ohio Medical College!

Only think of the strait to which these men are reduced—compelled to go to the Professors of the Ohio Medical College, the most bitter opponents of progressive medicine, for instruction in the department of Surgery. And what adds most to the ridiculous position of these bogus professors, is, that both Burnham, the Eclectic, and Blackman, the Allopathist, receive glorious puffs on the same page of their pamphlet. This is befriending the Eclectic Medical Institute with a vengeance.

At present we shall not notice the master operations of these celebrated surgeons—at least celebrated in the eyes of Buchanan & Co.—further than to state that in Buchanan's puff of Burnham it is stated that the said Burnham has performed the master operation of "ovariotomy" no less than *twenty times*! Look out, ye unfortunate mothers! a great surgeon "has come to town."

WHO'S THE TRUMPETER?

It is really laughable to read certain portions of Buchanan's pamphlet (circular), and that our widely scattered medical brethren may laugh with us, we beg to make a few extracts from this precious pamphlet. From the first article, which purports to be a "report of the board of trustees of the Eclectic Medical Institute," signed by I. D. Williamson, D. D., President, and I. Wilson, M. D., Secretary *pro tem.*, neither of whom, in all probability, ever saw the manuscript of this article, or at least had no part in its composition, we extract the following choice "puff," by whom written we leave others to judge:

"Prof. Buchanan, the senior member of the Faculty, notwithstanding his repeatedly expressed desire to withdraw from the labors of the Institute, has consented to prolong the term of his service. His phy-

siological doctrines and discoveries, which are esteemed by many physicians and men of science, the most profound and important that have been developed in that department of knowledge, will continue to be presented in his lectures, as heretofore."

As a mere "puff," this does very well, but as a grave statement, made by men who claim to be a board of trustees, the matter assumes another phase. To all who have heard Buchanan on "neurology," no remark from us will be required to put them on their guard. The truth is, these very "neurological" lectures of Buchanan have always been a source of annoyance to the class in attendance at the Institute, as well as to the more scientific members of the Faculty. We think now, as we always have thought, that a medical student should be taught physiology, in a medical college—not "neurology."

Dr. Buchanan no doubt thinks neurology, as taught by him, to be the very quintessence of wisdom; it is natural that he should so think; but why is it that not a single eminent man, either in this country or in Europe, has ever given his approval to this fanciful theory of "neurology?"

Now then, we again ask, "Who's the trumpeter?" who writes puffs of himself, and affixes the names of other men thereto? It strikes us that some men will travel a hard road to fame, and that others will forget every sense of self-respect, in order to see themselves puffed in even the most obscure channel.

LOOK OUT.

Another rich idea presents itself in the pamphlet (circular) of Buchanan & Co. They say they "will lecture at the old place" (Gordon's Hall we suppose). They advertise themselves as the Faculty of the E. M. Institute. This is certainly a very rich idea. To the facts: These men—Buchanan, Hoyt, King, Sherwood, and "C. H. Cleveland"—were expelled by the board of trustees in May 1st, a circumstance which they expected, and to save themselves, they issued \$7,000 worth of stock

without the least authority for so doing, and without getting any thing therefor, we \$7,000 in plain promissory notes made payable five years after date. Upon the issue of this stock these expelled professors sold those to whom the \$7,000 of spurious stock had been issued, organized a board of trustees, and demanded the possession of the property of the Institute. A resort to law was had, and failing in this, they then attempted to get possession by force, and having failed also in that, they now attempt to palm themselves on the public as the real board of trustees of the E. M. Institute.

Again we say to the public, "look out!" They neither have, or ever will have, the Eclectic Medical Institute in possession. Not one of them will ever again lecture in the Institute buildings, corner of Court and Plum streets, founded in 1845, and now in our possession, where it is likely to remain; while the old Faculty, again organized as aforetime, to wit: Newton, Jones, Freeman, Baldrige, Bickley, Powell, Sanders, and Scudder, continue to own one-fifths of its entire stock, and the expelled professors virtually admit as much when they say in their pamphlet (circular):

"The matters in controversy, however, are more important to stockholders than to the college. The special incorporation by the charter of the Institute has no advantage over an incorporation under the general law of Ohio, which may be at any time instituted in a few days. Nor is the possession of the college edifice of any material value, as the rent paid to stockholders would procure an equally satisfactory building elsewhere."

This plainly shows that they are prepared for their fate. We like to see resignation to the powers that be, and the will of the "fates." It is stated in the above, that a hall may be had elsewhere. Of that we are not so certain, for a medical college could be of peculiar construction. It could be found rather an up-hill business to make of one hall a dissecting room, an amphitheater, a chemical laboratory, and a general lecture room. However, we have no objections to see the gentlemen

get a hall and push ahead; perhaps they may succeed; if so, we shall rejoice at their good fortune, as it can in no way interfere with us. This world is large enough for us and them, as Uncle Toby has it.

HEALTH OF CINCINNATI.

This has been one of the many healthy seasons. The weather has been delightful this summer; there have been only a few very warm days and nights. At the present time it is cool and pleasant. Cincinnati is now, and has been for years, except during the epidemics which prevailed here some few years since, one of the most healthy cities in the United States. Our fashionable and "easy to live" friends, who left the city, fearing the weather would be too warm here, have not enjoyed a finer summer in any of their retreats, than we have been blessed with at home.

OPINIONS OF THE GRADUATES AND FRIENDS OF THE E. M. INSTITUTE.

Prof. L. E. Jones has handed us the following four letters received by him.

Dr. R. R. H., of Ills., an early graduate of the E. M. Institute, writes thus:

"I congratulate you upon your restoration to the chair from which you were unjustly expelled. They will find practical men, and not theorists, the stamina of our school. * * * I think the school has made a fortunate double shot, in its displacements and acquisitions. I think by next winter I shall be able to send two students. * * *"

Dr. H. H. S., another graduate, writes in these words:

"I see by my June number of the Eclectic Medical Journal, that your difficulties with the ex-professors are about being adjusted. I can say for one that I am happy to hear that you have rid yourselves of that ephemeral babbler, Jos. R. Buchanan. I am fully aware that his teachings were above sublimity things, and only fit for ghosts and lunatics—a drag to the advancement of our reformatory cause. In the

selection of J. Milton Sanders and W. B. Powell, as professors of the Institute, you have made a great acquisition to the strength, and I hope stability of our common cause." * * * *

An old graduate writes thus:

"There is probably no one to whom I am more deeply indebted for what little I know, than yourself, and I greatly rejoice at your reinstatement as professor of materia medica, in your old, and long deserted home, and had I been present at the time those old walls welcomed back the long absent and true Eclectic, I could have shed tears of joy at the return. I am certain the E. M. Institute will be the expounder of true Eclecticism and reform, if you can join heart and hand, and co-operate with it again. And certain I am also that your past experience has taught you sufficiently, to crush anything like fleeing games in their incipient stage. And that you will carefully avoid all ephemeral dogmas and private fleece lectures, &c."

Another writes as follows:

"For some time past I have been a careful observer of passing events, more immediately connected with yourself; and especially in regard to your relation to college enterprises, and I must say, that the final result of all the past overturnings are just according to my wishes. Your reinstatement as professor in the Institute, is a prominent symptom of returning reason on the part of the trustees, that will be hailed as a harbinger of better days, by the entire Eclectic profession, and especially by those who have been benefited by your teaching. The persecution and rascality that drove you from the Institute received the condemnation of all good men. The circumstances were all familiar to me, even before I read your exposition, which was truthful in every sense of the word. Buchanan & Co. have been an abominable disgrace to the Institute from the first, and although I have a parchment with their names on it, I have never esteemed it very highly. * * * *

"The board of professors as it now stands, has the entire confidence of the profession in this section, as far as I am informed, and we feel that the disgrace and obloquy of the last year or two, are about to be removed from the fame of our cherished Institute. * * * *

Dr. W. W. S., of Virginia, August 19, 1856, writes thus:

"I will be at the commencement of the winter session of the Eclectic Medical In-

stitute, and will stay during the winter course, if you retain possession of the college edifice; if not, I will not attend next lecture. I read the resolutions of the class last spring, purporting to be an exposition of your improper conduct in forcibly maintaining possession of the college; and also of your great incompetency to fill the chair of Practice, you have formerly occupied, with interest to the class, and credit to the Institute. It has aroused such an indignant feeling in my mind against Cleveland, believing as I do that he dictated and prepared the resolution for publication, that I never will attend a college where he is a professor. Such a production could only have emanated from men whose minds are impregnated with malicious intentions and base falsehoods. I never have seen a weaker effort made to destroy the reputation of a man. Thirty or forty medical students headed by Cleveland, give the death blow to the medical reputation of a physician, whose medical skill is practically known all over this nation. It certainly was the basest piece of absurdity I ever read."

BOOK NOTICES.

A HAND-BOOK OF INORGANIC CHEMISTRY.
By WILLIAM GREGORY, M.D., F.R.S.E.
TOGETHER WITH THE PHYSICS OF CHEMISTRY, by J. MILTON SANDERS, M.D., LL.D., Professor of Chemistry in the Eclectic Medical Institute of Cincinnati. Member of the American Association for the Advancement of Science, etc. Fourth American, from the third London edition.

This work is by far the ablest exposition of the doctrines of the science extant and now, since the Physics have been added by Prof. Sanders, is rendered complete as a text book for medical students.

A HAND-BOOK OF ORGANIC CHEMISTRY.
By WILLIAM GREGORY, M.D., F.R.S.E.
Edited by J. MILTON SANDERS, M.D., LL.D., Professor of Chemistry in the Eclectic Medical Institute of Cincinnati. Member of the American Association for the Advancement of Science, etc. Fourth American, from the fourth London edition.

This work is the most complete manual extant, upon the subject of Organic Chemistry in general.

The above works are now in press, and will be issued in a few weeks.

THE

ECLECTIC MEDICAL JOURNAL.

FOURTH SERIES, VOL. II.

NOVEMBER, 1856.

No. 11.

Part 1—Original Communications.

MILK SICKNESS.

BY ALFRED MALONE, M. D.

[CONCLUDED FROM LAST NUMBER.]

Among Allopaths generally, where I have been, the greatest reliance has been placed in calomel, castor oil, croton oil, and opium. And the result of that treatment, so far as my knowledge extends, both in Indiana and Illinois, is the loss of about one-fifth of the patients treated.

In Dr. Dickson's "*Elements of Medicine*," a recent work, and of great merit in the Allopathic ranks, emetics, leeches to the abdomen, ice, mercurial purgatives, opium, and enemata, are recommended. This, he says, would be his treatment, should a case occur in his practice. The emetic recommended is ipecac, and this only to be given at the first stage. The mercurials and oil are to be pushed to purgation, aided by enemata. He speaks, also, of the almost entire dependence of some of the profession upon gambogia, aloes, and other *drastic* cathartics.

This treatment is not brought upon the apes for animadversion. I only give it as the best Allopathic practice, with the results of the disease under such practice. Its friends have an undoubted right to use it, and its practitioners have an undoubted

right to our courtesy, as men and physicians. So also, if there be a better way, and we can convince them of it by the superiority of our practice, then, indeed, should we demand and receive the courtesy of the old school.

I also know some new school practitioners, who, believing *lobelia* to be the "one thing needful," are as unsuccessful as the old school, and indeed more so. I mean those who take the constant vomiting as Nature's efforts to relieve herself for their guide, and who aid her by *lobelia emetics*! Such a course, it is true, has relieved Nature of some suffering, by sending the patients to the lower country.

I will now give you my treatment and its success.

Formative Stage.—If I have a patient in a milk-sick region, in the time of its prevalence, and before he is compelled to take his bed, and even afterward, if before persistent nausea and vomiting have set in, I advise him to drink just as much good spirits as he can without intoxication; and I will add, that persons laboring under the incipient stage of this disease, will bear ten times as much as when in health. This agent is acknowledged to have a universal power over, and applicability to, the formative stage of the disease. *How it acts*, I do not know; but that it does, in some way, neutralize and render the poison inert, is certain, incontrovertible. Or, if this be too simple a prescription to suit the views of sublimated medical science, take the following:

R Sulphur sublimatum, ℥iv,
Spiritus rectificatus dilutum, ℥xvi. M.

Dose, ℥ss every hour or so, till bowels are moved. You need not fear this medicine, at this stage of this disease. It will neither stimulate nor intoxicate to any considerable extent, until it modifies and controls the disease. If a patient in the incipient state should take a half gallon per diem, it would not intoxicate nor injure in any way, till the disease would be controlled. The rule, therefore, in the administration of spirits for this disease, as in snake poison, is to give it till it produces the desired effect, without regard to quantity. After having produced this effect, you have no further use for the remedy. Now, it is a universally admitted fact, that spirits neutralize or destroy, in some way, snake poison; that immense and incredible quantities of liquor may be taken in such cases, with perfect impunity and with the best results.

If *empiricism* be hurled at me for this recommendation of liquor in milk sickness, because I cannot explain its *modus operandi* in the disease, I would also ask the hyper-scientific theorists, how it acts in snake poison, to destroy its power? That it does so act stands out prominent, and is undeniable. If I were bitten by a poisonous snake, I should want no *theorist* to treat me, but a *practical* man—one who would give, independent of the sneers of the hyper-scientific profession, the book-worms only, that which experience had tested, and had proved to be efficient.

Let me not be misunderstood; I do not decry medical literature, scientific investigations, nor medical philosophy. On the contrary, the more a man knows of the science of medicine, and collateral sciences, the better, provided he is also a practical man. He cannot know too much of anatomy, physiology, pathology, and all else that appertains to the medical philosopher. All this will throw a flood of light upon the theory and practice of medicine, explaining, upon scientific principles, the adaptability of known, *tried* materia, to certain pathological conditions, and their

modus operandi in the cure of disease. When I am sick, give me the physician who is learned in the science, and who, at the same time, is an adept in the art. If I must have either *alone*, then give me the practical man, who, by experience, has become rich in the resources of his art.

These remarks may be thought irrelevant to my subject; but, as the practice which I have adopted in this disease must necessarily be somewhat empirical, I thought it due to myself and to the occasion, to step aside in order to give this apology for empiricism, where scientific rules cannot govern the art. Where, therefore, the pathology of a disease is not well understood, and where no fixed rules can govern in the administration of medicines, then must proud philosophy bow to practical experience. With this apology, therefore, I shall proceed.

Second Stage.—If you are called in the commencement of this stage, a mild but thorough emetic would perhaps be of service. I prefer, in this disease, the infusion of lobelia. And where you wish its emetic effects mainly, give it in only one or two doses a few moments apart. This should be preceded by some bland infusion of aromatic herbs. But, unless you give your emetic in the commencement of the second stage, you will only increase the difficulty by any emetic which you may administer. In such cases, in this stage, my only remedy thus far, to allay the excitability of the nervous system, the nausea and vomiting, has been the following:

R Lob. plant pulv.
Cypripedium pulv.
Asclepias pulv., aa.

Make into a very weak infusion. Of this let your patient have, if an adult, not more than 20 or 30 drops at farthest, but given every five or ten minutes, until nausea and vomiting are arrested. This, in my hands, has never failed. Those who have but little experience may think it strange that lobelia will do this, but I assure you that it will; and all who have used it in exceedingly small doses, frequently repeated, will so testify.

I should then, perhaps, as a matter of convenience and chance, if I had a case to treat, and for the same purpose, use the following:

Morphia gr. 1-20,

Infus. peach tree leaves and elm bark.

One small teaspoonful every half hour or till vomiting ceases. I have used this preparation in "congestive fever," where almost the whole list of anti-emetics had been tried and failed. Now, as before remarked, there is a strong analogy between these diseases; reasoning, therefore, analogically, what would be good for the same similar conditions in one case, we should be led to conclude would be equally good in another case.

Sinapisms.—A mustard draft, or poultice, over the region of the stomach, may be used as an adjunct remedy in this stage; but keep away your cantharides, if you do not wish trouble. The whole tendency of the disease is to the destruction of tissue, from first to last. Keep off, therefore, your *glyster*, or you may produce an incurable wound, both upon your patient and upon your reputation.

Purgatives.—Now, the very moment that purgatives can be made to stay upon the stomach, that moment you should give them and them *only*. As before remarked, an early and thorough action upon the bowels is the great *desideratum*. This secured in time, and solubility maintained, and you have the disease under perfect remedial control. Nay, the disease is already mastered. The agents upon which I have heretofore relied, and with which I have always succeeded, (one case excepted,) are *syrupus leptandriæ* and *oleum ricini*. These were the main agents. I made the extract of syrup myself; for all these cases, with that one exception, were treated before I commenced the use of concentrated preparations.

As regards the administration of the syrup, you need not be particular as to the quantity. The general rule is, to give all the stomach can bear, and about every four, till catharsis follows. After having given about three doses thus, I have fol-

lowed up with the castor oil; and I do not believe that there is, in the whole materia medica, another agent that can at all compare with castor oil in this disease. I do not think much of this article in any other disease, but to this it seems to have a peculiar applicability. And here it is not so apt to be thrown off the stomach as are many other cathartic agents. In one stubborn case, I administered over a pint, after having freely used my *syrupus leptandriæ*, before I produced catharsis. Most persons have a great repugnance to the taste of oil; to somewhat modify this, you may administer it in warm coffee, or vinegar, or liquor. Put either of these into a cup, into which pour your oil, and it will be suspended in the middle of the fluid, and may be taken without much disgust. A better way than either, a way in which the oil is rendered somewhat palatable, is the following: *R* Equal parts of castor oil and sweet milk. Bring to the boil slowly and remove immediately; sweeten with loaf sugar. This is pleasant to take, and the cathartic properties of the oil is not injured thereby.

Enemata.—Now if your syrup and oil do not operate in a reasonable time, give large enemata every hour or so, composed of the following:

R Table salt, one table-spoonful,
Warm water, half a pint,
Orleans molasses, one gill,
Castor oil, one ounce. *M.*

In one case, I was over 48 hours, constantly and perseveringly using the remedies, before I succeeded in obtaining an action upon the bowels. You need not fear to use the remedies proposed, to any reasonable extent, and for any desirable time.

In the excepted case, I gave leptandrin, instead of the syrup of leptandria. In all other respects, my treatment was as before. This case resulted as favorably as the others.

Pediluvia.—It is a good practice to apply warm foot-baths, and then warmth and moisture to the feet continuously.

Sponge Baths.—Alkaline sponge baths should be resorted to, from four to six hours

apart. The water, however, must be warm, friction immediately applied, and the whole person kept at a natural temperature. It should be remembered that in this disease there is but little external fever.

Cholagogues.—After vomiting has been arrested, and thorough evacuations of the alimentary tract secured, alterative doses of leptandrin, podophyllin, and ext. taraxacii, made into pills, may be given three or four times daily. This, with good nourishing diet, is all that will be needed to complete the cure. You need not now be afraid of your podophyllin in alterative doses; but, before this condition is obtained, podophyllin, gamboge, scammony, jalap, and all such agents, must be interdicted, unless they be materially modified with other agents.

Anti-bilious Physic.—To effect the first and thorough action of the bowels you may resort to our anti-bilious physic. I should prefer the concentrated to the crude agents; the concentrated fluid extract would be eligible and more likely to be retained upon the stomach. You may obtain the formula and doses of both of these preparations from the "U. S. Dispensatory."

This has been the outline of my treatment of this disease, in over a dozen cases, and with uniform success. That there are other agents which may do as well, and perhaps better, is admissible. I have, however, given you my practice and success.

Drink.—Of this I forgot to speak in its appropriate place. But to be complete, I must do so. There is generally persistent thirst. Your patient is frequently calling for water; you must, if you have feelings, hearken to his petitions. Beware, however, how and when you grant them. If water is allowed as often and as freely as wanted, no medicines can be retained upon the stomach long enough to operate on the bowels. Water freely taken will, in a few moments, be ejected; it cannot lie upon the stomach. After you commence your cathartic course, therefore, you must interdict the use of water until the medicine operates, except in very small sips, and cold as possible. Small pieces of ice

held in the mouth until dissolved, and then swallowed, would be better. In this way, you may satisfy your patient, and as effectually allay thirst, without inciting emesis as if you were to allow him to drink freely of water.

Let your patient know that your will is law, and see that the nurse enforces it. Be not a tool in the hands of the friends of the patient. They will, in many cases, be constantly suggesting that this, that and the other should be done; that doctor so and so did so and so, and that, therefore, you should. Make up your mind thoroughly before doing any thing, what should be done, and pursue it steadily.

I have now furnished a general list of the agents used by myself in this disease, and the results uniformly accomplished. But, so far as I am informed, in "regular practice," it is frightful in its results. Permit me, however, in conclusion, to say that the disease is not, *per se*, so fatal; that 99 per cent. should be saved. Give me a good female nurse, and let that nurse be a kind and affectionate sister, or a mother, whose maternal love can never be faltered, or a wife, whose undying affections are interwoven with every fiber of my patient, and you may annihilate the whole materia medica, leaving me only plenty of spirits, flower of sulphur and castor oil. With these only, I shall be able to compete with the whole faculty, in this disease, though they may be armed *capacitè* with all their formidable host of therapeutics. Yes, a pure and loving woman is adapted by the Author of our being, to be a ministering angel to the suffering patient.

I have known persons, in this and other diseases, given over to die by the best of physicians, who were lured back to earth again by the kind and unrelenting attention, the tears, the smiles, and words of comfort and hope, of pure, loving women! Yea, when you have seen and felt what I have, you will not, can not think me an enthusiast.

Six years since, I knew a man attacked with typhoid pneumonia. For four months he was not able to do any thing; three of

which he was not able to be out of the house; over two of which he was not able to be out of bed; and about twenty-eight days and nights of which he was not known to sleep. His physicians, friends, father and mother, all gave him over to death. He himself had yielded to its mandate, and had made a final arrangement of all his earthly affairs, and had invoked the condescending influences of our holy religion to smooth the pangs of a dying bed. But all this time, beside him, by night and by day, with a feeling inexpressible, a pathos unthought of, with a tact intuitive alone to woman, sat his wife, without sleep, except that she got with her head upon his bed; without aliment, only what her friends compelled her to take—a ministering angel whispering in his ears *hope*, alluring him from the charnal-house by hopeful looks, expressions of love and interest, and by a tact in all those means, attentions and kindnesses, which the sick so much need, and which none but loving woman can bestow. Thus was his life saved, after having been despaired of by physicians and friends, by the unwearied attentions of his wife. And this case is not an isolated one.

Palestine, Ill., Sept. 7, 1856.

ON THE PREPARATION OF ALNUINE FROM THE ALNUS SER-RULATA.

[The following series of articles in relation to this preparation, written by C. H. Cleaveland, of this city, and Dr. Coe, of New York, exhibit the scientific knowledge and pretensions of the former individual in their true light.—ED. E. M. JOUR.]

MEDICAL PROPERTIES OF ALNUINE.

BY C. H. CLEAVELAND, M.D.

The profession for a long time have had their attention called to the bark of the *Alnus serrulata*, or common tag-alder of New England, as a very valuable tonic and alterative. An article was published in the New York Journal of Medicine, a few

years since, in which the decoction is very highly spoken of as an alterative and astringent, in scrofula and cutaneous diseases, and also as very beneficial in hæmaturia. It was tried by the writer when several other means had failed, and appeared almost immediately to put a stop to the diseased manifestation. The tags of the alder have had a high popular reputation in malignant dysentery with fetid discharges, and a decoction of the leaves have proved beneficial in dyspepsia, where the food ferments, and there is a belching of fetid gas with derangements of the liver and bowels. The leaves have been applied to corroding ulcers with decided benefit; and the article in the New York Journal of Medicine above referred to, was strong in its commendation of the watery extract, of the consistency of treacle, applied to scrofulous and even cancerous ulcers. In one case of cancer of the breast, it seemed entirely to put a stop to the ravages of the disease. The leaves have been applied to the breasts of females, to stop the lacteal secretion, and prevent suppuration.

In nearly all this class of cases the present writer has had occasion to apply some preparation of the *Alnus*, and is prepared to speak strongly in its favor from personal observation.

It possesses marked tonic and astringent properties, and may perhaps exert a specific effect on the lymphatic glands, but there is some doubt on the latter point, except that it acts, as do all the bitter tonics, to prevent the putrefactive process from commencing, or to put a stop to it after it has commenced. Hence its peculiar value in putrid diarrheas and dysenteries, putting a stop to the putrefactive process, and producing astringency on the minute blood-vessels. In the same manner we can account for the cures in the cases of hæmaturia, as well as the suppression of the lacteal secretion and the prevention of decomposition of the mammary glands. The happy combination of the antiseptic of the tonic principle with the astringency of the tannic acid, will account for the great benefits derived from the use of the

extract in cases of cancer or scrofulous ulceration, or in any form of corroding ulceration.

On making many trials with the bark and the leaves, and finding them of great value in the diseases for which they are indicated, I prepared a powder by steeping the green bark in a liquid composed of three parts of water to one of alcohol, and letting the liquid evaporate, dried the residuum, using it internally or externally in place of the decoction or extract. That preparation was very good; but another, and perhaps a better one, is made by steeping the green or dried bark in dilute alcohol, and at once precipitating the albuine by means of a solution of alum, and then cautiously washing the residuum with very cold water. It is not necessary to remove all the alum, as that will not produce any unpleasant effect in the combination, either when applied internally or externally; the small amount of the salt acting mainly as a topical astringent.

Any practitioner can make these preparations of alder with very little trouble and expense, and they only require a trial to be acknowledged of great value.—*Nelson's Amer. Lancet.*

ALBUINE AND DR. CLEAVELAND.

BY GROVER COE, M.D.

In your Journal of May, 1856, there is an article copied from Nelson's American Lancet, and purporting to be written by "C. H. Cleaveland, M. D.," upon the medicinal properties of Albuine. This article is characterized by such gross blunders, that we are necessitated to draw the inference, that it is either the offspring of ignorance or that its writer is striving to test the credulity of the readers of Nelson's Lancet.

We shall not insult the intelligent physician by an illusion to the therapeutic properties which are attributed to this "albuine," but we shall allude briefly to the funny chemistry involved in the process given for the preparation of this substance.

The author's process is speedily told. He gravely informs us that the albuine is prepared by "steeping the green or dried bark in dilute alcohol, and at once precipitating the albuine by means of a solution of alum, and then cautiously washing the residuum with very cold water." "It is not necessary," continues this chemical lemming, "to remove all the alum, as that will not produce any unpleasant effect in the combination, either when applied externally or internally; the small amount of the salt acting mainly as a topical astringent."

Let us devote a brief paragraph or two to this wonderful preparation of this Dr. C. H. Cleaveland. It is known to you that alum, or rather alumina, forms with organic matters, a true chemical compound which is insoluble in an eminent degree in most menstrua. The art of dying is built upon this chemical fact, for the most beautiful colors which that art produces are the result principally of the combination of alumina with the organic coloring matters which give hue to woven fabrics.

In the case of the addition of alum to the tincture of *Alnus serrulata*, there is a precipitation of organic substances, being the coloring matter, the tannic acid, the gum, together with the neutral principle of the albus. Now, the medicinal properties of this plant, reside in its resin and neutral principle. The resin is only soluble in strong alcohol therefore the diluted alcohol does not dissolve it, and of course the alum cannot precipitate it from a solution which does not contain it. But the neutral principle is soluble, and is precipitated along with the coloring matter, tannin and gum, and is entirely washed out by the "cautious washing" recommended, as it is entirely soluble in water, either hot or cold.

Thus the process given by this doctor for the preparation of albuine is nugatory, for even if the substances he pretends to precipitate are active in the condition in which they exist in the plant, their prescribed insolubility in all the menstrua they would be liable to come in contact with in the

tomach would entirely preclude their use as a medicine.

Why sir, I would as leave take that ponderous mass of pretension and empiricism, King's American Eclectic Dispensatory, for my guide in the preparation of remedies, as the formulas of this Dr. C. H. Cleaveland, for the one author is as officious in his pretensions to that he does not understand, as the other is obtuse to his own ignorance, and to the pity with which others regard it.

But we spoke of "adulterations," and we shall write a few short paragraphs upon that subject before closing. Admitting for the present, that the alnuine which Dr. Cleaveland supposes he obtains is an active medicinal agent, would there be no "adulteration" connected with it? Perhaps this prolific scribbler is not aware that at least fifty per cent. of his preparation would be alumina! Is this not "adulteration"—or would you, gentlemen, in your ardor for the public weal, ascribe it to the fortuitous casualties of manufacture? It is this species of "adulteration" which is ascribed to the firm of B. Keith & Co., for there is no person at all conversant with the courtesies of life, or with even its decencies, who has accused these gentlemen of the premeditated and deliberate desire to adulterate their preparations by the intentional addition of foreign matter, for the purpose of making money upon the destruction of human life.

Those who have not devoted their attention to the subject of organic chemistry, are but little cognisant of the great difficulties to be surmounted in the attainment of that great desideratum—purity in the isolation of the active principles of plants. The strongest evidence we can adduce in proof of this, is the fact that the firm of B. Keith & Co. have already expended over twenty thousand dollars in the attainment of that end. There are some coloring principles which will adhere to the active agents despite all the resources of modern chemistry to displace them; while again a minute trace of the reagents used in the preparation of the principles—

or formed during the process—cannot, so far, be entirely got rid of. But their presence does not interfere in the least with the medicinal effects of the plants, as they are not rendered insoluble thereby, nor are their properties in the least altered or deteriorated. It is now the continued solicitude of this firm to get rid of these, although harmless yet inelegant substances, and the ablest chemical ability in this country is now exclusively engaged in the attainment of that end. But while they are engaged in this great undertaking, which involves the well being and the lives of thousands in the future—while a fortune is being expended for that purpose, and the ablest talent this country can produce is devoted to that great and laudable purpose, there is a nest of insignificant Cincinnati doctors, without the ability to comprehend, or the nobleness of soul to admit a truth, now scribbling volumes of inaninity, and article after article of non-entities, in the effort to injure the characters of these praise worthymen, and to deter the public from that just appreciation of their labors which they so richly deserve.

"ALNUINE AND DR. CLEAVELAND."

BY C. H. CLEAVELAND.

The article on *alnuine*, which you reprinted from the *American Lancet*, was written by me, about one year ago, when I had more confidence in the statements of some who are engaged in the manufacture of the so-called concentrated medicines, than I have at present. I then wrote, as will be perceived by a reference to the article in the May number, page 201, that "I prepared a powder by steeping the green bark in a liquid composed of three parts of water and one of alcohol, and letting the liquid evaporate; dried the residuum, using it internally and externally, in place of the decoction or extract." I remarked, "That preparation was very good; but another, and *perhaps a better* one, is made by steeping the green or dried bark in dilute alcohol, and at once precipitating

the aluine by means of a solution of alum, and then washing the residuum with very cold water."

In no place have I stated that this last article was a *good* one; the only recommendation I have given it, was in the doubtful form of saying as above, "and *perhaps* a better one." It is true, as indicated, I had never made or used any aluine that had been made thus, but such a preparation had been recommended to me by one who said *he* had made and used it; and hence, with a desire to place before the profession all the resources of our science, I mentioned it, with the intimation that the profession should make a trial of it.

"Grover Coe, M. D." gives *me* the credit of having made this article, and more than intimates that I am engaged in manufacturing or interested in the manufacture of medicines for the profession, which semi-charge I have had occasion elsewhere to flatly deny.

But there is one matter more, of somewhat amusing interest, in the article by "Grover Coe, M. D.," in addition to the one above referred to; and that is, the glib and natural manner of the writer, in making me say what I have not said. I spoke of the precipitation of the aluine by means of a *solution* of alum; and, with what the know-nothings are accustomed to style a *Jesuitical* twist, "Grover Coe, M. D.," said: "It is known to you that alum, *or rather alumina*, forms with organic matters a true chemical compound, which is insoluble in an eminent degree in most menstrua." I would like also to enquire if it be not equally well known that *alumina is insoluble in an eminent degree* in most menstrua, and that consequently I *could not* have used *alumina* as a precipitant, as he would have your readers suppose.

Again he says: "Perhaps this prolific scribbler is not aware that at least fifty per cent. of his preparation would be *alu-mina*."

In order to test the truth of whether the *alum*—not *alumina*—would be precipitated in an insoluble compound, within the present week I obtained a half ounce of the

dried bark of the *Alnus serrulata*, crushed, and after steeping it in dilute alcohol, and passing the liquid through it in a percolator until the bark appeared to be exhausted of its soluble material, I added 30 grains of alum to it, and produced a precipitate, which, when the liquid had been filtered from it and dried, I found to weigh just *one grain*. On subjecting this to the heat of a spirit lamp, in a platinum spoon, the weight was reduced to the *fourth of a grain*, showing indubitably that the half of it was *not alumina*. After making the precipitate, as above stated, I found that the supernatant liquid retained the taste, the odor, and the coloring matter of the alder bark, from which I concluded that the *extract*, as I made it, contains the medicinal properties of the bark; and I am now prepared to say, *perhaps*, is every way a better article than that where the precipitate is thrown down with a re-agent. On evaporating this supernatant liquid, I find I have the mass that has the taste of the alder in an eminent degree, intermixed with quite large crystals of *alum*. But with all my manipulations, I have been unable to find any of "Grover Coe, M. D.'s" *alumina*. Certainly there must have been a mistake *somewhere*. for I find no traces of the "fifty per cent." of that article my preparation is said to contain; and of course I am not disappointed, inasmuch as, not having used it as a precipitant, I did not expect to find it in the precipitate.—*Worcester Journal of Medicine*.

"C. H. CLEAVELAND", ON "ALUINE" AGAIN.

BY GROVER COE, M. D.

