

THE
ECLECTIC MEDICAL JOURNAL.

CONDUCTED BY

R. S. NEWTON, M. D.,

PROFESSOR OF SURGERY AND SURGICAL PRACTICE IN THE ECLECTIC MEDICAL INSTITUTE
OF CINCINNATI, AND LECTURER ON CLINICAL MEDICINE AND SUR-
GERY IN NEWTON'S CLINICAL INSTITUTE.

ASSISTED BY

Prof. Z. Freeman, M. D., and G. W. L. Bickley, M. D.,

AS CORRESPONDING EDITORS,

AND AN ABLE CORPS OF REGULAR CONTRIBUTORS.

Fifth Series, Vol. II--Whole Series, Vol. XVII.

CINCINNATI:
PUBLISHED BY R. S. NEWTON, M. D.,
NO 90 SEVENTH STREET.

INDEX FOR 1858.

A

Amaurosis, 26
Anæmia, 41
Æsænic, new mode of testing, 43
Albuminuria, 44
A New-Year's Call, 50
Ankle-joint operation by Prof. Syme, 77, 378
Æsænic, poisoning by, 85
Ampelopsis Quinquifolia in anasarcoous swellings, 88
Anasarcoous swellings, treated by *ampelopsis quinquifolia*, 88
Agassiz Professor, 90
Artificial limbs by Marks, 99
Anæsthetic agents in surgery and midwifery, 125
Amylene, observations on, 141, 168
Arm presentation, 177
Apoplexy, 179
Acid sulphate of zinc paste, 198
Anthropology Buchanan's, review of, 207, 309, 456, 488
Amenorrhœa, 225
Advice to young men on medical manners, 235
Analysis of lager beer, 237
Advice to consumptives, 246
Asthma, *liquidum liquidambar styraciflua* in, 238
Acetate of potassa, 245
Address, valedictory of C. T. Hart, 304
Ætison on dysmenorrhœa, 318
Annual announcement of Eclectic Medical Institute, 329, 330
Acetic acid, treatment of chancre by, 368
Anæsthesia by Electricity, 374
Acid nitric, attempted suicide by, 384
Are mercurials needed in medicine? 418
Abortions criminal, 467
Abortion, will *veratrum viride* produce, 478
Artificial cuticle, collodion and castor oil as an, 481
Accident from liquor anemonia fortior, 484
Ammonia fortior liquor, accident from, 484
Artisan scientific, 392, 526
Arterial sedative, *veratrum viride* as an, 558
Adulteration of medicines, 561
Anæsthesia from galvanism, 567
Anti-syphilitic compound, 575

B

Bronchial injections, treatment of pulmonary diseases by, 23
Bones, cleaning, 26
Bills, 41
Babo, 41

Bold surgical operation, 94
Book Notices, 101, 152, 196, 237, 246, 277, 323, 388, 436, 485
Backesto on veratrum viride in pneumonia, 156
Bickley's history of the Eclectic Medical Institute, 158, 211
Buchanan John on apoplexy, 179
Buchanan's Anthropology, review of, 207, 309, 456, 488
Bibron's antidote to poison by rattlesnake, 232
Bell on diseases of the eyes, 359
Bromide of potassium in spermatorrhœa, 377
Bass M. L., M.D., 386
Buchanan John on inflammation, 191
Black tongue cases, 461
Bite of rattlesnake, 497
Belladonna, 561

C

Concentrated remedies, 14, 192, 227
Case of amaurosis, 26
Cleaning bones, 26
Common sore, 42
Caustic gutta percha, 43
Chancre, obstinate, 43
Call, a New-Year's, 50
Cancer in a woman eighty years old, 90
Cancer, duration of, 95
Classification of remedies, 123
Cancer, inserting caustics by incision, 134
Consumption, glycerine in, 136
Catamenia, cases of early 148
Commencement exercises of Eclectic Medical Institute, 151, 278
Characteristic, 151
Cotton and linen next the skin, 167
Chinese sugar cane, experiments upon, 189
Chionanthus virginica, remarks on, 175, 496
Correspondence, extracts from, 194, 274
Calomel vs. anaplasia, 194
Chemistry, organic, 226
Chloroform in puerperal insanity, 228
Cases of mal-practice, 241
Curtis Prof. resignation of in Physio-Medical College, 243, 328, 329
Commercial Hospital and Ohio Med. College, 248
Consumptives, advice to, 246
Clinical reports, Newton's Clinical Institute, 247, 336, 411, 461, 502, 547
Outshaw on correct diagnosis, case of consumption, 240
Cases in practice by Dr. Eaton, 246, 497
Convulsions æsæmic in pregnant and lying-in women, 249, 317, 365

Consumption case of, 240
 Chlorosis, 256
 Coke, poisoning by the vapor of, 258
 Cannabis Indica, 264
 Civilization, Persion, 269
 Case of placatitis, 272
 Cases in practice by Dr. Fryrear, 308
 Congenital gastric irritation, 308
 Catalogue of students in the E. M. Institute for 1857-8, 343
 Congestion and congestive fever, 354
 Chancre treated by acetic acid, 368
 Cannabis indica in delirium tremens, 373
 Chlorate of potash, 381
 Chloroform in cough, 381
 Caustic, painless, 382
 Chartered medical colleges, 383
 Chloroform, hallucinations under the influence of, 384
 Curtis J. E., M.D. 385
 Capital punishment, 385
 Changes, 392
 Child deformed, 410
 Comfort, 424
 Chronic eczema in children, treatment of, 425
 Chlorodyne, 427
 Crucible and microscope, 429
 Cigars, poisoning by, 430
 Criminal abortions, 467
 Changes in the constitution of fevers and inflammations in Edinburgh, 469, 518
 Christison on fevers and inflammations in Edinburgh, 469, 518
 Chloroform, death from, 477
 Colloidal and castor oil as an artificial cuticle, 481
 Commercial Hospital fees, 484
 Concentrated organic medicines, 485, 533
 Coe on concentrated organic medicines, 485, 533
 Convulsions, parturient, 498
 Case, a singular, 501, 525
 Calomel, poisoning from, 506
 Cod-liver oil, action of, 506
 Calcareous salts in treatment of rickets, 523
 Combe George, death of, 529
 Children, how many can a woman bear? 564
 Convulsions, infantile, 570
 Conservative surgery, 571
 Change in the Eclectic Medical Journal, 573
 Compound, anti-syphilitic, 575

D

Drunkards, indigestion of, 59
 Diabetes, 40
 Dysentery, 68, 115
 Dissecting wounds, symptoms, pathology and treatment of, 76
 Dislocation of the head of the femur while swimming, 93
 Dislocation of the humerus while swimming, 95
 Duration of cancer, 95
 Dislocated elbow, simple mode of reducing, 168
 Dental and facial neuralgia, relieving, 187
 Dropsy, ovarian, 190
 Diagnose to his species, 200
 Disulphate of quinine in dysuria and retention, 231
 Diagnosis, Cutshaw on correct, case of consumption, 240
 Disease, the expectant treatment of, 266
 Deaths, 230
 Dysmenorrhoea by J. P. Allison, 313
 Damages for death caused by mistake in filling a prescription, 324
 Does spiritualism make men crazy? 327

Disease of the eyes, 359
 Delirium tremens, cannabis indica in, 373
 Death of Prof. J. K. Mitchell, 380
 Dropsical accumulations, 382
 Druggists' Circular, 392
 Death of Dr. Robinson, 392
 Delusions, medical, 397, 445
 Deformed child, 410
 Death of Wm. Gregory, the chemist, 467
 Death from chloroform, 477
 Diseases of quinine makers, 479
 Dissection, preserving bodies for, 482
 Death of George Combe, 529
 Dysentery, raw meat in, 533
 Dysmenorrhoea, remedy for, 561

E

Electrolysis of metals, 26
 Eczema, 41
 Eat, what shall we? 44
 Eclectic Medical Institute, 50, 150, 243, 276, 321, 323, 379, 380, 432, 533
 Eclectic Medical Society of Ohio, 56, 106, 196
 Epilepsy, a new cure for, 74
 Etherization, 86
 Erigeron, oil of in uterine hemorrhage, 87
 Excision of the elbow joint, 95
 Ergot in menorrhagia, 142
 Early catamenia, cases of, 143
 Eclectic Medical Association of Iowa, 151
 Eclectic Medical Journal of Philadelphia, 152, 391
 Eclectic Medical Institute, history of, 153, 211
 Elbow dislocated, simple mode of reducing, 168
 Emmenagogue action of Millefolium, 181
 Extracts from correspondence, 194, 274
 Editorial excerpts, 197
 Extracts fluid, report on, 220
 Effects of fear, 224
 Eyes and spectacles, 234
 Eaton's statistics of practice, 245, 497
 Expectant treatment of disease, 266
 Ethics medical, 269
 Editorial change, 272, 576
 Eclectic Medical Association of Indiana, 327
 Eyes, disease of the, 359
 Electricity as an anæsthetic, 374
 Eclecticism, progress of in Philadelphia, 376
 Emetic tartar, 380
 Effects of persecution on a sensitive mind, 384
 Exchanges, 391, 535
 Eclectic Medical College of Pennsylvania, 392
 Emerson's Magazine and Putnam's Monthly, 392
 Eating by rule, 419
 Eclectic treatment of inflammation, 421
 Eye-sight, 423
 Eczema chronic in children, treatment of, 425
 Eclecticism, what is it? 483
 Eclectic physicians of Wabash Valley, meeting of, 485
 Evidence, subpoenaing scientific men to give, 462
 Excision of tonsils, 523
 Eclectic Medical Journal, change in, 573
 Eclectic Medical Institute, winter class of, 574

F

Fetid perspiration of the feet, 41
 Frozen persons, 43
 Fever typhoid in Georgia, 63
 Fever urethral intermittent, 91
 Femur, dislocation of while swimming, 93
 Fracture ununited, by Syme, 132
 Facts connected with sugar refining, 136
 Facial and dental neuralgia, relieving, 137

INDEX

Fever typhoid, quinine in. 197, 277
Femur, manipular reduction of dislocated. 198
Femur, unusual dislocation of the. 200
Food of Paris. 200
Fever, veratrum viride in. 205
Fluid extracts, report on. 220
Fear, effects of. 224
Freeman on post mortem. 218
Fever congestive and congestion. 354
Fever poisons, identity of. 368
Fever typhoid, veratrum viride in. 410
Fever and inflammation, changes in the constitution of. 469, 518
Fees of Commercial Hospital. 484
Fever yellow. 490
Freeman E. on strangulated femoral hernia. 499
Fats, substitution of for cod-liver oil. 508
Fever, treatment of. 544
Furnaces, heating, injurious to health. 576
Fracture of the forearm, fatal consequences. 672

G

Green Horace on bronchial injections in pulmonary diseases. 22
Goes on rubella. 24
Gonorrhea. 42
Gutta percha caustic. 48
Goes on typhoid fever. 63
Glycerine in consumption. 186
Goes on jaundice. 166
Goes on chionanthus virginica. 175, 496
Gluttony. 232
Goes on treatment of scrofula. 248
Graduates medical in 1868. 271
Good location. 329
Goes on the treatment of poison of serpents. 249
Goes on congestion and congestive fever. 354
Gonorrhea, chlorate of potash in. 331
Green I. N., M.D. 383
Gregory Dr. William, death of. 461
Galvanism as an anesthetic. 567
Good news for the rising generation of pharmacutists. 569
Gravy, Use plenty of. 572

H

Hernia. 39
Have we over-estimated positive science? 57
Herule treatment. 73, 278
Hemorrhage uterine, treatment by oil of erigeron. 87
Humerus, dislocation of while swimming. 95
Heart disease, senega in. 95
Hematocrylon campechianum in rheumatism. 121
History of Eclectic Medical Institute. 168, 211
How to be healthy. 139
Hydrocephalus, puncture of the head in. 197
Harrison on Veratrum viride in fevers. 205
Hart on liquidum liquidambar styraciflua in asthma. 238
Hart's valedictory address. 304
Hughes on pleuro-pneumonia. 356
Hypophosphites medical, remarks on. 385
Hallucinations under the influence of chloroform. 384
Hall's Journal of Health. 391
Howe on Yellow Fever. 490
Hernia, strangulated femoral. 499
Hemostatics. 524
How many children can a woman bear? 564

I

Indigestion of drunkards. 39
Impetigo and eczema. 41

Itch. 42
Ingrowing toe nail. 43
Infant mortality in cities. 82
Intermittent fever, urethral. 91
Incontinence of urine. 94
Inserting caustics by incision in cancer. 134
Iowa Eclectic Medical Association. 151
Iodate of potassa, therapeutical action of. 154
Insanity puerperal, chloroform in. 228
Indiana Eclectic Medical Association. 227
Imaginary pregnancy. 358
Identity of fever poisons. 368
Iron, pyrophosphate of. 420
Inflammation, what is it? 421
Investigations on the subject of vaccination. 517
Indian hemp in tetanus. 567
Intra-uterine polypus removed. 548
Infantile convulsions. 569

J

Jones L. E. on mercurials. 27, 96, 118, 154, 202, 233, 297, 346, 394, 442, 493, 538
Jaundice versus mercury. 166
Jones' review of Buchanan's Anthropology. 207, 309, 456, 488

K

Kost's Materia Medica. 53
Kirkpatrick poisoning case. 479
King R. W., M.D. 535
Kirk on treatment of fevers. 544

L

Leeches, revival of. 43
Lead poisoning. 43
Limbs, Marks' artificial. 99
Lancet Western of Cincinnati, discontinued. 100
Library and cabinet, medical. 104
Libel suit, Van Ingen versus Newton. 145
Lancet and Observer, Cincinnati. 152
Laryngeal syringes. 193
Liquor license. 231
Lager beer, analysis of. 237
Liquidum liquidambar styraciflua in asthma. 238
Location, a good. 329
Lawson Dr. L. M. on medical sects. 431
Lobelia longifolia. 479
Laudanum in painful affections of uterus. 539
Longevity, to what age can we live? 564
Ligature of both femoral arteries fifteen years ago. 570

M

Medical practice, progress in. 16
Mercurials. 27, 96, 118, 154, 202, 233, 297, 346, 384, 442, 493, 538
Metals, electrolysis of. 86
Mercurial ptyalism. 42
Medical miscellany. 48, 239, 381
Medical Institute Eclectic. 50, 160, 248, 276, 331, 328, 329, 330, 488, 533
Medical friends of Prof. Syme. 51
Materia Medica, by Kost. 54
Medical Society of Ohio, Eclectic. 56, 105, 196
Mortality of infants in cities. 82
Morphine, new method of estimating the amount of in opium. 92
Marks' artificial limbs. 99
Medical library and cabinet. 104
Making medicine agreeable. 104
Medical students. 104
Menorrhagia, treatment of with ergot. 142
Millefolium, emmenagogue action of. 131
Medical college scheme. 190

Mortality after operations in Paris. 191
 Medicines concentrated. 192, 227
 Manipular reductions of dislocations of the femur. 193
 Mastodon remains found on Long Island. 227
 Mink sickness, its cause and cure. 233
 Medical manners, advice to young men. 235
 Magnetized needle, vaccination by. 238
 Mal-practice cases. 241
 Medical College of Ohio and Commercial Hospital. 243
 Medical graduates in 1868. 271
 Medicines reliable. 272
 Marriages. 280
 Milk, still-slop. 292
 Museum of the College. 328
 Medical delusions. 297, 445
 Medical hypophosphites, remarks on the. 265
 Mitchell, death of Prof. J. K. 380
 Medical colleges, chartered. 383
 Maine Medical and Surgical Reporter. 391
 Mercurials, are they needed in medicine? 413
 Microscope and crucible. 429
 Medical sects and Dr. Lawson. 431
 Mo'oy on black tongue. 460
 Malformation, remarkable case of. 531
 Morphine, death from. 539
 Medical students in the city. 534
 Medicines, adulterations of. 561
 Martin on removal of intra-uterine polypus. 546

N

Newton on progress of medical sciences, 16
 Notices, pharmaceutical. 178
 Neuralgia, facial and dental, relieving. 187
 Notes upon amylena. 188
 New medical college scheme. 190
 Nasal shower syringes. 198
 Nitric acid, attempted suicide by. 384
 New York Dental Journal. 440
 New York Medical & Pathological Journal. 535

O

Opinion of Judge Storer, Van Ingen versus Newton. 9
 Obstinate chancre. 42
 Opium, new method of estimating the amount of morphine in. 93
 Ohio Eclectic Medical Society. 56, 106, 196
 Observations on amylena. 141
 Observer, Cincinnati Lancet and. 152
 Ovarian dropsy. 190
 Operation for phymosis. 191
 Organic chemistry. 226
 Obituary. 230
 Operation, surgical, by R. S. Newton. 329
 Old school surgery. 417
 On chlorodyne. 427
 Oil cod-liver, action of. 508
 Obetrical agent, uva ursæ as an. 559

P

Progress in medical practice. 16
 Pneumonia statistics. 17
 Pulmonary diseases, treatment of by bronchial injections. 22
 Polypus nteri, treatment of. 31, 381
 Pyrosis. 39
 Phymosis. 40
 Perspiration from the feet. 41
 Ptyalism, mercurial. 42
 Poisoning, lead. 43
 Poisoning by arsenic. 85

Professor Agassiz. 90
 Philadelphia Eclectic Medical Journal. 152
 Pneumonia, treatment by veratrum viride. 156
 Pharmaceutical notices. 173
 Placenta prævia, arm presentation. 177
 Potassa, therapeutical action of iodate of. 184
 Phymosis, simplest operation for. 191
 Pharyngeal syringes. 198
 Puncture of the head in hydrocephalus. 197
 Petticoat physic. 199
 Paris, food of. 200
 Potash, chlorate of in ptyalism. 198
 Paste of acid sulphate of zinc. 198
 Proceedings of Union Eclectic Medical Society. 218, 433
 Puerperal insanity, chloroform in. 228
 Poison by rattlesnake, Bibron's antidote. 232
 Physio-Medical College, resignation of Prof. Curtis in. 243, 326, 329
 Potassa, acetate of. 244
 Practice, statistics of. 246, 497
 Poisoning by the vapor of coke. 259
 Point, the vital. 262
 Perdan civilization. 269
 Placatitis, case of. 272
 Practice, cases in by Dr. Fryrear. 303
 Post mortem examination by E. Freeman. 316
 Prescription, damages for death caused by mistake in filling. 324
 Paine, Prof. W. 329
 Poison of serpents, treatment of. 349
 Pleuro pneumonia, treatment of. 356
 Pregnancy, imaginary. 358
 Periodical strabismus. 363
 Poisons, identity of fever. 363
 Pumpkin seeds in tape-worm. 363
 Primary syphilis. 368
 Progress of Eclecticism in Philadelphia. 376
 Potassium, bromide of, in spermatorrhœa. 377
 Potash, chlorate of, in gonorrhœa. 381
 Painless caustic. 382
 Phlebotomy in ancient times. 392
 Persecution, effects of, on a sensitive mind. 384
 Punishment, capital. 395
 Pacific Medical and Surgical Journal. 392
 Pyrophosphate of iron. 420
 Perfuming sick rooms. 426
 Publications, summary of new. 423
 Poisoning by cigars. 460
 Physicians Eclectic of Wabash Valley, meeting of. 455
 Publications, new. 101, 152, 196, 237, 246, 277, 328, 386, 436.
 Poisoning case in Philadelphia, Kirkpatrick. 479
 Preserving bodies for dissection. 482
 Parturient convulsions. 493
 Poisoning from calomel. 506
 Panduratin. 524
 Peppine in obstinate vomiting of pregnancy. 529
 Polypus, intra-uterine, removed. 547
 Pharmacists, good news for the rising generation of. 569
 Perchloride of iron. 576

Q

Quantity of arsenic found in the stomach. 85
 Quinine in typhoid fever. 197, 377
 Quinine, disulphate of in dysuria. 231
 Quinine, what is it? 233
 Quinine in rheumatism. 281
 Quinine makers, diseases of. 479
 Quinine in scarlet fever. 571

R

Remedies, concentrated. 14

Rubeola. 24
Remedy for epilepsy, new. 74
Rembold on dysentery. 66, 115
Rheumatism, treatment of by hæmatoxylin
campechianum. 121
Remedies, classification of. 123
Rice on the use of anæsthetic agents in surgery
and midwifery. 125
Report on fluid extracts. 220
Rich on amenorrhœa. 225
Remains of a mastodon found on L. Island. 227
Rattlesnake, Bibron's antidote. 232
Resignation of Prof. Curtis in Physio-Medical
College. 243, 226, 329
Reports, clinical, Newton's Clinical Institute.
247, 386, 411, 461, 502, 547
Reliable medicines. 272
Roe on veratrum viride. 309
Review of Buchanan's Anthropology. 207, 309,
456, 498
Rheumatism, quinine in. 331
Robinson Dr. dea h of. 392
Role, eating by. 419
Rattlesnake, bite of. 497
Rickets treated by calcareous salts. 529
Remarkable case of mal-formation. 531
Raw meat in dysentery. 533
Readers, to our. 576

S

Storer Judge, opinion in case of Van Ingen vs.
Newton. 9
Statistics of pneumonia. 17
Scudder's treatment of polyypus uteri. 31
Serber on amarois. 26
Stomachitis. 39
Symptomatic vomiting. 40
Syncope senilis. 40
Sanders on positive science. 53
Stricture of the urethra. 40, 80
Scrofula, anemia, boils. 41
Stomach, ulcer of. 44
Spring session Eclectic Medical Institute. 50, 243
Syme Prof. and his medical friends. 51
Science positive, have we over-estimated it? 57
Syme's ankle-joint operation. 77, 378
Syme on stricture of the urethra. 80
Swelling anasarcoous, ampelopsis quinquefolia
in. 85
Syme, removing a man's tongue. 94
Swimming, dislocating the head of the femur
while. 93
Swimming, dislocation of the humerus while. 95
Scurvy in heart disease. 95
Students, medical. 104
Suffert on classification of remedies. 123
Surgery and midwifery, anæsthetics in. 125
Syme on ununited fracture. 132
Suit for libel, Van Ingen vs. Newton. 145
Skin, cotton and linen next the. 187
Sorghum saccharatum, Chinese sugar cane. 169
Sugar refining, facts connected with. 186
Syringes, laryngeal, pharyngeal, and nasal
abover. 193
Sickness, milk, its cause and cure. 223
Spectacles and the eyes. 234
Silver sutures in surgery. 242
Sims J. Marion, of N. Y. 243
Scrofula, treatment of. 243
Scudder on acetate of potassa. 244
Statistics of practice. 246
Scrofulous affection of the throat. 243
Sales on chloroels. 246
Semeiology, by Scudder, 301, 351
Stricture and paralysis of the œsophagus. 303

Still-alop milk. 322
Spiritualism, does it make men crazy? 327
Surgical operation by R. S. Newton. 329
Serpents, treatment of poisoning by. 349
Strabismus periodical. 363
Syphilis primary. 368
Spermatorrhœa, bromide of potassium in. 373
Scabies. 382
Strychnia. 382
Suicide attempted by nitric acid. 384
Savannah Journal of Medicine. 391
Scientific Artisan. 392, 536
Scientific American. 392
Surgery, old school. 417
Sick rooms, performing. 435
Summary of new publications. 423
Scots, medical, Lawson on. 431
Subpoenaing scientific men to give evidence. 462
Singular case. 501, 525
Salts, calcareous, in treatment of rickets. 523
Strickland Rev. W. P. 534
Students in the city. 534
Sterility and dysmenorrhœa, remedy for. 561
Saoria as a remedy for tape-worm. 563
Smiley on veratrum viride. 543

T

Treatment of polyypus uteri, by Scudder. 31
Toe-nail, in-growing. 43
Tape-worm. 43
Tonics, vegetable and mineral. 43
Typhoid fever in Georgia. 63
Treatment, heroic. 72, 273
Tongue removed by Prof. Syme. 94
Therapeutical action of iodate of potassa. 134
Treatment of scrofula. 243
Throat, scrofulous affection of the. 243
The vital point. 362
Thomas on imaginary pregnancy. 358
Tape-worm, pumpkin seeds in. 363
Typhoid fever, quinine in. 197, 377
Tartar emetic. 330
Tilden's Journal of Materia Medica. 391
Typhoid fever, veratrum viride in. 410
Tongue, cases of black. 460
Toland on hæmorrhoids. 524
Tonsils, excision of. 533
Tetanus relieved by Indian hemp. 567
Tape-worm, saoria as a remedy for. 563
To our readers. 576

U

Urethra, stricture of the. 40, 80
Ulcers of the leg. 41
Ulcer of the stomach. 44
Uterine hæmorrhage, treatment of by oil of
erigeron. 87
Urethral intermittent fever. 91
Urine, incontinence of. 94
Ununited fracture, by Syme. 132
Ulcers. 137
Unusual dislocation of the femur. 200
Union Eclectic Medical Society. 213, 483
Uremic convulsions of pregnant and lying-in
women. 249, 317, 367
Uterine polyypus, treatment of. 31, 381
Uva ursi as an obstetrical agent. 559
Uterus, laudanum in painful affections of. 560
Uterine polyypus removed. 546

V

Vomiting, sympathetic. 40
Venerola. 42
Van Ingen vs. Newton, libel suit. 9, 145

- Veratrum viride, 74, 158, 305, 309; 331, 410, 543,
 558, 563
 Vaccination with a magnetized needle. 236
 Vital point. 262
 Viola pedata. 275
 Valedictory address of C. T. Hart. 304
 Veratrum viride; will it produce abortion? 473
 Vaccination, investigations on the subject of. 517
 Vomiting of pregnancy, pepaine in. 669
 Varicose veins, injecting the perchloride of iron
 in. 570
- W
- What shall we eat? 44
 Western Lancet of Cincinnati discontinued. 100
- Washington, illness and death of. 278
 Westward ho! spiritualism. 392
 Wiley on deformed child. 410
 What is Eclecticism? 433
 Woman, how many children can one bear? 544
 What age can we live to now? 564
 Winter class of Eclectic Medical Institute. 574
- Y
- Yellow fever. 490
- Z
- Zinc, paste of acid sulphate of. 198

THE ECLECTIC MEDICAL JOURNAL

FIFTH SERIES, VOLUME II.