"Without wishing to draw the attention of C. H. Cleaveland from his favorite pursuit" of quibbling and misrepresentation, and of displaying his chemical charlatany to the public eye, I ask the favor of a small portion of your columns, for the purpose of giving a short *expose* of his "expose."

He states that his article on "*Aluine*" was written at a time when he had "more confidence in the statements of some who are engaged in the manufacture of the so-

alled concentrated medicines, than he has t present." Here is an admission which ; peculiarly refreshing in these degenerate lays. It seems that some waggish individual has been amusing himself at the expense of the ex-professor's gullability; that e it is, and not his readers, that has been sold." But why was not "C. H. Cleaveland" more explicit in stating who those naughty "some" were, whose statements ave proved so fallacious? As he had admitted his contribution to pharmaceutic iterature to have been formed out of borrowed capital, why should he have any ompunctions in regard to acknowledging he source? Or has the individual who urnishes these scientific (!) items become shamed of playing the "jackall" to so mall a "lion?" and hence, wishes to carry n his operations *sub rosa*. Come, speak ut, "C. H. Cleaveland;" let us know who hose "some" are who have taken you in, nd we will be "after them with a sharp lick?" We know your mobility so well, hat we fear you may be made the "medi- m" of more delusive "expositions" on the oncentrated medicines," hence an anxiety rises to

"Put a whip in every honest hand,
To lash the rascals naked through the world."

The purely non-committal form of the x-professor's scientific (!) concoctions, is ally admirable. Qualified with the expressions, that he "in no no place stated he article to be a *good* one;" that it was a "doubtful form," and that it was "per- aps a better one," his lucid expositions f organic chemistry seem to be entitled o a large share of credence. Let it be nderstood hereafter, that although "C. I. Cleaveland" knows nothing of the arti- le whose pretensions he sets forth, yet he lways has a convenient "*scape-goat*" at and, who said *he* had made and used it.

Not insulting my readers' intelligence y reviewing the quibble in regard to a solution of alum," I reiterate, for the ben- fit of "C. H. Cleaveland," and all other hemical tyros, that *alumina* forms, with rganic matters, a true chemical com- ound, which is insoluble, in an eminent

degree, in most menstruums. He then asks the following pertinent question: "I would like also to inquire if it be not equally well known that *alumina* is *insoluble, in an eminent degree, in most menstruums?*" It may be known to a chemical luminary of the caliber of "C. H. Cleaveland," but the intelligence has never reached any further. Alumina is *freely soluble* in most acids, and the fixed caustic alkalies.

Close upon the admission that he had written from *hearsay*, follows a curious history of his subsequent attempts to enlighten himself. True to his natural instincts, he disregards the requirements of science, and exhausts the bark with *dilute* alcohol, thus hoping to render his previous blunders less apparent. He obtains "one grain" of a precipitate, subjects it to the heat of a spirit lamp, in a platinum spoon, and finds that the weight is reduced to "one-fourth of a grain." He therefore triumphantly concludes that the *half* was not alumina. Not taxing the credulity of my readers by wishing them to believe "C. H. Cleaveland" capable of conducting the manipulations of the laboratory with chemical nicety, I nevertheless accept the deductions of the ex-professor as they stand. In order to make due allowance for the ex-professor's *honesty*, I shall reject one-half the weight of his precipitate as being water, reducing the weight to half a grain, which half grain was a compound of tannic acid, organic coloring matter and alumina. The combustible portion being driven off by heat, one-fourth of a grain remained—just fifty per cent, which was alumina. Thus has "C. H. Cleaveland" confirmed my position. True, he says: "But with all my manipulations, I have been unable to find any of 'Grover Coe, M. D.'s alumina." No one doubts that, for so much ignorance is betrayed throughout, that I am sure no one will charge him with being able to recognize his own re-agent. Singularly enough, the ex-professor has omitted to inform us what that "one-fourth of a grain" was which was left, thereby depriving us of the full particulars of a very important investigation.

The ex-professor's conclusion that the "super-natant liquid" contained the most valuable properties of the bark, after having been told it, is worthy of a dogberry; the professional world will be delighted to hear that "C. H. Cleaveland" is "now prepared to say that the *extract* as he made it, *perhaps*, is every way a better article than that where the precipitate is thrown down with a reagent." There is not the slightest doubt of that, if the use of reagents was no better comprehended than it is by "C. H. Cleaveland." The reader is respectfully requested to give the "perhaps" a kind and considerate regard. Those who appreciate the value of *reliability* in the statements put forth by those who have "a desire to place before the profession all the resources of science," will, no doubt, highly estimate such *positive* information. The style of writing is recommended to all thick-headed contributors to the "resources of science," as being vastly comprehensive, and not uncomfortably explicit. It offers an opportunity for "backing down," when caught in a "tight place." Also, be sure and have a *scape-goat* at your elbow in case you yourself should be laid by the heels. It may not seem generous, but what of that—it will amuse the public vastly, to see you clear your skirts by pointing to one who "said *he* had made and used it."—Never forget the "perhaps;" it qualifies your expressions admirably—and as a general thing it will be best to italicise it. This will give it more force. Another thing: be careful, in recommending an article, not to state it to be a "good one." This will relieve you of any further responsibility. A lamentable dispensation of Providence having "pulled the wool" over the eyes of "C. H. Cleaveland" in the natural way, I can but pray earnestly for a remission of the grievous fiat. Let us hope that the scales may yet fall from his mental orbs, and the rays of intelligence, honesty, and virtue, find entrance within the dim abode.

If I have "pulled the wool" over the eyes of any of my readers, I humbly beg their pardon, and shall ever hold myself ready to make the *amende honorable*.

New York, Sept. 1856.

DR. SHERWOOD AGAIN—ANTI-SPASMODIC TINCTURE AND STRYCHNIA POISON.

Let every man stand on his own Platform.

In July last, I assisted R. S. Newton in the treatment of a case of poisoning by Strychnia, which occurred in this city; the case was also visited by Dr. Wm. Sherwood, until Dr. R. S. Newton could be brought. This gentleman attempted to steal the honor of treating the case, and did report the same in the Journal conducted by Sherwood & Co. This trick was found out before his paper was issued. Though there was no intention on our part to report the case, until we learned of the dishonest course taken by Dr. Sherwood, in publishing a case that did not belong to him, and which had been understood by all parties to be objected to by the patient—yet, in consequence of this act of Sherwood, it was deemed proper to make a brief statement of the case on the cover of the E. M. Journal for August last. The article was headed, "*Another case of poisoning from Strychnine successfully treated with Sweet Oil and Lard Oil.*" In answer to which, Dr. Sherwood made an insinuation in the August number of his pamphlet that the case did not belong to the reporter, R. S. Newton, and that neither of us treated it, to which I replied in the September number of the E. M. Journal, under the caption, "*Dr. Sherwood's Great Discovery.*" This seems to have been a perfect bomb-shell—so much so that the gentleman appears to have given up the ship, and turned the matter into the hands of C. H. Cleaveland, thinking that he would be more successful in defending him in his dishonesty and ignorance, than he himself had been or could be. He knew he had disreputably reported the case; that the prescription he had given (an alcoholic tincture) was the grossest mal-practice; that his whole relation to the case had been totally in conformity to his hidden character; that the exposure made in my article was such as to require the assistance

of the whole bogus stock company, to extricate him from his disgraceful position. The assistance came in the shape of an article in the September number of Sherwood & Co.'s pamphlet, headed, "*Strychnine and its Antidote*, by C. H. Cleaveland."

The Doctor endeavors to lead the reader away from the real issue between Dr. Sherwood and myself—the charge made by me being that Dr. Sherwood did, in the most dishonest manner, attempt to report a case which did not belong to him; that his prescription of the antispasmodic tincture for a man who lay prostrate from the use of 3½ grains of strychnine, with every muscle of his body violently convulsed, was in accordance with this tyro's knowledge of medicine; that his whole conduct while he was connected with the Eclectic Medical Institute, was replete with outrages toward the cause of reform and its exponents. To hide all this, Cleaveland prepares an article of some six pages for Sherwood & Co.'s journal for September, to prove that sweet oil and lard oil could not be relied upon as an antidote to strychnia. As evidence he quotes from the opinions expressed by men who perhaps have never tried it. The experiments referred to as proof were made with lard. Then he goes on to state what Dr. Powell said, then what somebody else might have said, and would say, also what Dr. Cleaveland wrote (the man who makes his living by writing stuff and slander) in his little book on electricity, which was written as an advertisement to his and Mr. Seymour's patent body-brace (known as Seymour's body-brace), which Dr. Cleaveland afterward peddled through the country; and if Dr. Seymour's statement is correct, this peddling process of Cleaveland was very profitable to himself *only*. This testimony of course would be good evidence—extracts from a little book written for such a purpose, i. e., to sell the body-braces. After which he thinks he has proved that lard oil and sweet oil can not be relied upon in a case of poisoning by strychnine, and that he has diverted the reader's mind from the real issue between Dr. Sherwood and myself. But I will re-

mind him of one of his paragraphs, which can be found on page 326 of their pamphlet, where he thinks he has settled the matter, though all the experiments referred to were made with lard, instead of sweet oil or lard oil. We think in such a case there would be a wide difference. He thinks he has made all the showing necessary to prove that the remedy we used (sweet oil and lard oil) cannot be relied on in such cases as poisoning by strychnine. He says: "More recent experiments, however, have tended to modify that opinion, and unfortunately it is found that it will not do to consider lard a safe antidote to this terrible poison." I would ask, who has said it would? We use sweet oil and lard oil.

Now for his assistant, Dr. Sherwood's statement on the next page, in the form of a note, which he adds in the way of excusing himself for using the prescription of the antispasmodic tincture. He says: "By this extemporaneous prescription of the tincture, therefore, I expected to gain a little time for the procurement of oil." In a previous number you said lard. Doctor, you certainly did not examine the first part of the article prepared by Cleaveland. He says that the oil cannot be relied upon. You say that you used the tincture so that you might have time to get the oil. Consistency and truth where are ye? have you entirely left the reach of the bogus company?

You say you wished to have time to get oil. False. There was oil in the same store. This oil was administered in the quantity of a pint and a half by myself, and it was there when you used the tincture. No, sir; the reason you used it was because you knew not the probable antidote to strychnine, and went home to read your books to find it out.

Dr. Cleaveland's article is intended also to leave the impression that the brief report in the E. M. Journal, was designed upon the part of R. S. Newton, to convey the impression that lard oil and sweet oil were infallible, which insinuation is without foundation, as we do not claim for the

remedy an infallibility. The case was reported very briefly as "Another case treated successfully by Sweet Oil and Lard Oil," knowing that cases had been reported successfully treated with such remedies, and we were certain that the remedy had saved the life of this patient. We felt justified in giving the article the heading it had. Come, gentlemen, your quibbles will not hide your ignorance and dishonesty; so get down your Stanhope lens and crucible, and try it again.

O. E. NEWTON, M.D.,
No. 90 Seventh Street.

CONCENTRATED REMEDIES — A PROPOSITION.

MR. EDITOR:—We notice an editorial in the October number of your valuable journal, calling upon practitioners to report the results of their experience in the use of concentrated medicines. Desiring to facilitate investigation by all laudable means, we respectfully request the publication of the following offer.

To any State Medical Society forwarding us an order, through one of its authorized officers, we will furnish samples of a fair proportion of the various remedies prepared by us, for the purpose of testing their reliability in the treatment of disease. We court the most thorough investigation, and believe no testimony so reliable as that which is obtained at the bed side. We warrant our medicines to be all that we claim them to be, and capable of withstanding the severest scrutiny. Containing the different principles of the plants from which they are derived—changed neither in composition nor in proportion—of uniform strength, and positive therapeutic power—the practitioner may rely upon their fulfilling all the indications for which the crude articles have been found competent.

With the exception of two or three remedies, we claim to have discovered and succeeded in obtaining the entire therapeutic

value of the whole list of concentrated medicines, in advance of any other manufacturers.

True, the profession have long been proffered fractional, resinoid, uncertain preparations, representing but in part the therapeutic constitution of the plants from which they were derived. But we were the first to direct our attention to the importance of obtaining all the principles, and then, by combining them, secure a therapeutic whole. This we have done, and now solicit for our remedies the ordeal of clinical application.

Respectfully yours,

B. KEITH & Co.,
590 Houston st., N. Y.

New York, October, 1856.

Part 2—Progress of Medical Science

PROLAPSUS ANI.

BY PROF. SYME.

About three years ago Dr. Dick, of Mid-Calder, called upon me with a gentleman suffering from an enormous protrusion of the rectum, which he had been led to regard as irremediable, and which at first sight certainly appeared to be so. A slight expulsive effort brought into view the tumor, which in size and form resembled a large cocoanut. It had a firm consistence, rough irregular surface, dark brown color, and coating of bloody mucus, so as to be more like a malignant growth than a simple descent of the bowel. Nevertheless, being satisfied from the history of the case that the disease was of the latter kind, I held out the prospect of beneficial treatment, and the patient readily promised submission to whatever I should propose.

The integuments round the anus being greatly relaxed and thickened, so as to constitute a number of pendulous folds, I re-

loved all this redundant texture by repeated applications of the scissors, not in circular direction, but pointed from the circumference toward the center of the orifice. This would have been a painful operation, if performed on a conscious patient, but, being executed under the influence of chloroform, was accomplished without suffering, and also the difficulties attendant upon involuntary straining. I then enjoined the necessity of strictly maintaining the horizontal posture, and of abstaining from food beyond what was absolutely requisite. The bowels were not disturbed for several days, and at the end of this time were evacuated without any protrusion or difficulty, in consequence, no doubt, of the intestinal coats regaining their natural condition, while the sphincter was no longer impeded in the discharge of its duty. In the course of a few weeks, the patient was able to resume his service in an office of the government at London, where he has ever since been employed, and felt so well as to enter into the matrimonial state. He lately sent me the following account of his case, which contains some details that may prove instructive as well as interesting.

"My earliest recollection of having prolapsus ani is that after every stool the nurse had to push up the rectum. I remember that I always used to throw myself forward on my knees, with my face almost touching the floor, and while in this attitude, she pushed in what I (as a child) then called the 'the bone,' having an idea that a bone always came out when I went to stool. I am told that the origin of my misfortune was caused by my receiving a severe blow on the back, after which I ran to the nursery, and on attempting to go to stool the gut immediately fell. This must have occurred between the ages of three and four. I have no recollection of whatever, but I believe that from that time I never evacuated the bowels without the gut coming down.

"At the age of six I was able to replace myself, and having at that time left home and entered a boarding school, I was of course obliged to make the best of it.

Then and afterward, I thought it a matter of course that I should suffer as I did. I always felt very keenly the difference between myself and other boys. I could neither jump, run, nor play in any way like them, and was a poor hand at most games, from a strong fear of 'receiving a blow on the back.' I have frequently been struck on the back with a hand-ball, after which I felt overcome for the rest of the day. I always felt ashamed to speak to any one about the gut, and spent my years at school in silent suffering.

"After the age of nine, I had sufficient sense to refrain from joining in any but very quiet games, where there was no running, pushing about, or any danger of rough movements. Being obliged always to accompany the other boys, I used to sit a solitary spectator of their games; and I well remember that, when any boy happened to come rushing near me, I had a standing cry of terror—'I'm not playing, I'm not playing!'

"I always considered myself an unfortunate boy as I advanced in years, and I had no one to whom I could communicate my feelings, excepting during my yearly holidays of five or six weeks, which I spent at home. On these occasions both my father and mother were always very anxious about me, and tried to get me to do many things with a view to effect a cure; but I was then too glad to enjoy the short opportunity I had of joining in all the pleasures of home, and used to tell them that 'I did not mind it.' The only thing they got me to do was to sit in water which had been boiled with oak bark.

"On my return to school, matters always went on as usual, and thus I passed my early years. I never could undergo the same amount of fatigue as others of my own age and apparent strength. In severe cold weather I was generally in a state of shivering, except when leaning over a fire—skating being almost the only exercise at which I could get thoroughly warm.

"In December, 1845, I sailed from this country for Ceylon, and during the voyage was more troubled than I had ever been

before with indigestion and constipation, which caused great straining of the bowels.

"In April, 1846, I arrived at Ceylon, and was for a long time under a strong impression that the climate suited me well. Toward the end of my first year's stay in the island, the bowels became more slackened than usual, and the gut protruded further than formerly. Toward the end of 1848, I was obliged to go more frequently to the water closet, and the straining became more and more severe, so much so that I had often to stay half an hour, and sometimes longer, before I could push up the rectum. In the beginning of 1849, blood and mucus began to pass so freely that I took medical advice. Simple diet and the use of enema were recommended, but the malady increased. In the month of March my medical friend told me that my only chance of recovery was to return to England. Up to this time the anus retained its usual natural appearance; but I now found an excrescence on the sphincter like a long wart, the top of which was open, and discharged a sticky waxy sort of matter. To this I was advised to apply caustic, which I did; but one trial was quite enough—I never touched it a second time. During former years the appearance of the rectum was healthy and red, but it now began to look dark and inflamed, and toward its outer edge was covered with little growths like the top of a cockscomb.

"In the month of May I sailed for England. The first circumstance which alarmed me in connection with my illness occurred on the morning I left the island. On getting out of bed, I had hardly stood upright when a quantity of stuff fell from me (without my feeling any thing of it); it was a jelly-like substance, and looked very much like prepared arrowroot colored with port wine. During my voyage I was constantly passing this bloody mucus; and, as I lived almost entirely on arrowroot and sago, I passed but little feces.

"The discharging excrescences on the anus, like the one above described, increased in number, and I was tortured by the sea doctor with an application of

strong pepper to the affected parts. Like the caustic, however, I never applied it a second time. Several times during the voyage I almost lost entire control over the rectum, and felt as if it would fall out and remain so in spite of me.

"I reached London in the end of June in a state of great exhaustion—almost as helpless as a child.

"During the winter of 1849–50 I had kind medical advice, but the rectum and anus continued in an inflamed and shattered state, and my life was still a misery and burden. Constant running to the water-closet, continued straining, rectum bleeding, and the constant flow of discharge made me think that I was to remain for life unfit for any of its duties.

"In 1854, I was placed under the care of Dr. Macleod, of Benrhydding. The use of the sitz-bath and spouting water on the lower part of the back were the principal items of treatment, with occasional slipper and such like baths. This treatment was the first from which I derived benefit; the rectum and its vicinity resumed a healthy red appearance, the straining was not so great, the discharge and bleeding lessened, my strength greatly increased, I could often walk a mile without much inconvenience, the stomach and digestive powers restored to action (indeed, they seemed entirely renewed), and the whole system changed from a diseased to a healthy condition.

"The prolapsus still remained, and, during a residence in London, with sedentary employment and confinement, in 1852 and beginning of 1853, it became very much worse. Its size increased, and it bled very profusely. I had more difficulty in replacing it, and frequently could not do so until I had soaked it for fifteen or twenty minutes in a basin of water. I have had this to do three, four, and five times a day. The attitude in which I had to place myself over the basin was so awkward that it aided in exhausting my strength, and I had invariably to lie down for half an hour or longer after having succeeded in pushing up the rectum.

"Since the beginning of 1849, I had always bled more or less when straining with the rectum, but the flow of blood was now greater than ever. It often ran in a perfect jet, as if a vein had been opened with a lancet; and when occasionally I have raised the rectum out of the basin, in the act of straining, the blood has spirted six or seven feet across the floor.

"In February, 1853, I had a severe attack of diarrhoea, which reduced me very much in strength, and increased the diseased state of the rectum. In the month following, I visited Mid-Calder with a view to recover my strength, and there met my old friend Dr. Dick, through whose friendly interest, in the month of April, I received from your hands that act of kindness which relieved me from the troubles of the prolapsus, one which I ever remember with a sense of the deepest gratitude."

There is no better illustration of the evils which may result from the improper naming of a disease than in the case of prolapsus ani. This title being understood to comprehend all protrusions beyond the orifice of the bowel, includes conditions entirely different in regard to their nature and remedy. It also suggests the idea of weakness in the sphincter, and leads this to be regarded as the cause of derangement, when, in truth, it hardly ever is so. Under the erroneous impression thus produced, mechanical support has been most improperly employed; and if the frequency of advertisements in respect to contrivances for this purpose may be taken as a measure of the extent to which they are used, the amount of suffering thus unnecessarily endured must be very great.

In nearly all the cases of what is called prolapsus ani, there is no displacement of the bowel, and merely a protrusion of its lining membrane in the thickened vascular condition which constitutes internal hemorrhoids. When pain or bleeding is the predominant symptom of this disease, it generally retains its proper designation; but when the patient is chiefly annoyed by descent of the tumor, through the effect of exertion in the erect posture, the morbid

state of the texture concerned is apt to be overlooked, so that the evil is attributed solely to relaxation of the sphincter. Many unhappy people pass through life in perpetual misery from this source, to which peculiarities of conduct and manner might often be more correctly ascribed, than to original disposition. A well known and much respected member of the medical profession in Edinburgh, whose writings are extensively read by the public, accidentally discovered, through comparing his own case with one for which he had requested my assistance, that a distressing annoyance of this kind, from which he had suffered, and endeavored to palliate by bandages for twenty years, admitted of effectual remedy by means no less easy than safe; and, while writing these remarks, I have under my care a citizen of this place who, during the same period of time, has been similarly afflicted without obtaining the relief which might have been so readily afforded. If such things happen in the very center of metropolitan science and skill, the state of matters existing in less favorable circumstances may be readily imagined.

Whatever may be the symptoms proceeding from them, the treatment of internal hemorrhoids should be always the same; and this I established thirty years ago, at a time when very vague and unsatisfactory opinions existed upon the subject. I say *opinions*, since such was the dread of interference with the disease in those days, that it rarely became the subject of operation. The principles conducive to safety and efficiency then laid down were, 1st, that the whole of the existing enlargement within the sphincter should be removed by ligatures; 2d, that each of the tumors of which it is composed should be transixed at its root by a double ligature; 3d, that the ligatures should be tied with the utmost possible tightness; and 4th, that any enlargement exterior to the sphincter should be removed by scissors. Morbid growths, whether within or without the anus, being thus taken away, the sphincter is allowed to resume its proper action, and the pa-

tient is relieved from prolapsus no less effectually than from pain and bleeding.

But in other cases comparatively rare, the coats of the rectum descend so as to constitute a tumor independently of any morbid growth beyond mere thickening or engorgement of their texture. In children this usually depends on the straining caused by irritation, as that of a stone in the bladder, and in old people it may proceed from a paralytic state of the sphincter. It may also, as in the case just related, depend on a condition of the anus remediable through proper management. For this purpose it is requisite that the whole of the pendulous folds of skin should be removed by incisions radiating from the center of the orifice, that the patient should be confined to the horizontal posture for several weeks, even when the bowels are evacuated, and that the diet should be restricted so as to prevent distension by feculent matters.—*Edin. Med. Journal.*

THE NON-MERCURIAL TREATMENT OF IRITIS.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

May 31, 1856.—Dr. Williams was called upon to relate his experience in the treatment of iritis without the use of mercury. Dr. Williams replied, that as he was preparing a paper on the subject for another society, he would only say a few words upon it at this time. He had treated some fifty or sixty cases without mercury, and with excellent results. His chief reliance in these cases had been upon tonics, and especially upon quinine and the iodide of potassium. For the removal of any effused lymph, he considers iodide of potassium as good as mercury. A cardinal point in the treatment of iritis was to dilate the pupil early. This he was in the habit of effecting with belladonna or atropine. When this was done, he was comparatively confident of a good result. In answer to Dr. Durkee, he said he had used a non-mercurial treatment in syphilitic iritis, as well as

in other forms of the disease, and with success.

Dr. Durkee said syphilitic iritis was extremely rare, and when it occurs is an indication of excessive depression of the system. He had lately seen a case in which he opposed the use of mercury, which was notwithstanding, administered by an oculist, and for weeks, with no amendment. Dr. Durkee then put the patient upon tonics, after which recovery took place—whether as the effect of the mercury or the tonics he could not say. He had seen a number of cases of iritis, which were treated with mercury, terminate in the loss of the eye.

Dr. Williams appealed to Dr. Durkee as to a case they had seen together, and which got well under the use of tonics alone. He was fully sustained by the latter gentleman.

Dr. Bigelow, senior, inquired of Dr. Williams if adhesions were entirely removed in his cases.

Dr. Williams replied: "Where adhesions had not taken place when the cases were first seen, they were entirely removed, in nearly every instance. Where adhesions already existed they were very frequently broken down."

In answer to a further inquiry of Dr. Bigelow, Dr. Williams stated that he considered belladonna or atropine better for dilating the pupil than other remedies, as, for instance, stramonium.

Dr. Bigelow spoke in emphatic terms of commendation of Dr. Williams' efforts at the improvement of this branch of ophthalmic medicine. He declared that any man would be none other than a benefactor to his species who should save people from the excessive salivation to which they have sometimes been subjected for the removal of iritis.

Dr. Bowditch referred to two cases—relatives of his—who had formerly suffered from repeated, prolonged, and painful attacks of iritis, having been treated in the old way, with mercurials, &c. They had of late both had fresh attacks, and having been treated upon the plan of Dr. Williams, had made far more rapid recoveries than ever before.—*Boston Med. Jour.*

THE TRUE SPINAL MARROW THE TRUE SYMPATHETIC.

BY MARSHALL HALL, M.D., F.R.S.,

I remember the day when muriatic acid was regarded as a simple body, and chlorine as oxygenated muriatic acid. Davy demonstrated that chlorine, on the contrary, is the simple substance, and the muriatic acid the hydrochloric—an opinion opposed for a brief space of time.

In like manner the spinal marrow has been viewed, to use the words of Unzer, as mere "*thick cord of nerves*," and the ganglionic system as the great sympathetic; whereas the true spinal marrow is, in reality, the true great sympathetic, or rather the great dienergetic nerve of the general system, whilst the ganglionic intra and extra-ganglionic system are its branches.

Since the promulgation of the diastaltic nervous system, of which the true and real center is the spinal marrow and the spinal marrow only, two mistakes have been committed: the first was to ascribe a similar action to the cerebrum; the second, to ascribe a reflex power to the ganglia. The former error arose from confounding the effects of *emotion* with those of the excitants of diastaltic action; the latter was, I believe, a mistake without foundation of any kind.

If we see a disgusting object, we experience an emotion which may issue in sickness and vomiting, as other emotions do. But who does not instantly perceive the difference between this psychological fact and the vomiting induced by the physical excitement of the fauces, for example?

Of an instance of a reflex action through the medium of the ganglionic system, the spinal center being intercepted, not a trace has been discovered.

Is there, in effect, any fact of a physical direct or reflex action, excited from or through the substance of the cerebrum, freed from its membranes; or of any part of the ganglionic system, the spinal center being removed? I believe not. To speak

then of reflex actions of the cerebral or of the ganglionic systems, is to confound things essentially distinct, and unwarrantably to extend the use of terms recently introduced and well defined.

The great experimental question is this: When the cerebral and spinal centers are removed, is there any possibility of inducing any phenomena such as those which have for ages been denominated *sympathetic*? This question has never been proved or discussed fully and distinctly. It might be resolved in the following manner:

The spinal marrow may be partially and even entirely divided in reptiles, the low-feeding and low-breathing fishes, and very young animals. This being accomplished, every means of inducing effects on the remaining functions is to be tried. If such effects be produced, it must be through the ganglionic nerve; if such effects be impossible, it must be because the real center of reflex action is absent.

I have destroyed the whole cerebrum and spinal marrow in frogs, carefully avoiding intra-spinal hemorrhage; but I could not afterwards influence the action of the heart, or the phenomena of the circulation, by any means I could devise.

Still I regard the whole experimental question as requiring to be subjected to new investigation.

I formerly regarded the diastaltic action as limited to obvious movements; but a multitude of facts show that it has a vastly more extended application.

We know the intimate relation between the ovarium, the uterus, and the mammae. If the new-born infant be put to the nipple, contraction of the uterus is excited. No one doubts that this is a reflex or diastaltic spinal action.

Pregnancy induces enlargement of the mammae, and excites the secretion of milk. Is this secretory action less *spinal* than the former one?

The same derangement of the stomach induces convulsion, cramp, asthma, irregularity of the heart's action, altered secretion of the kidneys. Are they not all and equally diastaltic spinal actions?

The same pregnancy which affects the mamma induces nausea and vomiting. The last phenomena is indubitably diastaltic spinal. Are the others less so?

Coldness impressed on the skin induces contraction of the rectum and of the bladder, augments the action of the kidneys, stays hemorrhage, and induces various internal inflammations. I know a patient in whom damp feet would induce sneezing instantly, with increased secretion of mucus.

The whole cutaneous surface is simultaneously contracted or relaxed by the local and partial application of cold or hot water. I know one patient, a near relative, in whom exposure to damp infallibly produced renal hemorrhage. A similar cause is apt to produce diarrhea. Many other facts of the same kind might be adduced.

That secretion is influenced by diastaltic action through the spinal center, is now placed beyond all doubt by the remarkable experiment of M. Bernard, in which the glycogenic function of the liver is proved to be a diastaltic spinal action.

As it is my present object only to suggest the idea, and to add a suggestion and an observation or two, I conclude this brief communication with one final remark. It is not only obvious that the true spinal marrow is in reality the true sympathetic, but that the diastaltic system has an extension over the animal economy hardly yet contemplated by the physiologist and the physician. It is in reality, in this latter respect, only second to the circulation of the blood itself. As the blood really describes a *circle*, the diastaltic spinal system describes a *cycloid*; as the blood diffuses its atoms into every minute space of the system, the diastaltic spinal system extends its influence over every one of those atoms. The blood undergoes its changes in the methæmatus, or blood-changing (or capillary) channels, placed between the ultimate branches of the arteries and the incipient roots of the veins; to these same points the diastaltic spinal system extends its wondrous influence.—*Lon. Lancet.*

NATURE AN INTELLIGENT WHOLE.

BY PROFESSOR AGASSIZ.

[We find in the *Buffalo Medical Journal* the following condensed report of the address of Prof. Agassiz at the inauguration of the New York State Geological Hall.]

We are assembled to inaugurate the Geological Hall of the State of New York, an institution which has grown out of the State Geological Survey. It has been announced that Gov. Seward and Hon. Francis E. Gray, would address you upon this occasion. Public duties, however, have detained the one at Washington, and severe sickness prevents the attendance of the other. I appear here without preparation, and upon an occasion to me unusual. But I will endeavor to set before you some of the inducements which exist for communities to patronize and encourage such institutions as this whose opening we meet to celebrate. The occasion is one of high interest. It will hereafter be a marked event in history. The results attained by it are such as have not only called forth our commendation, but have earned the admiration of the whole scientific world.

The Geological Survey of New York has given a new nomenclature to science. Hereafter no geologist can venture to bring his theories before the world, unless he has first consulted the beautiful volumes which embrace its investigations and their results. Already has its fame spread over Europe. When European men of science come to this country, their first question is, "Which is the way to Albany?" "We want to see that State collection of which we have so often read."

What then are the benefits arising from this survey, which elicit this deep interest? The geologists have not found coal? What have they done? They have done more than that: they have gone deeper, and brought out things more valuable; they have taught the world new lessons of admiration and gratitude to its Creator.

Ancient philosophers studied only mor-

is. Then they took up speculations of astronomy and of physics. Only recently as philosophy turned its attention to the study of plants, of animals, and of the crust of the earth. These studies led them irresistibly to the conclusion that nature can only be the work of an intellectual being—of mind—of an individual God.

Every where there is diversity among organized beings. Every where we find types among them that are identical. The two acts, taken together, show that all organized beings have been ordered according to a plan. Thought is visible every where: in geological distributions, in organic structure and gradation. Every where there is an intellectual connection running through the whole.

Were we not intellectual beings, allied by the nature of our intellect to the Maker of these works, we could not read them. That we can trace the plan is proof of our mental affinity to the being that planned them.

For an illustration of this universally appearing plan, take the human arm. It has an upper socket, next a large single bone, next two smaller bones, next the smaller bones of the wrist, next the diverging bones and joints of the hands and fingers. Now take any animal that walks, or creeps, or runs, that has limbs, and you will find the same bones in the same consecutive arrangement. Even the fish, unlike as it appears to a human being, has in its fins what might be a copy of the bones of the human arm. This chain of resemblances shows one intellect controlled the whole, and ordered them alike. Why should they all be constructed—how could they be all constructed on the same plan, unless they were constructed by the same hand?

The same resembling adaptation of means to ends we find throughout all created animals and plants. Their diversity is in special expressions; their unity in general design. A fish and a bird, unlike as they look, have the same anatomical structures. There is the vertebral column, there are the bones diverging from it, there are the cavities above and below in each.

Nay, more: thousands of fish and birds, thousands of snakes, turtles, of quadrupeds, and so on up to man himself, are all alike in these particulars.

Look at the lizard. There are a vast number of lizards distributed over the globe, differing from each other mainly in the number of their legs. One kind has none; another has hind legs only; another fore legs only; another both. One has a single toe, another two, another three, another four, another five. When brought together in a museum, it is evident that they are variations of the same great family. But to find them you must go over all the world. For one kind you must go to Bengal, for another to Australia, for a third to the Phillipine Islands, for a fourth to South Africa, for a fifth to the Cape of Good Hope, for a sixth to South America, for a seventh to Europe, for an eighth to the United States. They are scattered about the earth, wide as the poles apart, and yet they form, when brought together, a system that we read at a glance. How else could they have been thus formed, unless by an omniscient, omnipotent, provident Creator?