JANUARY, 1858.

NUMBER 1.

Part 1—Original Communications.

JUDGE STORER'S OPINION IN THE CASE OF J. L. VAN INGEN *vs.* R. S. & O. E. NEWTON.

*In the Superior Court of Cincinnati, before
Judge Storer. Motion for a new trial.*

OPINION OF THE COURT.

[After this opinion was delivered, our attorneys, Messrs. Ketchum & Headington, called upon his Honor for a copy, which we publish for the benefit of all who may be drawn into litigation resulting from surgical practice.—ED. E. M. J.]

The plaintiff has obtained a verdict against the defendants, in an action for a libel, and we are asked to set it aside upon the following grounds.

1. Because the verdict is contrary to the instructions of the court.

2. Because it is contrary to the evidence.

3. Because the court erred in their instructions to the jury.

4. Because the jury fixed the amount of their verdict by marking, or striking a balance from their individual estimates of the damages sustained.

The petition sets forth that the plaintiff is a physician and surgeon, of good reputation, of extensive acquirements, and has enjoyed a large practice. That, being called upon to testify in this court, in a suit where one of the present defendants was sued by Charles Steele, a minor, for mal-practice as a surgeon, he was sworn and gave testimony accordingly.

That the defendants in this suit, were the
WHOLE SERIES, VOL. XVII.—1

proprietors and publishers of a periodical devoted to medical subjects, and in giving an account of the trial for mal-practice, and the evidence of the plaintiff, caused to be published in the work alluded to, the following statement, which is charged to be libelous, and published with malicious motives:

"Dr. James L. Van Ingen intruded himself as a witness or expert, but he exhibited such a marked ignorance of surgery and surgical science, that his contradictory testimony is dispensed with; he evidently had a purpose to subserve by testifying in the case."

To this, the defendants answer; admit the publication, and that they have understood and believe the plaintiff was a practicing surgeon at the time he testified, but that he had resided a short time in Cincinnati, and had not acquired there, to their own knowledge, any reputation as a professional man. They further allege, that on the trial referred to, a number of surgeons who were best known and of the highest standing for learning and professional skill, were subpoenaed as witnesses, and testified for the plaintiff or defendant as to the nature of the injury sustained by the person, who had brought his suit for mal-practice. That the plaintiff herein was then present without being subpoenaed by either party; that he was a stranger, and made himself prominent in the court-room, calling thereby, attention to himself; that he applied to be examined as a witness for the injured party, giving as a reason, that his testimony would be more favorable for him, than any that had yet been offered; that he visited the residence of one of the attorneys, in the country, while the trial was in progress, for the purpose of convincing him that it would be for the plaintiff's interest to call him as a witness. That he was accordingly called upon to testify, after all the surgeons referred to had been examined; and, although he had no knowledge of the case, in relation to which the mal-practice was claimed to have occurred, except what he

had derived from personal inspection, and hearing the testimony of those who had preceded him, he nevertheless testified when thus called on, in relation to the nature of the injury and the propriety of its treatment, and gave opinions differing from those of all who had been examined as to the material points of the case, and at variance with the case itself.

They deny that they intended to charge the plaintiff, by the publication complained of, with general ignorance in his profession, but only to state that he exhibited ignorance of his profession in describing the nature of the injury, and the proper mode of its treatment, when he testified. That it had been proved by two surgeons upon the trial, who had seen the patient, one of whom, Dr. R. S. Newton, having treated the case from its commencement, the injury received was a fracture of the lower portion of the humerus, while the plaintiff, not having seen the case until the day of his testimony, stated that the injury was not a fracture but a dislocation of the bones of the lower arm at the elbow-joint. And it was of the evidence thus given, in such direct contradiction to the other medical men, that the alleged libel was published.

Other facts are stated in the answer, but they are not material to be here repeated.

On the trial, the plaintiff sought to establish his professional standing by many of his medical brethren, but did not offer any proof of special damage to his practice or reputation by the publication of the alleged libel.

His counsel claimed that the action was sustained, as the charge of professional ignorance made by the defendants was clearly intended to be general, and unless justified, the legal inference followed that the publication was made maliciously.

The court permitted the plaintiff to take the broadest ground in making out his case, and allowed the defendants equal liberty in reply.

In the course of the investigation, the parties referred to the original case of alleged mal-practice, and introduced several of the witnesses who had been examined upon the trial.

The testimony took a very wide range, and as usual in such controversies, much feeling was expressed; perhaps it would not be improper to say, not a little pride of opinion also was exhibited—not more so than is generally observed in similar contests where questions of skill and scientific knowledge are claimed for different professors of the healing art; though it might be said the assumption of superiority by one party, and its denial by the other was decided and unequivocal.

It was in evidence that on the day the action for mal-practice was called for trial, the plaintiff,

who had resided but a short time in Cincinnati, was requested by Prof. Blackman, of the Medical College of Ohio, to attend at court, and take minutes of the testimony; that he was not subpoenaed as a witness, though the professor was; while thus in attendance, he expressed to the plaintiff's counsel his desire to be a witness. His offer was not at once accepted, but afterward, having visited the leading counsel at his residence in the country, and explained his views of the case, taking with him for the purpose of illustration, the bones of the arm and forearm, was permitted on a subsequent day at the close of the testimony, and as rebutting what had been previously testified, to be sworn. His theory of the injury was altogether different from that of Dr. Newton, who attended the patient from the beginning, and his colleague, Dr. Freeman, who visited him afterward. It was not directly sustained by any other witness who testified.

The tendency and object of Dr. Van Ingen's hypothesis, necessarily were to disparage Dr. Newton, whose conduct in the management of the patient was directly impugned; and if that hypothesis was the true one, it was evident the attending physician had been mistaken in his diagnosis of the case, and of course treated it improperly.

This was not denied by the counsel on the trial, but on the contrary, it was evidently the object of both parties to make the issue directly to the jury what was the true condition of things, and thus involved the question, what was the actual injury to the patient's limb?

To sustain their several views, Dr. Van Ingen and Dr. Newton were both examined. Anatomical preparations, diagrams both large and small, drawn in pencil as well as lithographed, were exhibited. The structure of the humerus, its connection with the radius and ulna, the muscles of motion, and contraction, the arteries, the situation and office of the median nerve, the different kinds of fractures, transverse and oblique, simple and compound, the deposits formed upon the bones, as well as those left in the joints after fracture or dislocation, were described, and the court must suppose, being a layman only, that they were learnedly commented upon.

At one period during the trial, the counsel were reminded by the court that it seemed a question in surgery, one usually to be determined only by scientific men, had been adjourned from the lecture room to be decided by a jury of plain but honest citizens, and it was suggested whether such an issue as that upon which so much labor was being expended, was legitimately in the case; but it was claimed by both coun-

nel that it really was, and upon this admission the examination of witnesses was conducted until the testimony closed. The same ground was then taken by the counsel for both parties in their arguments to the jury.

It was insisted on the part of Dr. Van Ingen, that Dr. Newton misunderstood and mistook the nature of the injury to his patient, when he was called upon to examine and prescribe; while it was argued with great pertinacity on the part of Dr. Newton, that Dr. Van Ingen was equally mistaken in his diagnosis. On this statement of the question, it was assumed if Dr. Van Ingen was correct, Dr. Newton had no right to make the publication, and if Dr. Newton was sustained by the facts, Dr. Van Ingen was obnoxious to the charge of ignorance.

It was then no longer a simple claim for damages for a libelous charge, but seemed rather a professional struggle to vindicate contending parties in their medical opinions.

And this, it appears to us, was the real question brought to the attention of the court and jury. It was submitted to them plainly and without reserve; it was regarded as the turning point of the case, if we could form any opinion of the views of counsel, by their examination of the evidence, and their arguments to the jury. It must have been passed upon by that body, and constituted the principal ground upon which they formed their opinions, and rendered their verdict.

A point so vital to the case should have been made out by the evidence, to the satisfaction of the jury, but their finding must be justified by the weight of the testimony before them; if they have erred here, and we should conclude that the verdict cannot be sustained upon legal principles, we must award the same relief to the defendant as is always given in similar cases; the verdict should be set aside. Before, however, we express any opinion of the weight of evidence upon this point, we will dispose of the other questions made upon the motions before us.

It is claimed that the verdict is against the law of the case, as laid down by the court.

We charged that the intention of the defendants in making the publication, must be gathered from the publication itself, in connection with the circumstances that induced it, and to which it necessarily referred.

As a general rule, the imputation of a crime, or any immoral act, which would be naturally injurious to individual reputation, unless justified by proof of the fact charged, would authorize the inference of malicious motives, and establish a right to recover.

When, however, there was no such accusation, but the words alleged to be libelous affected a

person in his profession, by the assertion of his ignorance or want of skill, it was not only proper, but indispensable to a just apprehension of the case, to examine all the facts to which the publication referred, the occasion of making it, and the position the parties occupied in relation to the subject discussed, or criticized.

There could be no right to recover, if there was no malice expressed or implied, as that element was essential to the existence of the plaintiff's claim. When the law implied it, it was the duty of the court to inform the jury how they were to regard it; when the evidence in the case was such as would authorize the presumption of express malice, it was the province of the jury to decide upon the facts.

If from a fair construction of the words published, the jury should believe the defendants intended the charge of ignorance against the plaintiff to apply generally to his professional standing, then they might regard the publication as libelous *per se*, and the law would infer malice, that the defendants might rebut or explain.

If, however, as was claimed by the defendants, the words used by them were intended to apply and did apply only to the ignorance of the plaintiff, as manifested in his testimony, as to the nature of the injury, and its treatment by Dr. Newton, and the jury should be satisfied from all the evidence, that such was their intention, the rule would be different as to the implication of malice.

But the words published must be interpreted by the ordinary standard to ascertain their meaning; there should be no forced construction given to them; their actual and obvious import should be regarded.

The view taken by the defendants' counsel, if the jury had sustained it, might well have authorized a verdict for the defendants, as the libelous words would be restricted to the particular occasion that induced their utterance.

We suppose, when no special damage to the business of a professional man is claimed, from the publication of a libel, and the charge refers to a particular case only, where skill may or may not have been exhibited, there can be no right of action. It is but the expression of an opinion, which every professional man is permitted to give, if it is done without malicious intent. The truth is, the practice is universal, and though the language employed may differ, as taste, politeness, or good breeding will naturally be indicated by the manner of the speaker or publisher, the result is the same, it is but the allowed criticisms of the members of all the learned profession, upon the productions of their fellows.

The principle upon which this distinction is

founded, is well set forth in the case of Harman and Delany, Fittzgibbon, 253; where it was held "that the defendant or any other of the trade, might counteradvertise what was published of the plaintiff, to wit, that he could do no more than any other man in that trade, but that it ought to have been done without any reflection upon the plaintiff in the way of his business."

The same distinction is taken by the chancellor, in *Backus vs. Richardson*, 5 John. 483.

And so in 8 John. 58, *Foot v. Brown*, the court say: "The words as laid down, only go to charge the plaintiff with ignorance or want of skill in a particular suit, and such charge is not actionable without laying and proving special damages. If a suit would lie for these words, it would lie for saying that a physician did not understand the nature of the disease of a particular patient. Such a charge does not affect the party generally in his profession, and therefore the law will not give a remedy."

We find the same doctrine fully affirmed in the late case of *Camp vs. Martin*, 28 Conn. 86.

As the jury were instructed substantially upon these points, and the question of intention left to their judgment, we do not find any error in their verdict. It is consistent with the law, as laid down by the court, and the facts were exclusively for their consideration.

Nor do we find on a careful examination of our charge, that any errors were committed in stating the law upon any other part of the case. We know of none, unless perchance, an hypothetical opinion was given upon some incidental question that did not affect the plaintiff's right to recover, nor the defendant's claim to immunity. It is almost impossible for the judge at *Nisi Prius* to avoid the expression of an opinion on collateral points, and unless it can be shown that it has really worked injustice, no error can be or ought to be predicated upon it.

The ground alleged for a new trial, that the jury found their verdict by estimating or making particular sums, adding these together, and afterward dividing the aggregate by the number of the panel, is not pressed, and we are therefore not required to give an opinion upon the effect of such a verdict.

We will now consider the question; was the verdict against the weight of the evidence, or as the parties framed the issue actually tried, was there a fracture of the arm of Steele above the elbow, or was the injury a dislocation merely of the bones of the forearm at the elbow joint?

As we have already intimated, the various hypotheses of the faculty were stated to the jury, and the grounds upon which they were based. In estimating, however, the value of

testimony, there is one rule that can never be dispensed with; we must regard that with most favor which comes from witnesses who were present when the occurrence happened, and had therefore the best opportunity to understand the true condition of things; all else is but opinion, depending upon circumstances that may never have existed, or have been assumed merely to justify it. The testimony of experts, as a general rule, is far from being satisfactory, or safe. We cannot rely upon it, when the fact to be proved is personally unknown to the witness, and he is compelled to assume it to be either established or denied, before he can hazard his opinion. In questions, however, of pure science, where physical laws are involved, we may receive the opinions of those who are skilled in any particular department, with comparative safety, for the results to which they may arrive, are susceptible of demonstration, and not dependent upon principles yet to be established. But when, after the lapse of months, perhaps years, it is sought to give a character to a case in medical practice by those who never saw the patient, and the diagnosis of whose disease was to be determined by opinion only, derived at second hand from, perchance, prejudiced or incompetent sources, it cannot be said that such examinations are entitled to very serious consideration in administering justice.

Unfortunately, there is a prevalent idea that opinion is to be received in legal investigations, as not only entitled to high respect, but to assume the dignity of evidence. And there are a class of professional men who seem always to be called on to express their judgments upon hypothetical cases, whether the infirmity to be considered is mental, moral or physical. They are not always the most profound or thoroughly practiced members of the profession to which they belong, as those have seldom the leisure, much less the inclination, to hazard theories where there may be doubt, and having learned to distrust their own opinions, as they advance in the investigation of truth, are not willing to impute error or ignorance to others, unless they are pressed to do so by a clear conviction that they are sustained by evidence.

In the case before us, the inquiry was proved to have been received by the patient in September, 1854. On the third of May, 1856, the action for mal-practice was brought against Dr. Newton. At the November term, 1856, the case was tried, and Steele for the first time was seen, and his arm examined by Dr. Van Ingen. The plaintiff in that suit was about fourteen years of age, and in apparent good health. After the trial, which resulted in a verdict for Dr. Newton, the present plaintiff, it was proved, took

the boy who had been injured under his immediate charge, and visited the eastern cities, where the arm was exhibited to surgeons of eminence, whose depositions were taken, and afterward read. The expenses of the visit were paid by Dr. Van Ingen, as was admitted on the trial.

The opinions of the medical gentlemen, whose depositions were read, or who testified in person, with the exception of those of Dr. Van Ingen, were not so clearly inconsistent with the positive statements of Drs. Newton and Freeman as to outweigh them when placed in apposition. Not one of them assumed to say that the humerus was not fractured, or that they believed it was not thus injured. It is true, they said they found no evidence of fracture by the usual tests, such as the shortening of the arm, or a deposit of bony matter at the place of the alleged injury, yet they admitted that it did not follow a fracture had not existed, as the patient was young and healthy, and all traces of the fracture might be absorbed or obliterated, in the interval that occurred between the accident and the time they made their examinations.

The testimony of Drs. Newton and Freeman was positive, and in our opinion, sustained by the history of the patient's case.

1st. The mode adopted to place the arm in position, was that which was applied by the rules of surgery to a fracture only; and it is in proof that there is no stiffness of the elbow-joint, nor any difficulty in rotating the bones of the forearm; nor was there any at the time the action for mal-practice was tried.

2d. If there had been a dislocation and not a fracture, another mode of treatment was only proper. The means employed to reduce a fracture, are not those applicable to a dislocation.

3d. From the first, there was no want of regular movement discoverable at the elbow, as the attending physicians testify.

4th. They both state that they distinctly heard the crepitus occasioned by the fracture, when they applied the ear to the humerus.

To obviate the effect of these unequivocal statements, medical authorities were quoted, and the assertion boldly made, that there never was a case known in practice, where a fracture of the humerus was occasioned by a fall upon the open hands; the necessary result being in such an event, a luxation at the elbow, or a fracture near the wrist. To carry out this assumption, the jury were shown diagrams which it was claimed exhibited the true nature of the injury as deduced from the experience of the profession, and the exception of this particular case to the general rule.

Still, it must be recollected that this very ingenious mode of argument, was but an extension, or rather re-exhibition of that which attempted to elevate opinion only, to the value of positive evidence. It is subject to the same objection, and entitled to no more weight. On this point we should have met with no difficulty in expressing our judgment. If the case had been submitted to us, we should have found that the evidence proved a fracture, and not a dislocation. The weight of testimony established, in our judgment, that such was the fact.

We admit that the jury are the exclusive judges of the credibility of the witnesses, and the effect of their testimony; but if they mistake their function, and disregard the evidence before them, and thus decide against its weight, it is our duty to set aside the verdict; else their finding, which perhaps may be the result of prejudice or misapprehension, must conclude the parties.

This being our conviction, we are induced more willingly to grant a new trial, as we feel that no injury has been done to the plaintiff's general reputation, as none was proved, and as it was admitted by the defendants, none was intended to be inflicted. His manner of appearing in the former trial, as testified by the judge who tried the case; his overture to the counsel to testify for their client; the remark he admits he made to the boy, "that he was too poor to testify in his cause, as it would cost too much;" the language used on the evening prior to the trial, in presence of Dr. Osmond; the advice given by Dr. Blackman, his friend, that he ought not to testify; the deep interest he has exhibited since, in the medical treatment of the patient, all lead to the conclusion, that there is more of professional feeling and pride of opinion involved in this controversy, than any vindication of a reputation that has directly or remotely suffered by the publication of the defendants.

While it is the duty of courts and juries to protect the well earned character of professional men from false assertions or groundless charges, they are bound to discriminate between those actions where the injury has been wantonly inflicted, and the purpose to be accomplished is evidently to defame and dishonor, and those that are the results of professional rivalry, all the parties implicated being more or less in the wrong.

The judgment of a court cannot establish a reputation for any professional man, if he is not in the first place entitled to it. If he is, there need be no resort to a legal tribunal to sustain, in public estimation, what is already fully en-

joyed. In the conflict of medical sciences particularly, there always has been, and will be, great diversity of opinion among those who most highly illustrate the healing art; from the nature of the pursuit, hypotheses are necessarily hazarded, as new conditions of disease call for the exercise of the physician's skill; if he has nothing definite or certain to guide him in the particular case, but his own judgment, and his general knowledge of the human system, the physician fulfills his duty, when he acts according to his convictions of what really exists. But he is not infallible. If his treatment is criticised by others equally entitled to favor as himself, and he should be charged with ignorance, mistake, or misapprehension in a particular case, it is but what he may reasonably expect from the profession. But there must be no malice concealed beneath the criticism, else, what otherwise might be a harmless commentary, will become a libel.

A new trial is granted—the defendants to pay the jury fee.

CONCENTRATED REMEDIES.

BY W. M. INGALLS, M.D.

Read before the Fourth Quarterly Meeting of the Union E. M. Society, at Amelia, O., Oct. 10, 1857.

The subject to which I purpose to call your attention on the present occasion, is the improvement which organic chemistry presents for your careful consideration, in adding valuable therapeutic agents of a reliable nature, and in an acceptable form.

The profession to which we belong, especially those who believe reform possible, will find presented in this subject, features of more than ordinary interest.

The organic chemist, by his scientific manipulations, has presented the medical profession with between forty and fifty reliable preparations, in the form of active principles manufactured from our indigenous products of the vegetable kingdom, which to-day are gaining popular favor more than any other branch of the profession to which we belong.

The medical qualities of our vegetable

materia medica, seem more properly adapted to meet the wants of the animal economy, hence the beneficial results of their administration in the treatment of disease. But experience has taught every observing member of the profession, that many times the crude material has failed to meet expectation—proving sometimes almost inert—depending, very probably, on the nutriment obtained from the soil, and climatic influence of the land of its nativity.

On analysis, we are informed by the organic chemist, that many of the crude articles of the vegetable kingdom are void of what the actual appearance of the plants indicate. This information seems as a key to unlock the mystery of the uncertainty of many crude medicines, in affecting the system and removing disease.

Every intelligent member of the profession will hail the accession of one organic agent after another, until this department of scientific investigation shall add a pyramid of valuable acquisitions to our materia medica, which will command the confidence of an honorable profession.

Investigation has but just commenced to realize what modern genius will unfold and bring to light from the labyrinth of the vegetable kingdom, as the great storehouse of nature has unbounded resources. She invites the seeker after truth to unlock her vaults, for within her bosom are mines of wealth of an intellectual nature, and agents adapted to meet the various wants of the human system.

It will be observed that in the manufacture of concentrated preparations, *active principles* is the object of the research of the chemist, and a variety of manipulations is deemed necessary in order to arrive at the conclusion sought for.

Investigation brings to light the fact, that many of our native plants possess three medical principles, as a resin, alkaloid, and neutral principle, which it becomes necessary to isolate and then recombine; by so doing, we have a true representative of the plant in a convenient and reliable form. By this process, we are

in possession of a class of reliable agents worthy of the great cause of medical reform.

There seems to be a class of agents which manufacturers in the West term soft resinoids, oleo-resins, etc.

Under the present classification they may be enumerated in the following order, viz:

1. Alkaloids.
2. Resinoids.
3. Neutral Principle, etc.

In the administration of these remedies, in order to get the full therapeutic effect, it will be necessary to prepare the patient's stomach by first neutralizing undue acidity.

Experience has taught me that these valuable agents may be greatly increased in their therapeutic value, by combining with them lactic acid or sugar of milk.

Mr Merrell prepares some of these articles, which he pleases to term "*Lactinated*," as I observe in his price current. They are as follows:

Lactinated Gelsemin, Lactinated Asclepedin, Lactinated extract Aconitum.

The samples of these medicines presented to me by the manufacturer, are very reliable. It requires less of the active principle, and at the same time counteracts the effect of producing irritation of the stomach, &c.

From this fact I have been in the habit of administering concentrated agents in this form—the result of which I am happy to say has been truly gratifying.

Through the politeness of Wm. S. Merrell and Co., and T. C. Thorp, I have been furnished with samples which I present to you for inspection. Mr. Merrell has furnished me with more than thirty specimens, and T. C. Thorp with six samples.

These samples, as far as I have tested them, are reliable agents, not only acceptable and convenient, but beautiful preparations, indicative that order and neatness are displayed in their manufacture.

I will remark, there seems to be a difference of opinion in regard to the action of leptandrin, as manufactured by different individuals, as I am credibly informed

by many practitioners of my acquaintance, that they have found a cathartic principle belonging to this remedy, and there is no person in the West who prepares it in such a form, except Dr. F. D. Hill. I have never regarded leptandrin as possessing cathartic principles, as spoken of by my medical friends. In my hands it never operates as a cathartic properly, but by mildly stimulating the liver to perform its function effectually. It is certainly reliable, but its action is silent.

I have arranged the concentrated agents in the following order, viz:

1. *Tonics*.—Hydrastin, Helonin, Cornin, Apocynin, Prunin.
2. *Cathartics*.—Podophyllin, Jalapin, Colycintlin, Juglandin.
3. *Narcotics*.—Gelsemin, Cypripedin, Lupulin, Scutellarin, Veratrin.
4. *Astringents*.—Tannin, Geranin.
5. *Alteratives*.—Phytolacin, Alnuin, Menispermin, Corydalin, Rumin.
6. *Diaphoretics*.—Asclepedin, Lobelin, Veratrin.
7. *Antispasmodics*.—Viburin, Scutellarin, Hyosciamin, Gelsemin.
8. *Diuretics*.—Senecin, Euperpurin, Helonin.

I might continue to number their active principles, classify and arrange them in their proper order, but I have already enumerated a sufficient number, as you are all acquainted with the crude articles, from which these agents are produced, and a transfer of that knowledge only is necessary to obtain an idea of the therapeutic value of the agent in a concentrated form. I have not attempted a scientific classification, but it is all that is necessary for practical purposes.

I now propose to call your attention for a few moments, to some of the combinations which I have found efficient in the treatment of disease; as we are aware experience is the best teacher and the only reliable source to ascertain the proper knowledge of remedies.

In pseudo-membranous croup, I have found the following agent of untold value, viz: the preparation of stillingia. The

oil is sometimes used, but I have more frequently used the following: Merrill's bronchial elixir, *gtt. xxx*, every half hour or hour, as the case may demand, with marked benefit.

As a valuable cathartic, the following will prove very efficient in passive congestion of the liver, and in all biliary derangements:

(Thorpe's) *R* Podophyllin, *gr. ij*
 Leptandrin, *gr. viij*
 Sugar milk, *gr. xij. M.*

Divide into four powders, take one every two hours until free catharsis is produced.

The following will prove a valuable combination in the treatment of children affected with *ascaris lumbricoides* and *ascaris vermicularis*:

(Merrill's) *R* Podophyllin, *gr. ij*
 Leptandrin, *gr. xvij*
 Xanthoxylin, *gr. viij*
 Sugar milk, *gr. xxxij. M.*

Divide into eight powders, take one every three hours until a free action from the bowels is effected.

For the treatment of chills and fever, the following is an excellent formula:

(Thorpe's) *R* Hydrastin, *gr. xij*
 Prunin, *gr. xvij. M.*

Divide into six powders, take one every two hours, commencing six hours before you expect the chill, and continue after it is broken one three times per day, half an hour before eating, until the system is well toned up, which will prevent relapse.

The following is a valuable diuretic:

(Merrill's) *R* Euperpurin, *gr. xij*
 Senecin, *gr. xij. M.*

Divide into six powders, take one every three hours, until the proper effect of the remedies is effected.

As an alterative, the following is very efficient in the treatment of scrofula, and all cutaneous diseases:

(Merrill's) *R* Phytolacin, *gr. xvij*
 Menisperm, *gr. xxx*
 Xanthoxylin, *gr. xij*
 Sugar milk, *gr. xvij. M.*

Divide into six powders, take one four times per day.

In gonorrhea:

(Merrill's) *R* Senecin,
 Hydrastin,
 Iodide potass., *gr. xxx. M.*

Divide into six powders, give one three times per day,

I might refer to many more formulas, which have proved very efficient in the treatment of many obstinate forms of disease, but I presume you who have tested the active principles have but one opinion, and that is favorable to their introduction into general practice.

I am aware that you have been in the constant use of the preparations of gelseminum and veratrum viride, and from this fact I have not referred to those invaluable preparations, which are now receiving the attention of the profession throughout the South and West.

From the interest manifested on the part of manufacturers, I am convinced they will not remain satisfied until the valuable resources of the vegetable kingdom has been thoroughly and scientifically explored.

This investigation has but just commenced, and the spirit of genius of the present period of the world's history will not remain inactive, while such a vast field of intellectual research is before it. but onward will be its tendency until every active principle in the vegetable materia medica shall be brought to light.

PROGRESS IN MEDICAL PRACTICE.

BY R. S. NEWTON, M.D.

Every day brings to light new evidence of the great change which is being made in the practice of both medicine and surgery. Some twenty years since, when the founders of the American Eclectic school of medicine announced that they had abandoned the use of general blood-letting, in all cases of disease, as well as their conclusion that the principles of pathology upon which the necessity for its use in what was called inflammatory disease, was based, were not well founded, and, like the use of the agent, should be repudiated,—this declaration, being a bold one, caused

much commotion among both the public and the profession. The former thought that the Eclectics might be right, while the latter denied both propositions, and contended that the phlogistic pathology was correct, and that general blood-letting could not be dispensed with. Holding these views, they have felt it to be their duty to prevent, as far as possible, the adoption of the Eclectic principles by either the public or profession in this country. This has caused the greater portion of the discussions which have arisen between the Allopathic and the Eclectic schools of medicine. Both have labored long and hard to demonstrate the correctness of their respective doctrines. The Eclectics invariably ask for and rely on facts, while the opposition depend upon theory and the opinion of others.

This is one of the fundamental grounds of difference which has existed, and does still exist, between the two systems of practice, viz.: the Eclectics repudiate the whole phlogistic pathology, and the treatment based upon it, rejecting entirely the use of general blood-letting and its collaterals; while the Allopathic system adopts and practices them.

The result of this may be summed up as follows: At this time the whole Eclectic profession discard entirely the old pathology and the old treatment, and every day's experience strengthens them in the position they have taken. Their practice is more successful in every particular. While they have been and are still following out this course of treatment, they are joined in practice by thousands of the Allopathic profession; in many of the most extensive hospitals in the world, we see them manfully standing out against the old practice; while the most experienced practitioners in the profession are daily coming to the same opinion, and at this time, the lancet is not used in the United States as often in one year, as it has been in former times in a single month. This is encouraging to the friends of medical progress. It matters not who leads or follows in these matters, so the people

at large are the recipients of the benefits arising therefrom.

We are led to these reflections by reading the following article upon the treatment of Pneumonia, in the November number of the Edinburgh Medical Journal for 1857. This article contains many valuable practical points, and I am very certain that the readers of the Journal will be benefited by its perusal. If our readers will substitute for the mercurial and antimonial preparations, the tinc. of gelsemium, tinc. veratrum viride, or gelsemin, veratrin, podophyllin, leptandrin, &c., they will have a fine treatment. If our trans-Atlantic friends would only adopt the use of remedies like the Eclectics, which will produce all the good effects claimed to belong to their heroic agents, while they are entirely exempt from those bad effects which so frequently follow their use, they would be as much pleased with their action as we are.

CONTRIBUTION TO THE STATISTICS OF PNEUMONIA.

BY ARTHUR MITCHELL, A.M., M.D.

While in Vienna, in March last, I received a letter from Prof. Bennett, requesting me to collect some of the later statistics in reference to the mortality, frequency, treatment, etc., of pneumonia in the General Hospital there. At his suggestion, I now publish the contents of my letter in reply, which he has returned to me for that purpose.

RATE OF MORTALITY.

The table, which immediately follows, gives the number of cases of pneumonia admitted into the hospital during each of the ten last years, with the total number of deaths occurring from that cause.

TABLE I.

Year.	Cases.	Deaths.	Proportion of deaths.
1847	767	199	1 to 3.9 or 25.6 per cent.
1848	462	119	1 to 3.9 or 25.6 "
1849	692	127	1 to 4.6 or 21.7 "
1850	558	115	1 to 4.8 or 20.8 "
1851	894	127	1 to 4.7 or 21.2 "
1852	676	145	1 to 4.6 or 21.7 "
1853	447	110	1 to 4.1 or 24.4 "
1854	566	141	1 to 4.0 or 25.0 "
1855	584	184	1 to 3.2 or 31.2 "
1856	653	167	1 to 3.9 or 25.6 "
Total,	5909	1489	1 to 4.1 or 24.4 "

As exhibiting, however, still more exactly the rate of mortality, I subjoin the following table, which I have extracted from the *Arztlicher Bericht über das k. k. allgemeine Krankenhaus zu Wien, im Jahre 1854*.

TABLE II.

	1851.	1852.	1853.	1854.
Cured,	76.5	74.9	74.5	70.0 per cent.
Bettered,	2.7	2.3	1.9	3.4 "
Dead,	20.8	22.8	23.6	26.6 "
	100.0	100.0	100.0	100.0

In comparing the years embraced in Table II, with the same years in Table I, a slight discrepancy will be observed. This is accounted for thus: In the first table, the per centage of deaths is drawn from the number of *admissions*, whereas, in the second, it is derived from the number *treated* each year, the treatment being concluded by successful, fatal, or other issue. The last is influenced, therefore, by the number remaining from the preceding and that passed over to the succeeding year, as well as by transferences during the year.

This does not affect, however, to any important extent, the final result of Table I, which shows 24.4 per cent. as the average mortality. For obvious reasons, this is the case. And we have a demonstration in calculating the means for the four years comprised in both tables, when the results will be found to be almost the same, viz, 23.1 and 23.5. The greater the number of years, of course, the less will be the discrepancy.

One year, however, shows a strikingly different rate of mortality from another, ranging from 20.8 to 31.2 per cent. But the general line of treatment, pursued in the Vienna Hospital during the last ten years, so far as I know, has remained nearly the same, or at any rate has not been undergoing material or essential changes. We might be apt to suppose, therefore, that this changing rate of mortality had resulted from alterations in the type of the disease. But, as the following table will show (report for 1849), the same varying result of treatment may be observed during the course of one year.

TABLE III.

1849.	NO. TREAT.		NO. DEATHS.		PROP. DEATHS.	
Divis'ns.	Male.	Fem.	Male.	Fem.	Male.	Fem.
I. Div.	57	14	14	8	24.5	50.0
II. "	26	84	6	7	16.6	20.6
III. "	46	11	15	8	32.6	27.2
IV. "	19	37	6	9	31.5	24.3
V. "	37	80	8	7	21.6	25.6
VI. "	69	25	16	4	23.2	16.0
Div. for dia. chest (special),	82	89	11	6	13.4	15.4

In this table it will be observed, that the pneumonias are spread over the six medical divisions of the hospital, and the division devoted especially to diseases of the chest; and the former tables, in addition to these, include also the clinics of Skoda, Oppolzer and Raimann.

In the hands of so many men, there must have been some differences in the style of treatment, but, so far as I can learn, these were of no essential or important character; being, in all cases, modifications of that which nearly ignores bleeding, and uses sparingly tartar emetic. Professor Th. Helm, the present Director of the Hospital, to whom I am indebted for Table I, thinks it probable that not more than half-a-dozen cases of bleeding occurred during the ten years. If we take ten times six, however, we shall only have one case bled out of a hundred treated.

I thought it possible that these irregularities might be accounted for by some changes or peculiarities introduced into the conditions of admission to the hospital generally or to its different departments, but it was not so. Nor could I, in any other way, explain them satisfactorily or assign a sufficient cause.

We have here, then, a good illustration of how different may be the results of a similar treatment in the hands of different men, dealing with the same people, during the same time, apparently under the same general circumstances, and with the type of the disease of necessity the same.

FREQUENCY.

With reference to the frequency of pneumonia, in the Vienna hospitals, I have picked out of the reports the following

facts, bearing more or less directly on the question.

a. Of all the patients admitted into the hospital, pneumonia formed in

1851—32.2 in 1000,

1852—34.6 in “

1853—22.7 in “

1854—26.9 in “

b. In 1854, nine diseases were before it as contributors to the list of admissions. In other words, in the order of frequency it stood tenth. The nine which exceeded it were, in their order, syphilis, phthisis (pulmonary), gastro-intestinal catarrh, itch, catarrh of the respiratory organs, typhus, cholera, rheumatism, and intermittent fever.

c. In a list, embracing the 58 most frequent and most important diseases, pneumonia stands, as a death producer, as No. 19, and in order of curability, as No. 32; that is, 18 diseases give a larger per centage of deaths, and 21 a larger per centage of cures.

d. Of the 8251 *post mortem* examinations made during the six years from 1849 to 1854 inclusive, 782 are entered as pneumonias. No trustworthy inference, however, can be drawn from its appearance in the dead house. Prof. Rokitsansky himself impressed this on me. An examination is not made in every case of death, and cases occurring in the Gebär-und Irrenanstalt, are included.*

TREATMENT.

I think I cannot offer any more precise account of the treatment pursued, than will be found in some extracts from the Physicians' Yearly Hospital Reports, and these I shall give as nearly as possible in their *original form*, merely translating into English the words which in the Reports are in German.

In 1849, *vide* Table III, I find the following: “The therapeutics were regulated by the intensity of the malady. In the department for diseases of the chest (which

showed the most favorable rate of mortality) the treatment was expectant. Rest and the withdrawal of all nourishment during the continuance of the fever, water as drink—occasionally emulsion of almonds.† On the occurrence of copious bronchial secretion, tart. emet. or ipecac. in large doses. Blood-letting was not at all resorted to. Convalescence was on an average short.”

Again, in 1850, which showed a general mortality of 19.35 per cent in men, and 21.5 in women, the treatment is thus shortly described: “Treatment generally very simple—tart. emet., cor. sublimat., kermes-mineral, nitrum, often nothing but emollients, almost never venesection.”—*Report for 1850.*

In 1851, we have almost a repetition of the above: “The treatment was usually very simple—bleeding was exceedingly seldom resorted to; tart. emet. opium, emollient decoctions, or an infusion of ipecacuanha, were the usual remedies; in severe cases, sublimat. was employed with success.”—*Report for 1851.*

In 1852 it is thus described: “Therapeutics—inwardly ipecac. cum opio., tart. emet. in large doses alone or with tincture of opium, kermes-mineralis cum opio., mixtura nitrosa, emulsum, decoct. althæ, sublimat. (½ gr. to 1 lb of distilled water, 2 tablespoonfuls every two hours), venesection seldom; outwardly warm fomentations, ung. cinereum.”—*Report for 1852.*

In 1853, the note describing the treatment is rather more interesting, as it gives the general characters of that pursued in each division.

“Treatment, kermes-mineral 6 to 8 gr. daily, with or without opium in powder, emulsio glacialis ung. cinereum (I. Med. Div.); nitrum, infus. ipecac., tart. emet. (4 to 6 gr. p. d.), in severe cases venesection to a pound (III. Med. Div.); cupping-glasses, venesection in severe attacks, poultices, mixt. nitrosa with tart. emet. and tinct. opii simpl., during the resorption sulphur auratum antimonii, mixtura gum-

* “When several pathological conditions occur together, that is entered in the table which is apparently the originating cause of death.”—*Report for 1851.*

† Orgeat—“Mandelmilch.”

mosa cum aqua laurocerasi (IV. Med. Div.); infus. ipecac. C. tinct. opii, in cases of strong cyanosis sublimat in solution and Dover's powder, in rarer cases also venesection, where there was deficiency of expectoration kermes-mineralis cum opio (V. Med. Div.); altho, in cases of great dyspnoea and violent stitch opiates and fomentations, in cases of old persons camphor (VI. Med. Div.)"—*Report for 1853.*

In 1854, Dr. Pleichl thus describes the treatment pursued in the clinical wards of Prof. Oppolzer: "As far as concerns the treatment of pneumonia, we were satisfied in all cases with ipecacuanha and opium in the form of Dover's powder. We attained the end in view, namely, *through the ipecacuanha*, to create a congestion of the mucous membrane of the stomach, and so derive from that of the bronchi, and thereby lessen the dyspnoea, and, *through the opium* in combination, to mitigate the irritation of the cough. Venesection was in no case indicated, and therefore in no case practised. In consideration of this, that four extended double pneumonias presented themselves, and that of two other cases, in one during its progress a tuberculous metamorphosis of the exudation occurred, and in the other abscesses were formed, which cases are entered as fatal under the heading 'Pneumonia'—the rate of mortality is very favorable."—*Report for 1854.*

During that year, and in the manner above described, Prof. Oppolzer treated 32 cases, 16 men and 16 women. Of these, 12 men and 15 women, in all 27, were cured; and 4 men and 1 woman, in all 5, died. Of the 32 cases, in 18 the right side was affected, in 10 the left, and in 4 both sides. It appears, therefore, that 15 per cent. was considered a very favorable issue. Exactly the same treatment is still pursued in his wards, but not always with the same success, since, in 1855, I believe, out of 39 cases treated 10 died, or 25.6 per cent.

During the same year, 1854, under Skoda's treatment, out of 53 cases, 31 were cured, 8 bettered, and 14 died. Of these, the disease lay 13 times on the left side,

giving 10 cures, 2 deaths, and 1 improvement. It occurred on the right side 19 times, and of these 14 were cured, 4 bettered, and 1 died. In 12 cases both sides were affected, and of these the greater part died. Nine cases were complicated with extensive pleuritic exudation, and of these 1 was fully healed, 2 were bettered, and 6 died.—*Report for 1854.*

REMARKS ON TREATMENT.

Blood-letting.—From the foregoing quotations, without reference to my personal observation, it is clear that bleeding in pneumonia is very rarely resorted to by the Vienna physicians—that is, it is very rarely considered by them to be indicated or necessary. I qualify the statement thus because I think that none of them would deny the possibility of a case presenting itself in which the abstraction of blood would be deemed advisable, and in which it would be (and indeed is) practised accordingly.

But it would not be done with any hope of cutting short the disease, of lessening the exudation, or of promoting absorption. but for a temporary good, such as the relief of urgent or alarming dyspnoea. It has to be left then to the judgment of the physician to determine when, on such such grounds, it is indicated, exactly as he has to determine when, or whether he has, to exhibit a laxative, an opiate, or other remedy, during the progress of the disease in question.

Practically, however, it is thus retained as a *bona fide* remedy; that is, it may become the means of averting a fatal termination. But this differs from the teaching which considered it wise and prudent (as a rule with few exceptions) to bleed all cases of pneumonia coming under treatment in the earliest stage; a thing, by the way, that must and does rarely happen in a public hospital.

Such, some thirty years ago, was, I understand, the teaching at Vienna as elsewhere. But I met no man who would entertain for a moment that the change in the treatment of pneumonia had resulted

from any change in its type. Their opinion seems to be this, that when physicians became more expert at the physical examination of pulmonary disease, they found that bleeding did not affect in any favorable manner, the *real* progress of the disease, and, therefore, they were led to discontinue it.

The results seemed to justify the change; and thus, without discarding loss of blood as a remedy in pneumonia, they discarded the principle on which it was employed. The new ground on which they placed it was one, no doubt, of great importance, but statistics prove, beyond all question, that they very rarely found it necessary to summon its services to accomplish its new aims. In other words, finding they did not attain the *ends* for which they bled formerly, they ceased to bleed *for these*, but continued to do so *for others*, in their hands apparently of rare occurrence.

They seem to be of opinion, however, that although there is, as the result of this change, a diminution of the mortality, it is not very great, but they think the recoveries quicker and much more satisfactory.

The cases in which I feel certain that bleeding was in no single instance practised are the following:

TABLE IV.

1849. Division of the Gen- eral Hospital for diseases of the chest, vide Tab. III.	CASES.	DEATHS.	P.O.
1854. In Wieden Hospital, Vienna, where the treat- ment was symptomatic and exceedingly simple, Report for 1854, -	121	17	14.0
1854. Oppolzer's Clinical wards, as shown, -	87	18	20.7
Hospital Practice.	82	5	15.6
Practice of Prof. Sigmund, from his own records, dating from 1837, as a private practitioner, and from 1842 as a hospital physician,*	240	40	16.6
Hospital and private prac.	748	104	14.0
	953	144	14.7

*Although the average mortality was 14 per cent., it differed in hospital and private practice, the first being 17.0 and the last 11.0 per cent. In the note in which Prof. Sigmund communicated these results, he thus describes his treatment:—"Rest in bed without increased heat, tepid watery drinks; where there was

There is here, certainly, a mortality much less than the general mortality in Table I. How far this is attributable to the *one* common point of similarity, is very difficult to determine. In questions of this nature, it is almost impossible to say when you are associating similars with similars, and when with dissimilars; and when credit is to be given to any single point of agreement for the production of the final result. Between these, in reality, there may be no connection; or, on the other hand, to some other unperceived point of similarity the whole may be due. The most incongruous elements may be brought together in the maze, and remain latent. The one fact, prominently brought forward, may hide the others, or cause them to be overlooked.

The nicest discrimination is required in dealing with statistics on such questions, and we cannot be too cautious in our generalizations. There is invariably such a complexity in them, that it becomes difficult in the extreme to trace the cause of the result; if, indeed, it be possible to do it, since the effect almost always, on careful examination, appears to be the meeting point of a host of converging causes, which, in every individual case, differ in their nature, number and force. At negative inferences, however, we often may arrive with considerable certainty. And the present case is one more or less of this character.

Antimony and Mercury.—I think the quotations give an exaggerated idea of the frequency with which the preparations of these metals are employed. As far as I observed, they were rarely administered.

Blistering.—It will be observed that nowhere is mention made of this as a remedial agent. I never saw it used.

Diet.—Low diet is usually enjoined till the fever abates, which, in regular cases, according to Pleischl, has been observed

very great pain, frictions with oil over the affected part and warm water fomentations: when there was frequent cough, sweetened water; very dilute orange, gum solution with sugar; in obstinate constipation, enemata of syrup and water."

to occur, in a more or less abrupt manner, between the seventh and ninth day. At the same time, the chlorides reappear in the urine. A good nourishing diet is then ordered, and stimulants, if thought necessary.

Duration of Treatment.—With reference to this point, I find that, in 1853, the cures range from four to twenty-eight days, and most of the deaths occur between the first and sixth day.

In 1854, the cures fall between twelve and thirty-nine days, but the greater part between twelve and twenty-one, and almost all the deaths occurred within the first five days after admission (IV. Med. Div.)—*Reports for 1853 and 1854.*

Age of the patients.—Of 436 patients treated in 1854, the ages are given thus:

Below 16	years,	31
From 16 to 20	"	85
" 21 to 30	"	147
" 31 to 40	"	69
" 41 to 50	"	45
" 51 to 60	"	41
" 61 to 70	"	16
" 70 upward,		2

436

Thus, pneumonia appears to be most frequent between the ages of 16 and 20, and this holds good of both sexes. Indeed, in the order of increase and decrease, they are throughout parallel. The period of childhood is not, properly speaking, represented in this table, since no child under four, except for surgical ailments, is admitted into the General Hospital, while on the other hand, children are received into the special hospitals, devoted to them, till they are twelve years old.

Side of the Chest affected, etc.—The care and precision with which the diagnosis is always made in the hospitals of Vienna, render information derived from their records, on such a point as this, unusually valuable. The reports of the General Hospital for 1852, 1853, and 1854, and of the Wieden Hospital for 1854, give information on this subject. The sum of these makes the right side affected 653, the left 453, and both sides 114 times. The right

side, therefore, is much more frequently affected than the left.

With regard to the lobe of the lung affected, the report of 1854 gives the following:

Upper.	Middle.	Lower.	Together.
141	52	223	70

The lower lobe, therefore, is the one most liable.

Period of the Year at which it prevails most.—In 1949, 1852, 1853, and 1854, it attained its maximum in May, and in 1850 and 1851, in April. It may be said to be invariably most fatal and most prevalent in March, April, and May. I was much struck with the regularity of this, which, besides being constant, is strongly marked. I could see nothing in the meteorological tables, published by Kreil, to explain this. I think the same holds good on the continent generally, and in our own country.

DR. HORACE GREEN'S TREATMENT OF PULMONARY DISEASES BY BRONCHIAL INJECTIONS.