The development of animal life from infancy to maturity, shows the same working of a single intellect. This development, during the lifetime of one individual, corresponds closely to the gradations from lowest to highest, of the whole series to which the individual belongs. Thus in one series of animals, we have lowest the worm, next above it the crustacea, such as crabs and lobsters, with partially developed legs and head, and next above that insects with perfect head and six legs fully formed. Now how does the insect develop? Why, in its first stage, it is a worm or caterpillar. In the next, it is a chrysalis closely resembling the crustacea. In the third, it is a perfect insect. It goes through just as many gradations in its lifetime, as there are gradations below it in existence. Here then is thought, and thought reaching the same result, through two different processes, in two different series.

Just so the animals of former ages were

different from those of the present one, and the whole series has been gradually developed on similar principles. Just so the crustacea now existing exactly resemble, in their different stages of growth, the different and successive kinds of fossil crustacea found in geologic beds. The crab, when but a germ, is like a trilobite, the oldest fossil found. As it goes on to maturity, it passes through stages, each of which resembles another and another fossil, found in succession, each more complex than the one preceding.

In the vegetable kingdom, the same principle holds. Leaves form regular series. They are arranged according to a regular succession of numbers or fractions. Consider a blade of grass. Its leaves spring alternately on either side. Commencing at the bottom of the stock and going up spirally, you find the second leaf on the opposite side from the first; the third on the same side as the first, and exactly over it; the fourth over the second, and so on. You go spirally half way round from one to the other.

Now take marsh grass. Its blades are arranged around the stalk in the same way, but the distances are different. The second blade is one-third of the way around the stalk from the first. The next is two-thirds of the way around, and so on.

Take now a rosebush stem. The second leaf is distant from the first two-fifths of the way around the stalk. The others follow each two-fifths further around, until finally the sixth is just over the first.

Take again a pine tree twig. The second blade is distant from the first three-eighths of the way around the stalk. The others follow each three-eighths farther around, until finally the ninth blade is exactly over the first.

Other plants have their leaves arranged each distant the other five-thirteenths the way around the stalk.

So that we have a series of fractional distances thus:

1-2 1-3 2-5 3-8 5-13

These fractions, it will be seen, do not differ much from each other. They are

none of them less than one-third, and none of them more than one-half. They form a regularly ascending series, in which any two added together will make the third.

Such is the uniform and careful arrangement of the countless leaves of the elm above our heads, and of the pine forests of yonder plains!

Turn now from plants to planets. Measure the time in which each of them circles the Sun. It is here:

Neptune,	-	-	62,000 days.
Uranus,	-	-	31,000 "
Saturn,	-	-	10,000 "
Jupiter,	-	-	4,500 "
Asteroids,	-	-	1,600 "
Mars,	-	-	680 "
Earth,	-	-	365 "

Now examine these sums. The second is half the first; the third is one-third of the second; the fourth is two-fifths of the third; the fifth is three-eighths of the fourth; the sixth is five-thirteenths of the fifth. So that we again have precisely the same fractions in the same order:

1-2 1-3 2-5 3-8 5-13

Whence this strange similarity? How can it be accounted for except by the fact that the same Hand adjusted the blades of grass which set in motion the orbs of the universe!

SECTION OF THE PROSTATE FOR THE REMOVAL OF A FOREIGN BODY FROM THE BLADDER.

(At Guy's Hospital, under care of Mr. Cock.)

Several operations in the hospitals recently, have attracted considerable attention. A case of resection of the scapula was operated on by Mr. South, at St. Thomas's Hospital. We had an opportunity, last week, of seeing Mr. Ferguson place a ligature on the external iliac artery, close to the bifurcation of the common iliac, for femoral aneurism; as also Mr. Erichsen performing the new operation for stone—the modified adaptation of the *Maries* method recently described by *Allarton*. A large calculus also, nearly the size of an

orange, was removed the week previously from the female bladder by the same surgeon, by the old operation of Gooch, which is now not often witnessed in hospital practice. A very large stone was removed also by Mr. Luke at the London Hospital, in which he used the cutting gorget; this case, however, has not succeeded, the shock to the system, added to diseased kidneys, having carried off the patient on the nineteenth day.

A very interesting and practical case of simulated stone was also under care at Guy's during the same period. A section of the prostate of a limited kind was accordingly made by Mr. Cock, for the extraction of an old piece of bougie from the bladder. The patient, as Mr. Cock remarked to his class, had been suffering from intense irritability of the bladder—in point of fact, from all the ordinary symptoms of stone; but, from the history of the case, it was believed that the pain and irritability were due to a piece of broken bougie in that viscus. A very small opening was accordingly made in the prostate, the man having been placed as if for the operation of lithotomy. The broken bougie, already coated with lithates, was soon detected and extracted. The danger of such an accident is one of very serious moment, and in the present case it was stated that it was the second time a bougie had broken in the same way. The man was a weaver, of very intemperate habits, forty-six years of age. When admitted under the care of Mr. Cock, the fragment in the bladder was believed, from the piece broken away, to be about five inches in length. The patient, except an attack of inflammation of the testis, has since gone on very well, and was dismissed cured.—*Lon. Lan.*

ON A CASE OF SCIRRHUS OF THE PANCREAS.

BY WILLIAM THORN, M.D.

Mrs. C., a lady forty-four years of age, a mother of three children, a native of and

long a resident in British India, who had suffered from fever and ague, from which she had recovered, came under my care three weeks before her death. She said that she had been suffering from constant vomiting and purging for four months past, for which every kind of homœopathic remedy had been tried without effect. She was now complaining of excessive dryness of the mouth, there being an *entire suppression of the salivary secretion*, and a constant discharge of mucus and blood from the nostrils and back portion of the throat; she was in an excessively *anæmic state*, no doubt produced by the vomiting, which was of an exceedingly acid character, and purging of a bilious and most offensive odor; the bodily appearance gave the idea of a malignant disease, and the constant diarrhea was considered to diagnose ulceration of the bowels; *still there was no pain*, either constant or occasional, not even when the stomach was sharply pressed; for after examining the uterus without effect, the scirrhus was looked for in that viscus. Having ordered injections of beef-tea, and laudanum to cause them to be retained, several times daily, and the exhibition of the nitrate of iron internally, and, by the advice of Dr. Elliotson, the sulphate of that salt by enema, as an addition to the beef-tea, and having run the patient through the gamut of tannin, gallic acid, &c., for the relief of the diarrhea, without effect, she finally sank into a deep sleep, apparently the result of the attention of a female mesmerist, (for the injections had been omitted,) for which the poor patient so urgently craved that her friends deemed it right to indulge her wish in that respect. This comatose state lasted about four days, during all which time the pulse was only 80, having dropped down from 96; the breathing 24, and perfectly regular, and the vomiting ceased entirely, the diarrhea also ceasing in a material degree. Finally, at the end of the fourth day, life departed without a struggle, it really being a simple cessation of breathing without the least apparent pain.

The post mortem revealed that the heart,

lungs, liver and spleen, were perfectly healthy; perhaps, under a magnifying glass, it might be said that there existed in the liver the slightest trace of fatty degeneration; the pancreas, however, was converted into a dense white fibrous mass, and although the duct was pervious, it is quite evident (and I have the preparation before me while I write) that no fluid could have been secreted for a long time past; the colon was extensively ulcerated throughout, which, doubtless accounted for the continuous and unsubduable diarrhea.

As far as a solitary case will enable one to draw a conclusion, I would venture to say that *although pain be absent*, still we may, as I did from the first time I saw my patient, diagnose *malignant disease*—I would not say of the pancreas, but still if the peculiar hue of the cancerous diathesis be present, if there be an absence of saliva, a constant vomiting of exceedingly acid matter, we might so guess; for I suppose that I may fairly conclude that the pancreatic juice, like the saliva, is alkaline, and that its absence would render the gastric juice more than usually acid; perhaps the acid secretions of pyrosis may be the result of decreased pancreatic secretion; and, lastly, the ulceration of the intestines may have arisen from the unusually irritating nature of the matters passing through them. However, these speculations I must leave your readers and further experience to determine.—*Lon. Lancet.*

CASE OF POISONING FROM ANIMAL MATTER.

The recent serious illness of Dr H. A. Potter, of this village, should serve as a warning to physicians, surgeons, nurses, or those having charge or care of patients suffering from very extensive suppurating wounds.

The facts in relation to this case, as furnished us by the Doctor and his physician, Dr. E. R. Maxson, of Geneva, and corroborated, as we understand, by the counsel had in the case, are as follows:

Dr. H. A. Potter, of Geneva, an eminent surgeon, well known in this and other States, had charge of his brother, Dr. John W. Potter, of Prattsburgh, Steuben Co., N. Y., during an illness of about one week, which terminated fatally. This illness was supposed to have been caused by the absorption of matter by a slight wound upon the hand, in dressing an extensively suppurated wound; the local and constitutional symptoms being similar to those usually attending dissecting wounds—extensive suppuration having taken place previous to death.

During Dr. Potter's attendance of his brother, he passed his fingers into the abscess, which he had opened, for the purpose of ascertaining its extent; and also, otherwise exposed his hands to the matter which was discharged. A slight scratch on the outside of the third finger of the right hand gave him some uneasiness for two or three days up to July 13th, when, while attending the funeral of his brother, the Doctor discovered a redness along the lymphatics of the fingers; and also a red spot on the back of the hand, which rapidly spread, and soon covered the whole hand and arm nearly to the shoulder, the whole becoming red, enormously swelled and exceedingly painful. The shock to the nervous system was very severe, threatening his life, even during the first twenty-four hours.

Up to the third day, the constitutional symptoms were desperate; the hand and arm, evidently approaching gangrene, was only saved from mortification by active and well-directed general treatment, and free scarification of the hand.

At this juncture, when scarcely a hope of recovery existed, the local and constitutional symptoms became, in a measure, controlled or arrested, and as a free suppuration in the hand and arm commenced by the seventh day, the chances of life became far better; and now, July 28th, although there are four points in the hand and arm from which matter is discharging, the Doctor is convalescent, and will probably recover, and has a fair prospect of regaining

the use of the affected hand, so essential to him as an operating surgeon.

We have seldom witnessed a case, in which so much anxiety has been felt by the community, as in this; and we feel sure that nothing short of a judicious treatment, good management, and a kind Providence, could have averted the almost certainly fatal tendency of the malady.

The local and constitutional symptoms in this case were similar to those usually following dissecting wounds; and as such effects sometimes follow the absorption of matter from the living subject as well as from the dead, too much care cannot be exercised by those exposed to matter from suppurating, putrid, or sloughing wounds.

—*Ontario Repository, Geneva, N. Y.*

THE PRACTICAL APPLICATION OF CHLOROFORM AS A TOPICAL ANÆSTHETIC TO MUCOUS AND CUTANEOUS SURFACES.

(From the unpublished works of Prof. SIMPSON, of Edinburgh.)
[CONCLUDED.]

In the preceding remarks I have hitherto spoken of chloroform, when applied as a local anæsthetic, to the genital mucous canals. Its local anæsthetic action on other mucous surfaces has not yet been much studied. I have seen, however, the injection of the vapor of chloroform into the rectum, useful also in some instances of morbid irritability and sensibility in the lower end of the intestinal canal, in tenesmus, &c. The mucous membrane of the eye seems, in most individuals—especially in its diseased states—too irritable to bear the contact of very concentrated chloroform vapor, such as I employed in some early experiments; but in cases of photophobia and supersensibility to light, connected with scrofulous ophthalmia, &c., the vapor of chloroform, diluted with air, or aqueous vapor, acts sometimes very markedly and beneficially as a local anæsthetic. I have seen the intolerance of light, con-

nected with ulcerative conjunctivitis, at once relieved by exposing the eye to the chloroform vapor, raised by pouring a small quantity of the fluid into a cup of warm water. The patient will thus sometimes immediately be enabled to open the eye freely and without pain; and the chloroform vapor often serves also as the best possible medicinal application to the ulcerated surface. The dentist can occasionally relieve the pain of tooth-ache by the local anæsthesia, resulting from the application of a drop of fluid chloroform to the exposed interior of the tooth; or by directing a stream of chloroform vapor upon it. In painful and spasmodic states of the respiratory canals, when chloroform is applied to their mucous surfaces by inhalation, it is difficult, or, indeed, impossible, to tell always whether the resulting relief is the effect of local or of general anæsthesia. In some cases of spasmodic asthma, relief is occasionally obtained by doses too slight to have acted by any general anæsthetic effects; but I have seen other instances of the same disease where the paroxysm was not effectually arrested till a complete state of anæsthesia was produced. A similar observation holds true with regard to different cases of laryngismus. Sometimes that troublesome affection, hysterical or spasmodic aphonia, is at once cured by a few inhalations of chloroform vapor, acting, perhaps, as much upon the principle of a local, as of a general anæsthetic. The irritability of the cough in cases of phthisis, bronchitis, pneumonia, &c., is often effectually relieved by doses apparently too small to have acted otherwise than as local anæsthetics. Lastly in reference to the topical anæsthetic influence of chloroform upon mucous membranes, let me add that the swallowing of a few drops of chloroform in oil, cream, soda water, or any other convenient vehicle, sometimes speedily abates nausea, vomiting, obstinate hiccough, &c.—perhaps upon the principle of its acting as a local and limited anæsthetic upon the walls of the stomach.

The preceding observations are limited to the local anæsthetic effect of chloroform

upon mucous surfaces and canals. On the skin it produces a topical action, similar in principle but far less in degree. When the epidermis is removed, or when the skin itself is destroyed, the surface of any existing sore, such as an irritable abrasion, an excoriated nipple, or a benign or carcinomatous ulcer, can be very remarkably anæsthetized and benumbed by the application of chloroform vapor; but the feelings of great heat and pain, which in the first moments accompany its application, more than counterbalance, in most subjects the subsequent sedative effects derivable from its use. The various experiments which I have elsewhere detailed, show that chloroform fluid or vapor, when applied to the unbroken human skin, produces a degree and depth of local anæsthesia, that is sufficiently great to be sometimes useful in medicine, while it is not sufficiently great to be useful in operative surgery. In medicine, for example, the local anæsthetic effects of chloroform often prove most beneficial in local neuralgia, local rheumatism, &c.; and chloroform mixed with equal, or with varying parts of olive oil, according to the sensitiveness of the patient's skin, is sometimes, in such cases, the most efficient form of cutaneous topical anodyne which we can employ. The amount of local anæsthesia, however, thus capable of being produced, is not as I have just stated, by any means deep enough to enable the patient to endure any operative or surgical procedure. In the earlier part of 1854, however, a variety of experiments were made in the Parisian hospitals, under the full belief that a stream of chloroform vapor projected against the skin might produce such an amount of local anæsthesia, in any given part of the cutaneous surface, as would allow that surface to be cut or operated upon by the surgeon without pain to the patient. Dr Hardy's anæsthetic douche, or some modification of it, was the instrument usually employed in the experiments. Several alleged cases of the perfect success of this local cutaneous anæsthesia, were published in the French journals. It was averred, for example, that

M. Dubois had opened with the knife, and without pain, an abscess in the axilla; that M. Nelaton opened an abscess in the foot—the vapor of chloroform having in each case been previously applied to the skin; and that M. Danyan, also without pain, made a caustic issue on the neck—the skin being prepared by the anæsthetic douche. But additional trials very speedily proved the inutility of the practice, as far at least as the possibility of producing by it immunity from the pain of surgical operations was concerned. At the end of these trials, in commenting upon the subject in the Parisian hospitals, M. Latour, the learned editor of the *Union Médicale*, observes—“I have felt, I avow, distressed and humbled with all the noise that has been made, and with the recital of all the numerous experiments that have been tried in this matter. I have not desired to accumulate the record of them in this journal: and I wish that all trace of these facts were, for the honor of French physiology, blotted out as speedily as possible.*

In fact the whole of these experiments and inquiries into the possibility of producing a sufficient amount of local anæsthesia for surgical purposes, by applying chloroform to the unbroken skin, resulted in the conclusion, which I had already ventured to publish several years previously, namely, that “in the human subject, partial, and perhaps superficial local anæsthesia of a part, as the hand, can be produced by exposing it to the strong vapor of chloroform; but the resulting degree of local anæsthesia is not sufficiently deep to allow the part to be cut, or operated upon without pain..”

MALIGNANT TUMOR OVER THE LEFT LOIN SUCCESSFULLY TREATED.

The following case is one of tumor of a malignant nature, situated in the left loin, which was successfully removed by Mr.

**L'Union Médicale* for 4th March, 1854.

allaway. When the man was brought to the operating theatre, our first impression was, on seeing the peculiar external characters presented by the growth, that it might be fibro-nucleated, similar to the example recorded in our "Mirror," under Mr. Tugwell's care at St. Bartholomew's. A microscopic examination, however, displayed cells of a very different character, being quite malignant in their aspect, although a section of the tumor itself displayed a fibrous appearance, but with the all-known cancerous juice on scraping it with a scalpel. When being removed, it was found to be deeply imbedded in muscular structure, and was excessively painful; chloroform was not given, in consequence of the thoracic complication.

A man aged sixty, a porter by occupation, was admitted under Mr. Callaway, with a tumor over the left lumbar region. For years he had been afflicted with asthma, but his habits were temperate, and he spoke of his general health as being good. The tumor occupied the left lumbar region, extending from the crest of the ilium to the last rib; it was hard to the touch, ovoid in form, in color somewhat purple, size about equal to that of the fist; it was very moveable, but the integuments over it were adherent to it. Six months before he first noticed it as being about the size of a walnut, since which time it has gradually increased to its present magnitude. He has never suffered any pain from it.

On the 3d of June, it was removed by two elliptical incisions, inclosing the adherent integument, it was found to be more connected with the muscular tissue upon which it rested than had been anticipated. No attempt was made to bring the edges of the wound together, owing to the hiatus between the cut edges, and the constant movement of the subjacent structures.

On making a section of the tumor it appeared to be of a fibrous character; but on a portion being submitted to microscopical investigation, it was evidently a new growth of a well marked malignant character.

The progress of the patient since the

operation has been pretty satisfactory; the large surface left by the tumor's removal, has very considerably contracted, and in a little time will be quite healed up.—*Guy's Hospital Rep. Lon. Lancet.*

PATENT MEDICINES—DR. C. H. CLEVELAND.

A few days since, we received a circular addressed to us, signed "Thorne & Co." after which came the following card:

THORNE & CO.

Importers and Dealers in Perfumery, Toilet Articles, Family Medicines, Chemicals, Concentrated Medicines, &c. No. 34 West Fourth street, Cincinnati, O.

Then, in looking over the advertisements in the publication of the expelled professors, (Dr. Cleveland being one of them,) the same advertisement of "Thorne & Co. appears.

These circumstances, taken together, excited our curiosity, and we called at the place of business advertised, and there found every thing in their line, all fine and nice, and from the general appearance of things, one would suppose that all was right; yet we could not divest ourselves of the thought of "whited sepulchers." In the list of articles for sale was one of the very finest assortments of "Family Medicines," which are vulgarly called "patent medicines." These make up no small part of the business, or stock on hand.

We may be asked what there is in all this that is the least peculiar. To this we will answer, that perhaps we would never have noticed the matter, if it had not so happened that we saw Dr. Cleveland so frequently entering the place. To us this was sufficient evidence to show that there was "something rotten in Denmark." On inquiry we find that Dr. Cleveland belongs to the firm of "Thorne & Co.," and at this time, notwithstanding all his pretended opposition to "magnesia," with all his boasted "professional dignity," "superior attainments," "medical honor," and hatred of "quackery," especially "patent medi-

cines," his firm is now extensively interested in this business, by acting as agents for the sale of the same. We really hope that those gentlemen of the class who were simple enough to swallow what this "patent medicine vender" said touching his professional honor, and in condemnation of the very business which we now find him engaged in, will now speak out. Where is his medical honor? His self-inflated pretensions are alone left to answer.

We believe that every man has the right to pursue his own course and his own business, provided it is honest; but what might be commended in the act of one man may justly be condemned in another. For instance, while it is the business of Mr. Park of this city, to make and sell his thousands of bottles yearly, believing the same to be right and useful, Dr. Cleaveland is professedly opposed to all such business, and yet is doing himself just what he is condemning in others, and therefore attempting to deceive the public.

Now, as the Doctor is in the regular business of patent medicines, we would advise all who wish to obtain pure and undiluted or unmagnesiased medicines, to call on "Thorne & Cleaveland." Whether they had Mr. Wayne to analyze their medicines or not we are not able to say, or whether he was able to detect 29 grains of adulteration in 20 grains of medicine analyzed—as was published by Cleaveland as the result of Wayne's analysis of Keith & Co.'s medicines—we are not informed.

Dr. Cleaveland, assisted by the "*ablest chemical ability in this country*," will soon favor the public with the analysis of some of his patent medicines, which he has for sale at their store on Fourth street.

If he should happen to find "80 per cent. of magnesia" in these medicines, we think they had better establish a new business, and deal exclusively in "magnesia," as this is a matter of so much interest to Cleaveland.

We did not expect that this E. S. Wayne No. 2, would so soon quit the medical profession, and return to his old business.—*Newton's Express.*

THE ABSENCE OF HEREDITARY TAINT IN CANCER OF THE BREAST, AND ON FIBRO-PLASTIC GROWTHS.

Mr. BIRKETT has had recently under his care more than one case of cancer of the breast, with others of the various allied forms of recurrent disease of that organ. The facility now afforded by chloroform in removing such tumors has divested them of the pain and anxiety of former years, and of much of the interest attending the question of their removal or non-removal.

Whilst operating on a tumor a short time since, this gentleman made some remarks as to the reality of hereditary influence in causing carcinoma—a point, we need hardly remark, almost universally conceded, but which the experience of the surgeons of Guy's does not seem to bear out. The influence of sex in the development of cases is well marked; three cases of cancer in the male to about ten in the female being about the general proportion. Temperament has also an unmistakable influence on cancer, the sanguineous temperament being that most frequently met with in cancer patients. Town or country air seems without influence; a greater number die of cancer in the country than in town; but, taking the females separately, the mortality is greater in towns; while as to hereditary tendency, Mr. Birkett, from a review of several hundred cases of cancer of the breast, the particulars of which have been sent to him from various sources, has arrived recently at the conclusion that carcinoma of the breast is not much, if at all, influenced by hereditary taint in the system—a circumstance which he conceives of very great moment in our future study and treatment of this disease.

The case in which Mr. Birkett operated, and which elicited these remarks, was that of well marked carcinoma in the third of three sisters, two of them having been operated on in former years for the same disease. Such an instance as this Mr. Birkett believed to be quite exceptional.

and that when statistics are brought to bear on the subject, the cases of cancer in which there has been no trace discoverable of taint in a hereditary point of view, form a very preponderating majority.

In curious relation with this subject, we may mention a case recently brought before his class by Mr. Lloyd, at St. Bartholomew's, where true carcinoma of the breast had disappeared, but returned after a period of eleven years. During this long interval, it might be conceived that the entire system had undergone a complete change.

Mr. Cock also draws a well established line between cancer, so familiar to the eye of our older surgeons, and various recurrent fibro-plastic growths, found in the breast and elsewhere. He removed lately for the thirteenth time, a recurrent tumor of the fibro-plastic character. The woman's health is excellent. Cancer, on the other hand, he believes to be more of a constitutional disease, but not necessarily hereditary. One disease, the fibro-plastic, he is satisfied, will not spread to any other organ, while unfortunately the evidences are too strong of cancer invading different parts. In a case of fibro-plastic growth of the antrum, lately operated upon by Mr. Cock for the fourth time, he objected in consultation to remove the superior maxillary bone, or to disturb the parts more than was necessary, as such tumors grow faster the more the parts are disturbed, and the larger the cavity left for them, as it were, to sprout and germinate in. Heroic surgery, as observed by this experienced operator, should never recommend itself to the surgeon by its merely cutting away more than is necessary as a matter of display, as we only leave more room for a recurrent growth to deepen and widen its hold on the system of the patient.

In the minor details of these various operations, and their after treatment, there was nothing unusual to particularize; these views, however, as to the very insignificant bearing of hereditary influences on the growth of cancer, will be recognized as new, and not without interest.—*Guy's Hospital Rep., Lon. Lancet.*

EXTRACTS FROM A NOTICE OF RECENT RESEARCHES ON THE ORIGIN OF ENTOZOA—MORE ESPECIALLY OF TAPE-WORMS.

BY ALLEN THOMPSON, M.D., F.R.C.S.

There can be no doubt whatever, that the occurrence of tape-worm in the human subject, as in animals, is dependent on the introduction into the alimentary canal of the scolex-larva, accidentally or along with food. The most frequent, though not the only source of these scolices in this country (Great Britain) and a part of the continent of Europe, is probably the *Cysticercus cellulosa* of measy pork, when this is used in a partially cooked or raw state. This accords with general belief, and with what has been ascertained in a number of instances of persons affected with tape-worm, viz., that they had been in the habit of eating raw or imperfectly cooked meat. In Abyssinia, where this habit prevails to a great extent, the inhabitants are well known to be remarkably subject to tape-worm; indeed, in that country the affection is looked upon as entirely a natural one.

The difference in the prevalence of *Tænia solium* in this country and in western Europe, and of the *Bothriocephalus latus* in the eastern division of the Continent, is well known; but I am not aware whether any observations have yet been made upon the most probable source of the latter entozoon. In Russia, however, where the *Bothriocephalus* is the usual tape-worm, it has been found that the long-continued use of an exclusive animal diet, such as has been recommended for the cure of some diseases, has been followed by the occurrence of *Tænia solium*. In Switzerland, also, in the eastern parts of which the *Bothriocephalus* prevails, it has been observed that the hogs are rarely, if ever, affected with the *Cysticercus*; but occasionally pork is introduced from France strongly tainted with this affection, and this may account for the occasional occurrence of

the *Tænia solium*, especially in western Switzerland.*

These circumstances seem to point out very clearly the means to be adopted for the prevention of this very troublesome complaint. At the same time, it is probable that there may be some accidental means by which these larvæ of the tape-worm may be introduced; and it will be easily understood how this may more particularly happen in the case of butchers, cooks, or others who are in the habit of handling affected meat.

The instances in which the human body is affected with the *Cysticercus*, or other cystic entozoa, though not very rare, are by no means so frequent as the tape-worm; but they are much more serious in their effects, more obscure in their origin, and, in the mean time, more difficult to prevent. Scarcely any attention has yet been given to the source from which the various cystic entozoa infesting the human body may have derived their origin; but the observations already referred to make it extremely probable, that the explanation of their introduction is to be sought for in the same causes which have been shown to operate in the lower animals. Thus it appears to have been demonstrated that the *Cænurus* of the sheep proceeds from the ova or first embryos of *Tænia*, and it is most probable that these are obtained from the dog. The only mode, therefore, of removing this affection from a flock in which it may have become prevalent, and in which it is well known sometimes to cause very great losses, must be the careful separation of the dog from the sheep for a certain time—for such time, indeed, as that the dog shall find no more *Cænuri* in the offal, &c., of the sheep,

in eating which it receives the larvæ of its *Tænia*, and that the dog being free from this *Tænia*, shall not furnish the ova or embryos, which being taken accidentally with the pasturage or water by the sheep, establish themselves in them as encysted *Cænuri*. Von Siebold states the important fact, that those flocks which are entirely without dogs, and are stall fed, are never affected with the the sturdy.

A remarkable example of the presence of cystic entozoa in the human subject is mentioned by Von Siebold, as having recently been described by Dr. Schleisner, in his "Medical Topography of Iceland," published in 1851. It appears that the people of that country have been for some time suffering, to a great extent, under a very remarkable hydatid disease. The hydatids affect the liver, peritoneum, and subcutaneous texture. Eschricht writes to Von Siebold, that this disease has extended itself to such an alarming degree, about a sixth of the population being affected with it, that it is attracting considerable attention at Copenhagen. It produces long-protracted illness, and terminates in a painful death; and means of cure have not yet been discovered. Von Siebold considers it as extremely probable that this disease, consisting in the development of a cystic entozoon, depends on the introduction of the ova of a *Tænia* into the body, and that this arises from the immense quantity of dogs kept in Iceland for the purpose of herding sheep and cattle. Should the further elucidation of this fact lead to the adoption of successful measures for the prevention of the disease, it will be a satisfactory instance of the assistance which may be furnished to rational pathology and the practice of medicine, from physiological researches, which might at first sight have appeared to some to be very remote from such an application.

Before concluding, I would call the attention of medical practitioners, more directly than heretofore, to the investigation of the habits and circumstances of patients who may be under their care for various verminous affections. There is another

* See the notice of a case, in which it appeared that the abstinence from the practice of eating raw meat during some time, effected a cure of inveterate tape-worm, with which a person had been long affected, in the June number of the Edinburgh Jour. of Med. for the present year. A gentleman of my acquaintance, who has long been affected with a very large and inveterate tape-worm, informs me, that formerly he was in the habit of eating animal food imperfectly cooked.

partment of the subject upon which I have been unable to touch, which is also deserving of increased attention: I mean the collection of observations by those who may be favorably situated, as to the nature of the entozoa which affects different races and nations of mankind, together with the circumstances and modes of life which may seem to have an influence in determining the nature of the entozoa in different countries. As a single example of what may be expected from well conducted observations of this kind, I may here mention that Von Siebold's suggestion, Dr. Bilharz, having charge of making dissections of the dead bodies in the hospital of Cairo, has already, within the short space of two years, discovered five entozoa with which the Egyptians and other native Africans are affected, and some of them very frequently and to a great extent, which are different from those which have long been known as the common entozoa of the European races.—*Glasgow Medical Journal*.

COMPOUND COMMINUTED FRACTURE OF THE HUMERUS.

Dr. S. D. TOWNSEND presented the specimen and reported the following case:

The patient, J. S., was an intelligent, healthy looking boy, aged 17, employed in a cordage factory at Roxbury. He was brought to the hospital at 7 P. M., Aug. 5, 1865, with the above-mentioned injury, two hours after the accident, which happened in the following manner: the patient thrust his right arm through two parallel-spoked wheels, when they unexpectedly began to turn in opposite directions, and thus produced the fracture. About the middle of the upper arm, on its anterior and external aspect, was a transverse wound, about three inches in length. The humerus was broken in three pieces, but had lost none of its length.

The patient having been etherized, a large fragment was removed from the outer portion of the shaft, three and a half inches

long, conical and pointed quite sharply at its inferior extremity, but much thicker above, and at one point including most of the medullary cavity. Opposite this point the remaining portion of the shaft was fractured somewhat obliquely. The muscle seemed to be but little contused; and there being no hemorrhage which required to be checked by ligature, the external wound was closed by sutures, and straight splints applied to the limb.

Aug. 17.—About one ounce of bloody fluid escaped from the wound.

20th.—The sutures were removed, and a small slough taken out. Dressed with a poultice.

28th.—Discharge much diminished, and more healthy in character. The wound was dressed with adhesive straps and spread lint.

Sept. 10th.—Exuberant granulations required frequent applications of nitrate of silver.

27th.—The patient was up and dressed.

Oct. 9th.—There seemed to be some callus thrown out in the region of the fracture. Motions of elbow rather limited.

19th.—External wound cicatrizing quite rapidly.

Nov. 1st.—A probe introduced into the wound detected denuded bone.

10th.—The cicatrix had ulcerated to a considerable extent; the dead bone had become loose, and, upon being removed, proved to be the upper extremity of the lower fragment. The piece was three inches long, perfectly white, slightly bifurcated at the lower extremity, and matched exactly with the portion taken away at the time of the accident. There is still some angular motion, but a large amount of callus has been deposited about the fracture.

30th.—A small fragment of necrosed bone escaped from the wound to-day. Slight angular motion backward and forward; the patient can easily move the whole arm in all directions.

Dec. 5.—Union had become firmer.

14th.—Dead bone was discovered deep in the wound.

17th.—The fragment of bone had become loosened.

27th.—A small abscess was opened above the original wound. Through this opening the denuded bone was detected.

Jan. 7th, 1856.—The bone could be seized with forceps, but could not be withdrawn.

13th.—The bone was still firmly locked in by the callus.

Feb. 3d.—The patient was etherized, and three fragments of bone were removed, the longest being nearly an inch and a half in length.

10th.—The external openings had contracted. Union perfectly firm. No denuded bone to be found.

21st.—The motions of the elbow were nearly as free as ever.

March 4th.—The callus seemed to be contracting, and the whole limb getting into a better state.

7th.—A very small ulcer remaining; the humerus two inches shorter than its fellow. Patient discharged well.—*Rec. Boston Soc. for Med. Improvement, Bos. Med. Jour.*

ON TWO CASES OF POISONING BY THE ACONITUM NAPELLUS AND BLACK HELLEBORE.

BY J. MASSEY, M.D.

Having noticed in a recent number of the *Lancet* several deaths from poisonous vegetables, I was reminded of two cases which came under my care some years ago. I think them sufficiently interesting for publication, and beg to direct your attention to them.

ACONITUM NAPELLUS.—The first occurred to a man about forty-eight years of age, a dealer in herbs. For some weeks before his death he had been desponding, on account of his work going wrong, and supposed infidelity of his wife.

On Tuesday night, March 11, 1851, his supper, as usual, consisting of bread and milk, was taken by him at the shop. He was then at work as a "twist hand;" he did not eat it, but brought it home about

ten o'clock, and told his wife that his frame was all wrong, and that it would soon be "all up with him;" he appeared to be greatly distressed in his mind.

Soon after leaving work he went into his garden, in which grew medical herbs, many of them of a poisonous nature, amongst which was the monkshood. He then went to bed, taking some of the root of monkshood with him, and eat a small portion of it with the cold bread and milk. This would be about eleven o'clock, at a quarter past he began to vomit, and was tremulous and giddy; he continued to vomit violently, soon became insensible, and died at a quarter after one, before any medical assistance could be obtained.