BY R. S. NEWTON, M. D.

Prof. Green, of New York, has for many years past, made laryngeal and pulmonary diseases a specialty, both in study and practice. This has given him a reputation which has drawn to him such a variety of these cases, that he has been enabled to test fully his peculiar views of their treatment.

His proposition to inject a solution of the nitrate of silver into the bronchi, was received by the profession not only with distrust, but was actually derided by many. He demonstrated its practicability, however, to a committee, in a way they could not question.

While in New York, some time since, we were invited by Dr. Green to witness him perform this operation. On that occasion he introduced the catheter into the bronchi, and injected two drachms of the solution, after which he withdrew the tube. During the whole operation the patient never showed any disposition to cough.

The physician upon whom the operation was made, informed me that he had considered himself far advanced in consumption, but now he was rapidly improving in every particular.

This is the only case in which we have seen the application made, and cannot speak from a personal knowledge of its utility; yet, from the success which has attended Dr. Green's practice, we are of the opinion, that in the hands of one well acquainted with the parts and their affections, much good can be done in that peculiar class of diseases.

We copy the following article from the *Edinburgh Medical Journal* for Nov. 1857.

ON INJECTIONS OF THE BRONCHI IN PULMONARY DISEASES.

BY JOHN HUGHES BENNETT, M.D., F.R.S.E.

In a publication which I received from Dr. Horace Green of New York, in 1856, there is a statistical table of 106 cases of pulmonary disease, which were treated by injections of the bronchi, with a solution of Nitrate of Silver. A flexible catheter was introduced through the larynx, into the right or left division of the trachea, and, by means of a glass syringe, the injection thrown into the lung. This bold proceeding was described as producing great benefit in cases of pulmonary tuberculosis, bronchitis, and asthma. Whilst tuberculosis is at first a constitutional disease, its localization in any part, reacts more or less on the general health—and the opinion I have long entertained, that any means which could enable the physician to act directly on the tissue of the lung itself or inflamed bronchi, would assist his efforts at cure, at once led me to take a favorable view of this new mode of treatment. Besides, why should not Nitrate of Silver act as beneficially on the mucous membrane of the trachea and bronchi, as on that of any other hollow viscus? The difficulty was obviously to get it there through the rima glottidis. I therefore wrote to Dr. Green, requesting him to send me the instruments he em-

ployed. In a letter which I received from him in reply, dated New York, January 30, 1856, he says:—

"I would, with much pleasure, send you the instruments I employ, but they are simple, and may be obtained at any surgical instrument makers' shop. They consist of an ordinary flexible or gum-catheter, and a small silver or a glass syringe. The catheter is Hutchings's gum-elastic catheter (Nos. 11 or 12), which is $12\frac{1}{2}$ inches in length; and, as the distance from the incisor teeth to the tracheal bifurcation is, ordinarily, in the adult, about eight inches, if this instrument is introduced so as to leave only two inches of the catheter projecting from the mouth, its lower extremity must of course (if it enters the trachea) reach into one or the other of its divisions. I first prepare my patients by making applications with a sponge-probang, for a period of one or two weeks, to the opening of the glottis and the larynx, until the sensibility of the parts is greatly diminished. Then, having the tube slightly bent, I dip the instrument in cold water (which seems to stiffen it for the moment, and obviate the necessity of using a wire), and with the patients head thrown well back, and the tongue depressed, I place the bent extremity of the instrument on the laryngeal face of the epiglottis, and gliding it quickly through the rima glottidis, carry it down to or below the bifurcation, as the case may require. It is necessary that the patient continue to respire, and the instrument is most readily passed during the act of inspiration. The tube being introduced, the point of the syringe is inserted into its opening, and the solution injected. This latter part of the operation must be done as quickly as possible, or a spasm of the glottis is likely to occur. Indeed, if the natural sensibility of the aperture of the glottis is not well subdued by previous applications of the Nitrate of Silver solution, or if the tube in its introduction, touches roughly the border or lips of the glottis, a spasm of the glottis is certain to follow, which will arrest the further progress of the operation. The *epi-*

iglottis, which is nearly insensible (and thus you may prove on any person, by thrusting two fingers over the base of the tongue and touching, or even scratching with the nail, this cartilage), should be our guide in performing this operation. The strength of the solution for injecting is from 10 to 25 grs. to the oz. of water. Commencing with 10 or 15 grs. to the oz., its strength is subsequently increased, and the amount I now employ is from $\frac{1}{4}$ to $\frac{1}{2}$ drachms of this solution.

"In cases of bronchitis, asthma, and in phthisis, even the employment of the tube once or twice a week, diminishes the cough and expectorations, with great certainty, especially in the two former diseases; and many cases have recovered under the local treatment after other means had failed. The application of the sponge probang are continued in the intervals of the employment of the tube."

My period of attendance on the clinical wards having expired in January, it was not until last May that I had an opportunity of making a series of observations on this subject. I was then fortunately assisted by Prof. Barker of New York, who showed me the kind of catheter he had seen Dr. Green employ, and demonstrated the manner in which the operation was performed. Without entering into minute particulars, I have only to say that I have confirmed the statements made by Dr. Horace Green. I have introduced the catheter publicly in the clinical wards of the Royal Infirmary, in seven patients. Of these five were affected with phthisis in various stages—one had chronic laryngitis with bronchitis, and one chronic bronchitis, with severe paroxysms of asthma. In several other cases in which I attempted to pass the tube, it was found to be impossible—in some because the epiglottis could not be fairly exposed, and in others on account of the irritability of the fauces and too ready irritation of cough from pressure of the spatula.

My experience of this treatment is as yet too limited to permit my saying any-

thing of its permanent effects. In the case of bronchitis with asthma—a female, aged 24—I have now injected the lungs eleven times, at first throwing in $\mathfrak{z}\text{ij}$. of a solution of Nitrate of Silver, of the strength of $\mathfrak{z}\text{ss}$. of the crystalized salt to $\mathfrak{z}\text{j}$. of distilled water, and latterly I have thrown in $\mathfrak{z}\text{ss}$. of a solution of the strength of $\mathfrak{z}\text{ij}$ to $\mathfrak{z}\text{j}$. She declares that no remedy has had such powerful effect in lessening the cough, diminishing the expectoration, or delaying the asthmatic paroxysms. She breathes and blows through the tube, when inserted four inches below the larynx, and I have been surprised at the circumstance of the injection not being followed by the slightest irritation whatever, but rather by a pleasant feeling of warmth in the chest (some have experienced a sensation of coolness), followed by ease to the cough, and a check for a time to all expectoration.

I think it of importance that these facts should be known to the profession, as a homage justly due to the talents of a distinguished transatlantic physician, and with a view of recommending a practice, which, if judiciously employed, may form a new era in the treatment of pulmonary diseases.

RUBEOLA.

BY I. J. M. GOSS, M. D.

SYMPTOMS.—This disease commences usually as catarrh, or as a mild form of bronchitis or tracheitis. The patient is, perhaps, indisposed for three or four days, or less time, then is seized with rigors or chill, followed by flushes of heat, then by actual fever. The eyes become congested and sore, the lachrymal secretion increased, the fauces red, tender and painful, with hoarse cough, deglutition difficult; the limbs ache, the skin is dry and harsh, the tongue slightly coated, the taste generally perverted, the pulse quick and tense, the urine high colored and scanty. These

symptoms continue for three or four days, then the eruption will appear, first on the vellum and whole palatine arch, then on the face, and by degrees extend along the body until it covers the whole surface.

If there are no complications of the disease, the eruption, after remaining stationary two or three days, begins to degenerate, and disappear gradually as it advanced, though not in large scales or flakes, as in scarlatina, but in small, branlike scales, leaving the skin more red than natural, with specks of white thickly studing the epidermis, where the eruption has just left, which, in children or females, will remain several days, and appear when the surface is warmed by walking or by the fire, several days after the eruption has disappeared.

DIAGNOSIS.—This disease cannot be easily mistaken for any other disease except scarlatina and roseola. From scarlatina it may be distinguished by the catarrhal symptoms in the inception, and by the peculiarity of the eruption, which, in measles, is more elevated, and feels rougher to the hand, as it gently glides over the surface; there is not that uniformity of efflorescence in measles, which exists in scarlatina. From roseola it may be distinguished by the roughness caused by the elevation of cuticle. The fever, too, is higher in measles than in roseola.

TREATMENT.—In regard to the treatment great error has been committed by some practitioners. Some recommend calomel and other irritating cathartics; others tartrate of antimony as an emetic, or in small doses as a sedative. All such treatment does not deserve to be honored with the epithet of respectable nonsense. No man, properly acquainted with the therapeutical properties of such remedies, and with the pathology of this disease, would ever pretend to prescribe them, unless he intended to do all he could, clandestinely, to cripple the vital forces, and thereby prevent determination to the surface, and a favorable termination of the disease; for it is my own opinion that the bowels are so irritable, that even the mildest cathartics will

often do harm. I am not certain but that the mucous surface of the alimentary canal is in a state of congestion, in the incipency of the disease, and probably covered with the same eruption that is seen on the skin—at least, it appears probable to me. The irritation is so apparent from the start, that the stomach and bowels cannot be disturbed to any very considerable extent, without great detriment, until the eruption is fairly out on the surface, and then, they should only be moved gently, to obviate obstinate constipation, where it exists.

In order to get the eruptions to the surface, where there are no complications, and where the vital forces are ordinarily good, all that is necessary to be done is to give warm teas, as balm, sage, catnip, or some mild diaphoretic, to determine to the surface. If these fail, small doses of comp. tincture of serpentaria and dulc. spirits of niter, frequently repeated, will generally bring out the eruption to the surface. If this should fail, the surface may be washed with soda water and a little brandy, and mustard applied to the abdomen and extremities. If the accompanying fever should run very high, veratrum, aconite, &c., may be given to control the circulation. If diarrhea supervenes, it should be duly restrained by morphia and geranium, or catechu, monesia, or any of the vegetable astringents that are prompt in their action, or injections of tannin and morphia may be given *pro re nata*. Where the tonsils appear very painful, and deglutition is very difficult, the patient should gargle with an infusion of sumak or alum, or hydrastris, coptis, and a small portion of xanthoxyl in infusion.

The above will be found adequate treatment for the disease in its uncomplicated state. Where patients have been purged or bled (as has been quite common in years past), or where the vital stamina is not adequate to the maintenance of the centrifugal action in the system, revulsion, or retrocession of the eruption from the surface, may take place, and congestion of the bronchial tubes or of the lungs result; or the irritation may fall on the mucous

surface of the bowels, producing violent diarrhea, or it may fall upon the brain, producing dangerous phrenitis or convulsions. In cases of exhaustion, or of constitutional debility, a cautious administration of stimulants and tonics will be indicated, as quinia, cornin, xanthoxilin, porter, wine or brandy, hydrastin, camphor and capsicum, with friction to the surface, warm bath, and mustard to the extremities. If bronchitis or pneumonia should supervene, tinc. of lobelia comp. with syrup of senega and comp. tinc. of opium, in doses to suit the age of the patient, will be indicated. If the fever should be so high as not to yield to the lobelia and comp. tinc. opium, a small quantity of the tinc. of gelsemium or aconite may be added, until the circulation is controlled.

During convalescence, the patient should avoid all exposure to cool or damp air, and be kept well clothed, particularly if it be in the fall, winter or spring seasons. The diet should be well regulated, so as to be nourishing, but, at the same time, quite easy of digestion, lest the bowels become so irritated as to produce diarrhea, which often proves tedious, and sometimes fatal.

The above is the treatment that I have found successful in this disease.

CASE OF AMAUROSIS.

BY WM. H. SURBER, M. D.

Last June I was called to see a lady, laboring under a disease of the eyes, and the following is the history of the case, with a description of the treatment, &c.

Aged 24; married three years. Was taken sick in January last, at about the sixth month of her second pregnancy, and sent for a physician, who gave her a large dose of calomel, which produced an abortion. A few weeks after this she began to have a sensation of cloudiness in her vision; every thing she looked at appeared as if enveloped in smoke, and specks of various colors seemed to float before her eyes. She

was frequently troubled with headache and vertigo. For several weeks they were much better in the morning, but eventually became so bad that she could not at any time distinguish one individual from another. The pupil was very much dilated, and presented a glaasy appearance.

Diagnosis—Amaurosis.

Prognosis—Favorable.

Amaurosis may arise from various causes unnecessary to name, but in this case I believe it to have been produced by uterine irritation, from an abortion induced by mercurialism.

Treatment.—Gave an active cathartic of podophyllin and leptandrin; continued the podophyllin in half-grain doses every night, during the treatment, except when the bowels were acted upon too freely, it was discontinued for a night or two. Syrup of iodide of iron was administered three times a day, in the usual doses. I prohibited all exercise of the eyes. External applications as follows: A seaton through the back of the neck over the second and third cervical vertebra; a small blister over each eyebrow upon which was sprinkled, after removal of the cuticle, one twelfth of a grain of strychnine every twenty-four hours for ten days; then an interval of five days was allowed to elapse, and the application was continued as before, up to the time of her discharge. In addition to the above treatment, I put a thin piece of copper, about an inch and a half in diameter, over the seaton, and connected it by a small wire with a piece of zinc (as large as a dime) placed upon the blister over each eye-brow. This treatment had been pursued about two months, when her eyes became very painful. Sight was gradually restored from that time until she was discharged cured on the first of October.

CLEANING BONES. — Dr. Hamilton, of Buffalo, gives the following formula :

R Chloride of lime, lbj
Bicarb. potash, 3j
Water, gal. ij. M.

MERCURIALS.—No. 1

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

HYDRARGYRUM.

I propose presenting a series of articles for publication in the Eclectic Medical Journal, upon the subject of Mercurials. This announcement may be received with surprise by its readers, in consequence of the many articles which have already appeared from time to time in the New School periodicals of the day. They may view the further consideration of the question as a work of supererogation—as a mere repetition of what has already so often appeared in print. Notwithstanding such may be the conclusion of many, yet I trust I shall be able to present the subject in a manner that will not be wholly devoid of interest and instruction. It is well known to the medical world that we, as Eclectics, oppose the use of mercurials, believing that we possess safer, more certain, and less destructive agents, which we employ as substitutes.

Suffice it to say that I do not propose a lengthy dissertation upon the reputed curative virtue, and the extravagant laudations so lavishly bestowed upon mercury, by the advocates of its use and appropriate character as a therapeutic agent. On the contrary, I propose to furnish a series of articles, showing some of the many reasons which the friends and advocates of the American Eclectic System of Practice regard as valid objections to its use. As a class of remedies, I fearlessly and unhesitatingly pronounce them a pernicious, disease-creating class, and shall attempt, before concluding these investigations, to prove the position so boldly taken.

In my first articles, I shall place the friends and advocates of mercury upon the stand, and compel them to testify in the case pending. The highest authority only will be called upon to give evidence in the case. In pursuing this course, I shall present the physiological effects of metal-

lic mercury, and those of its most important and most esteemed preparations, upon the animal economy, as stated by authorities which its friends cannot, and dare not dispute. As I progress, I shall make a few comments upon its unfitness, as a remedial agent, and upon the positive and uncontrollable injury which it often inflicts upon the patient, when exhibited by the physician possessed of the greatest amount of sagacity and human skill.

If its physiological action is first proved to be incompatible with the laws of health and life, I trust I shall have no difficulty subsequently, in proving its unreliable and dangerous character as a medicine; and, furthermore, instead of its effecting most of the cures ascribed to it, to prove that nature accomplished the work of restoration unaided, yea, in spite of the deleterious influence of that pernicious drug. I hope to prove more—I hope to prove satisfactorily, that the mortality in multiplied thousands of cases, has been attributable alone to the unfitness and uncontrollable poisonous action of mercury.

The objections which we urge against its use as a curative agent, will be reserved for the closing series of these articles.

From these introductory remarks, the reader will perceive that my first articles will consist chiefly in a compilation of authoritative extracts from the best Allopathic text-books known to the medical profession. This may render the subject monotonous, but I hope not uninteresting, for if I first show mercury to be intrinsically poisonous, and incompatible with the laws of health and life, whether taken by man or animals, in a state of perfect health, then no one can object to or gainsay the position here assumed, that it is alike incompatible with the laws of the human constitution when in a state of disease, and therefore that it is not a fit remedy in any case.

Having made these preliminary remarks, I now proceed to give extracts from "The Elements of Materia Medica and Therapeutics, by Jonathan Pereira, M. D., F. R. S., and L. S." Dr. Pereira is with-

out doubt the ablest writer on *Materia Medica* and *Therapeutics* of the nineteenth century. No professional man, either in Europe or America, will attempt to impeach or call in question the high authority of the evidence here given; and I may here remark that Prof. Pereira's testimony on the subject of mercury, is corroborated by Christison, Taylor, Dunglison, and sundry other able writers and distinguished professors in the ranks of our opponents. Such authority ought to satisfy the most skeptical as to the real character and unfitness of mercury as a remedial agent.

I first give the effects of metallic mercury on animals. (See Pereira, vol. 1, p. 591-2.)

"From the experiments of Moulin," and others, "it appears that when injected into the veins, mercury collects in the small vessels of the neighboring organs, and acts as a mechanical irritant. Thus, if thrown into the jugular vein, peripneumonia is excited; and on examination after death, little abscesses and tubercles have been found on the lungs, in each of which was a globule of quicksilver as the nucleus."

If mercury collects in the minute vessels, acting as a mechanical irritant, causing abscesses and tubercles in the lungs of animals, may we not infer when the "blue pill" is given to man, or mercurial inunction resorted to, that it may be absorbed and a globule of quicksilver form the nucleus of abscesses or tubercles in his lungs, or in other organs? If such results follow when introduced into animals, can a reasonable doubt exist that the same, or a similar result will arise when it is exhibited to man?

On man, says Pereira, (see p. 592, vol. 1.) metallic mercury sometimes appears to be innocuous but more frequently its effects are pernicious. "The injurious effects of mercurial vapors, when inhaled or otherwise applied to the body, have been long known." They are witnessed in those exposed to mercurial emanations. "In most instances, an affection of the nervous system is brought on, and which is indicated by the *shaking palsy*, which is sometimes

attended with stammering, vertigo, loss of memory, and other cerebral disorders, which frequently terminate fatally." "If the individual continue his business, other more dangerous symptoms come on, such as delirium, epilepsy, or apoplexy; and ultimately death takes place (see same p.)."

"In some instances salivation, ulceration of the mouth, and hæmoptysis, are produced by the vapor of mercury. The following remarkable case is an instance in point. In 1810, the *Triumph* man-of-war, and Phipp's schooner, received on board several tons of quicksilver, saved from the wreck of a vessel near Cadiz. In consequence of the rotting of the bags the mercury escaped, and the whole of the crews became more or less affected. In the space of three weeks 200 men were salivated; two died, and all the animals, cats, dogs, sheep, fowls, a canary bird—nay, even the rats, mice, and cock-roaches, were destroyed."

If this quotation does not prove the emanations of metallic mercury a most destructive poison, to both man and animals, then we may look in vain for proof. If the vapor of metallic mercury is so destructive to life, how much more so must it be when swallowed, or absorbed from the surface in large quantities, and subjected to the various chemical changes, and consequently, to the greatly increased activity as a poison, which it acquires in the system?

Among its local effects, says Pereira, may be mentioned ptyalism or salivation. "Gradually the mouth becomes exceedingly sore, and the tongue much swollen; a coppery taste is perceived, and the breath acquires a remarkable fetidity. The salivary glands soon become tender and swollen; the saliva and mucus of the mouth flow abundantly, sometimes to the extent of several pints in the twenty-four hours. During this state the fat is rapidly absorbed, and the patient becomes exceedingly emaciated. The blood, when drawn from a vein, puts on the same appearance as it does in inflammatory diseases." (see Pereira, p. 593, vol. 1.)

Do not the violent inflammation in the mouth and saliva glands, the great flow of salivary, and the inflammatory state of the blood, prove mercury to be an abnormal excitant—a highly poisonous, disease-creating agent in itself, and therefore unsuited to the removal of disease?

"**MERCURIAL FEVER.**"—Two febrile states are described. "One of these," says Pereira, "comes on a few days after the use of large doses of mercury, and is characterized by great restlessness, dry skin, quick pulse, red gums, swollen tongue, &c.

"The affection which Mr. Pearson denominated *mercurial erythism* (*erythismus mercurialis*), is regarded by Dieterich," (see Pereira, p. 594,) "as an adynamic mercurial fever. It is characterized by great depression of strength, a sense of anxiety about the precordia, frequent sighing, trembling, partial or universal, a pale, contracted countenance, a sense of coldness; but the tongue is seldom furred, nor are the vital or natural functions much disordered. When these symptoms are present, a sudden and violent exertion of the animal power will occasionally prove fatal."

Here, again, the author clearly demonstrates the disease-creating, uncertain, and dangerous character of this agent as a medicine.

"**EXCESSIVE SALIVATION** (*Stomatitis*).—I have already noticed mercurial salivation, as far as it is ever purposely induced for the cure of disease. But it sometimes happens, either from the inordinate employment of mercury, or from some peculiarity in the constitution of the patient, that the mouth becomes violently affected; the gums are tumefied and ulcerated; the tongue is swollen to such an extent that it hangs out of the mouth, incapacitating the patient from either eating or speaking; the salivary glands are enlarged, most painful, and inflamed, and the saliva flows most copiously from the mouth. In one instance, sixteen pounds are said to have been evacuated in twenty-four hours. In some cases, the gums slough, the teeth loosen and drop out, and occasionally necrosis of the alveolar process takes place.

During this time, the system becomes extremely debilitated and emaciated; and, if no intermission be given to the use of mercury, involuntary actions of the muscular system come on, and the patient ultimately dies of exhaustion. I have repeatedly seen inflammation and ulceration of the mouth, and profuse salivation, induced by a few grains of calomel or some other mercurial. A very frequent consequence of excessive mercurial salivation, and the attendant ulceration and sloughing, is contraction of the mucous membrane in the neighborhood of the anterior arches of the palate, whereby the patient is prevented from opening the mouth, except to a very slight extent. I have met with several such cases. In one (that of a female), it followed the use of a few grains of the blue pill, administered for a liver complaint. The patient remains unable to open her mouth wider than half an inch. Several operations have been performed by different surgeons, and the contracted parts freely divided, but the relief was only temporary. In another instance, (that of a child four years of age,) it was produced by a few grains of calomel. Though several years have elapsed since, the patient is obliged to suck his food through the spaces left between the jaws by the loss of the alveolar process." (see ps. 594-5.) Numerous other abnormal conditions arise from its use, which are named by Pereira; such as "*Diarrhea Mercurialis*," "*Uorrhæa Mercurialis*," "*Hidrosis Mercurialis*," "*Eczema Mercurialis*," "*Miliaria Mercurialis*," "*Chronic Skin Diseases*," "*Inflammation of the bone or periosteum*, and the consequent production of nodes," "*Hypertrophies*" of numerous glands, "*Ulceration and Sloughing*," "*Neuroses Mercurialis*," "*Neuralgia Mercurialis*," "*Tremor Mercurialis*," "*Paralysis Mercurialis*," etc., etc., are among the diseases caused by mercurials, as asserted by Pereira.

"**CACHEXIA MERCURIALIS**" is another disorder, or combination of disorders, of which Pereira says: "This condition is characterized by disorder of the digestive organs, loss of appetite, wasting, incapability of

much exertion, with increased secretion from all the organs, especially from the salivary glands."

Do not the foregoing extracts again prove beyond a doubt its extreme unfitness as a medicine? Does not the testimony of Dr. Pereira unequivocally prove that it is one of the most prolific sources of disease? I think there can be but one response to that question, and that must be in the affirmative.

"In excessive doses," its soluble salts cause "acute poisoning." "Gastro-enteritis is produced." They cause a burning and tightness in the throat, vomiting and purging of bloody matters, irritation of the urinary organs, suspension of urine, cold extremities, perhaps ptyalism, stupor or coma, convulsions and death. "Post mortem examination discovers inflammation (and its consequences) of the gastro-intestinal membrane."

"THEORY OF THE ACTION OF MERCURY." (Page 598).—"There are many disputed points connected with the action of mercurials, which it will be convenient to examine under this head."

"Absorption of Mercury.—By the external or internal use of mercury, this metal becomes absorbed (in what state has not been ascertained), and is subsequently either deposited in some of the solids of the body, or thrown out of the system by some of the excretions. The accuracy of this statement is proved by the following facts:

"Mercury has been detected in the blood by Zeller, Buchner, Schubarth, Colson, and Dieterich. It appears to be in such intimate combination with this vital fluid that it cannot be recognized by the ordinary tests. Destructive distillation is, in most cases, necessary for its detection.

"Mercury has been found in the secretions, viz., in the perspiration, the saliva, the gastro-intestinal secretion, the bile, the urine, and the fluid of ulcers."

"Mercury has been found in the reguline state (metallic state) in the organic solids, viz., in the bones, brain, synovial capsules, the pleura, the humors of the eye, the

cellular tissue, the lungs, &c. In what part of the system reduction is effected, has not been made out."

"The constitutional effects of mercury are consequences of its absorption, for, in the first place, mercurials affect the general system, to whatever part of the body they be applied, whether to the mucous membranes, the cutaneous system, or the cellular tissue, or injected into the veins." (p. 598.)

"After absorption mercury effects changes in the qualities of the blood, and in the action of the whole organism, but especially in the apparatus of organic life. Soon after salivation has been established, the blood exhibits an inflammatory crust. At a later period its color deepens, and its coagulability is diminished; the proportion of clot, and therefore of fibrin to serum becomes smaller. 'The formation of albumen and mucus,' says Dieterich, 'sinks to that of serum; the whole organic formation of the patient is less consistent and cohesive.'

"The same authority also tells, that under the influence of mercury, the electrical condition of the blood changes from the negative (healthy) state to that of positive. According to Dr. Ferre, it diminishes the number of red globules of the blood."

The reader will observe that I have made copious extracts from Pereira, on the effects resulting from the use of metallic mercury. I have done this in order that those most familiar with this high authority may see the multiplicity and impregnable character of the arguments which may be urged against its use. The enumerated evils given by him, attendant upon its exhibition, are valid reasons and unanswerable arguments (as I conceive) why it should be discarded and struck from the list of remedial agents. He has multiplied the evidence, and given such a combination of proof against it, as to overthrow every argument that I have ever seen adduced in its favor.

After making a few comments on three or four of the last quotations, respecting the commingling and incorporating of

that poisonous and deleterious drug with both the fluids and solids of the system, I shall conclude this article.

Pereira asserts that when mercury is administered, it is liable to be absorbed and deposited in the *solids*, or thrown off by the excretions; that it is found in the blood, and so minutely mingled with that all-important vital fluid, as to be capable of being detected only by destructive distillation; that it is found in the perspiration, saliva, gastric and intestinal secretions, bile, urine, fluid of ulcers, &c. And furthermore, that it has been found in its reguline or metallic state in the organic solids, as in the bones, brain, synovial capsules, pleura, humors of the eye, cellular tissue, lungs &c. He declares it changes the qualities of the blood, the action of the organism, and causes an inflammatory crust, as in inflammation, to appear on that fluid when drawn; he also says it diminishes its coagulability, augments the relative proportion of its watery constituents or serum, and lessens the clot, and therefore the fibrin, and thereby destroys the healthy equilibrium of that fluid, or the due balance between its different elements, whether given in disease, or introduced into the system in health. He further asserts that it destroys the cohesive or consistent character of the organic solids; that it destroys the negative or healthy state of the blood, and renders it positive; and that it diminishes the number of its red globules.

Such are the evidences of the baneful effects of this poisonous drug, as placed upon record by Dr. Pereira.

Can any medical man believe that this agent can be deposited in the organic solids, as the bones, brain, synovial capsules, pleura, humors of the eye, cellular tissue, lungs, glandular and vascular systems, &c., without deranging their functions and causing disease?

Can any medical man believe it can exist in the blood, perspiratory fluid, urine, bile, saliva, gastric fluid, &c., without perceiving that the solids must suffer irritation, and a derangement in their functions

in consequence of the poisonous and irritating effects of the mineral substance, upon the organs and tissues, deranging their functions and vitiating the secretions, rendering them unfit for subserving the purposes of life and health?

We may as well believe that the poisoned arrow of the savage, when shot into some vital part of our bodies, and there allowed to remain, will prove harmless, as that mercury can remain in the fluids or organic solids without doing injury, or endangering life.

TREATMENT OF POLYPUS UTERI.

From Prof. Scudder's new work on Diseases of Women.

With the exception of a proper attention to the general health, which is necessary in all uterine diseases where the constitution is liable to suffer, the treatment is entirely surgical. The first indication is always to remove the tumor when it is so situated that this can be done. Four means of their removal are presented to us: 1. By ligature, strangulating the tumor, and allowing it to slough off. 2. By torsion, seizing the tumor with a proper instrument, and twisting it off. 3. By excision; some authors recommend the application of the ligature, and the excision of the tumor beyond it. 4. By the use of caustic, disorganizing its pedicle.

Ligation.—This method of removing polyp is considered by most authors as preferable to any other, not only from the safety of the operation, but little if any hemorrhage occurring after its application, but also from the general success attending its use. The objections urged against it are—the difficulty of its application in many cases, the length of time that it takes to separate the tumor, the severe irritation that follows its use, and the putrid and offensive discharge which sometimes arises from the disorganization of the mass, which causes irritation of the genital or-

gans, or may be absorbed, producing severe or fatal irritative fever.

The ligature may be employed for the removal of a polypus in any situation, providing its pedicle can be traced from the body of the tumor toward its insertion for a sufficient distance to admit of the application of the ligature to it. Where no serious symptoms arise from its presence, no operative interference is justifiable until the polypus has passed through the os uteri into the vagina. If the os uteri is rigid, not dilating readily, especially if the polypus is large, as may be known by the size of the uterus, it has been recommended to use lobelia, to assist in the dilatation. It has also been recommended to use the ergot, to hasten the expulsion of the tumor, especially if the polypus at times appears, and then disappears. The propriety of these measures depend upon the symptoms present; thus, if there be profuse flooding, or if the hemorrhage is of very frequent recurrence, debilitating the patient, and endangering her life, these means may be employed, or the ligature applied while the tumor is within the uterus, as will be here-

after described; but if there be no dangerous symptoms, we should wait until the polypus is naturally extruded.

Many modes of applying the ligature have been recommended, and instruments innumerable invented for the purpose, but all that we desire for practical purposes, is a knowledge of one, and mode of application, if this one be adapted to meet the indications of every case that presents. Such an instrument we have in the double cannula of Dr. Gooch (see plate 30,) and as it has been variously modified by different practitioners. Dr. Gooch gives the following description of the instrument, and his mode of using it: "The instrument which I use for this purpose, and which, in numerous cases, has assisted me through the operation, consists of two silver tubes, each eight inches long, perfectly straight, separate from one another, and open at both ends. A long ligature consisting of strong whip-cord is to be passed up the one tube and down the other, and the two ends of the ligature hang out at the lower ends; the tubes are now to be placed side by side, and, guided by the finger, are to be

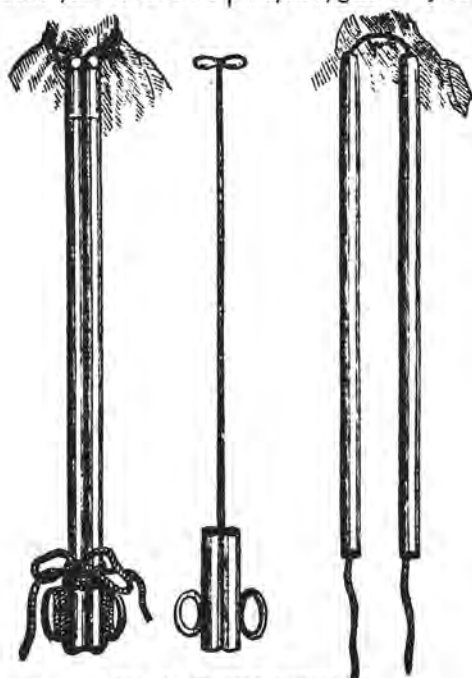


FIG. 30—DOUBLE CANNULA.

passed up the vagina, along the polypus, till their upper ends reach that part of the stalk round which the ligature is to be applied; and now the tubes are to be separated, and while one is fixed, the other is to be passed quite around the polypus, till it arrives again at its fellow-tube, and touches it. It is obvious that a loop of the ligature will thus encircle the stalk. The two tubes are now to be joined, so as to make them form one instrument; for this purpose, two rings joined by their edges, and just large enough to slip over the tubes, are to be passed up till they reach the upper ends of the tubes immovably. Two similar rings, connected with the upper by a long rod, are slipped over the lower end of the tubes, so as to bind them in like manner; thus the tubes, which at the beginning of the operation were separate, are now fixed together as one instrument. By drawing the ends of the ligatures out at the lower external ends of the tubes, and then twisting and tying them on a part of the instrument which projects from the lower rings, the loop around the stalk is thereby tightened, and, like a silk thread round a wart, it causes it to die and fall off."

After the ligature has been applied, the patient must be cautioned against any sudden movements, as serious injury might occur, if the cannula was forced upward; to diminish the liability of this danger, it is recommended that the cannula be applied and left anterior to the polypus. The frequency with which the ligature will have to be tightened will vary according to the degree of irritation produced by it. Thus, if there be but slight irritation, the ligature may be tightened every twenty-four hours, until the polypus is detached. Sometimes, however, the irritation and pain is so great that the ligature will have to be loosened after its first application, until this has subsided; at other times, tightening the ligature every two or three days will be often enough. The vagina should be syringed out once or twice a day with warm water, or warm water and castile soap, to remove any offensive discharge,

and it will also render the patient much more comfortable. In from six days to three weeks the cannula will come away, and, if the polypus be small, it will pass with it; but, if large, it may have to be removed with the hand, or with hooked forceps. The discharge, after the polypus is removed, will often be very profuse, sometimes fetid, and injections of warm water should be frequently used to remove it; if it be fetid, a weak solution of chlorinated soda should be used for the injection. In the majority of cases not a drop of blood is discharged from the time the ligature is applied, and the portion of the pedicle attached to the uterus is gradually disorganized and discharged.

If a polypus be retained within the cavity of the uterus, and give rise to such profuse hemorrhage as to endanger the life of the patient, it will be necessary to dilate the os uteri, and apply the ligature within the uterus. This dilatation may be readily effected by the use of the sponge-tents heretofore described. The first tent that is used will, if well made, expand in from twenty to thirty hours, and open the os to such an extent that the finger may be introduced; it should be followed by larger ones, until sufficient dilatation is effected. There is a probability that when the cervix is dilated in this manner, the polypus will descend into the vagina; if it does not, the ligature may be applied in the cavity of the uterus in the same manner as described above.

Another instrument for removing these polypi, that might be used with much advantage, is the *Ecraseur* of Chassaignac.

The principal upon which this instrument acts, is by a slow division of the tissues, not cutting, but crushing them off; there is no hemorrhage following its use, no danger of phlebitis or of irritative fever; it removes the tumor in a very short time, and thus supersedes the use of the knife. The *ecraseur* consists of a handle and steel cannula, within which are grooves for the passage of a jointed chain, like a chain-saw, but without any teeth, or, perhaps, more like the chain used in watches, the

edge being blunted, but not serrated. From the extremity of the cannula projects a loop, as long as may be required, which is

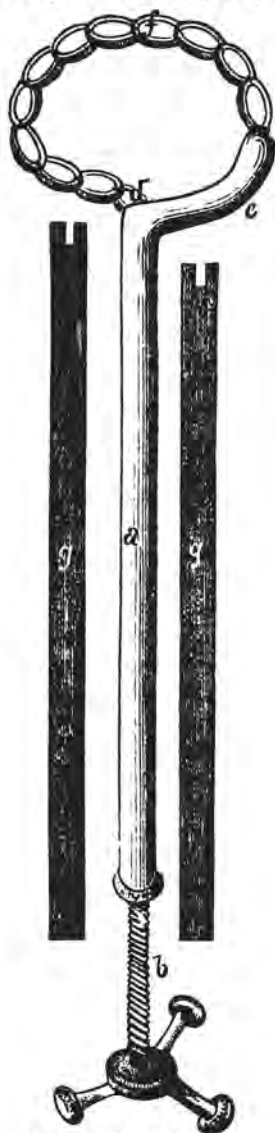


FIG. 81.—THE ECRASEUR.

DESCRIPTION.—The *ecraseur* described above, is the instrument made use of by English and French surgeons. It is a somewhat complicated and expensive instrument, but it can be much simplified. Fig. 81 represents the simplest form of the instrument; it consists of an iron or steel cannula, *a*, ten inches long and

passed around the tumor, and gradually tightened, the handle being moved once in fifteen seconds, when a little click is heard, and the chain tightened, by the drawing into the groove of one of the links. This process continues till all the links are drawn into the cannula, and the tumor is cut off. This slow method of producing strangulation and division of the growth entirely prevents any hemorrhage. A contused wound is produced, and the orifices of the vessels are thus closed. With this instrument a polypus might be removed in from five to thirty minutes.

This instrument is much used by the Paris surgeons for the removal of vascular tumors, cancerous growths, hemorrhoids—in fact, prominent tumors of almost every kind. I have no account of its use in removing polypi, but the adaptation of the instrument for this purpose can be seen at a glance. The following cases will serve to illustrate its use; in each of these the patient was under the influence of chloroform. Mr. Erichsen removed some piles, partly internal and partly external, with

half an inch in diameter; this is terminated internally by an arm, *e*, to which the fixed extremity of the chain is attached. The chain, *f*, is from six to eight inches in length, attached by one extremity to the arm of the cannula, the other passing into the cannula at *d*, is connected with the screw, *b*. The cavity of the cannula is circular, and of sufficient size to admit the screw, but having a groove on each side to receive a square block half an inch in length, which terminates the chain, and through which the screw passes, terminating in a button beyond. The screw is of the same length as the instrument, and works in a nut cut in the raised portion seen at the outer extremity of the cannula, and which is attached to it by means of a screw. In drawing the links of the chain into the cannula, the screw acts upon the plate terminating the chain, which being received into the grooves of the cannula, is prevented from turning, thus keeping the chain straight. The two whalebone staffs, *gg*, are intended to assist the surgeon in carrying the chain up to the pedicle of the polypus.

This instrument is manufactured by Max Woche, on Sixth bet. Vine and Race sts., Cincinnati.

this instrument; the chain was applied round the tumor, and in the course of five minutes and a quarter the mass was completely cut off without being followed by the slightest bleeding whatever. Mr. Stanley removed a warty exudation from an epithelial chimney-sweeper's cancer of the scrotum, with the same result. Mr. Lawrence removed a very large cellular tumor, weighing nearly a pound and a half, and in size equal to a small child's head, from one side of the generative organs of a young woman aged thirty. Seven minutes sufficed to completely detach it. It was followed by no bleeding, no ligatures, and the parts were brought together by sutures. Mr. Paget removed a vascular growth in connection with the clitoris and labium, so commonly met with in females; it was attended with the same success and the same result as in the other two.

From these cases, and others which have been reported, I should much prefer this mode of removing these growths to any other. Its advantages over other modes are, first, the quickness of the operation, the tumor being removed in a few minutes, instead of from eight to twenty-one days, as is the case with the ligature; second, its safety, no hemorrhage or other bad result following its application.

It might be urged against the use of this instrument, that its application would be difficult, but if the following directions be observed, it may be applied as readily as the ligature. In addition to the instrument described, two conducting rods should be made of whalebone, each nine or ten inches in length, and having a groove or mortise at one extremity, sufficiently large to receive the chain. (Fig. 31, gg.) The loop of the ecraseur being then made sufficiently long to pass over the polypus, it may be carried up with the conducting rods and the cannula. We thus have the chain supported at three points, and by this means it can be accurately applied.

Torsion.—Small polypi or polypoid growths from the os or cavity of the cervix may be easily removed, by seizing them with a pair of polypus-forceps, and

twisting them off. Or, in many cases, the polypus might be seized with the fingers, and twisted off, especially if the pedicle be small. No hemorrhage ever follows their removal, by this method, when it is applicable, and all that need be done afterward, beside attending to the general health, is to keep the vagina cleansed by the use of injections.

Excision.—This mode of removing polypi is preferred by many authors, among the most prominent of whom might be mentioned Dieffenbach, Dupuytren, Siebold, Arnalt, Simpson and Brown. Dupuytren removed 200 polypi in the course of his practice in this manner, and hemorrhage occurred but twice in so large a number. According to Siebold the following circumstances should cause us to prefer excision to the ligature: "1. When the polypus is either detruded from the uterus, or can be drawn down with a pair of forceps, or when it is attached to the os or cervix uteri, the stalk being thin, and there being little evidence of vascularity. 2. When the ligature has been applied for some time, and the polypus is within reach, it may be excised below the ligature. 3. When the stalk of the polypus does not separate after the application of the ligature. 4. When the polypus has entailed an inversion of the uterus. And that the two following circumstances are the only cases in which the ligature are preferable:—1. When an artery can be felt pulsating in the neck of the polypus. 2. When the tumor is so thick that it probably contains large vessels." Mr. Baker Brown first ligates the polypus, and then divides its pedicle below the ligature.

The objections urged against excision are—*First*, the danger of hemorrhage; but this, according to the authors above quoted, is very uncommon, and when it does occur, it may be readily arrested by the tampon: *Second*, that more or less injury is always liable to occur to the pelvic attachments of the uterus, if it and the polypus are forcibly drawn down with the forceps, so as to bring the pedicle into view before dividing it; and that if it be divided

while situated in the vagina, the instruments employed are apt to injure the vaginal walls and neighboring tissue.

If this method is adopted, the polypus may be seized with a pair of hooked forceps, and brought down so that its pedicle may be divided externally. Or it may be divided *in situ* with a pair of curved scissors, or a blunt-pointed bistoury, carefully guarding the instrument with a finger introduced into the vagina. Or the curved knife or polypotome of Dr. Simpson, may be used. This last instrument



FIG. 32.
Polypotome.

is in the form of the usual midwifery hook. It consists of a metallic shaft, six inches in length, one extremity of which is bent into a hook, about an inch in diameter. This hook is made of well tempered steel, and its concave surface is formed into a sharp cutting edge. The point of the hook is blunt, to prevent any injury of the tissues. Its other extremity, forming a wooden handle four inches long; the whole length of the instrument being ten inches. (See Fig. 32.) Dr. Simpson says: In employing this polypotome, the stalk of the polypus is first to be reached by the apex of the first finger of the right hand, introduced along the short anterior or pubic surface of the vagina; the instrument is then pushed

by the left hand along this finger as a guide, and passed over or above the peduncle of the tumor, in such a direction that the concavity of the hook will come down upon and embrace this peduncle, as the instrument is pulled downward. The next step is to make the blade of the polypus-knife cut through the stalk of the tumor. For this purpose, a little simple traction, with a slight rolling or sawing motion, is all that is generally required. If the tissue of the peduncle is dense and strong, the dividing force of the instrument

may be increased by the fore finger of one hand being applied with a traction power to the blunt extremity of the instrument, while the handle is dragged down and moved in a sawing direction, by the other hand of the operator. Sometimes, when the polypus is round and loose, after the curve or hook is applied to its pedicle, the cutting portion of the polypotome will divide this stalk most readily, by merely doubling backward with the fingers the body of the polypus upon its own stalk, and pulling the knife against the bent peduncle."

He states that during the last few years, he has removed a very considerable number of uterine polypi of different sizes, and some of them of large dimensions, in this manner; and that he can speak from somewhat extensive experience of the perfect facility and safety of its employment.

Caustic.—There are very few if any cases in which the disorganization of the polypus by caustic can be used with better results than the methods already described. Still, some cases may present themselves in which it might be used with advantage. The directions given for the application of the caustic in cancer uteri would be applicable here, and the same precautions should be observed in its use.

ELECTROLYSIS OF METALS.

BY H. D. GARRISON, M. D.

Notwithstanding the great simplicity of the process for the electrolysis of metals, its complete fortification by analogous facts, and its frequent demonstration by unprejudiced physicians, there are many medical gentlemen (to whom this subject in its practical bearing especially addresses itself) who do not even admit the possibility of such an occurrence. A certain degree of modest skepticism in regard to unexpected announcements in science, is always commendable; yet, that skepticism should never be so complete as to deter us from research and examination.

In this article we propose to notice briefly some of the phenomena produced by the passage of a powerful voltaic current through a mercurialized organism, the theory by which they can be explained, and the subterfuges into which mercurialists have been driven in order to sustain their practice.

As early as 1844, Prof. J. M. Sanders, then engaged in electro-plating in Cincinnati, was induced by analogical reasoning to substitute a well mercurialized patient for the ordinary solution of metallic salt, the other conditions of the electro-plating process remaining essentially the same. After permitting the current from a powerful Smee's battery to pass through the patient for about 45 minutes, the negative pole, which in this case was a polished copper-plate, upon which the feet rested, was examined and found to be covered with many evident stains of mercury in its reguline state. Some of these stains, when viewed with the microscope, were found to possess the globular form. This experiment was afterward performed upon many, among whom may be mentioned Mr. Hawkins, a very respectable Daguerreotypist, now residing in this city. This gentleman, it is said, used the mercury extracted from his system in the preparation of his own daguerreotype.

Some six or seven years afterward, M. Poey, a member of the medical faculty of the Havana, created quite a sensation in the scientific world by announcing that Maurice Vergnes, also an Electro-metallurgist, had succeeded in electrolyzing mercury, silver, &c., from his arm, which had become badly ulcerated in consequence of the absorption of those metals during his necessary manipulations. The same experiment was performed before the members of the medical faculty of the Havana University, an account of which we quote from an article in "Braithwaite's Retrospect of Practical Medicine and Surgery," part 31st, page 227, which was taken from the "Medical Times and Gazette," for March, 1853.

"A patient had undergone during a whole week, an external mercurial treatment, (frictions with mercurial ointment). He had then taken several lukewarm baths, and it could not be supposed that any mercury still remained attached to the skin.

"He was put into a water bath mixed with acid. After having remained in it for five minutes, some of the water was taken out, and afterward analyzed by M. Peraceca, who found no traces of mercury in it. The circuit was then closed, and after the electric current had acted for about an hour, a new sample of the water was taken. Mixed with an alkaline sulphuret, the water became black, and a piece of copper having been dipped into it, gave sure signs of the existence of a small quantity of mercury. Thus, the water of the bath now held mercury in solution."

"During the experiment, a perfectly clean piece of copper had been placed at the negative pole. When it was taken out of the water, toward the end of the operation, its yellow, greenish color not only testified an oxidation in which mercury had taken a part, but small white spots were scattered over the surface, one of which, of the size of a square line, was very brilliant, and of a mercurial whiteness. The plate having been heated underneath, the spots disappeared, and the original color of the copper was restored, which proves the spot was mercurial."

In the above experiment the water seems to have become impregnated with the mercurial salt by the action of the acid upon the mercury deposited upon the negative pole. We are led to this conclusion by the celebrated experiments of Sir Humphry Davy, which prove that elements under the influence of the voltaic current, are nearly exempt from the normal laws of affinity. To attempt to determine whether the announcement of this discovery in 1844 by Prof. Sanders, was of any advantage to M. Vergnes in making the same discovery in 1852, would be quite irrelevant to our purpose. After this announcement in the Old World by M. Poey, M. Vergnes and others, M. Dumas became interested in it,

and prepared a report upon it, which was read before the "Academy of Science," and in which he not only corroborated what has been said, but augured great relief to suffering humanity as its result.

Among the many scientific men in America, who have fairly tested this matter, perhaps none deserve more honor than Prof. Hougham, of Franklin College, Ind. This very able chemist having heard of the discovery, thought it not unworthy of a trial. The results of his numerous and accurate experiments were entirely affirmative, as will be seen by referring to a communication of his, published in the April No. of the E. M. Journal, 1857. Lest it be thought that the proclivities of Prof. Hougham are anti-Allopathic, we give the following extract from one of his communications, published in the "Indianapolis Daily Journal," and dated February 10, 1857.

"As a *scientific truth*, I regard the one involving the electrolysis of mercurial and other metallic salts in the human system, and their separation from it, one of the finest discoveries of the last decade. But what may grow out of that *truth*, yet remains, in a great degree, to be developed. I would simply premise that it may be quite as safe to trust one's self in the hands of a judicious and prudent physician, who places "mercurials" in the system, as in the hands of an ignorant and imprudent electro-chemist who can extract them from it."