It was not known until after his death what was the cause of it; but in the garden a spud was afterwards found, with the stem of some monkshood cut off lying near it, as well as the end of the root, the bulk or bulbous part having been removed.—Amongst the bedding also was afterwards found portions of the root, which had been chewed. I was present at the post-mortem examination, which was made two days and a half afterwards, when the following appearances presented themselves:

Stomach contained but little, and of viscid reddish color; its lining or mucous membrane, was of a deep chocolate color throughout, most remarkable about the cardiac orifice, and along the greater curvature; many bloody points were seen in patches here and there; two pieces of raw undigested vegetable matter were found in it—one about the size of a large nut, the other smaller—which were easily broken up between the fingers, reddish on their surfaces, in being colored with the viscid contents of the stomach, and of a whitish color within, having the appearance of the root of the *aconitum napellus*. On being submitted to a powerful microscope, it corresponded exactly with the same substance, similarly tested, which had been found amongst the bedding. The brain and other organs of the body were generally healthy.

The death in this instance, as nearly as could be ascertained, took place about two

hours and a quarter after taking the poison.

There was no diarrhoea; on the contrary, a costive motion was found on the bedding, which must have involuntarily escaped, just preceding death, during the state of insensibility.

BLACK HELLEBORE.—This case did not prove fatal; a strong infusion of black hellebore had been accidentally taken by mistake for gentian root.

A quantity, about one ounce and a half, of the root of the black hellebore, was put in a covered jar in an oven, with twelve ounces of water; after it remained the whole night by a slow fire, a woman, on the following morning, took about a teacupful of it. It produced pain and pricking in the tongue, fauces, and throat; to use her own expression, "as if a hundred pins were pricking her." There was a painful sense of constriction and strangury of the throat, with difficulty of swallowing; pain at the epigastrium, and very violent sickness. The tongue began to swell, as well as the other organs of deglutition; much viscid mucus was voided from the mouth. The eyes were sunk; there was excessive prostration of strength, discoloration about the eyelids, with great collapse of the vital powers—much as is seen in the collapse of Asiatic cholera; the extremities were cold, and the general surface of the body was bedewed with a cold clammy sweat. Pulse varied from thirty to fifty beats in the minute, very small, and at times scarcely perceptible. An emetic of sulphate of zinc was given with large quantities of lukewarm water; afterwards three grains of camphor, dissolved in spirit of wine, mixed with yoke of eggs, as well as strong coffee. Hot applications to the extremities, with plenty of warm clothing to the surface. Coffee was afterwards repeatedly given; and in the course of three or four hours, she rallied considerably. Pulse rose to 68 and 70. She complained of headache; the bowels were relieved with castor oil; and beyond saline effervescing draughts, nothing further was done. She soon recovered. —*London Lancet*.

DR. C. H. CLEAVELAND AND ECLECTIC REMEDIES.

This "staunch reformer," and old admirer of Samuel Thomson, but wofully backslidden, in the September number of their *Journal*, gives a list of "Eclectic remedies," he being an Eclectic by pretension, but like John A. Morrell, the great land pirate, who said that he used to preach the gospel that he could steal horses to better advantage. He says the following list of agents "*will be found desirable in a pocket case.*"

Ammonia, Carb. of,	Leptandrin,
Ammonia, Muriate of,	Lupuline,
Bismuth, Tris. Nit. of,	Lactucarium,
Berberina, Sul. of,	Morphia, Sul. of,
Cinnamon, Oil of,	Morphia, Val. of,
Collodion,	Opium, Pulv.
Cinchonia, Sul. of,	Podophyllin,
Crocote,	Phloridzine,
Elaterium,	Piperine,
Erigeron, Oil of,	Quinia, Sul. of,
Gallic Acid,	Rhubarb,
Gold and Soda, Chlo. of,	Strychnia,
Hydrastine,	Stillingia, Oil of,
Ilyosciamus, Leaf of,	Sanguinaria, Sul. of,
Ipecacuanha,	Scutellarine,
Iron, Citrate of,	Silver, Nitrate of,
Iodide of Potassium,	Tannic Acid,
Iron, Prussiate of,	Veratrin,
Iodine,	Zinc, Sul. of,
Jalap Resin,	Zinc, Chlo. of,

Now if the reader will examine this list carefully, he will see but four articles that are peculiarly Eclectic, and he will also see that it includes agents which are so deadly in their nature as not to admit of more than one-sixteenth grain doses, and even this small portion has sometimes proved fatal. The doses of all these medicines are to be guessed at, as there are no scales or weights recommended. Now we would caution all persons to be on their guard, if a man calls with the above list, including the deadly poisons, and attempts to deal them out as medicines. Let the Eclectic medical profession examine this matter.

We have known many students of medicine who could make up a better assortment than this. It will be seen that he has 6 tonics, 4 stimulants, 5 cathartics, 9 narcotics, 4 astringents, 4 emetics, 2 vesicants. Many important classes are omitted. Now Dr. Cleaveland certainly had

in view the "*magnesia*," when he made up this list—willing to recommend only two or three of the concentrated medicines. We can not help asking this hypercritical what is the difference between the therapeutic action of "*cinchona, sulphate of*," and "*quinia, sulphate of*?" O, what Latin the "root" of this must be in Cleaveland's edition of Reece's *Lexicon*!—*Newton's Express*.

RULES FOR RESTORING THE DROWNED.

BY MARSHALL HALL, M.D., F.R.S., &c.

The following rules are the result of half a year's investigation of *Apnea Asphyxia*—a subject which I propose to prosecute still further, knowing that truth only comes of long continued labor and research. I wish especially to put to the test of careful experiment the correctness of the dogma, that if the heart has once ceased to beat its action can never be restored—a dogma calculated to paralyze our efforts in many cases in which hope may really not be totally extinct:

1. Treat the patient instantly, on the spot, in the open air, except in severe weather, freely exposing the face, neck, and chest to the breeze.

2. Send with all speed for medical aid, and for articles of clothing, blankets, &c.

3. Place the patient gently on the face, with one arm under the forehead, so that any fluid may flow from the throat and mouth; and, without loss of time,—

I.—*To Excite Respiration*,—

4. Turn the patient on his side, and

- (i.) Apply snuff or other irritants to the nostrils.

- (ii.) Dash cold water on the face previously rubbed briskly until it is warm.

If there be no success, again lose no time; but,—

II.—*To Imitate Respiration*

5. Replace the patient on his face:—
(When the tongue then will fall forward,

and leave the entrance into the windpipe free;) then,—

6. Turn the body gently, but completely, on the side and a little beyond, (when inspiration will occur), and then on the face, making gentle pressure along the back. (when expiration will take place), alternately; these measures must be repeated deliberately, efficiently, and perseveringly, fifteen times in the minute, only; meanwhile,—

III.—*To Induce Circulation and Warmth*, continue these measures,—

7. Rub the limbs upwards, with firm pressure and with energy, using handkerchiefs, &c.

8. Replace the patient's wet clothing by such other covering as can be instantly procured, each bystander supplying a coat, waistcoat, &c.

These rules are founded on physiology, and whilst they comprise all that can be immediately done for the patient, exclude all apparatus, galvanism, the warm bath, &c., as useless, not to say injurious, especially the last of these; and all loss of time in removal, &c., as fatal.

EFFECT OF ASTRINGENT VAGINAL INJECTIONS.

BY ARIEL HUNTON, M.D.

MESSENGERS. EDITORS:—On the 7th of August, I was called to Eden, ten miles from my home, to visit Miss K., aged 21. About four weeks previously, she had an excessive catamenial flow, or hemorrhage from the uterus, accompanied by leucorrhœa. Injections of a decoction of *cort. quercus alba* were freely used, but with little effect, and she became so much exhausted, as to be confined to her bed at the time of my visit. I was led to believe that the uterus contained some foreign substance and proposed an examination, which was granted.

I introduced my index finger, and discovered a yielding substance. I inquired if there were cloths in the vagina, (as an

her physician had attended her.) A negative answer was received. I then ascertained that she had injected a strong decoction of oak bark for about four weeks. The substance which the vagina contained, as much the consistency of brown bread dough; the serous and albuminous secretions of the vagina and uterus were coagulated, (I think of no better term) by the stringent injections, or tannin they contained.

I then explained to the mother the cause of the flooding, removed some of the substance for inspection, informed her that the uterus contained some of the same, that flooding would continue so long as it was retained, and that it could not be discharged so long as the vagina was thus filled.

The patient was frequently exercised with uterine pains from the efforts of this organ to free itself of the foreign substance. I removed with my finger, and the handle of a spoon, a teaspoonful of this substance, and then rinsed the vagina with a syringe of tepid water. The discharged water was quite turbid with the coloring substance.

I visited my patient again on the 10th. She informed me that the evening after I left, she had uterine pain, and that a substance was discharged resembling that removed from the vagina. No flooding since. I put her on a tonic course, and left her, manifesting much gratitude for the relief afforded.—*N. H. Jour. of Med.*

POISONING WITH ARSENIC—DE- LAY IN THE APPEARANCE OF THE SYMPTOMS.

BY DR. HARTSHORNE.

A strong healthy woman, about twenty-two years of age, of a rather excitable temperament, had been subjected to great mental agitation, through the threatened withdrawal of an acknowledged admirer, and had suffered from hysterics. She stated herself that she had eaten and drunken but little throughout the week; and on Thurs-

day, the 29th of March, 1855, she took no food or drink, except one cup of coffee at breakfast. She spent the day in walking about without food. At nine o'clock in the evening of the same day, she retired to her own room, and was heard, by the two occupants of the adjoining chamber, to be gagging and choking so violently and in such a manner, that one of them knocked at her door and inquired if there was any thing the matter with her. She returned an evasive answer, and remained apparently quiet throughout the night. She kept in bed the next morning, and refused her breakfast, but attracted no special attention until nine o'clock, when the same sound of gagging and choking was heard in her room a second time. In the course of the succeeding two hours, an hysterical paroxysm came on. It was then ascertained that she had taken poison, and Dr. Hershey was sent for.

He arrived at eleven, A. M., fourteen hours after the first dose had been taken, and two hours after the second. Nothing definite could be learned from her admissions or complaints. She lay in a state of partial cataleptic stupor, occasionally varied with slight muscular spasms. The usual effects of irritant poison were so entirely absent, that Dr. Hershey was induced to order an antispasmodic draught. Of this draught she took some four table-spoonfuls, the first fluid which she had taken for at least thirty-six hours. No change occurred until one P. M., when violent pain and vomiting suddenly came on. The most frequent, and in this instance, at that time, the only positive symptoms of arsenical poisoning, had at last presented themselves, sixteen hours after the first powder had been swallowed, and four hours after the second.

As arsenical poisoning was proved, the hydrated oxide of iron was given, and continued in divided doses, to the amount of five ounces; but notwithstanding this, and the free use of the sulphate of morphia, and cold mucilaginous drinks internally, and with depletion with cups, and the subsequent application of cataplasms and a

blister externally, the pain and vomiting increased in severity until the afternoon of Sunday, the third day. She then appeared to be so utterly prostrated that no hopes were entertained of her recovery, either by herself or her physicians. A paper-containing white arsenic was found, and an apothecary was visited, who stated that she had bought the poison of him on the Thursday.

The history given by the patient was, that, with the intent of ending her life, she secretly provided herself with arsenic, retired to her room, after a whole day of fasting and agitation, and attempted to swallow a teaspoonful of the dry arsenic powder, and was so irritated in the throat by it as to alarm her neighbors. She coughed out a part of it, but managed to retain about a teaspoonful. She lay down, as she expected, to die, but spent the night without change or sleep. The next morning she swallowed another half-teaspoonful in the same manner as before, and with the same difficulty. She felt no pain until she began to take freely of drinks.

On the Sunday evening, the vomiting and pain ceased, and reaction commenced, accompanied with extreme feebleness, cool moist skin, temporary cataleptic spasms, inflammatory tenderness of the pharynx and whole intestinal region, going off with tormina, tenesmus, bloody stools, and strangury, followed in a few days by an acne-like eruption on the skin. The patient was restored to perfect health in three months, no impairment of digestion remaining behind.

Cases of this kind, where the symptoms of the poison are so long delayed, are of great interest in criminal inquiries. The evidence in the above case is faulty in an important particular. It affords no chemical proof that arsenic was swallowed. The evidence from symptoms, however, is strongly in favor of the truth of the statements of the patient.—*Philadelphia Med. Examiner*, Dec. 1855.

EXPIRATORY METHOD OF PERFORMING TAXIS TO EFFECT THE REDUCTION OF HERNIA.

This method, introduced by D. ANDREW BUCHANAN, Prof. Inst. Med. University of Glasgow, is a modification of the ordinary manual operation for the reduction of hernia by taxis. The patient is placed in the position usually recommended, or which may be deemed most suitable in the various forms of hernia, and the compressing force is applied in the usual way. The peculiarity of the method consists in this, that just before the force is applied the patient is directed to make a very full expiration, and thereafter to refrain as long as possible from making a fresh inspiration; or, as it is more intelligibly expressed to the uninitiated, he is directed to blow as much air out of his mouth as he possibly can, and to continue thereafter as long as he can without drawing a fresh breath. While this is going on, the operator, having made all necessary preliminary arrangements, attempts to return the hernia, beginning as soon as the expiration is a little advanced, and continuing his efforts gently but steadily during the whole period of suspended respiration. When the patient is at length compelled to draw a fresh breath, the pressure should be relaxed, so as not to oppose the force of the muscles of inspiration; but it should not be altogether given up, and as soon as the patient is a little recruited from his exhaustion, he is made to perform another expiration, and so the operation is continued as long as may be required. The first indication of success, consisting in a slight internal motion or gurgling noise in the tumor, almost universally occurs during the suspension of the breathing; and it is during the same period that the complete return of the hernia is usually effected.

There are some important minor details in the operation, which depend on the intelligence and strength of mind of the patient. If he possess both these mental qualities in a sufficient degree, he will be

le, after making the full expiration, to refrain from inspiring by a voluntary effort. Such cases are the most favorable for the success of the operation. In other cases, and these cases occur more especially among females, the patient understands and acts more fully upon the direction of blowing out the breath, but wants strength of mind for the subsequent control over the expiratory muscles. In all such cases it is indispensable to have an assistant, whose duty it is, as soon as the expiration is completed, to apply his hands over the mouth and nose of the patient, so as to prevent inspiration for as long a period as may be deemed safe and advisable. If, however, the lungs can be sufficiently emptied, such cases are little less favorable than the former. Last of all there are persons who, whether from natural stupidity or from fright and confusion of mind arising from the condition in which they are placed, cannot be made to comprehend and follow out the directions given them. In those cases the lungs are never emptied to the necessary degree, and the success of the operation is proportionally uncertain.

The theory of this operation is simple. In the first place, it disassociates the diaphragm from the abdominal muscles, and, by preventing them from acting in concert, removes the chief obstacle to the reduction of hernia. Secondly, it weakens the muscular power of the body, and diverts it from the act of resistance.

It is the simultaneous contraction of the diaphragm and abdominal muscles which enables the patient to press down and resist the efforts made to return the hernia. This is one of the most important combinations of muscular action in the whole animal economy. It constitutes the *sixus* of physiologists. Acting in its natural way, it forces out the contents of the bowels, of the urinary bladder, and of the uterus, according to the direction given to it; and, when misdirected, it becomes the principal cause of the production of hernia, forcing out the bowels themselves where the walls of the abdomen are least able to resist the pressure; while it becomes also,

after the disease has been once produced, the force which opposes the return of the hernia into the cavity of the abdomen. Now, it is quite indispensable to the existence of this force that the diaphragm act as well as the abdominal muscles, and the moment the diaphragm is relaxed the force is necessarily destroyed. The intention of the instructions given to the patient before proceeding to the taxis will therefore be at once apparent. Expressed in other terms, those instructions just amount to this—"Relax your diaphragm, and keep it in a state of relaxation;" for there is no mode of relaxing the diaphragm but by making an expiration, nor any mode of keeping the diaphragm relaxed but by refraining thereafter from breathing.

In so far as the general muscular system is concerned, the mode of proceeding here recommended is not confined to the application made of it, but might be successfully employed in facilitating the reduction of dislocations, or counteracting any other muscular resistance. The state of expiration and the suspended breathing which follows it, produce rapidly an overwhelming sense of debility over the whole body, which paralyzes all muscular exertion. These conditions of the respiratory organs not only produce a positive, but also a negative effect of a useful kind, for they prevent full inspiration, and the *nixus* of which it constitutes a part. Now that act, by giving fixity to the trunk of the body, and a firm point of support to the muscles thence arising, is an indispensable preliminary to every vigorous muscular effort, and of course to every act of resistance. Last of all, there is no feeling more absorbing than that produced by a want of breath, whether kept up voluntarily or enforced, and the diversion of the patient's mind from the hernia, so produced, operates just like the well known expedients employed in cases of dislocation to facilitate reduction.

It is now four-and-thirty years since I first reduced a hernia in the way described above, while I was a clerk residing in the Royal Infirmary of Glasgow. I have since employed the same method in every case

of hernia that came into my hands, both in private and in hospital practice, and my confidence in it has increased with every year's experience with its efficacy. I have taught it to numerous pupils, many of whom I know esteem it as not one of the least valuable of the practical lessons which they learned at the clinical school of this city. I have shown it to various professional friends who have adopted it; and among these I have the pleasure of mentioning the Professor of Surgery in our University here, who has not only long employed it in practice, but recommends it every year to his students, both on account of its efficiency and the readiness of its application. Lastly, I have had many opportunities of testing its relative value; for in cases which I have seen in consultation, I have frequently found it succeed when the simple taxis and other methods had been tried in vain. I mention only a single case of this kind, because it is fresh in my recollection, and because I can appeal, in confirmation of my statements, to two of my colleagues in the University, Dr. Lawrie and Dr. Easton. Having met with these gentlemen in consultation on a case of strangulated hernia, we found that the simple taxis, and the taxis under chloroform, had been fully tried to no purpose. We resolved, although every thing was in readiness for the operation, to give a trial to the method here recommended. The tumor yielded under the fingers during the third or fourth expiration, and was completely reduced during the following one.

—*Glasgow Med. Journal.*

POISONING BY OXALIC ACID, TAKEN IN THE SOLID STATE.

A case, in which oxalic acid was swallowed intentionally in the solid state, is published by Dr. Barker. Death, in this instance, was the result. "It appeared in evidence that the deceased was only sixteen years old, and lived with his brother at Luton, who had charged him on the 4th

November last with abstracting money without his knowledge or consent. I charge the accused at first denied, but afterward acknowledged to be correct. I was of a passionate and revengeful disposition.

"After this, the lad proceeded at first Dunstable, and afterward to the town Markyate Street, where he purchased a pennyworth of oxalic acid, between seven and eight o'clock in the evening. Between eight and nine o'clock the same evening he was found lying in a lane, moaning, and with some colored fluid (as if from vomiting) close by him.

"Mr. W. A. Hubert, surgeon, of Markyate Street, was passing by the lane at the time he was found, and was called to him. While he was with him he vomited fluid similar to that which was upon the ground. He was insensible, pulseless, and his lower jaw was spasmodically closed. Cold water dashed upon the face restored sensibility and relaxed the jaw. The boy said that he had taken oxalic acid; that he *had* *not* *made* *any* *solution*; and that his intention was to kill himself because he had been charged with taking money.

"The deceased was carefully conveyed in a cart to his residence in Luton, where Mr. Frederick Clarke, surgeon, of the place, was sent for. He saw him between ten and eleven o'clock the same evening found him put partially sensible, very drowsy, and in a state of collapse. He had vomited bloody matters, as well as some white fluid, which did not contain any crystals. His tongue and lips were unusually pale, but there was no excoriation. He could be sufficiently aroused to state that he had purchased half an ounce of the acid; that he had taken about a quarter of that quantity in the solid state; and that he was sorry that he had taken it.

"He died about half-past three A.M., on the 5th. The following were the post-mortem appearances, as detailed by Mr. Clarke at the inquest. The tongue was dotted over with white specks; the œsophagus was not inflamed; the stomach was extensively disorganized, and had the ap-

arance of gangrene in some parts; the serous membrane was detached in some parts, and, in consequence, the muscular at exposed to view. The verdict was *o de se.*"—*Association Med. Jour.*

OPERATION FOR RADICAL CURE OF HERNIA.

M. de ROUBAIX has described, in the *Revue Medicale Belge*, a new operation devised by him for the radical cure of hernia.

The hernia having been reduced, and the integument being pushed into the orifice, the operator seizes that portion of the skin which lies immediately over the spermatic cord and femoral vessels, so as to form a vertical or slightly oblique fold; this fold is raised as much as possible, its edge is transfixed with a straight bistoury, and it is cut through from behind forward. On the extremities of this incision two scars are made, of a semilunar form, with their concavities looking toward each other and approaching each other toward the center of the hernial orifice, leaving a sufficient space for the nutrition of the skin. The flap is introduced into the orifice so as to form a plug.

The edges of the ring and of the skin are now to be united. To effect this, M. Roubaix draws firmly together the edges of the incisions and the neighboring skin; then, the left index finger or a small trocar having been introduced into the hernial aperture, the integuments and aponeurosis are connected by means of a small trocar. He then introduces through the canula a piece of platinum wire fitted to receive a small screw at each end.

If convenient, a second platinum wire may be introduced. An oval piece of gutta-percha, with a small hole in the center, is passed on each side over the wire, so as to come in contact with the skin. The pieces of gutta-percha are then drawn together by means of the screws. In this manner a longitudinal wound is obtained, the

edges of which are brought into apposition by the twisted suture, care being taken to leave the lower part free for the escape of pus.

The advantages of this procedure, according to the author, are—

1. The hernial sac being untouched, and the lesion of continuity affecting only the skin and aponeurosis, there is no danger of peritonitis.

2. There is no danger of injury to the spermatic cord and femoral vessels.

3. The cutaneous flap, having its pedicle upward, is not liable to be drawn downward, either by the weight of the scrotum and testis, or by the movements of the thigh.

4. The hernial orifice is narrowed, and partially obliterated, and in front of it is placed a powerful obstacle which adheres to and fortifies it.

5. In front of the vessels and cord there is a firm cicatrix, which, by its connection with the plug and the adjacent parts, forms an impassable barrier to the viscera.

M. de Roubaix has performed this operation successfully on a female aged 61, who had suffered for twelve years from a large femoral hernia, which descended as far as the patella.—*Gaz. Medicale.*

LARD AS AN ANTIDOTE TO STRYCHNINE.

Dr. W. N. PINDELL relates that, being annoyed with some dogs, he determined on poisoning them. A piece of meat containing one grain of strychnine was placed on the ground beside some lard. A dog was seen to eat both the meat and the lard, without being poisoned. The next night, pieces of meat were laid down with strychnine; on the following morning, three dogs were found dead. In nine instances, in which lard was given with the strychnine, the animals did not die; in eleven, where no lard was given, all died. Half a grain was sufficient to produce death; but three grains failed when lard was used.—*Amer. Jour. Med. Sciences.*

Part 4.--Editorial.

ECLECTIC MEDICAL INSTITUTE.

The number of students already in the city is very great, and each day adds to it, both new and old familiar faces, most of whom bring letters from their preceptors and friends, full of cheering words of encouragement for the present Faculty, and expressive of deep interest in the prosperity of their *alma mater*. The most pleasing feature of these letters and personal assurances is, the common determination to sustain the school regardless of all conspiracies to destroy it by *pretended* friends.

Every species of reform has a certain routine of opposition to encounter before its truths are fully established, and the Eclectic idea of medical science would be an exception to the rule were it to escape such opposition. Prominent among the embarrassments encountered by all reform movements, whether in religion, politics or science, is the opposition of disappointed friends, who, in reality, are friends to any enterprise which will favor their individual interest, and to such only. Such men work with an abnormal zeal for a cause as long as it promises to minister to their own aggrandizement, but, as soon as public good is made the test, they immediately set to work to undermine the whole system, be it what it may.

No matter what new movement may be started, if it promises to become popular, there will be a class that will espouse the cause, so as to be borne along the current in company with men of science and worth. These men are true parasites, trying to sustain themselves at the expense of others. Unfitted by nature to reach and occupy prominent positions, they hope, by clinging to others, to attain positions of influence and respectability, or at least of notoriety; for, strange as it may seem, there are men who are more ambitious for notoriety than for respectability.

The cause of Eclecticism is the body upon which, for some years past, a number of these parasites have attached themselves. Their existence has been patiently borne, until they have become so numerous that they claim the right not only to exist on the body of Eclecticism, but they also claim the right to destroy the body entirely, although their own fate may be involved in the existence of the body upon which they have been subsisting. The struggle between the true friends of Eclecticism and these parasites, the former trying to cast off these "hangers on," has been the fruitful source of long and bitter wrangling alike unpleasant and unprofitable.

The Eclectic Medical Institute, of the city, has been much harassed by these various creatures, and its prosperity greatly retarded by their efforts to throw obstacles in the onward march of liberal, progressive and rational medicine. The evil was recognized long ago, but every person knows how hard it is to shake off the grasp of men whose life depends on their hanging on. Parasites, under all circumstances are tenacious in their claims, and the same mark applies to the human parasite as well as to the vegetable. Our college has passed through the struggle; it has rid itself of the more dangerous and disease-producing parasites, and once more stands forth on its merits, without being compelled to bear on its shoulders the dead weight which has heretofore crippled its energies.

Of course these parasites will die hard; their struggles will be terrible; but, as they have no further connection with the college, we shall let them groan away to their perfect satisfaction. Both the college and the profession will be greatly benefitted by their loss, for the distinctive features of the school will now be maintained. No commingling of old school bigotry and metaphysical subtleties; no sublimated theories of wild and fantastic notions, will again disfigure the teaching of the school, or awake the disgust and contempt of the community. We are now rid of the *pretended* friends of reform medicine, and it is with pride that we again

and before Eclectics every where as the representatives of scientific and rational medicine.

If it is true that the trustees and faculty of the Institute were thus embarrassed by parasites, may we not expect the profession to encounter a similar difficulty? The men who had worked themselves into the faculty, with no other object than to fatten its prosperity, always extended the hand of sympathy to those parasites who had settled on the profession; but as the Institute has cast them off, and supplied their places with men who not only have the interest of the profession at heart, but who are, in every sense, men of thorough scientific acquirements, it is believed that the institute will soon regain its former position of usefulness and honor. The men who did most to build up and give respectability to the school, are now occupying its chairs.

THE DECISION.

We are enabled to announce to the profession, that the long-pending suit, in regard to the proper college officers and the legal Faculty, was delivered in the District Court of Cincinnati, Judge Ranney of the Supreme Bench presiding, on Saturday, October 25th, 1856. The decision is, that the majority of stockholders selected Dr. Newton's office as the proper place for holding the election of April 7th; that a majority of the legal stock was voted there, and that the Board elected by those votes is the legal one, and the Faculty appointed by that board is the proper legal Faculty of the Eclectic Medical Institute. The faculty so elected consists of J. Milton Sanders, L. E. Jones, W. Byrd Powell, J. W. L. Bickley, R. S. Newton, Z. Freeman, J. M. Soudder, A. H. Baldrige, and J. Freeman (Demonstrator.) The decision also declares that the \$7,000 of stock, issued by J. R. Buchanan & Co., was illegal, *fraud* upon the charter, and is void in every sense, that it was issued solely to

carry the election, and was totally unauthorized by the board, law, or justice.

On the 11th of October, 1856, when we had some seventy students, and Buchanan only about a dozen, he issued a pamphlet, under the name of W. Sherwood, M. D., (to which we shall hereafter refer,) in which occurs a sentiment which, if it had been written by one of our Faculty *after* the decision was obtained, would have only expressed the truth of *their* position, and we therefore adopt their language, and say of Buchanan & Co.: "They are prohibited from using the college edifice and college property, from granting diplomas, matriculating students, or performing any other act whatever, as Trustees or Faculty of the Eclectic Medical Institute. Falsehood and violence are prostrate beneath the law; the old organization of the Eclectic Medical Institute stands as firm as ever, and without a rival."

Our class now numbers about a hundred, and those who have remained away in consequence of the difficulty, may now come on, and feel assured that never again will the Institute be in the control of such a class of men as were expelled from its Faculty on the 1st of May last, by the board of trustees.

We shall soon publish a full history of the origin of the school, the difficulties with which it has been beset, and the trial, evidence and pleadings in the case, together with some other matters not in the programme.

We pity no one of the opposite party, except Drs. Burnham and Howe, who, as strangers, were deceived by the false representations of Cleveland and Buchanan. Their mistake was a natural one, and we pity them.

The progress of this trial has also shown us who were our friends, and who were our enemies. We shall take occasion to attend to both in due time, and those medical journals which have opened a tirade of personal abuse on us will not be forgotten. We stand where we always stood, the friends of truth and justice, and uncompromising enemies of rascality and deception.

SANDERS' GREGORY.

The two works of Prof. Gregory, the *Inorganic* and the *Organic Chemistry*, edited by Professor Sanders, are now in the press of A. S. Barnes & Co., and will be ready in a very short time. Since the first edition of these invaluable works was published in this city, the work has passed through two more editions, both in this country and in England. The present edition is the fourth American from the fourth London edition. We feel justified in asserting, without fear of contradiction, that these two works of Prof. Sanders' are by far the best extant upon the comprehensive subjects of Inorganic and Organic Chemistry. As an illustration of the estimation in which they are held in Europe, we would mention that they have been adopted as the text-book in every University in England, Scotland, and Ireland; and, in a translated form, in the principal Universities of France and Germany. We are happy likewise to state, that the principal Universities and Colleges of this country have adopted this work as their text book, Yale College being the first to set the example.

Why have these European and American Universities adopted these works on chemistry in preference to one of the numerous others which are before the public? We will state the reason. In the first place, Professor Gregory has effected what all the others have failed in, viz., perspicuity without paraphrase. His works are highly condensed, without the loss of a single fact in the science. Secondly, while all other works upon this science are prolix and verbose on chemical processes, this work of Prof. Gregory's contains but a single process, but that one always the best. Therefore, the student escapes that confusion and hesitation which long, voluminous processes create, while at the same time, he is put into possession, at once, of the latest, best, and most certain process, which is described in plain perspicuous language that cannot be mistaken.

As Prof. Gregory is the oldest chemist

who writes the English language, especially in its relations to the organic department of the science, no person is so well calculated to elucidate its facts as he. The Organic Chemistry, especially, is conspicuous for its completeness, for the beauty and perspicuity of its arrangement, and for the lucid and plain manner in which even the most recondite portions of the science is written.

It is these facts which have given to Prof. Gregory's works their great popularity, and has resulted in their adoption as text-books in the principal Universities and Colleges in the world.

The American edition of this work has been got up by Prof. Sanders with great ability. The only draw-back to the adoption of this work heretofore, in this country, was the fact, that it was devoid of the Physics of Chemistry. In Europe this is not felt in a chemical work, as the student in that country, ere he commences his study of chemistry as a profession, or with the view of accomplishing himself as a physician, derives his knowledge of physics in a University. But in this country it is different. The student, especially the aspirant for the medical profession, is generally poor, and earns the money he pays for his lectures by the sweat of his brow. Therefore, his time, previous to his medical studentship, is occupied in collecting the means to defray his college expenses, and not like the wealthy European student, in attending the halls of some University. It therefore devolves upon the Professor of Chemistry, to teach the student not only chemistry proper, but likewise that of physics; or, in other words, to impart to him those collateral accomplishments which the well-read physician must necessarily possess. Hence it was necessary that Prof. Gregory's work should contain, in the American edition, the Physics of Chemistry, to render it complete. This great desideratum has been ably supplied by Prof. Sanders, who has clothed the subject in that same style of brevity and perspicuity, which characterizes the entire work of Prof. Gregory.

The Physics also contain a great number of superb wood cuts, which contribute greatly to illustrate the text. These two works are an honor to the great publishing house of A. S. Barnes & Co., even when regarded only as specimens of modern typography. It is an absolute luxury to possess the clear typography, appearing, as it does, so well defined and clean upon the fine white paper on which they have placed it.

The reader will find, in the work on Organic Chemistry, a full and copious Supplement, added by Prof. Sanders. This supplement contains all the late discoveries in organic chemistry, and is truly an indispensable addition to the work.

The reader will also notice, in the Inorganic work, under the head of *Light*, that Prof. Sanders has introduced all the latest processes for taking photographic pictures, both on metal and glass. Among these is the new *collodio-albumen* process, which has been lately and is now selling for several hundred dollars. He will likewise find, under the proper head, the entire process, illustrated by several large and finely executed engravings, for producing the new *dry-metal aluminum* in large quantity. This is entirely new, and has never appeared before, in any text-book upon the science.

In a word, these two volumes of Sanders' Gregory are most complete, and are undoubtedly destined to eventually find their way into every University and College in this country. The two works will be out of press in a few days, and can soon after that be procured at almost any book-seller in the United States.

A LIBERAL OFFER.

The attention of the readers of the Journal is respectfully directed to the proposition of Messrs. B. Keith & Co., on the 85th page of this number. These gentlemen, having done more for the cause of organic chemistry than any other manufacturers, and relying for success and ap-

proval upon the positive therapeutic character of their concentrated remedies, here present the profession a fair opportunity to test their reliability. Our own experience, together with that of hundreds of the intelligent and liberal of the profession, has already placed their preparations in the foremost ranks of the *materia medica*. But many there are, whose opportunities for an acquaintance with and knowledge of their therapeutic value, have not been so extended. Such may now have the opportunity of learning of their merits through the reports of such State Medical Societies as may avail themselves of this offer. We confidently bespeak the unqualified approval of all who may give them a fair and candid trial.

DISTRICT COURT — ECLECTIC MEDICAL INSTITUTE CASE.

We copy the following summary of this trial and the decision of the court, from the Cincinnati Daily Enquirer of Oct. 26th.