To give a detailed account of the results produced by Profs. Newton and Freeman and the writer, would be only a repetition of what we have said of others. We cannot, however, dismiss this part of our subject without remarking, that while success will generally crown our efforts, with a powerful battery, failure is a necessary consequence of a weak one. The human organism is not a very good conductor of electricity, and hence, a current of even large quantity, must possess no small degree of intensity, in order to effect a ready passage, and produce fine electro-metalurgic effects. It must not, however, be sup-

posed that the intensity is the essential quality of the current. On the contrary, electro-chemical decomposition proceeds directly in proportion to the *quantity* of the current,

As this process is only a new application of the old electrotyping process, it is satisfactorily explained by the same theory. The same laws guide us in either case. The skin, muscle, and bone of the patient are fully represented by the diaphragms of animal membrane, paper, and unglazed earthenware, always used in electroplating. The fluids of the body, whose solvent powers are very great, form a very good vehicle for the electrolyte. The fact that the metal is generally unevenly distributed upon the negative pole, seems to follow from the arrangement of the pores of the skin. Besides, when a line of decomposition is once formed, it seems more probable that atoms of metal near it should fall into it, than that new lines should be formed.

It has been urged as a source of error in this process, that the mercury found on the negative pole came from the zinc cups, which are generally amalgamated. But to assert that it was conveyed through the wire, and through the patient to the negative pole, is to admit more than is claimed, and to contend for a palpable impossibility. By others, it has been alleged that mercury, lead, arsenic, &c., are normal constituents of the human body, and should not be removed!! Since all reliable analytic chemists, including Baron, Liebig—"the noblest Roman of them all"—concur in the decision, that these metals are foreign to the human organism, we would ask of these objectors this pertinent question: whence your information? or that of Dr. Franklin, "Is it so?"

Aside from these fancied sources of error, the process is exceedingly simple, and only requires care in selecting a subject, and in arranging the battery. The conditions of success to be observed in the choice of a patient are these: *The body must contain a simple, soluble, proto-salt of some metal foreign to its constitution.*

These conditions cannot always be predetermined, and hence we may fail to withdraw a metal, though we know that it is present by its effects.

Cincinnati, Dec. 10, 1857.

Part 2—Progress of Medical Science

A SYNOPSIS OF BRAITHWAITE'S RETROSPECT, SHOWING AT A GLANCE IMPORTANT INDICATIONS OF TREATMENT.

HERNIA.—*Expiratory Method of Reduction.*—The peculiarity of this plan is, that just before the taxis is applied the patient is directed to make a very full expiration, and to refrain as long as possible from making a fresh inspiration. While this is going on the practitioner attempts to return the hernia, continuing his efforts gently but steadily, during the whole period of suspended respiration; when the patient is compelled to draw a fresh breath, the pressure should be somewhat relaxed, and the expiration again repeated and continued as long as may be required. It acts by dissociating the diaphragm from the abdominal muscles; and by preventing them acting in concert, it prevents the patient from pressing down and resisting the efforts made to reduce the hernia. (Dr. A. Buchanan.)

New Mode of Reducing.—The patient must be laid upon the back, with the pelvis much higher than the shoulders. The extremity of the index finger must then be passed through the ring between the viscera and the hernial orifice (this procedure will demand great perseverance), the finger must then be hooked, and sufficient traction exerted on the ring to rupture some of the fibers, giving rise to a crackling sensation. If this does not take place, the fibers must be submitted to a continuous forced extension, which, by distending

them beyond their natural elasticity, generally terminates the strangulation. Considerably strength and exertion will sometimes be required, but the ring is enlarged just as if it had been divided by a cutting instrument, or it will be largely dilated, and reduction easily take place by performing the taxis. (Baron Seutin.)

INDIGESTION OF DRUNKARDS.—The most efficient remedies are bitters, opium, and solid food. Gentian, quassia, and columba, may be taken singly or combined, in the form of tincture, an hour before the principal meals; with these small doses of opium or morphia may be advantageously combined, to tranquilize the nervous system, but in all these cases it is essential that the patient should eat as soon as possible some solid nourishing food. (Dr. G. Budd.)

PYROSIA.—The classes of remedies which have been found most useful are astringents and sedatives. We might advantageously combine five grains of bismuth with the twelfth of a grain of the muriate of morphia; or five grains of the compound kino powder, or logwood, catechu, krameria, with opium, given two or three times daily before meals. (Dr. G. Budd.)

STOMATITIS.—The chlorate of potash possesses a peculiar influence over all inflammatory and ulcerated affections of the mouth. Although these disorders may be dissimilar as to cause, nature, degree, tissue affected, and common only in being situate in the mouth, they are all equally amenable to its control. For infants of one year five grains is an ordinary dose, for an adult a scruple or half a drachm. If the disease be acute you may push it further by giving it more frequently; if it be carried too far, it will excite purging, but if given in smaller doses disappointment will only ensue. If properly administered its virtues and potency are indubitable. (Mr. J. Hutchinson.)

Follicular Stomatitis.—When the tongue, lips, gums &c., are covered with numerous

round aphthous excoriations, the effects of chlorate of potash are little less than wonderful. For a child two or three years old, you should give six grains three times a day in simple solution.

Ulcerative Stomatitis.—In a very severe case, in a child, seven years old, twenty grains of chlorate of potash were ordered in bark three times a day; the ulcers in a few days were clean and healthy, and were healing very nicely, when a relapse took place; the chlorate was increased to thirty grains three times a day, which was borne without any inconvenience, and in a few days the mouth was again quite well. (Mr. J. Hutchinson.)

SYMPATHETIC VOMITING.—The most effectual remedies for this are, sedatives to lessen the irritation from which it springs; alkalis, to neutralize the acid which the stomach contains; astringents, to restrain the undue and untimely secretion. The insoluble antacids, magnesia and chalk, are very suitable; bismuth has a remarkable effect in restraining undue secretion, especially when combined with magnesia or chalk. If there are any symptoms indicating inflammatory action, apply a blister to the epigastrium, and attend carefully to the diet, which should consist chiefly of milk and farinaceous food. (Dr. G. Budd.)

SYNCOPE SENILIS.—Gastric irritation from the food remaining undigested in the stomach, appears to be the sole cause of the attack; this gives rise to syncope and convulsions which may be fatal. Vomiting at an early period is the most effectual remedy. Half a drachm of the powder of ipecacuanha, with ten or fifteen grains of bicarbonate of potash to neutralize any acidity, will produce full vomiting and raise the system to its normal condition. The nausea and ineffectual natural attempts at vomiting produce debility and exhaustion. If the first half drachm of ipecacuanha does not operate, a second dose may be given with perfect safety. In advanced age the body does not require

the same amount of solid food. It has been erroneously said that "wine is the milk of old age;" the truth is that milk is the wine of old age; second childhood should be treated as directed by the late Dr. James Hamilton, of Edinburgh, "Plenty of milk, plenty of flannel, and plenty of rest." (Mr. J. Higginbottom.)

DIABETES.—Opium has a most powerful effect in diminishing the quantity of urine, but does not cure the disease. Ammonia in some cases has the power of reducing the urine, the specific gravity, and the quantity of sugar. Codliver oil improves the general condition of the patient, and reduces the urine. The combined use of cod liver oil, opium, and ammonia, effects the most prompt and permanent benefit. Blisters to the hepatic region are useful. A mixed generous diet is the best; restriction is rather baneful than beneficial. (Dr. J. Bell)

PHYMOSIS.—Take a long slightly-curved needle, with its point guarded by a bit of wax; introduce this at the orifice of the prepuce, carry it back as far as possible, and thrust it through the foreskin, with this raise and draw forward the prepuce, apply the forceps between the needle and the glans, and excise with one stroke of the bistoury. The cut edges of the skin and mucous membrane exactly correspond, and must be accurately brought together and secured with fine silk sutures. (Mr. T. B. Curling.)

Tightly stuff the cavity between the prepuce and the glans with fine charpie. By cutting upon this the skin and mucous membrane are divided on the same plan, and without any danger to the glans. (M. Bonnasfont.)

STRICTURE OF THE URETHRA.—The knife ought never to be employed in any case when you can introduce the thread catgut bougie; that is, in any stricture which is previous. When you can once introduce a bougie into the bladder you can cure that stricture without cutting. There is not one case in two hundred, of even bad

strictures, where the knife need be used at all. Mechanical means must be combined with medical treatment; if you cannot pass a bougie, give one grain of the iodide of mercury three times a day to promote absorption, and the buchu mixture to relieve irritation. To pass the bougie as far as the stricture, and allow it to remain half an hour with gentle pressure, will excite the absorbents. If you can pass a fine catgut bougie, pass over it a No. 5. elastic tube, and withdraw the bougie. As a general rule, the bougie should be passed every other day for the first week or fortnight, afterward the periods to be lengthened to once a week; then once a fortnight, but the use of the instrument must never be abandoned altogether. (Mr. S. Solly.)

FETID PERSPIRATION FROM THE FEET.—This will generally be relieved by washing the feet night and morning in salt and water, and afterward applying a little olive oil. (R. W. Richardson.)

The best effect will be produced by bathing the feet every night in a strong solution of subcarbonate of soda. (R. C. B. *Med. Times.*)

IMPETIGO AND ECHYMA.—Keep the parts moist with lint saturated with a solution of half a drachm of carbonate of soda to one pint of water, covering this with oil silk. For *favus* first remove the crusts by poulticing, then apply oil to exclude the atmosphere and prevent the growth of the parasitic fungi. These remedies should be conjoined with cod-liver oil and generous diet. (Dr. J. H. Bennett.)

Itch, cured in half an hour.—Sulphur applied in a liquid form is more readily absorbed, and consequently more certainly destructive to the insect than when used in the form of ointment. To prepare a solution, boil one part of quick lime with two parts of sublimed sulphur in two parts of water, until dissolved. The body should be previously washed with warm water, and then this solution rubbed in for half an hour. By this time the cure

will be complete, and it will only be necessary to wash and use clean clothes. (Dr. Bourguignon.)

A much more speedy and cleanly method of treating this loathsome disease than the filthy proceeding of inunction, is to wash the parts affected with a solution of the sulphuret of calcium for half an hour night and morning. It is rarely that a third application is necessary, but it should be enforced to make security doubly sure. (Mr. W. B. Keateven.)

SCROFULA, ANEMIA, BOILA.—*Liquor cinchonæ hydriodatus cum fetto* is a very valuable preparation of iodine. It may be given in doses varying from fifteen minims to two drachms. It does not produce the evil effects which arise from small doses of the other preparations of iodine. Another new preparation, the *liquor cinchonæ hydriodatus*, in doses varying from one to three drachms, is equally valuable in secondary syphilis when the usual treatment has failed. (Mr. J. C. Christophers.)

ULCERS OF THE LEG.—We must endeavor to preserve the purulent secretion which nature has provided as a protective covering; if this be deficient, the best ointment as a substitute will be one composed of two parts of lard and three of chalk mixed when heated and fluid; this must be applied spread on linen, and over this a flannel or calico bandage. If the ulcer be extensive and the discharge great, it should be dressed every day, but generally ulcerated legs are disturbed much too frequently: all interference should be postponed as long as possible. One great advantage of the chalk ointment is, that it neutralizes the acid secretion, and allows the dressing to remain much longer than otherwise, without interfering with the healing process. When removing the dressing, be careful that you do not take away the ointment which may adhere to the ulcer, or you will very much hinder its healing.

Humor.—This is the stoppage place of a certain amount of infectious matter from

a sore, part of which excites suppuration around the gland, and is thus got rid of, while another part is absorbed into the system, and produces secondary eruptions, &c. You may remove this poison by puncture with a grooved needle, before it arrives at maturity, or affects the system. By puncturing the bubo three times a month, large quantities of fluid will be discharged and suppuration prevented. (Mr. South.)

COMMON SORE, OR VENEROLA.—There are three stages through which we may trace this sore: the first is ulcerative, the pimple which comes out on the third or fourth day, increases until it is about the size of a pea; in the second stage, the sore throws up a border or elevated edge, granulations also spring up to the edge of the wound; in the third stage, these granulations are absorbed and cicatrize. This is the ulceration of gonorrhea inoculation, and is never followed by secondary symptoms. Mind, now, that about these sores there is no thickening, tumefaction, induration. Indurated sores, that is with edges, like cartilages, are very rare indeed. If your patient has true syphilis bubo, you feel a distinct gland inflamed under your finger. It is not like common bubo, but inflamed tissue like an abscess, running along the line of Poupart's ligament. There is no suppurative action in true bubo. None of these common complications are at all bettered by mercury. The chief and abiding principle of treatment in venarola is, to keep the parts scrupulously clean. The sore will take a certain time to heal, and you cannot stop the ulcerative process either by mercury or caustics. Above all things the parts must be kept clean, or your patient will have a "crop of sores." Simple spermaceti ointment and morphia is the nicest application. In the second stage give bark or quinine, and an extra allowance of good wine. At the end of four months you may look out for secondary symptoms, but you will never find them. In this special sore, which produces no sore throat, no eruptions, &c., mer-

cury is never required. In fact mercury is not more required for what are called syphilitic diseases, than for any other class of diseases. Mercury, as regards syphilis, is the greatest curse of a cure, and about the most useless thing as a remedy ever discovered. (Mr. F. C. Skey.)

GONORRHEA.—The injection of the balsam of copaiba is much more efficacious than when given in the usual way. The following formula may be adopted:—copaiba five drachms; one yolk of egg; extract of opium, one grain; water, seven ounces. (Mr. Dallas.)

The infusion of buchu is quite as efficacious in gonorrhea as balsam of copaiba, and is not so objectionable on account of its smell or disagreeable taste. (Dr. H. Hancock.)

Gonorrheal Epididymitis.—Cold applied to the scrotum by compresses dipped in water is a powerful remedy, assuaging pain, preventing further effusion, and expediting absorption; if it induces an uneasy sensation the temperature must be raised from cold to cool, and continued until the cure is complete. Conjointly with this the patient should take a saline purgative at intervals. (Prof. Sigmund.)

MERCURIAL PITYRIASIS.—The chloride of potash is a very valuable remedy, and may be given in doses of ten grains three times a day. If these doses do not relieve, it may be safely increased to one drachm. Mr. Herpin, of Geneva, was the first to use it in cases of severe salivation. (Mr. J. Hutchinson.)

OBSTINATE CHANCRE.—Opium acts most efficaciously in those cases in which mercury is of the least use, and vice versa. Thus in constitutional syphilis it acts as a mere corrective, and should only be given in very small doses. When, however, the chancre manifests any tendency to phagedæna, mercury should be rigidly forbidden, while opium is especially valuable in diminishing the irritability, pain, and supuration. It is in the phagedænic serpig-

not ulcers that large doses of opium act almost as a specific. It should not be given too frequently, for if the stomach be kept too constantly under its action digestion will be interfered with; the entire daily quantity should be taken at two doses, morning and evening. Wine should also be given freely with the opium as a corrective to the stomach; to prevent its constipating effect on the bowels, and to obviate the tendency to sleep. (M. Bodet.)

ARSENIC.—*New Mode of testing for.*—This electro-chemical method consists essentially in depositing the arsenic in a metallic state upon a surface of platinum, by touching the spot with a thin slip of zinc. To prepare the solution for testing, muriatic acid must be previously added, and the liquid afterward concentrated by boiling; after concentration more muriatic acid must be added. (Dr. Davy.)

CAUSTIC GUTTA PERCHA.—By mixing two parts of chloride of zinc with one of powdered gutta percha, in a tube over a spirit lamp, a very useful and flexible caustic will be formed. (M. Richard.)

FROZEN PERSONS. *Treatment of.*—Immerse the body in cold water, containing a large quantity of ice.

LEECHES. *Revival of.*—As soon as the leeches come off, they should be submerged in a mixture consisting of one part of vinegar and eight of water; they immediately begin to disgorge, and must then be pressed gently toward the mouth between thumb and finger. After disgorgement the leech must be washed twice in common water, then placed in another vessel with water, and kept at a uniform temperature. The water must be changed every morning, and the dead leeches cast out. In four or five days the leeches will bite and draw as much as before.

LEAD POISONING.—When we have loss of power of the superior extremities, with corresponding loss of substance, without diminished sensation, if there be no evi-

dence of cerebral mischief, we should suspect lead as the cause of the disease. The term paralysis should be restricted to those cases which have their origin in the brain or spinal cord; in lead atrophy the loss of power is dependent on loss of muscular substance, and differs from true paralysis in being gradual instead of sudden in its invasion. The treatment should consist of warm baths, electricity, and frictions. (Dr. J. Tunstall.)

IN-GROWING TOE NAIL.—With a fine and well-tempered file let the patient make a vertical incision from the matrix to the free edge of the nail; thus prepared, you must seize the smaller section with a pair of dissecting forceps, and with slight tractive and jerking force tear it away. (Mr. J. B. Galloway.)

Scrape the nail moderately thin with a piece of glass, apply freely the solid nitrate of silver, then put a poultice on; in a few hours, if the nail be not quite loose, apply it again. In a day or two the nail will be separated, and may be removed without the least pain. (Mr. C. Lovegrove.)

TAPE WORM.—The following mode of administration of male fern is recommended. You must first prepare the patient by clearing out the bowels and keeping on low diet. For an adult give two calomel and colocynth pills at night, and a dose of castor-oil in the morning; when the bowels have acted well give one drachm and a half of the oil of male fern on some aromatic water, and repeat in six hours if necessary. The dose of the oil must be the same for a child as an adult. No unpleasant results ever follow its use. (Dr. W. Jenner.)

TONICS, Vegetable and Mineral.—Quinine and the bitters generally do much good in persons exhausted by overwork, hard drinking, or other causes; they improve the appetite and strengthen digestion. The best time for giving them is about a half an hour or an hour before meals. The different bitters have not precisely the same effect; columba has a sedative in-

fluence not possessed by others; gentian and chiretta tend to increase the secretion of the liver; quinine and quassia seem to impede its secretion. Tonics do harm in organic diseases of the stomach, in plethoric states of the system, and generally where there is a furred tongue, or when the urine throws down a sediment of the lithates. When there is any disposition to sickness or nausea, the ammonio-citrate of iron, in conjunction with the bicarbonate of soda or potash, is the most pleasant preparation, and will have the same effect as Griffith's mixture. The sulphate of iron, like other metallic sulphates, has a tendency to cause sickness. Steel medicines act generally, instead of locally, and are therefore best given at meal times, so as to be absorbed with the food. (Dr. G. Budd.)

ALBUMINURIA.—In that form which occurs after scarlet fever, it will generally disappear by the rigid adherence to a milk diet; if this should not suffice, urea given in doses of one-third of a grain, occasions an abundant secretion of urine, and rapid disappearance of the dropsy. (M. Mauthner.)

ULCER OF THE STOMACH.—If there be a constant gnawing pain at the epigastrium, apply some counter-irritant, as a blister, mustard poultice, &c.; if the powers are exhausted, dry cupping is the best means of mitigating it. A still more valuable remedy, in some cases of obstinate vomiting and severe pain, may be found in frequently swallowing small bits of pure ice. In cases of severe hemorrhage its use is almost indispensable. When severe pain is accompanied by very frequent vomiting, a very small opium pill is retained better than any other sedative. If diarrhea be present the compound kino powder, combined with the trisnitrate of bismuth, is an excellent remedy. Ten or twenty grains of the trisnitrate of bismuth, with five to ten grains of the compound kino powder, has a very remarkable effect in relieving pain, vomiting, and diarrhea. If statu-

lence be very troublesome the alkaline carbonates with bitter infusion are the best remedies. We can recommend the following combination: potassa iodid gr. i.; potassa bicarb. gr. xv.; tinct. aurant. 3ss. inf. columb. 3vss. To be taken an hour after food. (Dr. W. Brinton.)

WHAT SHALL WE EAT, WHAT SHALL WE DRINK, AND WHEREWITHAL SHALL WE BE CLOTHED?

The quotation which makes the very convenient heading of our article, is a passage from the Sermon on the Mount, by the Savior, as recorded in the 5th, 6th, and 7th chapters of Matthew. The whole discourse, though not longer than can be conveniently read in half an hour, is the most masterly and searching that was ever given to mankind.

Any man who could utter such a discourse—so brief, so comprehensive, so analytic and synthetic, so magisterial and critical, so simple yet so profound, so aphorismal and dogmatic yet so didactic and poetic, so graphic and complete—on medicine, law, politics, or any other branch of human knowledge, would be not only a marvel, but a miracle.

A man might as well try to make a river or a mountain as to do such a feat. None but the Power and Wisdom which made the mountains and rivers could make that discourse. If there be any one who does not see this, then he would not see the difference between a canal and a river, a pyramid and a mountain.

The "true intent and meaning" of this passage, to use a phrase which has become familiar, from the guile of political partisans, who have been intent on swindling the nation, by just such means as this discourse condemns—the "true intent, and meaning" is, *How shall we procure "food, drink, and raiment"?* The anxiety respecting this, which is one of the greatest curses of this maledicted world, was for-

hidden by the authority, and removed by the reasoning of this discourse.

What sort of food, what sort of drink, and what sort of raiment we should have, were not discoursed of, much less settled, by the Author of this sermon, or we would be silent.

It will be beautiful to our own mind to keep before us, in our purported dissertation on this subject, the calmness, comprehensiveness, and critical didaction of the Sermon on the Mount, as we proceed. It is a model from which we may learn, everlastingly, lessons of wisdom and truth.

Food, drink, and clothes! How suggestive of thought! How pregnant with investigation! How abounding in topics of research! Almost everything which belongs to human nature is included in these three words. The materials and elements of them are found in almost every part of the globe, and by their collection, combination, and subjection to mechanical and chemical processes, are educed what are termed the supplies for the necessities and luxuries of civilized life.

Food gives us our solidity and firmness; drink, our fluidity and mobility; and clothes, our comfort and comeliness. Let us discuss them, one by one.

Food is that which, when taken into the stomach, can be assimilated to the substance of the body, and become part of it. The flesh of other animals, the grains, the roots, the plants and fruits of the earth, are all food. The appetite of man, although varying in every climate, in every season, in every condition, and in almost every individual, is supplied with an abundance and variety of food, which exceeds his wants and surpasses his desires.

The fact of inexhaustible supplies of food, of never-ending variety, existing for man, is one of the most remarkable of daily and perpetual miracles. If man were constituted as now, with a periodical, irresistible demand for food, and found no supply, or no adequate one, what a mass of misery and death would the world be! But, considering the innumerable beings who make an unlimited demand for food,

and are all supplied, the miracle becomes the greater, the more common and perpetual it is.

In reading the history of the Jews, as recorded by that prince of historians, Moses, we are marvelously struck with the account of that people being furnished for forty years with one sort of food, in the desert. Doubtless there are thousands now, as there always have been, who deny the truth of the statement, on the ground of its impossibility.

A much greater miracle occurs daily to themselves—an infinite variety of food. Nay, more; the very variety of taste which is thus supplied, coming out of one appetite—hunger, is a miracle greater than any that Moses recounts. If any one thing which man does could be made to produce as many varieties of wants as hunger, in its phases of appetite, how miraculous would be the genius of the person who did it!

Let us suppose a lathe of some man's construction, so wonderfully contrived as to make any kind of machinery, from steam-engines to pocket-chronometers—from formidable cannon to delicate musical instruments—from the most ponderous and powerful derricks to the finest sewing-machines—from an anchor for a hundred and twenty gun man-of-war, to a delicate needle for working on muslin—and what would the admiration be for the inventor!

Yet for that one appetite of our nature—hunger, to cause a taste for every species and variety of food, from the hoof and horns of the buffalo, through every gradation of animal and vegetable food, to the minutest of insects and the most invisible of flowers, and for all to answer the one great end of all food—the supply of the ever-wasting substance of the body, and the perfect satisfaction of the most delicate sustenance—this is a greater miracle than any!

Let us examine a little more closely, what food is. It is some substance which is either *animal* or *vegetable*, and must possess either animal or vegetable life. Thus we know the fact, though we may not

know the reason why, that an animal which has died of age, injury, want, exposure or disease, is not good for food. Nor is a decayed vegetable or fruit. Who would purchase or cook and eat a steak or chop cut from a dead ox or sheep? Who would eat dead cabbage or lettuce, or withered pears or apples?

Now what is the difference between a dead ox or sheep and a living one? or a dead cabbage, apple, or pear, and a living one? In every living substance there are organs, cells, and vessels, containing fluids, which move in them. This constitutes the life. In the living animal, there are the mouth, the throat, the stomach, the intestines, the bladder, the heart, the arteries, the veins, the absorbents and glands, the brain, the spine, and the nerves. In the dead one these are distinct no more. This constitutes death—dissolution.

In the living apple or pear, there are cells containing the juices, which are preserved undecomposed, so long as the cells are complete. When these are broken down and obliterated, the juices decompose, and the whole decays and dies. The entirety of the cells, and the perfection of their juices, constitute vegetable life. The demolition and destruction of the cells, and the decomposition of the juices, constitute vegetable death.

When an animal or a vegetable is in a living state, the elements of which its particles are composed are in the same combination as those of our body. They are therefore very readily transferred and assimilated to the particles of our bodies. When an animal or vegetable is dead, the elements of which the particles are composed are in a very different combination to those which compose our particles, and cannot be transferred nor assimilated. They are therefore poison to us.

The living human body, when in health and completeness, contains hair, skin, bone, gristle, tendon, muscle, membrane (serous and mucous), fluids, as blood (arterial and venous), serum, mucus, the fluids of secretion and excretion, gases, oils, acids, salts, metals, and metalloids. Indeed, a com-

plete and healthy human being contains every element of the world in which it exists.

Water composes four-fifths of our bodies, and therefore water abounds in our food, whether animal or vegetable. We drink it, we inhale it, and we absorb it by the skin. We breathe and use the air for food, as well as drink the water for it. So we live, and move, and breathe in the midst of food. Some persons have been of opinion, that the air only furnishes the medium of respiration, and that no part of the atmosphere is absorbed and assimilated. We have shown the contrary of this, in our past numbers, on the elements of the body. The atmosphere is the great reservoir of *nitrogen* for us, and nitrogen is the base of *muscle*.

Man possesses the faculty of appreciating the qualities and properties of every substance and element in nature. He could not do this unless he had some of every element in his nature. It is a self-evident proposition, that in the mental and moral nature of man, there must be the germs of all the mental and moral sciences, or he never could develop them. If musical thought and feeling were not in our nature, how could the science and art of music be educed?

If iron were not a part of our composition, how could we appreciate the properties and qualities of iron? If the elements of the rose were not in our natures, how could we perceive the odor and taste of the rose? How could we know the nature of the great world without, unless we had the elements of that nature in our own little world within? If it be asked, How do we obtain all these elements? we reply, by being part of the great whole. Light contains the elements of every sort of matter, and we are the offspring of light. Both man and his food are marvels and miracles.

But are there not many things in nature which are not fit for food? And if so, how shall we know them and avoid them? By our senses.

Look at that lump of earth. Does it appear inviting to the hand to feel it?—

Does it attract the nose by its odor, or the tongue by its taste? You pass it by unnoticed, and go on to that bramble-bush, whose berries, darkening in the sun, attract you. They are *pleasant to the eye*, they are *smooth to the touch*, they are *agreeable to the smell*, and *delicious to the taste*. To the ear they present no phenomenon. Four of the five senses decide that they are good for food. That is sufficient. Eat them.

Here are some other berries. They are beautiful in shape, bright in color, and very attractive. Handle them—they do not feel nice. Smell them—they have not a pleasant odor. Taste them—they are very disagreeable. Throw them away: they are not good for food. Your jury of senses have pronounced upon them. Tho' all the advocates and judges of diet, in every college in the world, condemn the former, take them. Though they all recommend the latter, reject them.

Now what says philosophy? By the most skillful means of research, she examines and tests these berries, and finds, after an age of learned labor, that those which please the senses contain the elements in the same combination as they exist in our own bodies, whereas, in those berries which our senses reject, the elements are found to be in a very different combination, and are therefore poison. One of the old adages, long in use, respecting sweetmeats, is the distich:

"Taste and try before you buy."

Apply this philosophic aphorism to your food as well as your candies, and you may, if you please, look into Liebig, Dumas, and Pereira afterward, for confirmation of your conclusions. Sense before science.

How do you know whether the meat at the butchers, or the vegetables and fruit at the green-grocer's are good? Do you call in some learned doctor of diet, or elaborately test the things by philosophy and science? You use your hands, your eyes, your nose, and your tongue, and by these you decide. This is common sense—"the use of the senses in common."

But, what, of all the substances which

we thus find to be food, shall we eat now, or at any other time? Is there any rule for our selection of food? One of the very surest and safest of all rules is this: "Take what you want, if you can get it." This is bounded by your appetite on the one hand, and by your possessions on the other. "Did you ever hear such monstrous ignorance and error as to trust to your appetite alone for what you should eat?" So exclaims some determined dietary doctor. "This doctrine is positively murderous! It ought to be indicted."

Well, at last and for once, it is *indited*; it is *written*: for all that an indictment originally meant was a written statement, or complaint. Let us see how this dietary doctor does when *he* dines. Does he consult the appearance of his tongue, the state of his pulse, and the pathological condition of his stomach? Observe him! He is set down to one of those *feeds* to which he is occasionally invited, and he takes of that which is before him, according as he *likes*. The *things* he selects by *taste*, their *quantity* by *appetite*. Imagine yourself longing for a beef-steak and potatoes to recruit your worn limbs and jaded brain, and you are persuaded to substitute for them mush and milk, tea and toast, or even cakes and coffee; and how would you feel? If you are any thing like ourselves, very much like a boiled turnip. If you want to try how you feel on medical diet, live on it for a week, and then write an answer to this article, and we'll publish it, under the appropriate title of "*Medical Squash*."—N. Y. *Scalpel*.

Dear Luxury.—The vanilla bean grows in Mexico, near Vera Cruz, and has become very profitable to the cultivators. The bureau at Washington has information that last year's importation of, and consumption in the United States of this article amounted to 5,000 lbs., at a cost of twenty dollars per pound, or \$100,000, paying the United States a duty of twenty per cent, or \$20,000. At the present time the vanilla bean is selling at from thirty to forty dollars per pound.

MEDICAL MISCELLANY.

Headache snuff.—The London Medical Circular gives the following formula for a cephalic snuff, which is perhaps equal, if not superior, to any of the snuffs sold for catarrh, sick headache, &c.: Take Lundyfoot and black rappee, of each half an ounce; powdered asarabacca, one to two drachms; water, ten or twelve drops: mix well, press the mixture tightly into a small bottle or tin canister, and allow it to repose for a few days. For use, throw a spoonful or two on a piece of writing paper, crush the lumps with the tip of the finger or a knife, and then place it in the snuff-box. A Tanquin bean kept in the box with it is a great improvement. One to three pinches to be taken daily in headache, &c. It is also excellent as an "eye snuff." Asarabacca is a plant found native from Canada to the extremities of North Carolina, yet it is difficult to obtain from druggists. Its leaves dried and reduced to powder have long been used for cephalic snuff. A few grains taken at night produce a watery discharge, which, in many cases, removes headache, ophthalmia, and some paralytic complaints.

Tannin in falling-off of the Hair.—Dr. Lintner, alluding to Dr. Landerer's recommendation for the employment of tannin as a remedy for falling-off of the hair, states that he has employed a somewhat similar formula with repeated success. Pure tannin gr. i., spt. saponis (a solution of castile soap in spirit), ʒvi. This is well rubbed into the head every evening, some pure grease being applied in the morning. When the hair has ceased falling off, the application may be continued once or twice a week.

The Diuretic Property of the Lemon is spoken of in high terms by an eminent practitioner of medicine at St. Petersburg, Russia. His observations of its effects on the urinary secretions extend over a period of seventeen years. In a case of dropsy,

which he gives as a model, they were thus administered: During the first three days, one was taken in six doses; and during the next three days three were taken, and the number gradually increased until eighteen were taken, after which the number was diminished. The diuretic effect commenced on the seventh day, and continued during the whole of the treatment.

The Preparation of Collodion for Surgical Purposes.—For this purpose Hofmann introduces 1 part of cotton wool into a mixture consisting of 20 parts of the strongest nitric acid, and 30 parts of sulphuric acid, for a quarter of an hour. The operation should be conducted in a glass vessel with a cover, and the cotton stirred frequently by means of a glass rod. The cotton is then well washed, to remove the last trace of acid, and pressed strongly in a linen cloth, and before being dried it should be pulled to separate the knotty portions. The cotton should now be dried in a sieve over a stove. Six parts of the cotton thus prepared are dissolved in a mixture of 120 parts of ether and 8 parts of rectified spirits of wine, to which 3 parts of castor oil are finally added. Hofmann states that this collodion does not crack or contract like that prepared in the usual manner.—*Lancet.*

Solvent Properties of Glycerine.—Advantage is being taken of the solvent and preservative properties of glycerine, in the preparation of medicines, both for internal and external use, and of various essences for ordinary purposes. Glycerine approaches very nearly to diluted alcohol in its solvent power. It is supposed to possess the same power of supporting nutrition as cod-liver oil, and to be more easily digested in many cases. This, however, requires the confirmation of experience. Many specimens have been sent us of medicines prepared with it, such as iodide of iron, quinia, iodide of quinia, carbonate of iron, iodine, tannin, perphosphate of iron, &c. The ordinary preparations are essence of cloves, essence of cinnamon, lemon juice, lemon flavoring, &c. The flavor is

well preserved. It is extremely probable, that in many cases glycerine will supersede alcohol as a solvent and preservative.—*Med. Times & Gaz.*

Santonin Lozenges are now in extensive use in Europe as a vermifuge, also as a substitute for quinia. Chemists will receive the thanks of the physician by keeping a supply on hand.

They are made in the following manner:

R Cacao tost. pulv.	3j
Sacchr. alb. pulv.	3iss
Santonin,	3ij
Gum tragac.	3iss
Sol. succ. liquirit.	3iij (ana part.)
ut f. troch. No. 60.	

The compound is to be rolled, by means of a wooden roller, upon a board, and cut out in 60 parts with a cutter, made of tinned sheet iron, of the same shape as the confectioners use. The card and the paper capsules for drying are to be sprinkled with powdered sugar. Each lozenge contains two grains of Santonin. For the preparation of white ones, take one ounce of sugar more and omit cacao pulv. and succ. liq.

Chloride of Zinc Paste in Uterine Polypus.—M. Reybard, of Lyons, has published in the *Gazette Medicale de Lyons*, a case of fibrous polypus, the casting off of which he procured by thrusting little cylinders of chloride of zinc paste into the pedicle, previously perforated by a trocar. The tumor, which was large and implanted high in the cavity, was removed by gentle traction twelve days after the operation. The patient suffered very little pain. M. Reybard thinks this operation preferable to excision or the ligature; the first being, according to him, liable to fatal hemorrhage; the second being often followed by severe pain and inflammation. Many objections might be offered to the use of the caustic; and considering the slight pain which generally accompanies the ligature, it is likely that surgeons will pause before they adopt the former in preference to the latter operation. We thought it, however, right to give publicity to M. Reybard's success.

Anal Fissure Cured by Applications of Chloroform.—M. Chapelle, of Angoulême, France, lately submitted to the Academy of Medicine of Paris his mode of treating this affection. Instead of the usual division, he applies, with a camel-hair pencil, a fluid composed of three drachms of chloroform to one of alcohol. The smarting is sharp but not lasting. The author was led to try chloroform under the belief that fissure was an affection of a neuralgic kind (!), and adduces fourteen cases, in which four were cured after one application; six cases required two; it had to be repeated three times in three of the cases, and four times in one of them. It will remain doubtful with some surgeons whether the diagnosis was perfect in all these cases.

Opium.—In 1830 there were 103,711 lbs. of opium received in London, and in 1852, 250,760 lbs. This increase has been going on for years, and the fact has been urged against the totalitarians; but it is singular that Wisbeach, the town which consumes the largest quantity of spirits in proportion to population, also consumes the largest quantity of opium. Some have supposed that the practice of opium-eating is increasing; the true explanation may perhaps be found in the very great use made of opium in cattle medicines of late years. It is not unusual to give six drachms of laudanum to a sheep, and two or three ounces to a horse.

Cure for Chronic Rheumatism.—The London Lancet contains the history of a series of cases of this disease treated successfully by Dr. O'Conner, one of the physicians of the Royal Free Hospital, in a number of cases under his care, by the use of sulphur and flannel bandaging.

Glycerine for the preservation of organic bodies.—Luton states that animal and vegetable substances may be kept for a long period, perfectly free from decomposition, when immersed in glycerine. He also finds that it is a good antiseptic agent for injecting dead bodies.

Part 3.—Editorial.

A NEW YEAR'S CALL.

It is a delightful habit we have in our cities, of suspending all ordinary business, wiping out all stains, and again clothing ourselves in the mantle of friendship and love. On this day the ladies are at home, reigning in the glory of family queens; the tables are loaded with delicacies; formality is cast away; the heart is allowed to reign over the brain one day; good cheer and good fare, good music and good wine, sweetmeats and sweet smiles, soft hands and soft words, are this day busy in healing up old wounds and spreading to its greatest dimensions the mantle of friendship. The past, with its bitter regrets gives place to the future with its bright hopes, and we retire to our closets, and score on the tablet of the soul an added year to our earthly existences.

Whether people get sick or not on New Year's day, the poor doctors find time to call on many friends, who often not only stuff their pockets with nick nacks for the little ones at home, but also find means to put a brick in the M. D.'s hat, which may get very heavy before he reaches his own domicile. The next morning he wakes to find that some how the water has mysteriously disappeared from the pitcher, while he is on fire in his "inards." He dimly remembers jovial faces, sparkling glasses, and, may be, he still hears ringing in his ear the "*hip, hip, hurrah*" of the last night. He flies to the bath-tub, and finally comes down to a reasonable temperature—in fact, he is soon seated on the stool of repentance, and while canvassing the weakness of human nature, or perhaps the strength of catapwa, "pull" goes the bell: one of his friends, who also feels bad to-day, has sent for him. Before he is dressed he has half a dozen calls, and as one cannot reproach the other, he soon forgets his chagrin, and

for that day, at least, does a heavy business." But what has he accomplished by this day's work? Answer: he has shown his friends that a doctor has a heart as well as other men, and if you will only put a "brick in his hat," it will begin to palpitate.

There's Mrs. F—r, the old friend who has stood by us in all trials—of course we call on her among the first: we call out of respect. Then there's Mrs. J—t, who says we are as cruel as a New Zealander—we call on her to let her know that we forgive her for slandering us. There's Mrs. R—I, who says we are a puritanical teetotaler—we shall call there and take a glass just to show her the mistake. There's little Miss B—f, who put a basin of water in a chair in which we were just about to take a seat—we shall call on her just to let her know that we have forgiven her for the bath she gave us. Then there is L—tty, who has been shrouded in trouble for a long while—we call to let her know we sympathize. And thus we go from house to house, forgiving and being forgiven, until the day closes, when we retire at peace with all men, and more particularly with the ladies.

As editors, we come to you, dear readers. Is your heart open to its kindest impulses? Are you willing to forgive and be forgiven? If so, here is our hand for 1858. May we grow nearer and more intimate before the close of the year: may it be full of golden prosperity to each and every one of you.

THE SPRING SESSION.

We learn that extensive preparations are being made by students at a distance, to be on hand at the commencement of the spring session. We have ascertained already that the larger portion of the first course students now in the college will remain during the spring session. This fact, together with the information we have received from a distance, induces us to believe that the spring class will be larger

than at any previous spring session.

Students who attend the fall and winter session, and remain through the spring term, save much time and expense. They are also advanced more rapidly in their studies than they could be by going home, and returning at a subsequent period. We have often seen students who had attended two courses of lectures in succession, without any previous reading, better able to stand examination than some who had been reading two or even three years, and attended one course of lectures.

One of the principal objects in reducing the fees in our college, was to allow young men a good opportunity to attend several courses of lectures without increasing the expenses. If all would now adopt this system of study, it would be much to their advantage, as well as the interest of the college. We hope that the friends of Eclecticism will do all in their power to assist and encourage young men who are already studying, and to encourage other good men to enter the profession. It is by this method that our cause is to still grow and prosper. The multiplicity of good physicians throughout the country is much needed, and every one now in the ranks of medical reform, should continue to labor until his object is accomplished, and then we shall hear no more about the baneful effects of calomel and the lancet. May the cause still continue to spread and grow as it has during the last few years.

but she had some blemish which destroyed her beauty, in his eyes. At last, his friends sought out a damsel who was, as they thought, the very ideal of beauty. So perfect was she, that had she been wax, one would not have been able to place his finger on a place that needed alteration. At last our young gallant was brought into her presence; he closely examined her figure, her features, &c.—he scrutinized her thoroughly, and his friends were buoyant with the anticipation of a victory over him—he hung on and searched for some defect, and when he had failed to find any blemish, in desperation, he pointed at last to a minute mole, not so large as a pin's head, on her neck, and claimed it for a blemish.

So in our profession; let a man bend every power of the soul, every energy of mind and body to the mastery of his profession—aye! let him ascend to the top round of the ladder—let the public recognize his attainments; and when he seems to stand at the very top of his profession, some professional brother will, at last, find a *little mole*. They put a veil over the man's greatness, and illuminate and magnify his *little mole*.

Particularly has this been the case with prof Syme, whose attainments have been acknowledged by the whole of Christendom, saving the few bigoted little minds who have found a little mole on his neck. This will be pretty well illustrated by the following statement, which Prof. Syme recently made in a lecture before the class of the University, on stricture of the urethra :

PROF. SYME AND HIS MEDICAL FRIENDS.

Of all the evils of medical society, it seems to us that none are so disgraceful as the petty jealousies which one member of the profession occasionally manifests to another. Let a man be spoken of as a "coming man," and instantly the little minds of his profession, find something to justify them in "garroting" him. There was, on a time, as tradition tells, a certain young man who could never find a lady,

"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 lessening 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 acrimonious 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 who 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 complaint, 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 anything, I found that these two victories cost me eight hundred pounds (£8,000), from which you may learn that the intro-

duction of a surgical improvement, beside being rather troublesome, may be also somewhat expensive. Since the 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 its 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 contractile, 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 for 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, thro' 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 steam boat on his way to Caithness. Some weeks afterward I received a letter from Dr. Mill, of Thurso, of which the following is an extract:—

"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 is 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."

The same disgraceful calumnies have been heaped on him by the worshipers of Prof. Ferguson of London, a few of whom are to be found in the United States, and even in the city of Cincinnati. Yet not one of those who thus assail him, dares meet him face to face, and attempt to sustain even the existence of the *mole*. Never yet has he been refuted in surgery, yet certainly there has been no want of attempts. Time and again he has openly challenged the London surgeons, to take those cases where they have made failures, defray the patient's expenses to Edinburgh, and stake his reputation on effecting a cure, if he has at any time given a plan of operation.

In his *Principles and Practice of Surgery*, edited by the editor of this Journal, he has many instances of these propositions. If Syme amputates in a certain way, and gets the best results, and Ferguson endeavors to follow him and fails, wherein does the evil lie? Is Syme's principle wrong? or rather, is not Ferguson's practice wrong? There is a class of surgeons who are pure imitators, and having selected some leader to follow, they at once fail to see any excellence in another, and deem it a duty to oppose, by every means, the claims of another. This kind of misrepresentation arises from the superficial attainments of many in places of honor and position, but who, in order to give an idea of deep learning, adopt this plan of detraction. They have no strength to lift up the whole profession, but climb to the shoulders of other men, and then, to reach the surface, are quite ready to sink every one else.

It is one of the duties of the managers of a journal to prevent this wholesale slander of men who have no opportunity to defend themselves, and even though we may differ from the abused in many respects, we shall still keep our pages open to their defense. Prof. Syme is no nearer to us than Prof. Ferguson, but we see no reason why we should permit the one or the other to be misrepresented by any one, without raising our voice in his defense. If we had more such surgeons as Syme, we should have fewer slashers—a class of men whose reputation, though very gaudy for a while, is always ephemeral.

In the instance given by Prof. Syme of a suit, we only see what has been attempted in this city, by various persons, time and again, hoping, in such instances, to benefit themselves in one of three ways—becoming notorious, destroying the practice of one, that it may be distributed, or gaining a portion of the proceeds of one's industry in the way of damages. If this is to be the course pursued in the profession, then let it be at once understood, that honor and professional dignity have been cast aside; that we are justifiable in the sacri-

fice of every tie of honor in the destruction of our neighbor's character, and in the acquisition of his money. On this subject we shall have more to say hereafter.

A NEW BOOK, BY PROF. KOST.

The following article from the pen of Dr. Prettyman, came to hand only in time to be inserted in the editorial part of the Journal; and as the work itself was not received in time to be examined before the issue of this number, we will not have an opportunity of giving it a notice at present, but will insert the Doctor's review.

A REVIEW.

BY J. S. PRETTYMAN, M. D.

The Elements of Materia Medica and Therapeutics, adapted to the American Reformed and Eclectic Practice, with numerous Illustrations. By J. Kost, M. D., etc., etc., New edition. Revised and enlarged. Cincinnati: Moore, Wiltach, Keys & Co. 1858. pp. 829.

It is highly gratifying to the advocates of a medical reformation, to see so many new volumes which advocate the reformatory doctrines, in demand with the medical public. The list of these is now becoming quite large, and many of them are creditable to their authors, and an honor to the profession. Such works should receive the liberal patronage of all physicians and students who are favorable to the cause which they advocate. Among them all, we have examined none that is more worthy of the attention of medical men than the one named at the head of this article. It is the only volume, on the department of which it treats, that has ever been issued by the New School press, and its contents are such as should recommend it to physicians and students every where. During our pupilage, we received the benefit of the author's lectures on this branch of medicine, and we have ever considered him one of the best therapeutists in the profession, and well calculated to prepare such a work as the one now before us for

the second time. It is a systematic, well arranged, and well written treatise, and is designed for a text-book for students, as well as for the use of physicians in the daily round of their professional duties, by whom it may be consulted with profit even to the most erudite and profound.

The arrangement of the contents of the book is the same as in the former edition, and is new, original, and philosophical. After the introduction, which occupies sixty-four pages, we have *Materia Medica* and *Therapeutics* arranged as exhibited in the following page:

Under this arrangement is included the whole of the materia medica, and the history, botany, chemical relations, physiological and therapeutical effects of the remedies, are thoroughly discussed; while the various pharmaceutical preparations into which the article enters, are added, with the formula, mode of preparation, &c. The value of the work is further enhanced by the addition of a large number of well executed wood engravings, many of which were prepared expressly for this edition.