Judge Ranney delivered the opinion of the court yesterday in the case of the State, on the relation of Dr. R. S. Newton, vs. William Sherwood. He said the object of the proceeding was to determine the right, as between these two individuals, to the office of Treasurer of the Eclectic Medical Institute. Dr. Sherwood was charged with having usurped the office. This he denies. Dr. Newton derives his appointment from the board of Trustees elected on the first Monday in April. Dr. Sherwood also derives his appointment from a board of trustees elected at the same time, but in a different place. The charter of the corporation, which provides when the annual election shall be held, is silent as to the place. Both of the elections were held at the right time, under the provisions of the charter, which secures to a majority of the stockholders the right to select a board of trustees on the first Monday in April. Looking to the evidence pro and con, as to the places at which both elections were held, the court could see no reason for doubting the majority of the stockholders might have selected either of these places without falling under the imputation of having dealt fraudulently with their associates. The whole vote was cast, and the court could not consider it of much importance if the election was held in two rooms.

Still, if the majority of the stockholders have

a right to designate the place where they will come together, this question would be resolved when they came to the inquiry as to where the majority assembled, and where they exercised the right given by the charter to select a board of trustees. To ascertain this, they should count all the votes given at both places, and recur to the charter. A corporation could exercise such powers only as had been conferred upon it by the Legislature—such as were clearly given in the act of incorporation, and such other powers incidental thereto as were necessary to carry into effect the powers specifically conferred; and they can exercise these only through the instrumentalities and agents the Legislature has authorized them to use.

The court here referred to the act of incorporation establishing this Institute, passed in March, 1845. It appeared that this corporation at different times had created stock and issued certificates therefor to the amount of about \$19,000. These certificates are in the hands of stockholders, and no question was raised as to the legality of that stock. Shortly before the present election, however, the Faculty ordered the issue of \$7,000 of additional stock, to be issued to certain persons designated, who were to give their notes to the Institute at five years, with ten per cent. interest, payable annually.

It is claimed on the part of the relator, that the issue of this \$7,000 worth of stock was wholly unauthorized, and the stock wholly illegal, and conferred on those holding it no right to vote at the election. Further, it was conceded, on the part of the relator, that the decision of this question would be decisive of his right to hold the office of Treasurer of the Institute.

The charter originally provided for a stock of \$30,000. That was the maximum. At a later period an amendment of the act was obtained, and it was provided the Institute might increase its stock to \$60,000.

A question was raised as to the acceptance of this amendment, but it appears to have been applied for by the trustees, and it was a well-settled principle, that, if an amendment to an act of incorporation enlarging its powers merely was applied for by the corporation itself, or its properly constituted agents, the court would presume the acceptance of the amendment from the previous application for it. The next question is, who must order this increase of stock? The court did not find it necessary conclusively to settle this question; but they might observe they could see no good reason, when a corporation was empowered to increase its stock, why it may not, acting through its stockholders or trustees, as the case might be, order a further issue of its stock to other individuals.

The question then arises, who may authorize further associates to come into the concern and take stock from the corporation? It is said this can be done only by the body of the stockholders. That may or may not be so. It would certainly be reasonable, if they were to be regarded in the light of partners, that the new associates should not be brought into the concern without the consent of the others. But a member of a corporation and a member of a partnership stand on different ground. The member of a corporation has no separate interest in the eye of the law. The property belongs to the artificial being created by the law itself, and the individual members have to submit to the voice of the majority.

Assuming now that the stockholders need not have acted in the matter, that the power was conferred on the board of trustees to control and direct all the affairs of the corporation within the limits of the corporate power, the question arises, what has the board of trustees done as to the increase of stock? If they have authorized the stock in any manner to be issued, it has been done by constituting the Faculty an agent to act in the premises. So far as the act of incorporation is concerned, the Faculty are invested with but one single corporate power under the act—that is, to grant diplomas, and to be associated with the board of trustees in the making of by-laws for the Institution.

In every other particular its government is committed exclusively to the board of trustees. The ground on which the Faculty, therefore, places itself in the present case, must be that of a mere agent, under powers derived from the board of trustees; and to establish the provision that the Faculty have been so authorized, the court was referred to a resolution adopted by the board of trustees at an early period, in which they constituted the Faculty a Committee of Finance, and gave them the power, as such, to receive the donations and subscriptions. Though this was not explicit in its terms, the court would allow it to mean that they should have power to receive subscriptions to the capital stock.

But when the Faculty say the terms of payment shall be a credit of five years, with interest to be paid annually on notes to be given for the purpose, they have, resolving the question on the principal of agency, made a sale not authorized by the terms of the resolution passed by the board of trustees, allowing that resolution to have contemplated a sale of stock under the word "subscription;" and allowing, further, the trustees, as against the stockholders, to have the full power, under the charter, to increase its stock.

He (Judge Ranney) felt he would not be doing

justice to himself or the court, did he not express what the evidence impressed on their minds, that the issue of the \$7,000 worth of stock was really made for the purpose of controlling this very election; but they did not place the judgment of the court on that ground.

Excluding this stock, then, how stood the vote at the election? The aggregate amount of stock voted at Newton's office was about \$11,000; the aggregate amount of the original stock voted at the other place was something over \$7,000. But the majority of stock did not determine in all cases the majority of the voting power; and it appeared here that, in order to get as many votes as possible, the large stockholders on both sides resorted to the expedient of making nominal transfers to their relations, and voted on the proxies. Each party was implicated in this transaction, which obviously was a fraud on the charter. But the court would treat all acts done in fraud of the corporation as void, and remit the parties to their original rights as stockholders. But allowing or rejecting the proxies given on either hand, and the result would be the same.

A majority of the voting power having exercised the right to which they were entitled, and having elected a board of trustees, which constituted the relator, Dr. Newton, as their Treasurer, there must be a judgment in his favor.

OPINIONS OF THE GRADUATES AND FRIENDS OF THE E. M. INSTITUTE.

S. B. B., Esq., of Connecticut, August, 10, 1856, expresses himself thus:

"Although I am not a physician, I have been a diligent reader of your journal, for three years; many of the original communications I admire; I have read them not only with pleasure, but with profit. I hope the journal will be nobly sustained.

"In regard to the late college difficulty, I was at first surprised, but after reading both sides, I am satisfied which is right. Whether the school of the five professors will rival your own remains to be seen."

Dr. E. D., of Miss., Aug. 4, 1856, congratulates us thus:

"I wish you much joy and success in overcoming the difficulties you now encounter, although I am perfectly contented, for I am satisfied that there is a skillful pilot at the helm that will bring the ship to the land, in spite of Homœopathy and Lick mataxy, &c.

Dr. L. W., of Maine, Aug. 18, 1856, congratulates us thus:

"I congratulate you and your co-laborers, in the hope that you are now associated for truth and humanity. I hope every member of your faculty will feel that he has a reputation to maintain, and that it will be done with dignity and honor; as I feel it can be now that you are purged of hypocrisy and mysticism."

Dr. E. P. J. of Indiana, August 21, 1856, writes as follows:

"I am glad to learn that you are going on with the school the coming winter, and hope you will have a full class. I am also very glad you have succeeded in getting rid of some of the professors which were so officious in controlling the business of the college, and instituting their own whimsical views instead of some science. I would like to hear from you concerning the prospects of the college, by letter, at your earliest convenience. I will have some students that will attend some school perhaps the coming winter.

"Doctor R. R. Sherwood of this county, brother of Professor Sherwood, has repudiated Eclecticism, and gone into partnership with an Allopathic physician. He says he was always an "old school doctor," but not much force any way."

Dr. A. S., of Ohio, August 25, 1856, writes thus:

"I received a copy of your Express, which contains news very satisfactory to me, seeing that the E. M. Institute is once more in a flourishing condition; also highly pleased with the reinstatement of Drs. L. E. Jones and A. H. Baldridge, who are old and especial friends of mine.

"I have been reading the College Journal since its issue, but have got nothing from it but Allopathic treatment, copied from English writers. I have a student whom I do not wish to discourage with old school doctrines, and therefore wish something of a different character for him to read. Other objections I have to the Journal; it contains nothing but medical slang, which I disapprove of."

Dr. T. J. S., of Tennessee, August 26, 1856, expresses himself as follows:

"I will have one or two students of the first caste commence reading with me the first of November next, whom I will send to the old Eclectic Institute, not to that new spiritual college of Buch & Co.

"I think you must have given to the old Institute a dose of Prof. Freeman's cathartic pills, followed by the compound

syrup of stillingia and iodide of potassium, which preparations O. H. Cleaveland so much detested. My inference is from the effects, which have proved salutary to the Institute and Eclecticism. I have used the above preparations, and have seen afterwards health and spirits as the results. I was much gratified at looking over the faculty in the last number of your most excellent Journal. I wish you and the balance of the Faculty much success."

Prof. L. E. Jones has favored us with extracts from the letters of various medical gentlemen in different parts of the country, (a few of which we publish) which fully express the sentiments of the great masses of reformers, respecting the previous and late acts of ex-Prof. J. R. Buchanan and those who have been controlled by him.

IOWA, SEPT. 26th, 1856.

* * * Doctor, I am in quest of information, and permit me to make the inquiry, which faculty will lecture in the old building corner of Court and Plum street, Buchanan and clique, or Sanders and company? My reason for making the inquiry is this: within the last week I have received no less than four pamphlets, announcing that Buchanan, King, Hoyt, Cleaveland, and others, will be the faculty of the old E. M. Institute this winter. Permit me to add, if such be the fact, that no student of mine, with my consent, will enter its walls. It is time this matter was decided, and the world made acquainted with the fact, that many who are making calculations to visit the city this winter may not be disappointed, which I assure you will be the case, if Buchanan and company occupy the Eclectic Homestead. In a former letter I gave you my private opinions publicly expressed, and, sir, I have no reason as yet, for changing them. Students over whom I may have any control, shall not be humbugged and duped by any such designing villainies as have been practiced with a high hand heretofore in the E. M. Institute by Buchanan and others; and if they are still to preside over it, the sooner it falls the better for the world. I think there is enough of old stock left that has never bowed the knee to Baal, to form an honorable faculty that will promulgate the principles taught by the lamented Morrow and his associates. The arms of an open and determined enemy I can admire—the ghastly, sickly smiles of a fawning sycophant, I of all other men despise. * * * * * H.

INDIANA, SEPT, 1856.

* * * Permit me to say to you that I feel to congratulate you and Prof. Baldridge in your connection with the E. M. College in the place of those that were expelled. I have no doubt my remarks to you when I left the E. M. Institute and attended the lectures in the A. M. College, are still fresh in your mind. I said to you that I would have returned home after matriculating at that college, if I had not by chance found your school. I stated to you that I would not be bored five months with Prof. B.'s spider-web lectures, for double the cost of matriculation; and as to Sherwood, I always thought when I saw him, that his cranium was filled with *batter* instead of brain. I said at that time that that college could not be sustained, with such egotistic bigots at its head; and I think it is well purged, and with proper tonics, which you and Prof. Baldridge are versed in administering, that Institute will stand. * * * J. N. McG.

IOWA, OCT. 1856.

* * * I assure you, my friend, that it affords me inexpressible pleasure to learn that the faculty of the E. M. Institute are composed of material that would do honor to any college. I am overjoyed to learn that the Buchananites have failed in their attempted swindle, and that they have meted out to them their just deserts. The measure of their iniquity has long since been full to overflowing, and the righteous indignation of an incensed public will be their condemnation; and they, (Buchanan especially) justly and fully merit it. I am now in hopes that the E. M. Institute will prosper. R. R. H.

H. H. HUDGINS, M.D.

We were much gratified, a few days since, by the receipt of a letter from the gentleman whose name stands at the head of this notice. After attending lectures and graduating in two or three different medical colleges, he has finally located himself, for the practice of his chosen profession, in the State of Mississippi. Few medical students evince a greater determination to qualify themselves for the practice of medicine than has Dr. H., and we feel confident that he will rank as high, as a successful practitioner of medicine, as he now does in the social circle, as a high-minded and courteous gentleman.

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Part 1—Original Communications.

ALNUIN AGAIN.

BY PROF. J. MILTON SANDERS.

In the Worcester Journal of Medicine for August, there is an article from O. H. Cleaveland, in which he attempts, in his usual coarse and funny way, to extenuate the blunders of a former article of his published in that Journal of May last. But to attempt to palliate the grossest blunders by the perpetration of others equally so, is so characteristic of O. H. Cleaveland, that we were not at all surprised upon reading the article referred to. Without attempting to comment upon the grossness and vulgarity of this man's style, or upon its continual amenableness to grammatical and syntactical criticism, we shall confine ourself to an exposure simply of his ignorance.

He commences his article by asserting that his former one was written when he had more confidence in the statements of some who are engaged in the manufacture of concentrated medicines, than he has at this time. If, by the word "statements," he refers to any thing Dr. B. Keith may have communicated to him in a personal interview, he is, to use one of his own classical phrases, only "pulling the wool over the eyes" of his readers. The only subject ever conversed upon by Dr. B. Keith, with

Prof. Cleaveland, (as we suppose he must be termed by courtesy,) was that of galvanic supporters, during the time that he was a peddler of the article through the country, and long before he had aspired to the dignity of teaching medicine to students.

As this is the case, Dr. Cleaveland must undoubtedly refer to the "concentrated medicines" of some other firm—doubtless one of those located at Cincinnati. As the Doctor is in constant and direct communication with those firms, perhaps no person is more thoroughly cognizant of the processes by which they manufacture their "concentrated medicines" than he, and therefore no person is better capacitated to pass judgment upon their qualities.

But it is upon the profound knowledge the doctor manifests in regard to chemistry, that we wish to make a few remarks. Perhaps there is no expression so significant of meaning as that which asserts that "a little learning is a dangerous thing." It is just such men as these that have retarded the progress of Eclecticism in this country, and prevented its obtaining that high position over Allopathy which it is destined to reach, when all the other pretenders, like Dr. Cleaveland, are expelled from its ranks. There is nothing which so vitally injures a cause requiring the aid of learning, as its pretense without its possession. When the Eclectic physicians of the United States are content to be represented by those who possess no education, neither classical nor scientific, then must they

expect to be the target for the shafts of Allopathic ridicule. But when the leaders of the cause shall be men of thorough education, with minds refined by large study, thought and experience, then, and only then, can the cause hope to attain that position which the enlightenment of this age only awards to intrinsic merit. But so long as the profession is represented by those who really possess so little dignity of character, as to perpetrate upon the community, with fulsome prolificacy, article upon article, which are conspicuous for nothing but licentiousness of assertion, and the questionable language with which it is clothed, so long will Eclecticism be a scoff for all educated persons. But when the profession has purged itself of these excrescences, and substituted able scholars in their stead, then may we expect to see Eclecticism progress to the position it is undoubtedly destined to attain.

In the conductors of our journals, in our authors and professors, we want men who are erudite without being pedantic, discriminating without being hypercritical, and independent without being censorious. We require men who are refined by long and arduous study, in the well appointed laboratory, and in the lecture room, and who have long been subjected to the rigid discipline of the university.

With such men as these, substituted for the shallow pretenders whom some of our colleges have picked up from the ranks of the *canaille*, and who have so long disgraced our professional chairs and our medical journals—then, indeed, will Eclecticism take its rank in the van of modern progression.

The time has now arrived when this long wished for desideratum will be obtained, for the most notorious of these persons, with that prolificacy which superficiality always assumes, is busily at work in the unenviable task of writing himself to destruction. A few more such articles as those of Dr. Cleaveland's, which appeared in the May and August numbers of the Worcester Journal, will consummate that desideratum most inevitably.

But we sat down to give the last article of Dr. Cleaveland's a cursory notice, but not that the thing really calls for that slight trouble, for to a chemist its ignorance is so transparent that it requires no review from us. In order to extricate himself from his former blunders, Dr. Cleaveland unwittingly perpetrates others which evince still greater stupidity. He asserts that he did not make use of alumina as his re-agent, but that he used alum! We suppose that by this last assertion Dr. Cleaveland means that it was not the alumina which effected his precipitation for him, but that it was the entire constituents of the alum—that is, the sulphuric acid, the potash and the alumina altogether! In order to obtain the chemical action of an insoluble substance, it is absolutely necessary that it should be used in a soluble form, otherwise we cannot hope to attain the object sought. When, therefore, we wish the action of alumina, we must resort to some salt of that base which is soluble. Alum is the salt generally used, as all dyers, calico-printers, etc., are well aware. In using this salt, the dyer does not require either the action of the sulphuric acid or the potash of the alum, but the alumina, which he desires to present in that condition in which he can avail himself of its nascency, just as it leaves its combination with the other constituents of the alum. It is, therefore, the alumina which he wishes to use, as that substance is alone possessed of the properties which causes it to combine with organic substances in the peculiar insoluble manner in which he wishes to obtain its re-action.

We scarcely could expect that the dyer would resort to white clay for the purpose of a mordant, as the alumina, in that case, is insoluble. When the chemist speaks of adding alumina to a solution as a re-agent, he does not imply that white clay, or alumina *per se*, must be used, but that it must be presented in the form of a soluble salt, so that it can be of avail in the re-action required. In that case he does not suppose that the soluble salt itself will enter into the combination, but that it will be

come decomposed by virtue of the strong affinity which the alumina has for organic matter, with which it forms the insoluble compound. This very formation of the insoluble compound is the cause of the decomposition, agreeably to well known chemical laws upon that subject.

Now let us review Dr. Cleaveland's great chemical experiments. He takes half an ounce of the dried bark of the *Ailus Serulata*, and steeps it in diluted alcohol until he supposes all the active principles are taken up. He then adds 30 grains of alum, which produces a precipitate. This he dries and weighs—doubtless upon a pair of doctor's scales—and it weighs just one grain. Had the bark been a good article, and the extraction of its soluble constituents been perfectly done, the addition of alum should have thrown down some 50 or 60 grains of precipitate. This would consist of alumina combined with the tannic acid, together with the coloring matter and the gum.

It now appears from the Doctor's language—if we are enabled to study through its ambiguity—that he expected to obtain the undecomposed alum, combined with the organic matter of the plant; for he does not suppose for a moment, that his alum must necessarily be decomposed before he can obtain a precipitate, or in other words, that it is the alumina, and not the entire constituents of the alum, which combines with the organic matter.

He then informs us that he subjected the one grain which he obtained as a precipitate, to heat on a platinum spoon, when three fourths of it were burnt off, leaving the other fourth—"showing indubitably," shouts the Doctor triumphantly, "that the half of it was not alumina!"

Having readjusted your decomposed spectacles, reader, please continue: After throwing down the tannic acid, coloring matter and gum, this chemical luminary evaporates the super-natant liquid down to an extract, which he discovers, with feelings of liveliest exaltation, possesses the taste, odor, and coloring matter of the bark. There cannot be a doubt but that

the extract our doctor made, deprived, as it was, of its tannic acid, gum, and coloring matter, if not submitted to too great a temperature in the evaporation process, really possessed more true medicinal virtues than all the "concentrated medicines" ever concocted in Cincinnati. As there were "large crystals of alum" mixed with this extract, we suspect that perhaps the alcohol in his menstruum may have been strong enough to take up some of the resinous principle of the plant, and that it was this which he calls coloring matter.

This man Cleaveland does not possess the address to compose two consecutive articles without involving an amusing contradiction. In his first article he is in ecstasies in regard to the wonderful precipitate he had produced by means of alum. But by the time he pens his subsequent article, some kind friend has pointed out to him the fact, that his precipitate consisted of nothing more active than tannic acid, gum, and coloring matter, when it becomes necessary to rectify this error.

In the second article, we find this voluminous scribbler most enthusiastically recommending that very fluid (boiled down to an extract) which in his previous article he would have us throw away as inert! And now in order to avert the emotion of ridicule which he is conscious would curl the lip of the intelligent reader, he strives to hide his ignorance under the word "perhaps." Such little shuffling as this cannot possibly do Dr. Cleaveland any good, even though he were to write volumes of apologetic and expostulatory language, instead of the pages he has already written.

From the above it appears that our chemical phenomenon has got his chemical acumen pretty considerably confused, and that he has not precisely concluded whether he has guessed at the right, or has "perhaps" stumbled on the wrong. He, however ventures to exclaim, that "with all my manipulations, I have not been able to find any of Grover Coe, M. D.'s alumina!" It appears, however, that some of Grover Coe, M. D.'s alumina had been detained

on the platinum spoon, after driving off by heat the organic matter with which it was combined.* Did not the crystals of alum which he got mixed with his extract, contain the rest of it?

The profound ignorance of chemistry that this man betrays throughout his "manipulations," as he dignifies his bungling puddering, would disgrace an apothecary's apprentice, and subject the booby to a spanking from his intelligent master.

The doctor now informs us, in his exultory style, which he invariably assumes when he supposes that he has got a bright idea, that he concludes that the extract which he made, contained the medicinal properties of the bark, and he feels really prepared to say—is quite ready to venture the assertion—that the extract he thus prepared is a better article than where the precipitate is thrown down by a re-agent. As the Doctor is not cognizant of the proper re-agents to be resorted to for that purpose, and as his prejudice will not allow him to use those thus thrown down, in his practice, (if he has any,) we do contend that the Doctor is not competent to pass judgment upon the subject.

New York, October, 1856.

* Why Dr. Cleveland could exclaim that he had not found any of Dr. Coe's alumina, we leave the reader to imagine. Had he been possessed of the least chemical knowledge whatever, he would have known that the residue left after burning away the precipitate he put upon the platinum spoon, could have been nothing else than alumina. But what is the use of attempting to criticise the writings of one who has not even the first glimmer of chemistry, nor of any other science? If there is any thing detestable, it is ignorance associated with pretension.

FERRUCYANIDE OF POTASSIUM AND URIC.

Dr. V. Baud proposes this compound as a substitute for quinine in the treatment of some periodical diseases. He considers it applicable to those fevers, neuralgia, spasmodic diseases, and neuroses in which the intermittence is idiopathic and not the result of marsh malaria.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES, M.D.

After a short respite the writer again resumes his task, to wit: the investigation of the new and marvelous science of Anthropology as industriously taught for ten years in the halls of the Eclectic Medical Institute. It was there inculcated as the quintessence of Eclecticism by Ex-Professor Buchanan. As the writer progresses with the subject, the *nerve* with which the precious volume is invested by emanations from its illustrious author, together with the matchless genius, unexampled evidences of originality of thought, profundity of research, and philosophic investigation, displayed by a careful examination of its pages, but serve to inspire him with new courage and with a deeper and more earnest desire to make known the many beauties and instructive lessons which this gem of science and literary taste unfolds. The further he progresses the more deeply he drinks from this exhaustless "Pierian Spring"—from the unmeasured fountains of science spread upon the pages of this priceless book. May others search its pages diligently, as he has done, for the pearls of science with which it is said to be filled, and may their labor not be in vain. The topic for review at this time is that of the "REGION OF ANIMALITY"—with its subdivisions, or at least a part of them. This region includes those parts between the knee and ankle. This subject is more interesting and instructive than that of the "Vegetable Kingdom" of man, or his "Mineral World."

I hope the reader will forget all prejudices and prepossessions, (if he has any) and closely examine the philosophy of our learned author as couched in that peerless volume, and apply the scientific truths gleaned therefrom to the great practical duties of life. And as it is the work of a medical man, and by one who was then a professor in a Medical College, and whose duty it was to instruct the youth of the pro-

fession in such matters as would best serve to prepare them for the great and stern realities incident to the sufferings and death of their fellow men, I hope the student and physician of mature mind will carefully examine the subject.

If any man should be duly instructed in the practical duties of his calling, it has always appeared to the writer that the teacher in a medical college should be so instructed himself, in order to be prepared to impart that instruction to his pupils best calculated to qualify them for the calm and judicious exercise of their high professional calling. Whether the text, when duly examined, affords that food for the mind, or that aid demanded, is left for the decision of the reader.

Our author informs us "that the region of the knee, appears to be a region physiologically *below humanity proper*. Below the knee, as in the corresponding region of the neck, we find a series of conditions below the human, corresponding to different grades of development in the animal kingdom."

Thus reads the text. The reader will perceive the text affirms that the leg of man, that part between the knee and ankle, constitutes the "Region of Animality" of man. The author affirms that the part below the knee is "physiologically below humanity proper." He says we find "conditions corresponding to different grades of development in the animal kingdom."

The writer asks for the similitude—the resemblance—the correspondence—the analogy, that exists between this particular part of man and animals, that does not apply to the feet, thighs, arms, heart, lungs, intestines, organs of secretion, bones, etc., etc. If there is a resemblance or correspondence in the anatomy or physiology of any particular part of man to the animal kingdom, is not the analogy universal? Does it not apply to all his parts? Is there not a striking correspondence between the heart of a man and that of an ox? The same inquiry respecting other organs of man and those of the ox are entitled to the same answers. The human organization finds its correspondence, its analogies and

resemblances to the animal kingdom, both as to organs and their functions, and had the learned author said such was his meaning, the obscurity of the text would have been removed; but when he says the leg of man alone has its correspondence in the animal kingdom, collectively, the problem appears still more strange and incomprehensible; and again, when he says a narrow strip of skin, muscle, tendon, bone, blood-vessel, nerve, &c., extending the whole length of the leg, (from the knee to the foot) corresponds with, or is analogous "to fish and reptiles," and that a parallel strip immediately adjoining the former, composed of precisely the same anatomical and chemical elements, and endowed with the same functions, possesses entirely different qualities, "corresponding to birds and of the warm blooded or active temperaments;" then it is that the philosopher soars in his flight of fancy above the conception of all save the author of the text. Here it will be seen that one strip—a *mere* strip of man's leg, corresponds with the raven, jackdaw and the entire feathered tribe, "and of the warm blooded active temperament," by which our author doubtless means to include all warm blooded animals, as the ox or horse, and if so, the strip answering to birds corresponds also with the dog, hog, and entire list of "the warm blooded active temperament." Indeed, if the text expresses the author's meaning, the strip which corresponds to birds bears the same relation to the entire list of "warm blooded animals." In other words, it indicates a total indifference on the part of the author as to the correspondence of the second strip to birds or other warm blooded animals, and yet he creates another imaginary strip on the other side of the leg which he says corresponds with the same warm blooded animals, embracing all the mammalia. If the text does not contradict itself, then may we seek in vain for contradiction. (See Anthropology, page 374.)

But what avails a little confusion or a slight contradiction? The profundity of the subject, the depth of thought, the difficulty of simplifying great philosophical

problems to the comprehension of humanity, is a difficult task. To prove the correspondence is the work of a master spirit; a spirit that never failed—he did master it—the fault must be in the printer or the obscurity and confusion in the stultified brain of the stupid reader. It is impossible for Joseph R. Buchanan to contradict himself or not maintain his analogies. But where is the philosopher that would have seen the correspondence of a narrow strip of skin and muscle on the leg of a man to "fish and reptiles?" Where is the man that could have seen, in an adjoining strip precisely like the former in every respect, a correspondence to birds? Where is the man that could have seen in another adjoining strip of the same leg, like the two former, a correspondence to the mammalia, as the dog, the bitch, the sow, the cow, &c.? And where is the man that could have seen in a fourth strip of the same leg, adjoining the three former, and in every respect like them, that tumultuous organ of mentality and confusion, "Turbulence?" None ever has lived—none does live, and none ever will live that could have made, or can make, or will make such astounding discoveries as these, save Dr. J. R. Buchanan, the master piece of the age—the master spirit of marvels in the world.

How mysterious the labyrinths of his scientific discoveries? That being whose mind is stored with an inexhaustible fund of incomprehensible and supernatural knowledge, derived by intuition from the ethereal realms, and who is already fifty years in advance of the present age, is not—he cannot be—a companion of finite man. None but the "spirit of John Mc Gruder," or kindred spirits are fit associates for so pure and so exalted a spirit. The writer trusts the examination of the sub-divisions of the "Region of Animality," as described by our author, when separately discussed, may prove more interesting than the reader may at first suppose. It will prove especially interesting to the medical man, as the author proclaims, under one of its heads, one of the most important therapeutic discoveries of the present century.

"AQUATIC."—This Neurological organ, or sub-region, is included within that of "Animality," and is thus described by our author in his great, or super-human "System of Anthropology." (See page 374.)

"The anterior surface of the leg, exterior to the edge of the tibia, corresponds with the lower or cold blooded divisions of vertebrated animals—to fish and reptiles."

All acknowledge this discovery of our author, brilliant! But how, or by what process of investigation, or by what experiments did he make it? O, that he had informed us by what chance his keen perception raised the veil and exhumed this scientific problem of such vast interest to man! It has been concealed from the vulgar world for thousands of years, and would have remained so for all time to come, had it not been for one great man, endowed with intuitive wisdom by a kind Providence.

If an humble votary of science may be permitted to be so inquisitive, as well as so impertinent, he will, with hat off, approach our illustrious author and venture to propound the following questions:

Professor Joseph R. Buchanan, will you please condescend to inform the medical profession, how, or by what means—by what experiments—or by what method of investigation, you made the "brilliant discovery" that must redound to your glory and immortalize your already great name, that a strip half an inch or an inch wide, (breadth not given) on the front surface of the leg, and on the external or outside of the shin bone of man, corresponds with "fish and reptiles?" What are the boundaries of this organ as to length, breadth, depth, &c., &c., and what does the "Aquatic" part embrace? Does it include the skin, tibial muscles, vessels, nerves, &c.? In what does the correspondence consist? In taste, smell, strength, texture, porosity, or density, &c., and as there is said to be a wide difference between the flesh of fish and that of the serpent and other reptiles, will you please inform your readers which end of this long narrow strip of man's flesh corresponds with that of the fish, and

which with the serpent or snake; or if the fibre must be divided longitudinally or lengthwise to secure or maintain the correspondence, will you inform us which shad, the front or posterior, the tibial or lateral, is fish, and which reptile? Or does the correspondence consist in temperature, electrical state, or chemical composition? Is what do you find the correspondence, save in the fact that all is flesh? As you inform us the two adjoining parallel strips of man's leg correspond, the one with birds, the other with the buffalo and the elephant, will you please point out the difference between these and the strip that represents fish and reptiles? How to draw these nice distinctions, and trace these analogies, (doubtless clearly seen and fully understood by our author,) are nevertheless scientific marvels. These propositions or affirmations of our author must be facts, or he would not have published a volume of four hundred pages filled with them and the like brilliant discoveries. If doubts should arise in the minds of any as to the truth of them, they must remember the fallibility of ordinary men—the imperfections of ordinary philosophers; and they must recollect our author is fifty years in advance of all of them—that he has proved his discoveries true, and taught them in the E. M. I. for ten years, and therefore they must be so, and none but the ignorant and impudent dare impute error to him. How welcome the intelligence revealed by our author, that man's skin corresponds with the whale, the shark, the porpoise and the cod-fish, and also with the crocodile, alligator, lizard, toad, frog, serpent and other species of the cold blooded reptiles! Marvelous discovery! Oh, then science of Anthropology! How mysterious art thou! "Thy ways are past finding out."

But to return to the text, (page 374), our author informs us that "under the influence of these regions, the impressible human being is brought into their respective conditions, just as he is thrown into conditions of love, intellect, or selfishness, by organs of a higher location. For example, under the cold blooded forms of animality, he

acquires the senseless condition and peculiar instincts of the fish, losing the idea of locomotion by the feet, and being entirely adapted to the aquatic state of being."

It seems that this "Aquatic" strip of man (the cold blooded form of animality) exercises a powerfully controlling influence over him, as it imparts to him "the senseless condition and peculiar instincts of the fish," causing him to loose the idea of locomotion and adapt himself to the aquatic state of being. Does our author mean that man, when he acquires this aquatic state, swims under water by means of fins, like a fish, and hops like a toad, or crawls on his belly like a snake? If he looses the power to walk, as our author affirms to be the case, and becomes "adapted to the aquatic state of being" only, such must be his meaning, as no other inference can be drawn from the text.

Is it this narrow strip along the shin, (does the author mean to say,) that converts man into a fish, or forces him to turn aquatic? Is it the "cold blooded forms of animality" *themselves* that transform him into *themselves*? Or is it the cold blooded creatures *themselves* that convert him into like cold blooded aquatic creatures, as fish and reptiles, and cause him to swim, hop, and crawl, instead of walk upright like a man? Is the text foggy, or does the author intend this "original discovery" of his as a second edition of Chancey Burr's "Electro Biology," or mesmerism, newly vamped over, and named Anthropology? If he means it as a new edition of mesmerism, these conditions of which he speaks could be as readily induced by touching the organ of "Vitality" as the "Aquatic." Prof. Powell applied his finger to the organ of "Hate," while a subject was in a mesmeric state, and "caused him to sing like a bird," (as he said,) although the person who induced the mesmeric state was acting upon the organ of *Tune* at the same time, and supposed music could be extracted from that organ only, and by the application of his own fingers to the head of his own subject. May not the organ of "Hate" become the

fish, or reptile or man, as well as the strip along the shin? If "Hate" may be converted into "Tune," and music extracted therefrom, may it not, upon the same principle, be converted into fish and reptiles? Then where is the correspondence to a fish or reptile in one strip that does not exist in another, if you can change at pleasure the manifestation from part to part as Prof. Powell did?

As we progress in the investigation of this subject, it becomes more and more interesting, especially to the practical physician.

"In these animal conditions there is a great physiological value, as they are highly applicable to the treatment of disease. The aquatic or cold blooded condition is especially valuable, as an antiphlogistic agent in cases of inflammatory irritation, or excessive activity in the brain and lungs. It soothes and tranquilizes the respiratory organs in a remarkable manner."

Oh! Moses! Let no man hereafter presume to say Ex-Prof. Buchanan has not taught, and does not teach, practical Eclecticism. He informs you, Eclectics, that these conditions are of great physiological value, "as they are highly applicable to the treatment of disease." He tells you the aquatic, or cold blooded condition, is valuable as an antiphlogistic agent, and that it soothes and tranquilizes the lungs. "Great Scott!" Mystery upon mystery, and marvel upon marvel! Will day ever dawn? What does our author mean? The writer is again unexpectedly surrounded by the eternal fogs of our author's brilliant scientific discoveries, and by the brilliancy of his elocution! May the glimmerings of neurological light soon dawn upon his path, to guide him through this midnight science.

Again, what does the author of the text mean? What is it that is so applicable to the cure of disease? What is it that is so valuable as an antiphlogistic? What is it that is so important as a therapeutic application, or agent, to soothe and tranquilize the respiratory organs, and relieve the brain? Is the new remedy to be swallowed, or applied to the head and chest? Is

it the fish? If so, how administered, and what kind used? Is it the toad, snake, or lizard that proves so important as a curative means? If so, is it taken internally, or applied externally, and, dead or alive? He does not say it is either toad, fish, or serpent that is to be used, yet it is something, and something connected with these creatures. Is it the dead or living shin or the strip adjacent to it that is so efficacious and effects such therapeutic feats? He does not say it is, yet he says it is something, and what is that something? O, it is "*the Aquatic, or cold blooded condition*" simply that relieves the brain and lungs, and neither the dead or living reptiles and fish, nor any part of man's leg that cures, but it is the "*cold blooded condition*!" It is not a thing—it is not a substance—it is nothing tangible, as a lump of ice, a wet sheet, a mustard poultice, a blister plaster, a dose of mercury, or podophyllin, nor is it electricity, or galvanism, that proves so potent as an "antiphlogistic;" that "soothes and tranquilizes," but it is the "*cold blooded condition*" that effects the cures.

Eclectics, do we understand one another? He has taught us the use of this new therapeutic discovery for ten years past, and do we understand him, and the value of his new remedy? Can you see it, feel it, handle it, taste it, or smell it? This great magnum bonum of the *Materia Medica* ought to possess some properties by which it may be appreciated by some one of the five senses, or certainly by common sense, and is this the case? What are its properties? Is it emetic, cathartic, narcotic, or tonic? Is it rubefacient or vesicant? To what temperament or state of the system is it adapted? The author does not say, and evidently does not mean, the toads and lizards, or the elements in which they subsist, shall be swallowed or applied locally, to cure, nor does it appear that the "cold blooded" part of man is to be exhibited or applied to the surface to relieve, and yet what is it that Dr. B. instructs us to employ? Again the answer is the "*condition*"—the "*cold blooded condition*."—How obtain—how handle—how confine—

and how apply a condition merely? Will a condition—a cold blooded condition simply, act upon any other class of patients than ghosts? He may as well prescribe the “condition” of the shadow of a ghost. It will be equally potent and certain in its effects.

As well may the medical man talk of applying the *condition* of a poor pauper, already incarcerated in a European prison, for the manufacture of bogus stock, to an American to cure itch, small pox, or syphilis, as to talk of applying “the aquatic or cold blooded condition” as an antiphlogistic, to cure phrenitis or pulmonitis. As well may he talk of applying the “condition” of a sun-dog in the west to draw a blister or extract a tooth, or the “condition” of the path of a comet, a thousand years after it has passed, to soothe the lungs, and relieve the brain; or the “condition” of the shadow of a cob-web to cure illness, as to talk of curing disease by the application of “the cold blooded condition” of animals. How handle, and how apply a “condition”? Is it not intangible? Had the learned author directed us to apply the fish, toads, and lizards, or the elements in which they are mostly found, to relieve the lungs or brain, there would have been something tangible—something addressed to the mind of the physician; but he does not mean these appliances, and he has evidently, and purposely, avoided the prescription of any thing real—any thing tangible. I leave the Ex-Professor, and others who understand his therapeutics, to make these Anthropological and Neurological dressings “*secundum artem*.” The learned Doctor can doubtless perform the duty. It would be highly amusing, however, to see him chase a “condition” (as he does shadows,) until he caught it, and then bottle it, or confine it, and finally apply it for the relief of phrenitis or pulmonitis. He who never fails in catching shadows, and judiciously applying them, would succeed equally well in this case. The word “failure,” in all similar enterprises, is not in his vocabulary.

Cincinnati, Nov. 1856.

DR. J. KING'S PROPHYLACTIC TREATMENT OF SYPHILIS—AN INCREDIBLE STORY.

BY PROF. L. E. JONES, M. D.

MR. EDITOR:—An article was recently published in the Express, from the pen of Dr. Naudain, as a stricture on an article which appeared in a late number of the College Journal, in reference to the prophylactic properties of the tincture of muriate of iron in syphilis. That number of the Journal is not now at my command. If my memory serves me, the writer, Dr. J. King, stated in the article in question, that he had advised a large number of his patients, or different persons, to use this agent as a local application at the time of *impure coitus*, to prevent contracting one of the most loathsome of diseases; and that his advice had been followed by many, and that some eighty-two or eighty-three of his patients, or those who followed his counsel, had had criminal intercourse with those who were positively known to be affected with syphilis, and that they had reported to him their escape from the disease, and the entire success of the experiment in every instance.

I am truly glad Dr. Naudain has noticed this article, and adverted to the tendency which such advice would have upon the patrons of Dr. K., or those of any other physician viciously inclined. Is not such advice (if true) calculated to encourage reckless licentiousness? Is it not in truth an invitation or instruction for the basest of males to seek the most abandoned of females, in order to test his reputed prophylactic? And after all, is the story reasonable? Could over eighty males be persuaded by Dr. K., to seek out and actually have criminal intercourse with the same number of abandoned females, (for there must be the same number of females, as one, or a small number, would afford no test,) and those, too, already known to be literally rotten with one of the most loathsome of all contagious diseases? To my mind the story is incredible. I do not be-

lieve the remedy has every been tested as stated, nor do I believe any medical man, and especially one whose duty it was to instruct the medical student, could be found so debased as to encourage that kind of intimacy; nor eighty men so lost to fear of the dread consequences, to say nothing of the morality involved, as thus wantonly to jeopardize both health and life.

1st. How did Dr. K. know these eighty females, (prostitutes though they were,) to be absolutely the subjects of syphilis at the times intimated? The testimony of his confiding votaries, and especially such wanton reckless creatures as these must have been, is not authority in matters of disease.

2nd. Could anything short of ocular demonstration in each and every case, or a positive knowledge that each and every female reputed to be so disordered, satisfy any medical man that such was the case? that each was the subject of syphilis? and even then, how many other disorders simulate syphilis and are often mistaken for it.

3rd. In order to know the disorder was syphilis, must he not have seen the virus taken from each of the eighty females, and applied to a person having a sound constitution, and then watched the rise and progress of the complaint, before he could be satisfied it was that disease? And must he not have known, also, that each male even then had not been exposed, either before or subsequently, to this test contact, in order to derive reliable proof from this experiment? Had Dr. K., informed his readers that eighty males who had employed his prophylactic, escaped syphilis, while eighty who did not, and had intercourse with the same eighty diseased females, did contract it, then the experiment would have been authoritative and satisfactory.

4th. But to repeat the question, how did Dr. K. know each of the eighty females had syphilis? Did he examine the diseased structure in each case, or did he first see the virus taken from the eighty different females, and applied to the eighty

males all known to be free from syphilitic contamination at the time, and did he then see the disease develop? And did he then watch the effect of his prophylactic in 80 other cases of intercourse with the self-same females and see no disorder follow? Did he know the susceptibilities of his subjects to the disease in each case, and had he any proof that had his remedy been omitted, syphilis would have been developed in any one of the eighty cases? If ten persons be exposed to the same contagion and but one contract the disease, (as is often the case when no means of prevention are used,) would the use of a reputed prophylactic under such circumstances prove anything?

5th. Again: Would such low and degraded wretches, as the eighty must have been to obey the dictation of Dr. K., and knowingly to incur the risk he says they did, and then report their escape from that filthy disease, be entitled to the least credit whatever? They must have been the most debased of the human race, or they would have concealed their depravity, if true; and if so degraded as to report their exposure, would any medical man place the least reliance in their statements? Would their knowledge of that disease, under the most favorable circumstances, enable them to decide it did or did not exist? Charity forbids the belief that the Doctor knew personally that either, much less that the entire number of those eighty females had syphilis. I do not believe he knew personally that either of the eighty males were exposed to the contagion; and if exposed, that they were susceptible to its action, or that they did not employ other means of prevention. I do not believe any confidence can or should be reposed in the declarations of these creatures of the gutter, as they must have been, or they would not have knowingly exposed themselves as he says they did, and then made public their disgrace, even to an intimate and confiding friend. I repeat the narration is not entitled to credit. I do not say the remedy named, and many others, may not act as a prophylactic, but I do

say, the whole story, as detailed, is open to criticism, and its truth to well-founded doubts. When it is said so large a number have voluntarily, and on the advice of Dr. K. alone, exposed health and life knowingly, to that most disgusting of diseases. I confess the story is a strong tax upon my credulity. And when that story is made public by one, the full extent of whose practice for 15 years past is well known, it sounds to me like empty boasting, and all for *bunkum*. It sounds like the empty pretensions of having treated over 30,000 chronic diseases within a very few years, while the boaster's idleness has often been the subject of comment by those who saw him daily. It sounds like the new remedies, and new and peculiar means of cure requiring the *quackery* and *humbuggery* of a "private-pay course of lectures" to make them known to the medical student. It sounds like the infallible receipts, and get no patients to take prescriptions. It sounds like the numerous additions to Beach's Pharmacy, signed J. K., with the declaration appended that "I have compounded" so and so, or "used it thus and so," yet but seldom a patient. It sounds like the assertions as to the use of new remedies, or the use of newly concentrated agents before they pass for the first time from the hands of the chemist, or before they become cool; an article is prepared asserting, "I have usually, or generally used them combined with this and that agent, in this and that disease, and in such and such doses." Such bold-faced assumptions are palmed off upon the medical student and medical profession, as evidences of great originality, and an overwhelming practice, by one who does not do enough to pay his board. Dr. Buchanan's failings as to a "short memory," should not be forgotten.

Cincinnati, Nov. 1856.

RHEUMATISM—VERATRINE.—Dr. Alles relates several cases of rheumatic affections in which he has rapidly effected a cure by the use of veratrine.

Part 2—Progress of Medical Science

ON DR. LANDOLFI'S METHOD OF TREATING CANCER.

BY DR. CH. LASEGUE.

[Dr. Landolfi does not belong to the class of habitual blazoners of secret remedies; his method is not enveloped in any mystery; he is anxious to propagate his processes for the sake of humanity, and submits them to the investigations of men of science. He has courted a publicity which enemies, as well as friends, have admitted to be honorable, and therefore demands the attention he deserves.]

The principle on which the treatment is based consists in transforming a tumor of a malignant nature by conferring on it a character of benignity which admits of cure. This transformation is effected by cauterizations with an agent looked upon as specific—the chloride of bromine—combined or not with other substances which have already been very frequently tried, but have hitherto been employed separately. The internal treatment is merely auxiliary.

The formulas for the caustic are, except in a few cases, the following: Equal parts of the chlorides of bromine, zinc, gold, and antimony, mixed with a sufficient quantity of flour to form a viscid paste.

The foregoing is the formula the author chiefly used in Italy; at Vienna he seems to have preferred a mixture of the same substances in other proportions: Chloride of bromine, 3 parts; chloride of zinc, 2 parts; chlorides of antimony and gold, of each one part; made into a thick paste with powdered liquorice root. This preparation should be made in an open place, on account of the fumes which are disengaged.

The essential element is the chloride of bromine, which, especially in the latter experiments, has often been employed

alone without the addition of adjuvants: Chloride of bromine, from $2\frac{1}{2}$ to 4 drachms; powdered liquorice, as much as sufficient.

According to Dr. Landolfi's views, the chloride of zinc is indispensable in ulcerated cancers, in which it acts as a hemostatic. The chloride of gold is only rarely useful; it is particularly indicated in cases of encephaloid cancer, in which it exercises a special, if not a specific action. Cancers of the skin, epitheliomas, lupus, and small cystosarcomas, are treated with chloride of bromine mixed with basilicon in the proportion of one part to eight.

At first the author contented himself with spreading the paste on a cloth large enough to cover the diseased part, recommending that the thickness of the plaster should be proportioned to the depth to which it was intended its action should reach; he calculated that an epithem of a line in thickness should act to the depth of about half an inch. Subsequently he has had recourse to a more complicated method, and has adopted additional precautions, which we shall describe at length.

The healthy parts surrounding the heterologous tumor are covered with strips of cloth, from an inch and a half to two inches wide, smeared with a pomade composed of four parts of chloroform and thirty of lard, or what is better, of cold cream; the specific paste is afterward spread to the required thickness on compresses, and gently applied to the part affected. At this period of the operation the precautions mentioned above, in reference to the pharmaceutical manipulation, must be observed, and the patient must be kept near an open window, to avoid the injurious effects of the vapors of chlorine. The paste is not to be spread on a single compress of the size of the lesion, but on small portions of linen placed side by side, or even imbricated, so as to insure closer contact with the subjacent parts. The application of the paste ought not to extend to the healthy parts, its action being often propagated through a space of one or two lines.

When the dressing has been so far completed, it is to be covered with a pledget

of lint, and a layer of compresses retained in situ with strips of diachylon.

To a tolerably sharp sensation of heat pains often very intense soon succeed, and last from four to six hours, and even longer. A tablespoonful of the following mixture may be given every hour during the continuance of the pains: Hoffman's anodyne liquor, laudanum, of each, one drachm; syrup of orange peel, 2 ounces; distilled water, 3 ounces.

The paste, which was formerly kept on from ten to fifteen days, is now most frequently not allowed to remain on beyond twenty-four hours. On removing the dressing, a line of demarcation is almost always found separating the healthy from the morbidly altered parts; the tumor itself is in part whitish, in part reddish, or marbled with yellow and blue. The caustic is replaced with poultices of crumb of bread or lettuce leaves, or with compresses smeared with basilicon ointment, which are renewed every third hour until the scar is detached. The pain progressively diminishes, if it has not completely disappeared, in proportion as the mortification advances. The line of demarcation becomes daily more evident. About the fourth or fifth day, the cauterized portion begins to rise, and from the eighth to the fifteenth day it becomes detached, or can be removed without pain by means of a forceps, leaving exposed a suppurating surface secreting pus of good quality, and covered with healthy granulations. If any points remain of less satisfactory appearance, or still presenting traces of the former alteration, a little of the caustic paste is to be again applied. The wound is otherwise dressed according to the rules observed in the treatment of simple ulcers, whether with linen spread with cerate, or with balsamic ointments, or, if the suppuration proceeds too slowly, with lint dipped in the following solution: Chloride of bromine, from 20 to 30 drops; Goulard's extract, from one to two drachms; distilled water, 16 ounces.

In the majority of cases, healing takes place rapidly; cicatrization progresses from

the circumference to the center; no complications supervene, and the cicatrix resembles that left by a cutting instrument. The general state is very satisfactory, without Dr. Landolfi having made any change in the usual regimen of the patients: those cancerous individuals for whom a perfect cure is not expected experience remarkable relief. Notwithstanding the occasionally great degree of local pain, febrile reaction is not demonstrable.

All the observers who have watched the experiments agree in their statements of the facts we have just described, from whatever point of view they may have regarded them, and they come before us with the most respectable authorities.

As to internal treatment, we have said that the Neapolitan Professor considers it as an auxiliary to which it is not always necessary to have recourse. He admits that the modification produced by the chloride of bromine, employed externally, is not merely local, but that absorption of the specific by the skin, or by the wound, also takes place. It is as complementary to the treatment, and to prevent relapses, that he prescribes especially the internal preparation of the remedy, of which the following are the formulæ: Chloride of bromine, 2 drops; powder of the seeds of water fennel, 23 grains; extract of hemlock, 12 grains: mix and divide into twenty pills, one to be taken daily for two months, and after that time two pills daily.

Chloride of bromine, 1½ drops; powder of the seeds of water fennel, 15 grains; extract of hemlock or aconite, 8 grains: mix and divide into ten pills, one to be taken morning and evening for six months.

Lastly, in cancerous affections of the uterus, when the cancers of the parts most easily accessible are too extensive to be cauterized, when the cancerous cachexy has reached the highest pitch, the following solution is employed as a local modifier: Chloride of bromine, from ten to twenty drops; distilled water, 16 ounces.

We have thus described most minutely the operative manipulation practiced by Dr. Landolfi, and the pharmaceutic prepa-

rations to which he has recourse, thus opening the way to a testing of his system. It would be of little use to have described these processes without at the same time endeavoring, with the assistance of published observations, briefly to estimate their value.

Our object, as we have already stated, is not here to enter on a discussion, the data for which would be wanting; this is a task we leave to the Commission, whose ability and honor none will doubt. But mistrust is so legitimate when its object is a specific medication, the least semblance of assent is so dangerous, that it is our duty, before trying any of these methods, to make sure at least of the ground upon which we stand.

The first question to be considered is that of the safety of the medication. The testimonies on this point agree so completely, that they command conviction; none of the observers, whatever may have been the amount of favor or disfavor with which they regarded the system, who have closely watched the trials made of it in Italy or Germany, have noted any serious bad consequence as resulting from it. The local inflammation attending the elimination of the disease does not exceed the limits assigned it by the operator; the general re-action is none, or is insignificant; all agree in stating that the patients were relieved; that they experienced no loss of appetite, of strength, or of sleep; but that they, from the first, acquired a certain alacrity. The first datum, which appears to us to be established beyond dispute, is sufficient to save the consciences of the experimenters; it perfectly legitimizes the steps taken by the administrators of the several hospitals, who have furnished the Professor with opportunities of propagating his mode of treatment.

The second question is more delicate. Were the tumors treated by Dr. Landolfi really of a cancerous nature? Were there not, to explain a supposed success, errors of diagnosis such as are too frequently made in putting forward a curative method? Never was there a period which

people were less disposed quietly to accept cancers diagnosed in haste, and to support a cure. If definite opinions are not always uniform, all agree as to the necessity for close examination, and of not trusting to appearances. It seems to us more than probable, that among the patients submitted to treatment, tumors and ulcerations of all kinds must have been confounded under too general a denomination; the descriptions are, by no means, all so explicit as to prevent us retaining some doubt as to the majority of the cases to which the most remarkable success is attributed. Dr. Landolfi has, like all inventors, found, along with skeptics, partisans prone to enthusiasm, and consequently inclined to magnify the merits of the discovery by exaggerating the severity of the disease; but, whatever be the narrow limits of our confidence, we willingly concur in the judicious observations of Dr. Calderini. If carefully instituted experiments do not show that we have as yet obtained a specific for cancer, those which have been made justify us in believing that the plan recommended by Dr. Landolfi fulfils valuable indications; that it cures, without inflicting danger on the patients, tumors and ulcerations, the treatment of which was hitherto dangerous or difficult; that it furnishes the surgeon with a modifier of great power, as well as of perfect safety; that it improves sores for which we were hitherto deficient even in palliatives; finally, that its author deserves to be distinguished from the crowd of inventors, of whose discoveries nothing useful survives the day in which their panacea was proved to be neither specific nor infallible.

We have, in all frankness, expressed the opinion we felt ourselves bound to hold, until we should receive more ample demonstration; but in such matters an opinion is not worth one fact. Statistics would perhaps be still less decisive, and we have, therefore, thought it well, notwithstanding the length of this statement, to bring forward some cases. Those published have been reported by medical men who appear to be favorable to the system, but who rest

on scientific testimony; they have been too recently observed to enable us to draw any legitimate conclusion as to the possibility of a relapse; accordingly, we have abstained from speaking of the absolute curative value of the treatment, convinced that it would be premature to sustain any conclusion of this kind, and to anticipate the future. M. Landolfi's plan of treatment can only be judged by its actual results.

Dr. De Brum witnessed cures effected in the city of Gotha, whither Dr. Landolfi was summoned on the 13th November, 1853, to attend a princess of the reigning family, and where he treated, in the space of two months, about 100 cancerous patients. Among the cases he reports, two especially deserve attention.

The first was that of a woman aged 59, affected with a tumor of the breast, examined by Meckel, of Berlin, and thus described by that microscopist: The proper mass of the tumour consists of a reticulated structure, moderately supplied with blood-vessels in its fibrous tissue, in the midst of which meshes or alveoli are plainly observed filled with characteristic cancer cells.

The tumor, discovered about a year before, and at first lost in a general swelling of the breast, had become more and more isolated; it was hard to the touch, angular, had resisted the several means indicated, and had finally ulcerated, forming an ichorous excoriation, with thick and elevated edges. The paste was applied on the 14th of November. On the 25th the eschar was removed with the forceps without pain or hemorrhage; the sore, not being considered to be in a satisfactory state, was submitted to fresh applications of the caustic, which were continued until the 4th of December. On the 23d of January the sore, which had first been converted into a huge cavity, had cicatrized, with the exception of excoriations of the size of a bean.

The second case we shall quote is that of a woman from Berlin, aged 60, who had for twenty years labored under a hard tumor situated at the outer side of the left

breast. This tumor, which was during the last seven years in a state of ulceration, was very painful, had a bad smell, and gave rise to frequent hemorrhages; there was an almost constantly febrile condition, debility, and depression. At the time the treatment commenced, (23d November,) the ulcer extended to the edge of the axilla; it was five inches in length and three in height. The edges were callous and strongly adherent; toward the posterior boundary was a group of knotty tumors discharging sanies.

M Landolfi diagnosed a fungous hematomas; microscopic examination by Meckel proved it to be a medullary fungus. On the 3d of December the bottom of the sore was clean and covered with recent granulations; the edges remained hard and knotty. The application of the chloride was repeated. On the 15th the granulations were well developed, the edges were inclined to close; a smooth and clean cicatrix was established. The patient's general state was improved, the improvement progressed rapidly, and on the 15th January the cure was complete, after the disease had lasted for twenty years.

At Vienna Dr. Landolfi likewise treated, from the beginning of June to the end of July, a great number of cancerous patients. The anonymous author who brought the results before the Society of Medicine quotes, at greater or less length, 33 cases which he observed himself, and which are thus analyzed: Pseudoplasm of the breast, 17 females; of the nose, 4; cancers of the lips, 2; of other parts of the face, 5; cancerous infiltration of the axillary glands, of the ribs, and of the scapula, 3; extensive carcinoma of the inguinal glands, 1; encysted cancer, 1.—*Dublin Quar. Journal*, Nov. 1855.

GANGRENE OF THE LUNG—TEREBINTHINATE INHALATIONS.—Dr. Helm narrates a case thus treated with success. The turpentine was poured upon hot water in Mudge's apparatus, and the vapor inhaled three times a day.

OBSERVATIONS ON THE TEMPERATURE OF THE BODY IN INTERMITTENT FEVER.

BY DR. S. A. MICHAEL.

This paper contains two series of observations on the temperature of the surface in persons suffering under intermittent fever. The first contains eleven cases of intermittents of different types, in which the observations were taken every hour, or at least frequently, in the course of the day; the second comprises three cases, in which the observations were made during the paroxysms themselves, and generally every five minutes. The state of the pulse and the respiration were generally noted at the same time. The number of thermometric observations amounted to about 260. They were taken by placing the thermometer in the arm-pit. The following are the general conclusions arrived at by Dr. Michael:

1. An increase of temperature from the normal state or the lowest apyretic condition, at first slow, shortly before or at the commencement of the rigor, rapidly and continuously advances, and then attains its maximum by successive intermittent advances.

2. The temperature remains at its maximum height for a period never exceeding two hours, but generally much less.

3. The diminution always takes place less rapidly than the elevation. It is effected in a graduated manner, each depression of the temperature being followed by an arrest.

4. The sensations of the patient are not in the ratio of the changes of temperature. The temperature is above that of the normal condition, both at the commencement of the rigor and at the termination of the sweating stage. The maximum temperatures occur either during the hot stage, toward the termination of the cold, or at the commencement of the sweating stage. These remarks apply to the various forms of intermittent fever.

5. In most of the cases, the maximum

lay between 32° and 33° R. ($104-106\frac{1}{2}$ F.) The highest maximum was $33\frac{1}{2}$ R.

6. The duration of the paroxysms varies considerably in the cases presenting a tertian type. The limits are sixteen and thirty-two hours; In the quotidian forms, they are nine and eighteen hours.

7. The duration of the period of increase is always shorter than the period of decrease, in the quotidian forms; in the tertian it is sometimes shorter, sometimes longer.

8. During the free intervals, the temperature generally falls below the normal temperature, still, the instances—especially of the quotidian fevers—are not rare in which it is at least several degrees (Reaumur) above the normal temperature.

9. After the exhibition of sulphate of chinidine (the salt commonly employed in Dr. Michael's cases) in doses of from ten to fifteen grains, there is either no recurrence of an increase of temperature, or a single increase of almost the same intensity, but with less violent subjective symptoms; or again, the temperature rises, though to a lower degree, and the symptoms are scarcely perceptible; or, finally, there is a feeble increase of temperature, without any subjective symptoms. Only one case occurred in which there were two increases of temperature.

10. During convalescence, the temperature is generally under the normal elevation, but may occasionally rise a few tenths of a degree above it. At times there are evening exacerbations or evening remissions, or it is the same morning and evening.—*Archiv für Physiologische Heilkunde von Vierordt.*

ON THE DIAGNOSIS OF CANCER.

BY DR. ALEXANDER HENRY.

The question as to the utility of the microscope resolves itself into two points; first, as to the absolute value of the instrument in diagnosing a malignant tumor:

secondly, as to the existence of a specific cancer-cell.

On the first point, we have several conflicting statements: first, that in some tumors, of an undoubtedly cancerous nature, cells are absent; secondly that they have been found in tumors of a non-malignant character; thirdly, that the absence of cells from a hard tumor shows it to be non-malignant. In regard to these statements I will remark: first, that in undoubtedly cancerous tumors, as shewn by their softness, it is possible that the cells may have undergone a process of disintegration, though I doubt whether cells could not be found in some portion of such tumors; secondly, that cystic sarcoma, to which I suppose reference is made when it is said that cells are found in non-malignant tumors, has a great tendency to degenerate; thirdly, that we must remember, that apparently simple tumors are known sometimes to assume a malignant type, and therefore I scarcely see how it can be predicated of any one of them that it would not act in this way. After all, as I shall presently take occasion to point out more fully, the question of malignity is a relative one; and, as cells are most liable to assume that state of action to which I would apply the term malignant, I think that the existence of cells in a tumor affords grounds for regarding it as either malignant or likely to become so; while the negative evidence is only valuable so far as it shows the most obvious conditions of malignity not to have yet been assumed.

As to the specific nature of the cancer-cell, I can only state here, that a consideration of the opinions of the microscopists to whom I have referred, together with the few observations I have been enabled to make personally, lead me to doubt whether there is a diagnostic cell. I should be guided more by finding cells in situations where they ought not to be; and if there is any cell more diagnostic of cancer than another, it is the large "parent-cell," with from three to five smaller ones within it. But the absence of such cells does not show that the disease is not cancer.—*Assoc. Med. Journal.*

SELECTIONS FROM FAVORITE PRESCRIPTIONS.

BY HORACE GREEN, M. D.

The extract of *Podophyllum*, or *May-apple*, is much used as a remedial agent by physicians in some parts of the country; and when the remedial value of the preparations of the plant are better known, they will be still more extensively employed by the profession.

℞ Extracti *Podophylli* 3j
 Extract. *Aloes Hepat.* 3ij
Gambogis 3j
 M. Fiat pillule lx.

The above constitutes excellent alterative and cathartic pills, and may be administered with great advantage in cases of spastic derangement, in anasarca, and in all glandular diseases.

Instead of the extract we have recently employed the *podophyllin*, which is the active principle of the plant, obtained from its root, and which, from the commendation of several of our professional friends and from the trial we have ourselves made, we are confident will prove to be an addition to our *Materia Medica*, of great value.

Judiciously administered, it is a superior excitant and alterative, and in appropriate doses, a certain and safe cathartic. Care should be taken not to prescribe this remedy in too large doses, as it is apt to produce griping and nausea when thus administered. This, however, is said to be effectually prevented by combining the medicine with a diffusible stimulant.

℞ *Podophyllin* gr. xv
Zinziberis pulv. 3ss
Ext. Gentianæ 3ss
 M. Fiat mass. et in pillulas xxx div.

These pills may be administered in all cases in which the blue mass or other mild mercurials are given. This remedy has been highly recommended in cases of secondary syphilis, when mercury has been long continued or is from any cause inadmissible. Administered in a full cathartic dose it is declared to have been eminently successful in the expulsion of ascarides;

and also, when thus administered and followed in four or six hours with a full draught of olive oil to the amount of four or six ounces, *podophyllin* has proved successful it is said, in many instances, in the dislodgement and expulsion of large quantities of biliary calculi, with very little pain. Triturated with sugar in the same manner as we have recommended calomel to be prepared, *podophyllin* is a most excellent laxative and alterative.

℞ *Podophyllin* 3j
Sacchari albi 3xix

Mix and triturate until the two be finely subdivided and thoroughly blended. As a mild laxative and alterative, this powder may be exhibited in doses of from five to ten grains. The medicine may be given in all cases where mercurials are indicated.—*American Medical Monthly.*

SUN'S RAYS IN CONSUMPTION.

Having for many years observed the deleterious influence of a want of light, and its tendency to develop tuberculosis, particularly in the negro race, we were gratified to see the following remarks of Dr. Coventry, in the Transactions of the Medical Society for the State of New York:—"There is one subject which requires a more extended notice than it has usually received from our systematic writers. I refer to the influence of the sun's rays. Every physiologist knows how absolutely necessary they are to the growth of plants, and the etiolating effect their absence or withdrawal has upon the complexion. Is it unreasonable to suppose that they may have some influence in causing or preventing tuberculosis? It seems well established, that tubercles may be produced in animals by confining them in close and dark apartments, on a meager diet. Dr. Hall says that by this means he produced fatty degenerations in animals, which he considers analogous to, if not identical with, tuberculosis. In the city where I reside, there was an office connected with a large mercantile establishment, so situated that the

sun never shone upon it. It was in the rear of the building, with a single window, and that so surrounded with buildings as to exclude the sun. The occupants of the office died, one after another, until the proprietors became alarmed, and had the office removed to another part of the building. One of the occupants I attended, when in the last stage of his disease. He entered the office a strong, healthy man, with no hereditary tendency to the disease, and temperate and regular in all his habits; but in less than two years he was carried, like his predecessors, to the grave, a victim to consumption. In his case I was never able to discover any cause, unless it was his occupying that fatal office, where he was book-keeper."—*Memphis Med. Recorder*.

ROUTINE TREATMENT.

It is characteristic of the advancement of medical science, that the treatment of disease is becoming more rational, and less a matter of routine. Formerly the treatment of almost every patient was conducted in conformity to rules which admitted only of limited modifications, according to the particular case. Venesection was employed at the outset; even those whose exhausted energies seemed to call most loudly for a supporting treatment were not exempt from this universal remedy. And although modifications in the type of diseases, and in the human constitution, have induced corresponding modifications of treatment among intelligent practitioners, there are, even now, not a few who still adhere to the lancet as a necessary preliminary, in almost all cases, to the administration of drugs. After blood-letting, followed an emetic, without much regard to the nature of the disease or the state of the patient's constitution. Mercury was formerly given regularly in many diseases for which its use is now abandoned, though we fear that, even now, patients are occasionally salivated in typhoid fever, from an obstinate adherence to long established custom.

Notwithstanding the great improvements in treatment resulting from a general diffusion of enlarged and rational views, a strong tendency to routine practice still prevails. This is seen even in the abandonment of certain modes of treatment rendered unpopular from the effects which have followed their abuse. There are practitioners who systematically abstain from depletion, who boast that they have not drawn blood for years, in a single case. The treatment of women after delivery, in ordinary cases, is quite a matter of routine. The swathe is tightly applied around the abdomen, a dose of castor oil is given on the second or third day, a diet of slops for a week, animal food often not for a fortnight, the horizontal posture for eight or nine days, &c., &c., which are adhered to with as much regularity as if all women and all labors were patterns of each other. The poor infant is often no less victimized by a prescribed treatment, as if congenital disease, no less than original sin, were the lot of mankind. Happy is he who gets off with a dose of molasses and water; oftener castor oil is poured down his innocent throat, and we have actually known a nurse propose to administer a tea-spoonful of urine to a new-born infant, saying that there was nothing like a little clean chamber-ley for a baby!

Why must all patients with the same disease be treated alike? Why should a woman to whom child-bearing is almost a trifling affair, be subjected to the rigid diet and close confinement appropriate only to those in whom the effects of parturition are more serious? Why should she take a dose of oil on the third day when there are no symptoms which call for it, or have her breasts drawn, fomented and greased and kneaded, in order to prevent engorgements and abscess, means very likely to cause those very evils? Let us learn to be rational in our treatment; suit our remedies rather to the condition of the patient than to the name of the disease; to meet threatening and dangerous symptoms with prompt and energetic treatment, when needed, and to avoid active interference

men the powers of nature are conducting a patient to a certain and speedy recovery, without any material assistance from medicine.—*Boston Medical and Surgical Journal*.

ON THE USE AND ABUSE OF CHEMICAL BATHS.

BY G. HUFF, M. D.

When we consider the deleterious effects of mercury upon the constitution at times, especially when its use has been injudiciously persevered in for some time, in small and often repeated doses, in certain constitutional diseases in which mercury is commonly resorted to as a specific, we are led to fear that it often proves to be a greater evil than the disease itself. And if we take into view the facility and certainty of the galvanic action in the elimination of the deleterious metals from the human system, and its practical use to the community, its application must rank as one of the most valuable discoveries in modern therapeutics. I have observed, however, through life, that the more valuable any discovery to society, the greater is abuse; and in no case has this been more fully verified in the healing art, within the last half century, than in the transference of metals from the human system. This branch of the profession has been left entirely too much in the hands of charlatans.

Facts proving that deception has been practiced to a great extent have come within my own observation; and recently the reputed experience of the editor of the *Louisville (daily) Journal*, in the supposed efficacy of chemical baths, and more especially his proposed test of their action by means of ammonium, have caused great sensation in this part of the country. These circumstances led me to make an experiment with a rabbit, an animal that had never taken mercury in any form; and I herewith forward you the result, viz., a copper plate, a portion of which is nicely

coated with a light metal generally known as tin. By the mercenary, a coating like this is continually palmed off for mercury taken from the system of those who have supposed themselves surcharged with that metal. Those persons who practice such feats of legerdemain, invariably use metallic bath-tubs, the same as was done by myself in the experiment with the rabbit, and the coating of light metal upon the piece of copper is simply a deposition of tin from the tub; and the process was nothing else than electro-plating with a rabbit in the solution.

Then again, the experience of the editor referred to proves nothing, as there was no evidence of mercury having been extracted. The sulphide of ammonium, the test relied on by him, will give a black precipitate with lead, copper, bismuth, tin, and lastly, iron, provided the free acid be neutralized, which may be done in this experiment by adding excess of sulphide of ammonium, and then the black sulphide of iron will be precipitated as well as mercury. The precipitate of mercury in a dilute solution turning instantaneously black is not characteristic of that metal, as may be tested by any person, by merely putting one drop of a solution of corrosive sublimate into a tumbler full of water, and having stirred it, then adding a few drops of sulphide of ammonium, when it will be seen that the precipitate changes from a light yellow quite rapidly to black; but, unless the black sulphide be reduced, and mercury obtained from it in a metallic form, the test is not conclusive. Had a little of the supposed "black sulphide of mercury" been dried and mixed with cyanide of potassium, or carbonate of soda, and heated to redness in the sealed end of a small glass tube, the mercury, if present, would have been sublimed in metallic form in the cold portion of the tube. But it does not appear that this was done, and consequently there is no conclusive evidence that mercury was obtained from his system, but, on the contrary, he was probably deceived. The black sulphide might have been either the protosulphide of tin,

or of iron, which change may take place under the following circumstances :

1st. If a patient be placed in a metallic bath tub of copper or iron tinned, containing water with some hydrochloric acid, with a bright plate of copper under his feet, and the negative pole connected with it, and the positive pole with the bathing tub, in the course of fifteen minutes or less after the battery is in action, the copper plate will be completely coated with tin, save the portion that was covered with his feet; and if a tumbler full of the solution of the bath be tested with a few drops of sulphide of ammonium, it will give a black precipitate of protosulphide of tin; which it would not have done previous to the battery having been put in action.

2d. The same effect will be produced if the patient has the negative pole in his hand, with his feet on a polished plate, it being insulated, and the positive pole in contact with the bathing tub. The person in connection with the negative pole merely serves as an electrode to the plate on which a deposition of metal (tin) is wanted for deception. This experiment may be made very readily by any person having a battery of sufficient power. Persons in connection with a battery are in this way led to believe that the metal thus deposited upon the plate beneath their feet passed from their system, as they felt during the process (of electro-plating) as if they were "pierced with ten thousand needles." This would answer a very good purpose if such persons would recover from their infirmities in consequence of their belief. But, alas for the poor dupes! they remain without benefit. I am acquainted with a person who has reaped an abundant harvest, within the last seven months, by such duplicity. And I fear, as a general thing, the profession is not as well posted in *electro-chemistry* as they should be; as I have known some physicians to witness the *modus operandi* as aforesaid, and suppose the deposit of tin upon copper was the "Simon pure" from the human system.

3d. If a zinc bathing tub be used under the same circumstances as the preceding,

the same effect upon a polished plate will follow, and the solution will give a blackish precipitate, which is owing to the iron always present in the commercial zinc, which latter, when pure, gives from its neutral solution a white precipitate. It is always necessary to add the sulphide of ammonium in slight excess to neutralize the acid of the bath, as the iron will not precipitate in acid solutions. If there is much organic matter present in an acid bath, the sulphide of ammonium will give a dirty sulphur precipitate.

It is certain that very few persons in any community are aware that tin can be eliminated in solution from a bath tub, and deposited upon a plate of copper within the said tub; hence the credulity of the public is taxed by those who are greedy for gain. In order to manage fairly and effectually those persons who suppose themselves recharged with mercury, all metallic bath tubs should be dispensed with, and those only should be used which are made of a non-conducting material, such as porcelain stone, glass or marble. A simple porcelain foot tub is as good utensil as can be used for the purpose, as it is not at all necessary to immerse the whole person; the immersion of the feet in only a few inches of the solution being all that is required for the process of transferring metals from the human system.

It is truly unfortunate that the medical profession should be so prejudiced against other modes of treating diseases than such as they learned in early life, just as if science is not progressive. If such prejudices did not exist, the public would not suffer so much from empiricism; and if they patronized men without science, it is certain that they have lost confidence in legitimate practice.—*N. Y. Medical Times.*

CONCEPTION FOLLOWING THE USE OF GUAIACUM.

Dr. Hubbard reported the case of a lady whose catamenia had always been painful and who, though married eight or ten years, has had no children. About nine months

ice, he prescribed for her the vol. tinct. guaiac, according to the formula of Deses. She commenced taking this about three weeks before the menstrual period, and as the catamenia did not occur, suspicions were entertained of pregnancy, which were well founded, as she is now near her confinement. He had used the same agent in similar cases with success. Probably the pathological condition in these instances was that of neuralgia or rheumatism.

Dr. Taylor has also used guaiac in cases like those mentioned, and had known conception to take place in consequence, after years of sterility.—*N. Y. Jour. of Med.*

HERNIA.

UNUSUAL CAUSE OF STRANGULATION IN INGUINAL HERNIA; ADVANTAGES AND DISADVANTAGES OF OPENING THE SAC; DANGER OF PURGATIVES AFTER OPERATION.

Mr. Stanley operated in a case of hernia on the 31st ult., on J. P., aged 42. The case has exhibited the fact, that the chief injury, in many cases of herniotomy, arises rather from previous bruising of the intestine from prolonged efforts at the taxis, joined to the excessive use of purgatives, both before and after operation, than from the operation itself.

The case was one of large scrotal hernia, which had come down two days previously (July 29th), and had been followed by all the distressing symptoms so common in strangulated hernia, and so well described recently by Mr. Baker, of the Birmingham Hospital. The herniary sac was tense and large, of fully the size of two closed flats; what the nature of the stricture was did not so well appear; the sickness and vomiting were intense; the pulse was irregular; the scrotum had a thickened distended feel. The taxis and ordinary treatment by purgatives were tried out of doors; but on the admission of the patient to hospital, he was placed in a warm bath, then ice was tried, and finally chloroform, with no amelioration whatever of the symptoms.

As the sickness continued (though there was no other very pressing symptom to call for operative interference, as Mr. Stanley observed to his class), he decided to operate, as it is always better, he said, to operate too early, rather than too late. Every kind and modification of the taxis had failed. Mr. Lawrence agreed with Mr. Stanley in the propriety of operation as a last resource; Mr. Paget also seemed to be of entirely the same opinion as his colleagues.

The case as to the seat of stricture, was somewhat doubtful. But if, under the effect of chloroform, the gut did not go back, Mr. Stanley proposed to cut down on the seat of stricture, without opening the sac. An incision accordingly, an inch and a half long, was made without opening the sac, over the abdominal ring. The operation is, perhaps, thus far an illustration of the fact which is seen every week in hospitals, that there is really no mathematical rule in hernia, as well pointed out especially by Mr. Ward, at the London Hospital, as to opening the sac, or not opening the sac; and that even though we sometimes do not open the sac, one may do mischief by working in the dark; we may thus, for instance, return a portion of sphacelated omentum, or even a bowel on the point of bursting, or, as in this case, be cutting a stricture where really none existed.

In the present case, after this usual operation by incision, so as not to open the sac, Mr. Stanley found he could still make no impression on the hernia. He then, as it would not go up, opened the sac, when the cause of the strangulation was at once apparent in the shape of a quantity of fluid, fully ten ounces, in the sac, joined to a merely thickened neck to the sac, the latter preventing the fluid getting back into the abdomen, and causing constriction of the intestine, or a sort of hydrostatic pressure, equal all round.

Could this fluid have been diagnosed early, it might have been a question how it should be evacuated. The intestine, however, was healthy, which is a very car-

dinal point in all such operations, and as such, it was easily and satisfactorily reduced. The man had large doses of purgatives out of doors, which did not act, of course, but which it was feared, would act now with considerable force.

Mr. Stanley and Mr. Lawrence have seen, perhaps, as many cases of hernia, as any other two surgeons in Europe. We were accordingly, very much interested in some bedside observations, incidentally made by Mr. Stanley in this case, more especially as to the use of purgatives after operation. The general result, he thinks is a curious instance of the success of arguing from false premises, or arguing in a circle, but some accident breaking up the magic ring.

Mr. Stanley recollects the times of Mr. Abernethy, when a series of discussions of a grave nature arose as to the best character of purgative to be administered after hernia operation; manna, senna, and salts, colocynth, croton oil, had each its doughty champion. "I have bushels of such cases," said Mr. Stanley, "where the fatal peritonitis may be traced to the drastic purge. There were regular pitched battles for the cause of Glauber's salt, elaterium, or croton oil, as the case might be, till it began to appear that the manna and magnesia men, the weak aperients, carried the day. Some one then suggested *no purgative at all*: that I need not say now, is the right treatment. Purgative medicine is almost sure to do mischief, if prescribed before the fourth day, and even then it must be a mild warm water enema."

Aug. 8th.—With the exception of some cough, he progresses very favorably.—*Assoc. Med. Jour.*, Aug. 9, 1856.

CHARCOAL.

James Bird, Esq., says, in bowel affections of children, accompanied with worms, powdered charcoal, in doses of 10 to 15 grains, with one grain of powdered ipecacuanha, and from three to five grains of

rhubarb, taken at bed-time, acts like a charm, correcting disordered secretions with certainty and comfort, and promoting a healthy tone and action. In gastralgia and gastrodynia, charcoal powder, in doses of thirty or forty grains, three times a day, in water, seldom fails to give relief; and in cases of severe tenesmus, accompanied by bloody or mucous stools, an injection into the lower bowel of one dram of charcoal powder, in a small quantity of thin arrow-root or gruel, has been found to give almost instant relief. It is a powerful absorbent of fluids, whether aqueous or aëri-form; and it undergoes no change in the human stomach; it may with great truth be described as the only pure absorbent we possess, for the same cannot be said of either lime, magnesia, bismuth, or any other mineral absorbent, all of which form salts with the acids they meet with, sometimes to a complete subversion of all their original properties; while the vegetable or farinaceous absorbents, such as flour, starch, gum, &c., are changed by digestion, giving off frequently offensive gaseous emanations as the results of malassimilation.—*Memphis Medical Recorder*.

LETTER FROM EDINBURGH.

We are glad to be able to present to the readers of the Journal the following interesting letter from Dr. J. B. Greeley of Nashua, now in Europe. We are led to hope that he will favor us in the same way in future numbers.—*N. H. Jour. of Med.*

Edinburgh, Scotland, Aug. 24, 1856.

MY DEAR DOCTOR:—Following the directions which you so kindly furnished me, I found myself, very soon after my arrival in this city, comfortably located and feeling very much at home.

I was so fortunate as to arrive at the commencement of the summer session of the University, and have for the last three months enjoyed unceasing pleasure in listening to lectures, attending clinics, wit-

nessing operations, and in friendly intercourse with the gentlemen of our profession, whose kindness I shall ever remember with the warmest gratitude. I feel safe in promising to any American, who may desire to take advantage of the medical opportunities of this city, a similar politeness on the part of the Edinburgh profession. There is a general feeling of kindness and an appreciation of merit exhibited toward our countrymen, that I had hardly expected to see. Scarcely a day passes that I do not hear some of our first men spoken of in the highest terms. It was but yesterday, that a distinguished surgeon, in adjusting a fractured femur, made use of Prof. E. K. Sanborn's Splint, which he styled the "great American Splint." In applying, at the same time, adhesive straps, as a means of extension, he informed the class that these were "first introduced into practice by an American, Dr. Josiah Crosby, of Manchester, N. H." This is only one instance of an almost daily occurrence, and being the only American here at present, it has gratified me not a little, I assure you, to hear so often a public recognition of the merits of my countrymen.

I may here say, that *Wood's Practice of Medicine* is the acknowledged text-book in that department. In fact there is no other in general use.

Your correspondence of last winter, from Edinburgh, described so fully and correctly the hospital and other facilities of the place, that I should only be repeating, were I to attempt an accurate account of them now. I may only say that the medical schools located here deserve most justly the high encomiums bestowed upon them throughout the world. Here the student can listen, every secular day in the year, to the teachings of the masters in our profession. Here he can see every species of disease which afflicts humanity treated with the most consummate skill by the most thoroughly practical and learned men of the age. Here he can see the deformed relieved so far as science will afford, "the crooked made straight," diseased portions lopped off, as though by magic, and with a

dexterity truly wonderful. He can here find abundant material for his dissecting knife, and ample scope for botanical research. One of the best libraries in the world is open to him, and he can have an easy access to all the numerous hospitals and dispensaries in the city.

I have thought, Doctor, that perhaps a brief sketch of some of the most prominent men in the medical and surgical departments of the Edinburgh schools would not be wholly uninteresting to your readers. I may mention first, Professor *Miller*, the surgeon, a perfect gentleman and the idol of the students. In his lectures he is clear, fluent and impressive, dwelling upon the most important points with such energy that they are indelibly fixed in the mind of the hearer. It seems as though the most obtuse among his listeners could not sit for a single hour without imbibing, to say the least, a vast amount of knowledge. In his manner Prof. Miller is graceful, easy and polite. In his operations he is cool, skilful and extremely neat, and he explains to the class, as he proceeds, each step which he makes, the anatomical relations which present themselves and the purpose which he has in view.

Next in order is *Syme*, whose world wide reputation as a surgeon attracts hosts of students to Edinburgh, and whose clinics are attended by probably a larger number than any other lecturer here. Originality, quickness and dexterity are the characteristics of his operations. I may note a few of these peculiar to himself. In amputating a limb, instead of transfixing it with a knife, as is commonly recommended by our surgeons, he makes his flaps by cutting from the surface down upon the bone. By this method, the muscles are not retracted afterward so far, the flaps are always even and unite more readily by the first intention.

In excision of the superior maxillary bone, instead of making two long incisions through the cheek, and thus leaving an ugly cicatrix, he makes but one in the mesial line of the upper lip, which, in recovering, leaves but a line, hardly observable.

In excision of the elbow joint, he makes an incision into the joint, close above the olecranon, extending from the inner edge of that process to the external tuberosity of the humerus, and at each extremity of this cut he makes another incision about an inch and a half long, both upward and downward in the long direction of the limb, thus giving the entire external incision a resemblance to the letter H. He claims, as the advantage of this incision over others which have been recommended, a greater safety to the ulnar nerve, which lies close upon the inner side of the olecranon.

I must not forget to mention, among the celebrities of our profession in Edinburgh, *Dr. W. T. Gairdner*, Professor of the Practice of Physic. Though a young man, he has taken a high position in the practice of Medicine, and has proved himself worthy to fill it with honor. His opinions are respected by all, and his writings are regarded as standard authority. Crowds of students follow him through his wards, busy with their pencils in noting every word and recording his concise and pertinent suggestions. No one, certainly could possess a more happy faculty of making a clinical visit so free from formality, so encouraging to the patient, and so calculated to remove the agitation, feeling of embarrassment and dislike, which the presence of a physician and a large class of students so frequently inspires. As a lecturer, Prof. G. is plain, distinct and comprehensive.

To the American profession *Dr. Simpson* needs no introduction. His numerous papers published in the British journals of medicine, during the last fifteen years, have given him a lasting reputation on both sides of the Atlantic, and the rapid sale of his obstetric works, edited here by Dr. Priestly, and in America by Dr. Storer of Boston, is a sufficient proof of his popularity. During the last three months, I have been so fortunate as to see much of his private practice in this city, and have been surprised continually, not only at his wonderful success in treatment, and accuracy in diagnosis, but at the marvelous

amount of labor which he performs. With his house literally crowded with patients from morning till night, no one who was not aware of his habits of midnight study, could comprehend at all how he could command a moment's time to prepare the valuable essays which regularly make their monthly appearance from his pen. I have had the pleasure several times of seeing him perform his operation of incision of the cervix uteri for obstructive dysmenorrhœa, and always with perfect success.

I have also seen him use his intra-uterine pessaries with marked benefit in many cases, which had resisted all other treatment, and notwithstanding the objections made to their use by Dr. Robert Lee, of London, a fair trial and care in selecting and applying one of the size adapted to each individual case, will, I am sure, convince almost any one of their utility and capability, as a last resort, at least, of alleviating many patients of this serious trouble.

Dr. Simpson was so kind as to invite me, the other day, to go and visit with him an American lady under his treatment. I have his permission to detail the case. The patient is from New York City, and has had a severe menorrhagia for the last eight years. She has suffered, in conjunction with this, a long course of Homœopathic treatment in New York. Her physicians had no clue to her real disease, never proposed the touch or the speculum, and finally in despair recommended a sea voyage, which luckily brought her to this city. Her husband sent for Dr. Simpson, and, judging from the minute history of the case and the condition of the patient, he concluded that she must have a polypus uteri. An examination showed the os uteri closed and of normal size, but on the introduction of the uterine sound an uterine tumor was distinctly felt. The irritation of the sound brought on labor pains, and the tumor was soon forced through the cervix. Dr. S. preferring to let nature remove it if she would, left her in this condition. The next morning we found the patient very weak, having lost a large amount of blood. The tumor still protruded

ding through the cervix, Dr. S. anticipating danger from long delay, seized it with a pair of strong lithotomy forceps, and twisted it from its attachments. The hemorrhage ceased at once, and under a careful tonic course she is rapidly recovering health and strength—a remarkable instance, upon the whole, of the benefit of a sea voyage in getting rid of a polypus uteri.

Dr. Simpson is attempting the radical cure of ovarian dropsy, by establishing a fistulous communication between the cavity of the cyst and that of the peritoneum. He does this by puncturing the enlarged ovary with a trocar and canula in the ordinary way, but allowing only a small portion of the fluids to escape by the canula. This is then withdrawn, and the union of the external wound promoted. By pressing the tumor gently every day he forces a little of the fluid into the cavity of the peritoneum, and thus keeps the wound in the tumor open. I have seen several of Dr. S.'s patients who have been subjected to this mode of treatment with apparent success. One of them has been under treatment many months, the cyst occasionally filling but easily reduced by gentle pressure, showing that the fissure still remains open.

My letter, Doctor, is already longer than I had intended, and I must, for the present, bid you and your readers adieu.

J. B. G.

THE EXTRACTION OF FOREIGN BODIES.

Dr. R. Thompson, of Nashville, reports several ingenious operations in the *Journal* of that city, for the extraction of foreign bodies from the natural openings of the human body.

1. A black bug, about the size of the little finger, insinuated into a boy's ear, where it was killed by pouring in fourth-proof spirit. The forceps could not be made to embrace it without great pain. The end of an annealed knitting-needle

was hammered into a very acute angle, and then converted into a spear, with a barb, by filing. This was cautiously insinuated into the body of the insect, and the barb fixed in the hard substance which unites the wing of the insect to the body, which afforded a point sufficiently stable to enable him, by gentle traction, to extract the bug with but little suffering to the patient.

2. A child of about a year old, put its mother's thimble into its mouth, which, on reaching the throat, was thrown, by a spasmodic effort to vomit, above the soft palate immediately behind the septum narem. A strong iron probe was prepared with the necessary curves, square at the end, and ridged so as not to slip when brought to bear upon the edge of the thimble. With this another physician undertook to dislodge it, while he stood ready with a forceps to seize it the moment it should drop below the palate. But the pharyngeal muscles seized it with such a spasmodic grasp, that the hold of the forceps twice gave way, and the child was in danger of strangulation. In this extremity he thrust his finger forcibly into the thimble, and contracting the muscles so as to tighten it, and giving it a twisting, tractile motion, was fortunate enough to dislodge it.

3. A little fellow pushed a large grain of corn up his nose, which swelled to near double its natural size, and imbedded itself in the soft parts, so that the forceps could not be made to grasp it. He bent the end of a knitting-needle into a neat little hook, and pressing it sidewise between the kernel and the septum, and then turning it, fastened the hook over the upper end of the grain; then applying a thin, delicately polished slip of reed to the other side, so as to enable it to slip, by a gentle drawing motion he succeeded in dislodging it.

4. A little girl inserted a pretty oval pebble into the meatus of the ear, where it remained undiscovered until the parts had become much swollen and excessively sensitive, so that it could not be extracted by the forceps. Neither the spear nor the hook could be used in this case. Taking a small wire he succeeded in pushing a fold

of it beyond the pebble, and holding one part in position by a slip of polished read, by means of another he brought the wire round the upper portion of the cone, and then twisting the ends together, made it embrace the pebble, so as to enable him to extract it with very little difficulty. He afterward extracted a bean from a little fellow's nose by the same snaring process.

5. A child six months old had been fed with clammy biscuit, which, by a sucking motion of the tongue, had been plastered upon the roof of the mouth, until by additions it excited a violent but ineffectual effort to swallow. A mere projection from the mass entered the cesophagus, leaving the main body nicely fitting over the orifice of the windpipe. The child was asphyxiated and left for dead. Thrusting his finger into the mouth to discover the cause of the difficulty, he soon succeeded in loosing and detaching the tough mass, and then setting up an artificial respiration, the child was soon restored.—*Mem. Med. Recorder.*

CONSUMPTION.

Prof. Coventry gives the following recipe for producing consumption, which we commend to the attention of those of our readers who have a special interest in the education of females:

"Take a girl between the ages of twelve and eighteen, who is growing rapidly, of delicate constitution, confine her six hours each day in a crowded school-room, let her have lessons to get out of school which will require from two to three hours' study in addition to two hours' practice on the piano forte; stimulate her to extra exertion by the hope of a prize at the end of a term, or of excelling her classmates; let her sleep in a dark, close and small bedroom, with one or more persons; supply her plentifully with candy and sweet-meats, so as to destroy any little appetite she may have for wholesome and nourishing food; when out of school confine her to a heated room, except occasionally going to church or to parties in thin stockings and shoes,

and low dresses, so as to expose the chest and neck to the cold—and you have all the requisites to produce the disease. Should you not produce consumption, you will be likely to have disease of the brain, equally but more quickly fatal. The nervous system is overtaxed and stimulated to unnatural exertion, the muscles are feeble and relaxed for want of exercise, the blood is poisoned by breathing an air unfit for respiration for at least twelve out of twenty-four hours, the appetite destroyed, and the system imperfectly nourished, and the whole system relaxed by the heated apartments. The sudden transition to cold without adequate protection from clothing drives the blood on the internal organs, which being weakened for want of nourishment, are unable to relieve themselves by reaction, and congestion, pulmonary apoplexy and hemorrhage follow as a natural consequence."

Part 3.—Scientific & Miscellaneous

OBSERVATIONS ON THE CLIMATES OF CALIFORNIA.

The most wonderful phenomenon of the California climates is the marked manner in which they are cut in two by no higher chain of mountains than the Coast Range. This range extends along the coast of California from latitude $34^{\circ} 30'$ to $41^{\circ} 30'$, and is so low that snow collects during the winter only on a few of the highest peaks. Now, while the western side of this range has the cold summer above described, the valley on the east side is one of the hottest portions of the earth. This valley, through which flow, in opposite directions, the waters of the Sacramento and the San Joaquin, extends about 400 miles from north to south, with an average breadth of perhaps 60 miles, from the Coast Range on the west, to the Sierra Nevada on the east. It is a very flat valley, much more level than the western prairies, and occupies the

great portion of the interior of California. It has been quite difficult to obtain exposures of a thermometer which were unobjectionable. In the cloth tents and stores which were in use in 1849 and '50, the temperature would range, in the warm days, from 115° to 120°. On the north side of a large tree, also in a wooden cabin covered with earth, a friend of the writer observed the mercury at 118° and 112° during many of the days of 1850. On the north side of a large two-story frame house, with but one house near, and that one several rods distant, the writer has observed the mercury at 109°. But Dr. Haille, at Marysville, by hanging his thermometer in a draft of air in the back part of his office, where it was shaded by high buildings around, succeeded in keeping the mercury down to 102° during the summer of 1852. The sun rises clear in the east, rolls up over the heads of the inhabitants, drying and scorching every thing in sight, and sinks into the west, "one unclouded blaze of living light." And this is repeated day after day, and month after month. The hottest time of day is about half-past five in the afternoon. The nights are cool; you need two or three blankets to sleep comfortably, even in the hottest part of the summer. A plate of butter set in a common wooden house, will be perfectly liquid at night, and entirely hard in the morning, and these changes will occur every twenty-four hours for months in succession.

The change from the cold climate of the coast to the heat of the valley is marvellous. You go on board a steamboat at San Francisco at four o'clock in the afternoon, and find the passengers, all dressed in winter clothing, flannels and overcoats, huddled around the stove in the cabin with its hot anthracite fire. The next morning at sunrise, you find yourself going up the Sacramento river, and, as your state room is insufferably hot, you put on the thinnest summer clothing, and go out on the guards of the boat, oppressed with the heat, and the perspiration starting from your pores.

In the winter there is no perceptible

difference in the weather throughout California, except the very small difference caused by the latitude, and the very great difference caused by the altitude. In the low lands the climate is very similar to April in New England, or perhaps it may be more nearly compared to our spring, from the middle of March to the middle of May. There is no snow, though frosts are frequent. Near San Francisco, peas are planted in October, and strawberries are to be had every day in the year. Still ice has been known to form half an inch thick in a night. On the mountains snow falls to a great depth. Indeed, the stories which are told of its depth are incredible, many persons having assured the writer that it would average ten feet. Nearly all the rains are with the wind from the south, probably caused by the simple cooling of the air in moving from a lower to a higher latitude. Occasionally, about once in a season, there is a rain with the wind from the north. The climate is remarkably serene. There are very few gales or high winds. In the winter it is generally calm. In the summer, in the interior, there is generally a very mild breeze, more than half of the time from the south; and, very unaccountably, the wind from this direction is generally cooler than the wind from the north-west. Probably the reason why there is no thunder and lightning, or so little, is, that there are no showers or clouds in the summer. That the sea breeze, with its accompanying dryness, does not continue through the winter, is probably attributable to the diminished force of the sun's rays in his withdrawal to the south.

—*Medical World.*

USE OF THE REFUSE OF THE COTTON CROP.

Our readers are already aware that a company has been established in this city for the purpose of manufacturing rope and yarn from the fibers of the bark of the cotton plant. The terms of the charter of the manufacturing company leaves it open to

them to devote their attention to other branches of manufacture also; and it would appear peculiarly fitting that they should enter upon such as may spring from sources so closely allied to—nay, to a certain extent identical with—that to which they have particularly resolved on attending. We would therefore invite their attention to the enormous revenue which it is alleged, upon apparently conclusive grounds, may be netted from produce of the cotton plant at present thrown away as refuse.

Mr. Edgar Conkling, of Cincinnati, favors us with a communication on the subject, in which he says:

"I am satisfied that the value of cotton seed fibre, of oil that may be made from the seed for burning, lubricating, and perhaps painting, and for soaps, of the refuse cake for distilling, feeding cattle and hogs, manure, and even for gas, is equal in value annually to that of the cotton crop. It is a subject I have given a good deal of attention to. Soap may be made directly from the seed by boiling it in the alkalies; oils may be extracted in a pure state, with a full yield and free of coloring matter, without the costly method of compression, and when extracted the seed may be distilled, as it has the essential properties, containing 11 per cent. of grape sugar, thus displacing so much grain of use for food. The railroad office of this city is lighted by gas made from cotton seed cake. The seed itself is richer for the purpose.

"No one item of residue, going to waste in this country, will compare in utility and value to cotton seed; and, with a little attention on the part of those interested and capable of appreciating it, the South, in a few years, may reap fifty millions annually of net receipts from working it up. A recent number of the *Scientific American* says that when cotton sold for six cents per pound, a large amount of it was used for making paper. The waste cotton fibre is equally as good for this purpose, and can be secured by the use of machinery as supported by me in the May number of the *Tennessee Farmer and Mechanic*. In paper, oils, and soaps, the South can thus beat the world in quality and value, if it choose."

The Railroad Record, of Cincinnati, calculates that of the whole produce of the plant, there are 3,733,000,000 pounds at present lost in ginning and baling the crop,

and that one-third of this, or 1,293,200,000 pounds, consists of fibre suitable for paper making. Estimating the value of this to be the same as that of the cheapest rags in the market, it would produce, in the raw state, \$14,932,000. Manufacturing it into paper would realize a revenue of at least \$60,000,000. So much for the fibre.

The seed, according to the same journal, produces, as Mr. Conkling says, one of the most valuable oils, both for illuminating and lubricating purposes, ranking in both respects equal to sperm oil. The proportion it yields is said to be 30 per cent., and the 70 per cent. residue is all good oil cake. The total quantity of seed being 2,239,800,000 pounds, the oil produced would amount to 671,940,000 pounds, the oil cake 1,567,860,000 pounds. Estimating the value per pound of the oil to be not more than that of the cheapest grease, it would be worth \$67,174,000; and valuing the cake at one-half the rate at which other oil cake sells, it would be worth \$7,839,300.

Here, then, estimating values at very low rates, we have a revenue of \$135,000,000 literally being thrown away yearly. Allow that one-half of it—a preposterously large proportion—should be swallowed up in the course of manufacture, and still there would be sixty-five millions and a half left for net profit.

The Manufacturing Company have already directed their attention to yet another product of the cotton plant, as we commenced by remarking; but it appears that this, too, is extremely valuable for paper making purposes, as well as for those to which they appear more particularly intending to direct it. We would invite their attention, as well as that of our readers generally, to the subjoined remarks from the *New York Day Book*, on this point.—*N. O. Picayune*.

"Specimens of the bark stripped from cotton stalks have been exhibited to paper manufacturers at the North, and were considered equal to good rags worth six cents per pound, or about \$120 per ton, and were pronounced the best substitute for rags of any raw vegetable material known to the trade."

"The magnitude of the paper business

may be conceived when we take into consideration that there are 750 paper mills in the United States, employing 3,000 engines, and which produce annually, at ten cents per pound, \$27,000,000 worth of paper. To manufacture this amount of paper requires 405,000,000 pounds of rags, 1½ pounds of rags being necessary to produce 1 pound of paper. The value of the rags, at the average of 4 cents per pound, amounts to \$16,000,000, to which, if the cost of making them into paper, including 1½ cents to each pound of paper in labor, with wastage, chemicals, etc., be added, it would swell the cost to \$23,625,000 to produce \$27,000,000 of paper, leaving net profits on the total manufacture of \$3,375,000. For the year ending the 30th June, 1855, we imported 41,003,516 pounds of foreign rags, from twenty-six different countries. Of this amount, Tuscany, in Italy, supplied 14,000,000 pounds; the two Sicily, 6,000,000; Austria, 4,000,000; Egypt, 2,466,928; Turkey, 2,466,928; England, 2,591,178. The total value of the 40,003,516 pounds imported was \$1,225,160. The manufacture of paper has outstripped the supply of materials, and rope cuttings, hemp waste, and other articles, have been resorted to, but the supplies of all have been insufficient to meet the demand, and prices have been steadily on the advance. It is possible that the cotton fields of the South may supply an almost inexhaustible supply of hemp, so that hereafter we shall reach the great desideratum in modern civilization, an abundant and cheap supply of paper."

DISCOVERY OF PALÆOZOIC FOSSILS IN EASTERN MASSACHUSETTS.

BY PROF. W. B. ROGERS.

(From a letter to J. D. Dana, dated Boston, August 13, 1846.)

You will, I am sure, be surprised as well as pleased by the news I am about to tell you. You are aware that the altered slates and grits which show themselves interruptedly throughout a good part of Eastern Massachusetts, have, with the exception of the coal measures on the confines of this State and Rhode Island, failed hitherto to furnish geologists with any fossil evidences of a Palæozoic age, although

from aspect and position they have been conjecturally classed with the system of rocks belonging to this period. Indeed the highly altered condition of these beds generally traceable no doubt to the great masses of sienite, and other igneous materials by which they are traversed or enclosed, would naturally forbid the expectation of finding in these any distinguishable fossil forms.

Lately, through the kindness of Peter Wainwright, Esq., of this city, I have been led to examine a quarry in the belt of silicious and argillaceous slate which lies on the boundary of Quincy and Braintree, about ten miles south of Boston, and to my great surprise and delight, I found it to be a locality of *Trilobites*.

It appears that for several years past, the owner of the quarry, Mr. E. Hayward and his family, have been aware of the existence of these so-called images in the rock, which from time to time they have quarried as ballasting material for wharves, but until now the locality has remained entirely unknown to science. The fossils are in the form of casts, some of them of great size, and lying at various levels in the strata. So far as I have yet explored the rock, they belong chiefly if not altogether to one species, which, on the authority of Agassiz, as well as my own comparison with Barrande's description and figures, is undoubtedly a *Paradoxides*. Of its specific affinities, I will not now speak, further than to remark that the specimens agree more closely with Barrande's *P. spinosus* than with any other form.

As the genus *paradoxides* is peculiar to the lowest of the palæozoic rocks in Bohemia, Sweden, and Great Britain, marking the primordial division of Barrande and the lingular flag of the British Survey, we will probably be called upon to place the fossil belt of Quincy and Braintree on or near the horizon of our lowest fossiliferous group, that is to say, somewhere about the level of the Primal rocks, the Potsdam sandstone, and the Protozoic sandstone of Owen, containing *Dikelo-*

phalus in Wisconsin and Minnesota. Thus, for the first time, are we furnished with the data for establishing conclusively the Geological age of any portion of this part of ancient and highly altered sandstones, and, what gives further interest to the discovery, for defining in regard to this region, the very base of the Palæozoic column, as recognized in other parts of the globe.

The newly discovered fossil is, I am satisfied, identical with the *Par. Harlani*, described by Green in his monograph of North American Trilobites, from a specimen of unknown locality procured through Dr. Harlan from Mr. Alger some twenty-five years ago. I draw this conclusion from the close agreement of a nearly complete specimen of the Quincy trilobite, with the cast of *P. Harlani*, and from the identity of the rock as described by Green, and at once recognized by Mr. Alger's experienced eye, on seeing my collection of Quincy specimens.

In this connection I find in Barrande a remark which, at the same time it is historically curious, has an interesting bearing on the specific affinities of our fossil. He observes, "We see in different collections, especially in that of the School of Mines and the British Museum, under the name of *Paradoxides harlani*, from these United States, a cast of a trilobite, which appears to us to be identical with *P. spinosus* of great size, such as found at Skrey in Bohemia."

It thus appears that the vagrant *Par. Harlani*; so long an obscure exile, has at last been restored to its native seat, to take a conspicuous place in the most ancient dynasty of living forms belonging to the geology of New England.

The interest of this discovery of a locality of *paradoxides* in our neighborhood is not a little heightened by the circumstance of its being the only instance, as I believe, in which forms of this genus have been found anywhere on the continent. Barrande after speaking of its restriction to Protozoic strata in Bohemia, Sweden, Wales, &c., has the following observations

on this subject: "The presence of *Paradoxides* has not been satisfactorily proved in any other silurian region, although this generic name has been applied to North American forms, *P. Boltoni*, and *P. Harlani*. The first of these is known to be a *Lichas*, and we know nothing of the other. The care with which Hall has described the trilobites of the lower silurian rocks of the country in question, is sufficient proof that he had not discovered any trace of *paradoxides* at the time of publishing the first volume of the *Palæontology of New York*." I may add to this that in no subsequent publication have I seen any reference to the finding of fossils of this genus in the rocks of this continent.

The occurrence of well preserved fossils among rocks so highly altered and so contiguous to great igneous masses as are the fossiliferous slates of Quincy, may well encourage us to make careful search in other parts of Eastern New England, where heretofore such an exploration would have been deemed useless. Although we cannot hope to build up the geological column of New England, from the protozoic base just established, to the carboniferous rocks, supposing all the intervening formations to be represented in this region, we may at least succeed in determining by fossils hereafter discovered, some of the principal stages in its structure, and thus relate its strata definitely to the great palæozoic divisions of our Appalachian Geology.—*Medical World*.

THE LAGER BEER MANIA.

We consider the lager beer mania as typical of a great want for something legitimate by which may be quieted that excitement consequent upon the diseased condition of our motive faculties and passions, which, in our country, are cultivated until they acquire an intensity as unnatural as they are quickly matured.

The same cause operates to produce this demand in those who habitually indulge in this beverage, as may be seen at

work on school-girls who, at certain periods, become addicted to the chewing of India-rubber, chalk, coal, and other unnatural substances. It may be further traced in the extensive use of tobacco, and the rapid increase in the consumption of other still more powerful narcotics. Lager beer drinking is another phase of the same disease, and produced by similar causes.

We shall not pretend to treat this subject extensively in a medical point of view. As a surgeon, our attention has been confined more to the external effects on the material conformation; and if we do occasionally go below the surface, we trust it will be considered not as the complete dissection of the subject, but, like muscular anatomy, necessary to enable the observer to delineate his forms with correctness. We have always been inclined to a little quackery in our artistic pretensions, and we hold ourself amenable to the higher science of organic law.

In the April number we have shown that food has a great influence upon man's temperament and character. The history of the German nation furnishes a proof of the truth of this assertion. The character of that people, in the days of Arminius, seems to have been very different from that of to-day. The cause may be easily accounted for when their food is considered; and it becomes still more evident when we contemplate the effect of the habitual use of liquors so highly impregnated with the narcotic hop. The lethargic and torpid state which characterizes the old Bavarians, may be directly traced to their beer. That it is not the effect of the alcohol it contains is proved by the vivacity and activity of the wine-drinking Rhinelanders and Frenchmen. Chemistry has long since exploded the ideas with which the victims of this mania have flattered and consoled themselves concerning its strengthening effects; and allowing its *stomachic* and tonic properties, we have yet to discover the philosophy which advocates the habitual use of stomachic or tonic mixtures.

There can be little doubt that by retard-

ing the decomposition of the tissues in the human organization, lager beer causes an unnatural deposit of fat all over the system, in persons of sedentary habits, for we find that we suffer more from its injurious effects than those who, by active exercise, accelerate its conversion into its elements, carbonic acid and water. As an instance of this, compare the effects of lager beer on our clerks and young men about town, and the German Turners, and the difference of its effects, or rather the effect of its counteracting influences which are working against it, will be immediately perceived.

In women who take little exercise, lager beer acts as swill does on stable cows; it accelerates the secretion of milk, but furnishes it with no caseine or other nitrogenized substances, by which alone the infant can be sustained. The child will consequently have a watery and soft appearance, and be destitute of healthy color; it will be liable to effusion of water on the brain, and die readily from croup or scarlet fever. In such cases we have frequently observed the child improve by being weaned, even if fed upon the ordinary heterogeneous compound called milk.

We believe the taste of lager beer is naturally disagreeable, and that it is destructive to beauty. Women preserve unimpaired their natural tastes for a longer period than man; in fact, they seldom become as vitiated in their tastes as men. I have observed that they seldom drink beer. In all the saloons you generally see some other drink standing before them. We know that by women in Europe it is considered vulgar to drink beer, although we were never informed why.

It is little wonder that the German nation should remain subject to the rule of thirty-six petty tyrants, when we consider the state of indifference into which individuals may be sunk by drinking even quantities of beer much too small to cause, by their alcoholic properties, any thing approaching intoxication. This total annihilation of the executive faculty can be attributed to no other cause than the hope with which lager beer in particular is so

highly impregnated. Whether or no the narcotic properties of this bitter vegetable are intensified by the carbonic acid, we are not prepared to answer; but that it does increase the stimulating and intoxicating properties of alcoholic mixtures, is well known to drinkers of sparkling wines, or other aerated mixtures.

We have, in the saloons of this city, watched the awakening from the lethargic stupidity into which a crowd of habitual imbibers of lager beer have been sunk, when the announcement was made that a fresh barrel had been struck. Their greasy faces shine with additional luster, and a perfect rush takes place to be first ready for the waiter. They appear to have a keen appreciation of the diffusive properties of the extra quantity of carbonic acid present in such beer.

It is in such subterranean establishments as throng our city, that may be seen a class of wretches who, to create thirst, eat cheese in an advanced state of decomposition, salted and smoked eels; gluttons who neither eat to live nor live to eat, but eat to drink.

We may be thought one-sided or partial, when we ascribe these effects to the indulgence in narcotic beverages. Doubtless other causes have a large share in the same work; but without its influence—and it is one of vast importance—might we not sooner hope for an emancipation from many of the evils which detain nations and individuals on the road to a higher existence? Certainly a state of indifference which we, as a nation, are too apt to relapse into after the wild excitement of fortune hunting, and the other excitements to which we are particularly liable, even when not intensified by narcotism, is not favorable to the development of our moral and spiritual culture—all relaxation is not intended to be characterized by stupidity. We have always found that proper agitation, physically and mentally, is generally favorable to the development of human morals as well as intellect; and we find the same holds good in that recuperative condition called sleep; that from which

we are most easily awakened is most refreshing.

When we consider these things it is not surprising that men sink, under such circumstances, into a state of materialism, and lose their appreciation of the beautiful. In fact, beer, by its properties, destroys all fine distinctions, and its habitual use grinds the edge from our critical faculties. The beer-drinking portions of the nations of Europe will furnish us with an example. Look at the productions of some of the Dutch artists; their souls seldom ascend higher than slaughter-house, kitchen-brawl, dog and cat scenes. We are aware of the taste of the Germans for music, and of the great masters in this art to which their land has given birth. But we find the sublime creations of those great minds under the influence of their favorite narcotic beverage; there is something in them reproachful.

At the glee-club festival in June last, we did indeed see a lager beer audience fascinated by a polka, and struck with a swoon by a sentimental air, but they walked off from the melodies of their great composers, which to us appeared to fill the soul with aspirations after the beautiful and the infinite.

It is little wonder if a nation addicted to the use of a drink with such properties—and its effects are well known—should become devoid of spirituality, and fall into a state of materialism, such as history has as yet furnished us with no parallel.

Its effects upon the external form, and upon the action of the man, is already beginning to awaken attention. The depressed and broad heads; the flat, though wide, shoulders and breast; the straight back, and cow-like tread of its victims, are already known to keen observers.

A great change takes place in the eye when lager beer is habitually drunk. It has invariably a turbid and sleepy look, while its muscles are so much relaxed as to make it, as it were, hang in a defenseless state.

The effects of lager beer, in other respects, are marked. The diameter of the

head between ears appears enlarged, and with it the back part of the jaws, giving to the countenance a three cornered look, so characteristic of the Low-Dutch face; the neck becomes thick, often hanging over the shirt collar in wrinkles, in the region where phrenologists locate the organ of Amativeness; the skin becomes red, with a blown up, spongy surface, from which large quantities of fatty matter of an offensive odor are produced, giving the whole surface a greasy and disagreeable aspect.

The habitual imbibers of this beverage are generally obliged to hold their cigars to their mouths, which being used chiefly as funnels for their favorite drink, seem incapable of much muscular tenacity. On men addicted to sexual excess, the neck appears to diminish in size, while the head swells out like that of a young sparrow in proportion to his limbs, and their skin, although retaining its greasy aspect, loses its color, and is more translucent.

The effect of lager beer on the voice is very marked, and the rapid decay of the voice in the tenor singers of the German glee clubs who lose not only the quality of tone, but the high range, produces in such societies always a great want of tenors; it has become a by-word among them to call a harsh drawing voice, a beer barrel voice. This fact is well known to opera singers, who instinctively avoid it.

In the intelligent circles in Germany, the effects of the hop have already attracted attention, and it has been discarded in a new beer, which is fast gaining popularity as a beverage. We allude to the *weizen* or wheat beer, now generally known as Berlin white beer, from its pale color.

The effect of lager beer on the urinary organs, and other parts of the human organism, aside from its alcohol, or the narcotic properties of the hops is, very unfavorable. When taken in large quantities, it has on some persons decided diuretic properties, whilst its evident action on the lower part of the spine is shown by a frequent loss of that power to which we owe the most exalted and ennobling joys of healthy and intellectual offspring. Every

surgeon whose observation and induction has been correctly exercised, can attest this startling truth; the offspring of such fathers are always inferior in stature and stunted in intellect, whilst those who marry later in life are often childless.

Those whose souls appear to be the tail end of their appetite, say that lager beer produces a good appetite, but we are reliably informed that, although it may do so, it vitiates the taste.

Some philosophers who reason by analogy, say that beer adds to the longevity of man, because it reduces the activity of life and the oxidation of the tissues. According to mathematics, what is lost in power and intensity, we gain in time; and what we gain in time, we lose in power. But it is questionable whether such an existence is desirable even should it be possible to produce by drugs the effects claimed for lager beer.

We have no doubt that its evil consequences could be traced through all the social relations of man, and that its effects upon the human organism, materially and spiritually, will yet be ascertained and recorded. There can be little doubt that its use in excess, as we now see it, can exercise no favorable influence on our happiness as individuals, or our destiny as a nation.—*N. Y. Scalpel.*

INJECTIONS OF BALSAM OF CO- PAIBA IN GONORRHOEA.

M. DALLAS, of Odessa, states, in confirmation of the observations already published by Taddei, Marchal and others, that the injection of balsam of copaiba is the most efficacious mode of treating gonorrhœa. In sixteen cases he has so employed it, using no internal remedy, either in recent or old gonorrhœa, with complete success. His formula is copaiba five drachms, one yolk of egg, gummy extract of opium one grain, water seven ounces. The injection should be used several times a day.—*L'Union Medicale.*

Part 4.—Editorial.

ECLECTICISM, THE AMERICAN IDEA.

Whether sectarianism in medicine shall continue to retard the march of intellect in the field of the healing art, confusing and weaning men of science from an impartial investigation of the theories on which the various systems are based, can alone be answered by future generations. The embittered partizan contests of the present day have certainly not tended to secure for rational medicine that attention which its importance demands.

When we think how important the mission of the physician is—how much the community depends upon the skill and judgment of those who ought to be the dispensers of health inducing remedies—how dear is every man's life—it would seem that common benevolence, Christian charity, and individual kindness, would induce those who have assumed the responsibilities of the physician to pause, lay aside their prejudices, and examine the claims of Eclecticism upon the attention of *all* who prescribe for the sick. Eclecticism asks only a trial, fair and judicious; and if it cannot stand the tests of examination and application, let it give place to some other more correct system. Here is a system of practice which is founded on reason and the highest acquirements of other systems—a system which carefully examines every new principle, tests every new remedy, adopts the demonstrative facts and principles of all systems, and presents much to the physician unknown to other schools—which, in short, courts investigation—which demonstrates its correctness by its successful results—and yet many practitioners turn a deaf ear to its merits. It would seem that physicians do not want to know the *best* means of curing disease. But young men, who have reputations to gain, are beginning to learn its worth, and

we have an abiding faith that all the sects must soon give way to the onward march of this republican and rational system of medicine.

THE ELECTROLYSIS OF METALS.

In this number of the Journal, the reader will find an article from the pen of our friend, Dr. Huff, copied from the N. Y. Medical Times. The remarks of Dr. Huff are very relevant to the present times, there are so many persons engaged in the business of extracting deleterious metals from the human system. Although the facts given by Dr. Huff are cognizant to all these persons who are engaged in the business of electro-metallurgy, still they may not be familiar to the general reader. It is quite true, as the author says, that the voltaic current will carry with it various metals of which the bath vessels are composed, and this well known fact should act as a caution to those who pretend, in such a wholesale way, to extract all kinds of metals, and in such quantities, from the human system.

But Dr. Huff's remarks do not apply to the extraction of mercury from the system. It is true that the voltaic current may withdraw from the vessels which compose the bath apparatus, some of their metals; but, as no bath is composed of mercury in any form, of course the voltaic current can not extract this metal from that source. In the form of foot-bath, recommended by Prof. Sanders, and used by us and others, there can be no possible chance for the abstraction of mercury, only from the system of the person interposed between the poles of the battery. The foot-bath is composed of porcelain, while the feet rest upon a plate of clean copper. Here, if mercury makes its appearance, (and there are special re-agents which will detect it,) it must undoubtedly come from the system of the patient.

But Dr. Huff has not intended, in his article, to throw doubt upon the extrac-

ion of mercury from the system, for the confirmatory experiments which he has repeatedly made upon this very subject, are perhaps the most conclusive ones we have in proof that mercury can be withdrawn directly from the human system, by aid of the voltaic current.

But the drift of Dr. Huff's article is this: There is a man in New York by the name of Vergnes, who, pretending to be the original discoverer of the extraction of mercury from the system, (although published records prove Prof. Sanders to have discovered it at least seven years previously,) is scattering over our country persons whom he designates as his students. These persons are falsome of self-praise in their advertisements, and claim to do wonders by means of their "*Electro-chemical baths*." We have learned from the best of authority, one of his own pupils, that each of these individuals, before he has reached the dignity of being considered by Monsieur Vergnes as an adept, is carefully taught the art of deception, by which he may, by certain pretended re-agents, deceive the patient into the belief that the battery has extracted mercury from his system. This is susceptible of proof, and would have been sworn to before a jury in New York, last winter, had not Vergnes (who had caught wind of the witness's intention) speedily compromised the affair. Dr. Huff wrote his article, and gave his list of re-agents, in order to warn the public, not only against these deceptions, but likewise against the likelihood of ignorant pretenders deceiving themselves. In our next we shall publish an article from Prof. Sanders, in which all the liabilities to deception in the electrolysis of metals from the system, will be noticed, and in which he exposes the utter worthlessness of the baths as used by Monsieur Vergnes.

PROF. J. MILTON SANDERS.

This gentleman has left New York, and now has his permanent residence in this city. All communications for Prof. Sanders, should be addressed to Cincinnati, care of Prof. B. S. Newton.

CONDITION OF THE INSTITUTE

It is with some feelings of pride that we pen, for the information of the profession, a few facts relative to the present condition of the Eclectic Medical Institute. The profession is generally aware of the vexatious troubles with which we have been beset, as well as of the consequent litigation in which we were engaged about the opening of the present session. Every embarrassment had to be encountered in our defense of the institution: how well we have discharged our duty we leave the profession to judge. Every effort was made to deceive students who came to the city, and it is a wonder to us that more were not induced to attend other schools than did. By a total disregard of truth, the bogus operators swore sufficiently hard to get an injunction, by which the college edifice was closed about the time of the commencement, which fact was posted throughout the city in conspicuous placards. Agents and runners hung around the rail road depots and hotels, to announce to students that the Eclectic Medical Institute was closed, and that we were totally annihilated. Every effort was made to postpone the trial, and to prevent a due investigation of the affairs of the Institute—all of which served to mislead strangers coming to the city, so that, at the time of the decision, we had not over seventy-five students. Many had gone to New York, Philadelphia, Nashville, Baltimore, New Orleans, and other places, supposing that we should have another winter of ceaseless litigation and quarreling. However, when the decision was obtained, many returned, and others left their homes, until now our class is swelled to a much larger number. Many who would otherwise have been here this winter did not, until recently, get the news, of the closing of our troubles, and as the season is far advanced, they prefer to commence with the spring session. Could we have had our suit tried in September, there can be but little doubt that the winter's class would have numbered two hundred and fifty. Our spring class will

be unusually large, judging from the letters which we have received.

For once since the organization of the Institute, we have a harmonious Faculty, every one of whom is a thorough Eclectic, and fully qualified to fill his department with credit to himself and with satisfaction to the class. No jarring discord mars our peace, and henceforward we hope to move smoothly on in the discharge of the high and sacred duties imposed upon us. The Faculty, as re-organized, embraces men who have no superiors in their several departments, and we confidently believe that no student will be more thoroughly instructed than those who shall have attended this school. At no time has the organization of the school been so satisfactory as at present, and at no time has the school been in a more enviable position. All disputed questions have been settled; the real friends of the school and the cause have learned that a desperate effort was made to destroy both; and from every section of our country we have undoubted evidence that our exertions to save them have been duly appreciated.

Our facilities for thorough teaching were never more perfect than now, and an unusual number of interesting cases are constantly before the clinical department—the peculiarity of treatment, the results, and the general character of both diseases and remedies, are minutely explained. Our dissecting rooms are among, if not entirely, the amplest in the West. The health of the city is excellent, and the prices of board as low as in other cities. The latitude of Cincinnati is central, so that our clinics are furnished with diseases common to all sections of the country.

We can refer with pride to the results of practice on the Eclectic principle, as a demonstration of the superiority of the system; while we contend for the vast superiority of the agents employed by our practitioners over the crude articles of the earlier reformers, and the poisonous preparations in vogue by the Allopathic profession.

Our teachers are men of known abilities and large experience, who, as a body, we

believe will compare favorably with any Faculty in America. With such advantages, together with a commodious edifice, an ample hospital, and a harmonious Faculty, we have no hesitation in assuring the profession that the Institute is no longer an experiment, but an established fact.

CURABILITY OF CANCEROUS DISEASE.

It is remarkably strange that men of science should so quietly submit to an iron rule of ethical oppression, as many do, especially as regards the treatment of the various forms of cancer. Long ago it was declared that the knife was the only effective remedy possessed by the profession for relieving those poor unfortunates, who labor under the disease; and notwithstanding the repeated avowals of eminent surgeons, that the knife treatment is a total failure, physicians still cling to it, and excoise and torture patients, as though they expected to effect cures. It has been only a few months since a well known western surgeon declared that he had operated with the knife over fifty times, and that every one of his patients had died, yet his medical friends still contend for the superiority of the knife treatment.

All this seems totally inconsistent, and the more so when it is well known that the best results have been attained by local and constitutional treatment in the hands of physicians who have made cancerous growths a study. It may be possible that the cant phrase of "cancer doctor" grates on the ears of medical gentlemen, and yet we cannot see why it should.—Cancer is as much a disease as any other ill to which flesh is heir, and it just as much behooves us to cure a cancer as a fever. Nor do we see wherein it is less honorable to cure a cancer than a pleurisy. The medical profession is very censurable on this point. It is high time that the subject was receiving the attention which its importance merits. That cancer is as

curable as other affections of a similar character, all things considered, is a fact which can be established by a number of gentlemen, who have made the treatment of cancer a speciality. So too, it can be shown, that when treated by books and with the knife; the percentage of cures is very small.

There is a medical gentleman in France; M. Leroy d' Etiolles, who has treated 2781 cases, of whom 633 were men, and 2148 women, of whom 684 had cancer of the uterus. 616 of these were over 40 years of age, showing that there is but little liability to the disease before the cessation of the menstrual function. Of these 684 uterine cases, it is not stated how long 376 lived, but it is stated that 296 died in less than twelve years after the cases were treated—208 not living four years. It is a great pity that statistics are so scarce on this subject.

We have perhaps treated more cancerous affections than any one west of the Alleghanies, and we believe with more success, and that, too, with remedies which we have published over and over again. Yet physicians persist in the belief that cancer is an incurable disease. That it is curable is to be proven by hundreds of our former patients who are now in the enjoyment of good health. At a future time, it is our purpose to furnish the statistics of our practice in this department, and we would be glad to receive the statistics of other practitioners, giving results, etc. We have already published very much on the subject from time to time, and shall add such facts in the future as we deem worthy of note and preservation. We also call attention to several valuable articles in this number of the Journal. We shall introduce the opinions of others, from time to time, in the next volume.

"RUNNING OUT."

The above is the heading of an article in the little *Physio Medical Recorder*, (the organ of the small Thomsonian school in this city,) for November. We are not in

the habit of noticing comments on us from such a source, but in the present instance, we consent to a departure from our ordinary course, more to oblige its editor than otherwise, for he is evidently trying to kill two birds with one stone, and we mean to assist him for once at least. His object in attacking the Eclectics is to get a notice from us, in order to advertise his journal in the first place, and to have us inform our readers that there is a real Simon pure Thomsonian school in this city, which has lived until its class has reached the remarkable magnitude of *forty* students, including droppers in, and hangers on; but the sanguine editor thinks there would have been more if it had not been that a tight money market had produced a collapsed state of the purses of his friends. Don't grieve, gentlemen, we'll all see better times now, especially if you succeed in getting Prof. Comegys to knuckle under, and more especially if you can establish your assertion that Eclecticism is "running out." That an unpleasant suit has been pending for some months past, and has just been ended we admit. We admit, also, that the medical schools, here which have before this struggled to get together a corporal's guard, have taken advantage of our unsettled affairs, and coaxed away a dozen or two students, who might have otherwise attended the Eclectic Medical Institute. The circumstance reminds us of the boys who turned over the cake table, so as to have a hand in the general gathering of the dainties. This we take in good part—all things are fair in war, especially where it is a guerilla contest. We have at last cleared the chapparel, and hence we do not expect to be again annoyed by such prowling bands of adventurers. To hear the organ of such a school as the little botanic affair in the 4th story of the Mercantile Library Buildings gravely talk about the "running out" of such medical schools as the Eclectic Medical Institute, is enough to bring a grin to the sober face of the most melancholic man. "Running out," is it? Yes among the intelligent masses of the American people, who are

fast learning that pepper, sweats, calomel and the lancet have held sway quite long enough. It is quite true that number six, cayenne, and sweating has been nearly forgotten, but calomel and the lancet still threaten their lives as in by-gone days.— But our 5,000 practicing physicians, our schools and literature, do not indicate that the labors of Eclectics have been in vain. We speak of our own school, when we say that its basis is more solid, its teachings more Eclectic, and its prospects more cheering now than it ever has been. The day has come when pretenders can no longer maintain themselves by clinging to the skirts of men of science. Every tub must stand on its own bottom, unless, as Judge Ranney said of Buchanan and Co's stock issue, "the bottom has fallen out."

Our class is to-day larger than the combined classes of the Physio-Medical school for several years past would be, were they brought together; and as to the class intellectually, we dare not think of a comparison. So then we say, Eclecticism is "running out," with new and purer light into the most remote parts of the land.

A HANDBOOK OF BLOWPIPE ANALYSIS.

A work with the above title has been contracted for of Prof. J. Milton Sanders, by the firm of Bailliere & Co. of London. This work is to be ready for the press by the first day of January, 1857, and consequently, Prof. Sanders is at work at it, so as to have it prepared by the time specified in the contract. This work is to appear simultaneously in London and New York, while the manuscripts, as rapidly as they are produced by Prof. Sanders, are being translated into French and German, so that they may likewise appear simultaneously in those countries. This is necessary, as this firm has branches both in France and Germany, and likewise in Spain.

As an instance of the estimation in which

Prof. Sanders' writings are held by the firm of Bailliere & Co., we would mention that at the very time when the contract was drawn up and signed, in Bailliere's branch store in New York, they had in their possession the manuscript of a work upon the Blowpipe, written by one of the Professors of one of the principal, if not the principal, universities of this country, and which manuscripts were offered to them gratis, if they would bring the work out in London and Paris. Perhaps this refusal of the one work, and the simultaneous contract for the other not yet commenced, did not occur from the fact that those publishers were impressed with the idea that Prof. Sanders was capable of introducing in his work more valuable or new matter than the former writer; but it proceeded simply from the fact, that they were favorably impressed with Prof. Sanders' style of composition, and therefore preferred risking what they had not seen, to what they had. Although this firm (perhaps the most extensive publishers of scientific works in England) refuse almost daily various works offered to them by American authors, still when "*The Crystal Sphere*" of Prof. Sanders was offered to them, it was not only at once accepted, but was handsomely paid for too, although at the same time the author was a perfect stranger to them.

As soon as the work upon the Blowpipe is finished, then Dr. Sanders has to commence a work upon *Electro-Chemistry*, to be ready for the press by next autumn. We are glad that European publishers are beginning to appreciate American authors, and to extend to them that opportunity and encouragement which they only require to make their mark in European science and literature.

THE NEW MAGNETO-VOLTAIC BATTERY.

We would inform all those concerned, that Prof. Sanders is now making arrangements, in this city, for the manufacture of his new battery. As this invention is as

cured by caveat, it will soon be introduced to the public. Those persons living in the East or North will address B. Keith, No. 590 Houston street, New York, who is the authorized agent for the disposal of these batteries in the northern and eastern States. For further particulars in regard to the great quantity of electricity which these batteries produce, and the advantages they possess over the voltaic battery and other inventions, see a paper by Prof. Sanders in the next number of the Journal.

OUR NEW VOLUME.

The present number closes this volume of the Eclectic Medical Journal, and it behooves us to speak of the character of the forthcoming volume, which will commence with the January number. We took charge of the Journal when it had but a small circulation, and was not only in bad odor, but deeply in debt. We set out with the determination to make it both a useful medical journal, and one of wide circulation. The latter we have accomplished, and it is for the profession to say whether we have not also made it a useful organ for the expression of Eclectic sentiment. Our success has been complete, and we are determined to increase both its usefulness and its circulation, which we expect to accomplish by furnishing a larger amount of original matter, and on a more beautiful paper. The next volume will be characterized by a general synopsis of medical news, choice selections, interesting essays, medical reports, a history of the Eclectic medical Institute and the principles of Eclecticism, together with occasional portraits of eminent medical men.

The journal will thus become the vehicle for the distribution of all the new and valuable discoveries in medical science, together with whatever is most interesting to the profession. There will also be a correspondent's department, in which any gentleman of the Eclectic profession may address any other gentleman upon such topics as may be of general interest to the

profession at large. The editorial department will, as heretofore, be characterized by a fearless vindication of truth and science, with an occasional notice of men and things in Europe and America. Few practitioners read the Journal for any length of time, without becoming converts to Eclecticism, and our friends will benefit the cause, by endeavoring to give it a wide circulation. We hope subscribers will renew their subscriptions without delay.—We deal on the cash principle, and hence our Journal is always ahead of time.

PROF. W. BURNHAM.

We are glad to learn that this gentleman, as soon as he learned that he had been appointed by the bogus men, instead of the real and legitimate Trustees of the Eclectic Medical Institute, declined having any thing to do with them, and will not be in Cincinnati this winter.

A DISGRACEFUL FRAUD.

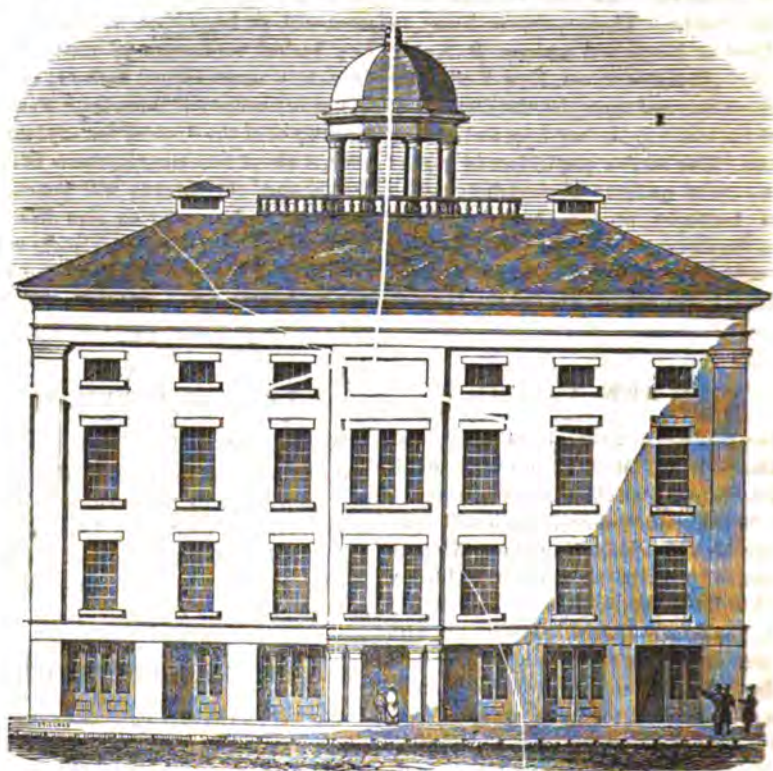
We see by the last number of the Worcester Journal, that it still continues to advertise the bogus men, King, Sherwood, Cleaveland, Hoyt, and Buchanan, as members of the Faculty of the E. M. Institute, after the decision of the court declaring them entirely disconnected with it.

OBITUARY.

Died, at Charlotte, Eaton county, Mich., on the 15th day of September last, of typhoid fever, C. C. STOWELL, M.D., aged 24 years.

It becomes our painful duty to announce to the profession the decease of the young and ardent practitioner above mentioned, who, it will be recollected by many, was a graduate of the E. M. Institute, at the close of the spring session of 1854. We deeply and sincerely sympathize with his afflicted and bereaved widow in the great loss she has sustained, and trust she will find consolation and comfort in leaning by faith on Him who has promised never to leave nor forsake those who love and fear Him. She was also a graduate of the Institute at the same season. All will recollect the intelligent, good-humored countenance of Miss M. E. Croshaw, MD.

ECLECTIC MEDICAL INSTITUTE,



WINTER SESSION OF 1856-7.

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J. MILTON SANDERS, M.D., LL.D.,
PROFESSOR OF CHEMISTRY, PHARMACY, AND TOXICOLOGY.

L. E. JONES, M.D.,
PROFESSOR OF MATERIA MEDICA, THERAPEUTICS AND MEDICAL BOTANY.

W. BYRD POWELL, M.D.,
PROFESSOR OF CEREBRAL PHYSIOLOGY

G. W. L. BICKLEY, M. D.,
PROFESSOR OF PHYSIOLOGY, INSTITUTES OF MEDICINE, AND MEDICAL JURISPRUDENCE.

R. S. NEWTON, M.D.
PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE, AND PATHOLOGY,

Z. FREEMAN, M.D.,
PROFESSOR OF SURGERY AND SURGICAL PRACTICE.

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CLINIC.

R. S. NEWTON, M. D.,
LECTURER ON CLINICAL MEDICINE.

Z. FREEMAN, M. D.,
LECTURER ON CLINICAL SURGERY.

The twelfth Winter Session of the Eclectic Medical Institute will commence on Wednesday, October 15, 1856, and continue sixteen weeks, in the College Edifice, corner of Court and Plum streets, Cincinnati. Gratuitous preliminary lectures will be delivered from the first to the fifteenth of October, and the dissecting rooms will be open at this time.

The Spring Session will commence immediately after the close of the Winter Session—in the first week of February.

EXPENSES.—Matriculation \$5, Tuition \$20, Clinic fees \$5, Graduation \$25, Demonstrator's ticket \$5. Boarding \$2.50 to \$3.00 per week.

For further information, address

R. S. NEWTON, M. D.,
90 W. Seventh st. Cincinnati.