In attempting to appreciate the full value of the work, our readers must not overlook the important fact, that this is not simply a reprint of the old edition, but that the whole matter has been thoroughly revised, and re-written, and a great deal of new matter—relating to the more recent discoveries in materia medica and therapeutics—added. In some effort that we have made to discover omissions we have not succeeded in finding any important article, even of the most recent discovery, left out. It is true that some of these articles are not treated of to that extent that their importance deserves, but this is mainly owing to the want of knowledge in relation to their physiological and therapeutical effects. In this respect, the whole profession is quite as ignorant at least, as the author, because no systematic results of well-conducted experiments, to this end, have been recorded. If the author had performed these with some of our more recent additions to the materia medica and given us the results, it would have

DIVISIONS.	SUB-DIVISIONS.	CLASSES.	ORDERS.
I. Physio-Dynamic Remedies.	1. Evacuants.	1. Emetics.	1. Specific Emetics. 2. Topical "
		2. Cathartica.	1. Eculent Cathartica. 2. Bitter Laxatives. 3. Common Cathartica. 4. Cholagogue " 5. Hydragogue "
		3. Diaphoretics.	1. Specific Diaphoretics. 2. Nauseating Diaphoretics. 3. Stimulating "
		4. Diuretica.	1. Stimulating Diuretica. 2. Saline "
		5. Expectorants.	1. Topical Expectorants. 2. Nauseating " 3. Stimulating " 4. Antispasmodic " 5. Balsamic " 6. Mucilaginous "
		6. Emmenagogues.	1. Specific and Stim. Emmen. 2. Relaxant and Topical "
		7. Anthelmintica.	1. Specific or General Anthel. 2. Mechanical " 3. Prophylactic "
		8. Lialagogues.	
		9. Errhines.	
	2. Immutants, Non-Evacuants.	1. Stimulants, Incitants.	1. Spicy Stimulants, Pungents, Incitants. 2. Volatile Stimulants. 3. Carminatives. 4. Gum Resinous Stimulants. 5. Alcoholic and Ethereal " 6. Ammoniacal " 7. Electrical and calorific "
		2. Tonica.	1. Anti-Intermittent Tonica. 2. Aromatic " 3. Simple Bitter " 4. Chalybeate "
		3. Astringents.	1. Simple Astringents. 2. Bitter and Acid Astringents
		4. Nervinea.	1. Antispasmodics.
		5. Alteratives.	2. Anodynes.
II. Chemical Remedies.	1. Acids.	1. Mineral & Inorganic Acids.	
	2. Alkalies.	2. Vegetable Acids.	
	3. Antidotes.	1. Counter Poisons. 2. Antilitics. 3. Antiseptics. 4. Disinfectants. 5. Cosmetics. 6. Escharotics.	
III. Mechanical Remedies.	1. Emollients.	1. Obaginous Emollients. 2. Aqueous Emollients.	
	2. Demulcents.	1. Mucilaginous Demulcents. 2. Saccharine "	
	3. Diluents.		
	4. Baths.		

added much more to the value of his work. The *stillingia* is one of the articles in this category; and besides the botanical description, *ten lines* is all the space devoted to the discussion of its properties, while no pharmaceutical preparations at all are added. In our practice, the compound syrup of this article occupies an important place, and we feel ourselves the neglect with which the medicine is treated by our author. The *cantus* is another of the slighted remedies; but the *gelsemin* occupies three full pages. While *iron* is extensively noticed, there is one preparation which we consider among the very best of this important article, that is not at all mentioned: this is *Vallett's ferruginous mass*, which we know is in extensive use with our practitioners.

Since the above was written, we discover that our author has failed to treat of or mention at all, the numerous preparations of *manganese*. This is an important omission, and we mention it that the author may remember what the profession expect in his third edition, which must soon be called for, unless the second, now out, is unusually large.

To succeed well in our branch of the profession, authors should remember that we are not tied down to the authority of the books, as are our Allopathic brethren, but that the members of the new school of physic are, in many instances, in advance of their literature, and these require that an author should not lag behind. Prof. Koet, in the work before us, appears to have remembered this fact, as his book is, in some respects, in advance, though occasionally otherwise, of the majority of the members of the profession. In the *papaverine*, he introduces us to a remedy of his own discovery and preparation, which, though mentioned in his former edition, has not met with that general acknowledgement at the hands of the profession, which he seems to think it merits. If it is, as he states it to be, a powerful non-narcotic anodyne, it should be more generally used by those members of the profession who find it necessary occasionally, to

resort to the use of opium and morphia. Perhaps the reason why this remedy is not more generally known and used, is, that when it is indicated, our practitioners have become accustomed to resort to morphia, and finding it to answer the purpose that they require, they do not stop to consider the question, what are its physiological results? Would it not be advisable to do so? Will such try the *papaverine* and see whether or not our author is mistaken in his product, and in its physiological and therapeutical effects?

As this is the only text-book (and a very good one it is) upon this branch of medical science, prepared expressly for the use of the Reform and Eclectic schools of medicine, we trust that every one of them will at once, if they have not already done, so, place it at the head of their list, and require of students its thorough examination and acquaintance. Let the author be patronized, for he deserves it, and in time we shall expect him to serve the profession by bringing out his third edition as nearly perfect as hard study, careful experiment and analysis will permit.

OHIO ECLECTIC MEDICAL SOCIETY.

The fourth annual meeting of this association took place in the hall of the Eclectic Medical Institute, on Wednesday and Thursday, December 16th and 17th, 1857. There was a considerable amount of business, of more or less interest, transacted, which will be published at an early day. The profession in this State seem determined to push on the good cause of medical reform, and this organization is not one of the least effective ways of accomplishing that end.

THAT LIKENESS.

This number of the Journal contains a likeness of Prof. Newton, engraved by Mr. Jones of this city.

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

FEBRUARY, 1858.

NUMBER 2.

Part 1—Original Communications.

HAVE WE NOT OVER-ESTIMATED THE NUMBER OF ELEMENTS?— WHAT IS POSITIVE SCIENCE?

BY PROF. J. MILTON SANDERS.

Error should be closely scrutinized, for with the illiterate, or those not well versed in the tortuous and elegant manner in which language well chosen, can be made to adorn a subject, an error may be propagated with all the allurements of truth apparently clustering about it. Error dressed in the garb of antithetical elegance, with rich and spacious phraseology, and set off with an imposing pomp of paradox, is too apt to win the assent of the undiscerning reader. By an exalted array of involved and mystified sentences, and with the assumption of erudition and earnestness, the imagination is easily beguiled into a transcendental region of absolute non-entity, in which the judgment is inveigled into the impression that it is acquiring knowledge and garnering up truth, while it is really becoming mystified with the sophistries of superficiality, and palsied with the bane of error.

There is nothing, perhaps, which is attended with greater mischief, than the assumption of erudition without its possession, and especially if that pretension is

associated with some little tact at weaving words into spacious sentences. Philosophy, at the present day, is prolific in these faults. Its style is labored, and yet obscure; redundant, and yet vapid; and vitiated, withal, by affectation and ambiguity. It is filled with clumsy paraphrase, and with tortuous circumlocution, while it is continually lumbered with extended and obtrusive episode, and with a prolixity of details, which, while they weary and annoy, do not possess the redeeming quality of instruction. Perhaps no species of literature so thoroughly exemplifies hyperbation, and a thorough license in grammatical and syntactical construction. The great mass of it is redundant in the extreme, containing continued examples of the most fulsome pleonasm, and the most unmeaning verbiage.

This is especially the case with that species of philosophy which is not derived from the inductive method of experiment; which does not owe its existence to those positive teachings derived directly from the modern laboratory.

With speculation, or metaphysical philosophy, we shall have no dealings. We shall not attempt to follow its mystical sinuosities into the transcendental regions whither it delights to revel. We shall not attempt to unravel its subtleties, nor to penetrate into its redundant obacurities, but allowing it to flourish among those who delight in the intricacies of spacious reasoning, we shall occupy our time with that positive philosophy or science, whose

truths are susceptible of actual demonstration, and which, when scanned, lead us further along that beautifully concatenated chain, whose links, like strung diamonds, are pleasing to contemplate amid the darkness which envelopes us on every side.

The philosopher Lavoisier has recorded his conviction that "we ought, in every instance, to submit our reasoning to the test of experiment, and never to search for truth, but by the natural mode of experiment and observation." Were this sound and healthy advice to be followed by those prolific scribblers, who flood our first-class magazines with their transcendental vacuities, the reader would undoubtedly acquire intrinsic knowledge, where he now derives its mere assumption.

One of these self-constituted Yale censors, who has derived the moiety of fame he possesses from the prestige of his father's name, has accused the author of this essay of "charlataniam," in consequence of his asserting that the subject of light is one which is still mystified and in doubt. When the ablest philosophers of England and Germany are still contending for two rival theories of light, and when all of its phenomena have been accounted for by neither theory, then we may well assert, that there is no subject in physical science, which has so thoroughly evaded investigation—whose phenomena are so hidden in doubt—as that of light. The man, therefore, who, for the opportunity of exhibiting spleen, would cavil at the assertion, that "the true theory of light is still in doubt," not only presents an instance of the virulence of an ill-organized mind, but likewise a still more striking instance of an ignorant one.

It is this constant theorizing upon a science which should be positive in its nature, that has been the great retardation to scientific progress. In physical, or positive science, we require little or no theory or speculation, but that knowledge we desire must be obtained through the direct avenue of inductive experiment. In metaphysics or theology, the field of speculation is broad to illimitability, and he who

speculates most adroitly and boldly—who plunges therein most fearlessly, and gives to his lucubrations, the broadest license—is generally the most admired writer.

Not so, however, in positive philosophy, for here the imagination is reined down to a certain circumscription. Truth—positive, demonstrable truth—is the boundary beyond which the mind dare not wing its flight, else if it does, certain defeat is its destiny.

But even in those sciences, which have demonstrative experiment for their basis, it is often difficult to keep within that narrow circumscription confined by truth. If this be the case, then how difficult, nay impossible, to keep within rational bounds a subject which is, in its essence, but unsubstantial theory!

Even in those sciences which owe their birth and existence to inductive experiment, we are perhaps, through inadequate thought, straying from that narrow and difficult avenue which conducts the mind to truth. For instance, the question which occurs at the head of this essay starts up before us—"Have we not over-estimated the number of elements?"

The investigations of chemistry have revealed to us about sixty-three substances which resist all our known means to sever their atoms into those of dissimilar natures. Being therefore insusceptible of decomposition, they have been regarded by chemists as elementary. Still there are groups of these bodies which, although they have resisted all our efforts at decomposing them, present such analogies and gradations of properties, as have led chemists to suspect that they may be but modifications of one element. It was a canon in chemistry, until very lately, that the same body universally manifests the same chemical qualities, except those variations which may be due to heat. But late investigations have revealed the fact, that the same elementary substance may present itself in several phases. This is the case particularly with no less than four of the non-metallic elements, viz., oxygen, carbon, sulphur and phosphorus.

Now, if this state of *allotropism*, as it is termed, were confined alone to compound bodies, then we could readily invent a plausible reason for these extraordinary changes. We could easily imagine the dissimilar atoms arranged in various manners, in respect to each other. But when the substance is a simple one, then the theory becomes involved in difficulties which ingenuity alone cannot unravel.

Who would suppose that oxygen gas and ozone are the same substance? All know the properties of the former, but few those of the latter. Place a piece of phosphorus in a glass jar containing oxygen, along with a little water, and soon there will ensue a change in the contained gas which is remarkable. Now pour into this ozonised oxygen a deep blue solution of indigo, and rapidly the blue disappears, although this change would not take place in the oxygen previous to placing the phosphorus there. Perhaps this wondrous change, you may suppose, may be due to something emanating from the phosphorus? But this is not so, for the acid-gas which alone arises from the phosphorus, is readily soluble in the water, and quickly disappears in it.

Now if a strip of paper, moistened with a solution of the iodide of potassium and starch, be dipped into the jar, the colorless paper is instantly changed to a blue. This is caused by the action of the active ozone upon the potassium, by which it is separated from the iodine, while the latter acting upon the starch changes it to the deep blue we notice. This change will not ensue in common oxygen.

Now place a piece of tainted meat in ozonised oxygen, and it will quickly become sweet and odorless; but this wonderful effect does not happen in oxygen which has not been ozonised.

The metal silver is little prone to oxidise, and is therefore designated a noble metal. Drop a slip of silver-leaf into a jar containing ozone, when it will immediately crumble into powder, which is the oxide of silver. In fact, were it not that the result of this violent reaction were an

oxide, we should be inclined to regard ozone as a distinct body from oxygen. But the proof that ozone and oxygen are allotropic conditions of the same body, is fully demonstrated by the fact, that if we pass the former into a red-hot tube, it issues from the other end of the tube pure oxygen-gas, as we usually get it.

Ozone, then, appears to be oxygen in an intense chemical state—in that condition of great activity in which its energies are so exalted, that even those substances usually denominated non-oxidisable are readily attacked by it.

If, then, it requires such slight conditions to modify oxygen in its allotropic state, how frequently must they transpire in the various processes of nature so constantly ensuing around us. We therefore must refer those meteorological changes which induce disease, or health, to these changes of oxygen gas. Perhaps cholera and yellow fever may owe their rise and fatal prevalence to the want of ozone in the air? We know that ozone possesses the property, in an eminent degree, of destroying all malarious matters; therefore its absence in the air in normal quantities, may be the cause of the prevalence of those diseases which are induced by malaria.

From the above we cannot but be struck with the contrasting properties possessed by one of the elements. Were this the only element possessed of this wonderful protean quality, we perhaps might attribute it to a deviation in the ordinances of nature, for the accomplishment of specific and definite purposes.

But we observe this allotropism to extend to several of the non-metallic and metallic elements. Let us refer to sulphur for another instance. This substance fuses at a temperature of 220° F. If the temperature of melted sulphur is not carried higher than 300° F., and be thus thrown into water, it maintains its usual identity. If, however, the heat be increased, the sulphur changes to a black mass, which is somewhat more liquid than it was at a lower temperature. If it be now poured into cold water, it is changed into a viscid

mass not unlike softened gum elastic. In this state, not at all like its usual one, even its medicinal qualities are entirely changed. Sulphur is susceptible of crystallization into two non-convertible forms, one of which is the rhombic octohedra, and the other the oblique rhombic prism.

The allotropic condition of phosphorus is still more striking. Common phosphorus is of a light amber color, and of a soft waxy consistence. Allotropic phosphorus is nearly black, is brittle and hard. Common phosphorus has a peculiar alliaceous smell, is poisonous, and is quite soluble in bisulphide of carbon. Allotropic phosphorus possesses neither smell nor taste, is innocuous to the system, and is insoluble in the bisulphide of carbon. We cannot handle common phosphorus without great danger of its becoming inflamed, while allotropic phosphorus can be wrapped up and carried in the pocket with impunity, for it will not inflame until raised to the temperature of 600° F. In fact, we can scarcely imagine two different substances possessed of greater contrasting properties, and yet the common and the allotropic phosphorus are one and the same substance. This contrariety of qualities is not limited to the physical ones of density and crystallographic shape, but extends to its peculiar solubility and therapeutic nature. Were we not capable of converting, at pleasure, the one form of phosphorus into the other, we certainly would arrive at the conclusion, that these two contrasting conditions of phosphorus comprise two entirely different substances.

What are more contrasting than the various phases which carbon assumes? In the one form we have it as pure carbon crystallized, or the diamond. Then we have it as graphite; then as black lead; then as anthracite; then as charcoal; then as coke, &c.; yet all of these are carbon in various states of purity, but who would suppose them to be other than entirely different bodies, of so contrasting composition, as their physical aspects would indicate?

After all, is the dream of the alchemist so preposterous as chemistry of the present

day would believe? After a careful review of allotropism, is the idea of transmutation so inconsistent with facts as we have generally supposed?

But let us look a little deeper into this subject, for it is prolific in reflection upon the probable fate of many of the "elements" of the present day. At the same time, it involves the idea we have given out, that even positive philosophy requires not only rigid experiment, but careful deduction, to insure its progress in the direct line toward truth.

If we take cognizance of the three non-metallic substances, chlorine, iodine and bromine, we find that they are really true chemical congeners. The action of alkalis upon these substances proves the analogy complete. In the case of iodine, the result is the iodate of potash and the iodide of potassium. If bromine is employed, then we have the corresponding bromate of potash and the bromide of potassium. If we use the chlorine, then we have the chlorate of potash and the chloride of potassium.

In regard to cohesive force, we find a regular gradation, the chlorine being gaseous, the bromine liquid, and the iodine solid. We have likewise a chromatic gradation, for the chlorine is light green, the bromine red, and the iodine a deep brown or black.

Then there is a striking analogy in the odor of these three substances. So complete is this, that it is difficult, if not impossible, to distinguish the one from the other. In all their chemical relations the gradation corresponds, the chlorine possessing the greatest energy, the bromine next, and the iodine the least.

Now there is a remarkable fact, that as there are chemical relations just referred to, so are there numerical ones which correspond to them. The same progressive relations which designate their cohesive forces, are also cognizant in their equivalents, thus reducing these three remarkable substances to a triad which is inseparable. The combining proportion, or the equivalent number of chlorine is 35, that

of bromine 80, and that of iodine 125. Now if the extremes of these three numbers be added together (chlorine and iodine), their mean will be the equivalent of bromine.

Thus:

Chlorine,	35	}	160
Bromine,	80		
Iodine,	125		

By which it will be perceived, that chlorine and bromine added together, produce the sum of 160, and this divided by 2 produces 80.

Thus it will be perceived, that each of these substances is possessed of a chemical force which is in an inverse ratio to the sum of its combining number. Thus, while chlorine possesses the greatest combining force, it has the least equivalent, viz, 35. Now if we could cause half an equivalent of chlorine and half an equivalent of iodine to combine, we would have one equivalent of bromine.

But there are other triads which present instances of progression analogous to the above. For instance the following:

Potassium,	40	}	48
Sodium,	24		
Lithium,	8		

There is a great similarity between the metals of the above triad. The first metal, potassium, is the most marked. It is possessed of strong alkaline properties, while lithium is possessed of weak ones. Sodium occupies, in its properties, an intermediate rank. Another triad is the following:

Calcium,	20	}	88
Strontium,	44		
Barium,	68		

In the above metals we have the same gradation of properties noticed in the others. The same harmony exists between their chemical properties and the mathematical exponents of their equivalents, for the half of 88 is 44. Therefore, could we cause half an equivalent of calcium, and half an equivalent of barium, to combine, we would have one equivalent of strontium. Here we have the probability, though perhaps not the possibility, of transmutation—the conversion of two metals into another composing a member of its triad.

This same remarkable gradation of properties may be carried from the inorganic

to the organic kingdom. The three organic radicals which follow are regarded by chemists as presenting the properties of metallic oxides:

(C2 H3) O—oxide of methyla.

(C4 H5) O—oxide of ethyle.

(C6 H7) O—oxide of propyle.

In the above triad, if we disregard the oxygen, it will be perceived, that half of sum of the extremes will be equal to the mean. The properties of the above organic triad correspond in gradation to those already gives.

Such, in fact, is the generality of this law, that we might clothe it in this precise language of truth: When three bodies, having qualities precisely similar, though not identical, are arranged in the succession of their chemical powers, there will be also a successive arrangement of mathematical powers, indicated by the respective atomic numbers of the substances, and amenable to every mathematical law.

What we notice likewise, with surprise, is the arrangement nature has given to the triads, in their distribution upon the surface of the earth. We find that with iron there is associated lead and manganese. Where there is cobalt, nickel is certainly associated with it; while even in the organic department of nature, where we produce alcohol, we do not fail to generate ethers.

Now that we are dwelling upon this subject, allow us to speculate upon the possibility of the alchemical dream. We will present another triad:

3 eqs. lead (104)	- - - 312	}	396.
1 eq. gold	- - - 198		
3 eqs. iron (28)	- - - 84		

Here it will be observed that by uniting three equivalents of lead, and three equivalents of iron, we would get two equivalents of gold! In the above triad, the lead and the iron form the extremes, while the gold forms the mean; and it will be perceived that the sum of the two extremes added together, and then divided by two, forms the sum of the mean. Here we have transmutation! The dream of the alchemist is here realized, and the two "base"

metals, lead and iron, are converted into the "noble" metal gold! We shall not become enthusiastic upon this brilliant scheme, but leave that to some sanguine student whom our remarks may have converted.

We will simply close this part of our subject by the remark, that although transmutation may never be accomplished in the sense the alchemists understood it, yet there is a probability that it will be effected in the conversion of certain groups of substances into one or more, mostly of the same element.

From the foregoing remarks, it will be perceived that the human mind, even upon subjects which involve rigid experiment, is too likely to be led astray by its own immature deductions. We are therefore taught the wholesome truth, that too much reliance should not be placed upon our judgments regarding inculcations derived from physical investigation; for although we may not fail to get certain results when certain conditions are brought about, still in generating them, we are likely to err when most we suppose that we are right.

But it is cheering to know, that amid so much that will admit of potentiality, there are those which admit of positive interpretation. But it would perhaps be unjust to close this essay without alluding to some of these facts, lest the reader should suppose that after all which has been said, positive science, as it is significantly called, should possess so little which may with propriety come under that designation.

The facts which form what is designated physical science, were not known to the ancients. Their minds were deeply schooled in subjective speculation, while they knew but little, and cared less, for that science whose truths are reached through the avenue of patient experiment. Positive science, or that science which owes its origin to physical experiments alone, is the offspring of modern time. Arising in the middle ages, it struggled against the general ignorance which surrounded it; contending against bigotry and prejudice, yet bearing sternly against their bitter invec-

tives, until a more enlightened age extended to it a fostering hand, and built it up into the splendid structure it now presents.

The ancients inform us that there are but four elements,—earth, air, fire and water,—and thus far, and no farther, went their knowledge of the properties of the matter which existed around them. While their prolific minds were buried in the profundities of subjective speculation, those of objective reality were disregarded.

They were unacquainted with the properties or composition of the atmosphere which they momentarily took into their lungs. They were ignorant of the wondrous changes constantly ensuing within their bodies, through the inception of one of the atmospheric constituents. They knew not the nature of the change which the inhaled breath undergoes, nor the importance, in the world's economy, of the vitiated breath they discarded from their lungs.

They knew nothing of the nature of their element, the earth. They little dreamed that that one "element" is prolific in others to the amount of over half an hundred, and that four of these compose the great bulk of all animal and vegetable organisms. They were ignorant of the composition of water, or even the existence of any gases, save those of the air, and only of these in relation to some of their physical qualities.

Modern science has demonstrated the existence in the air of two prominent gases, oxygen and nitrogen, and has taken rigid cognizance of several others of equal importance, such as carbonic acid, ammonia, &c. We know the exact composition of water by weight and by volume. The great mass of metallic oxides composing the mass of the earth, have all been rigidly examined, their properties submitted to various tests, and the metals themselves have been isolated and studied.

The coal which lies so profusely impacted upon the earth, has been studied with singular pertinacity and success. Its fetid products have been made to yield oils and dyo-stuffs, and perfumes and flavors, while

the very drainings of the horse-stable yield their fragrances. Rancid butter and putrid cheese have been tortured into delectable delicacies which impart pleasure to the most epicurean palate. A thousand things of beauty and indispensability are now wrought from the disgusting things of the earth, or from those which were formerly cast away as worthless.

Modern positive science has given to man a wand more potent than the fabled skill of Prometheus. It has conferred upon him the qualities of the ancient dreamer—it has given to him the hundred eyes of Argus to observe, the many heads of Typhoeus to think, and the numerous hands of Briarion to labor; and thus the few now accomplish what formerly required the many.

Taking coal as a unit, the result of modern science has developed the fact, that for the sum of twenty-five cents expended, there would be raised,

By manual power, 600,000 lbs. 1 ft. high;

By horse-power, 3,600,000 do.;

By steam-power, 56,000,000 do.

That is, the power which lies secreted in coal, and which was unknown to the ancients, is ninety times greater than manual power. Thus, one of our largest sized steam engines will perform the work of six thousand able-bodied men, with only two or three persons to attend to it; and while those men require the recuperative agency of sleep to enable them to start again with another day's work, the great iron monster continues its undeviating and ceaseless toil, ever renewed and never wearied.

These are the results of positive science, directed into the proper channel. It is the utilitarian science, the exponent of force and of action, and gives us the exact measure and value of busy life, without its subjective and unsubstantial dreamings.

This is positive science when freed from all error—when separated from all the subtleties of hypothesis, and stripped of the tinsel garb that sophistry has too frequently invested it with.

TYPHOID FEVER IN GEORGIA.

BY I. J. M. GOSS, M. D.

Typhoid fever was comparatively a strange disease in this State, until 1836; in that year it commenced its ravages in middle Georgia, and has extended from thence throughout nearly the entire Southern States. So devastating has it been, in many sections, as to have nearly decimated the inhabitants; visiting alike the mansion of the wealthy, and the hovel of the poor; neither age nor sex have been enabled to claim exemption from its deadly grasp, but all classes, from throttled infancy to stalwart manhood, have fallen victims to this fell destroyer. I have been treating this disease ever since 1846 or 7, which was as early as it visited the section where I then lived, though it had been very fatal in some counties before that. The following are the symptoms that are usually found to characterize the disease, in this locality: viz, low muttering delirium, a frequent compressible pulse, sordes about the teeth and lips, dry, black and fissured tongue, copious secretion of fetid and unhealthy urine, frequent discharge from the bowels; sometimes obstinate diarrhoea, great prostration of strength, disgusting fetid breath, an anxious expression of the countenance where there is consciousness, sometimes subultus tendinum, frequent jactitation, and a disposition to slide to the lower end of the bed; sometimes a slight hacking cough, pain in the iliac or hypochondriac region, and very often hemorrhage from some part of the organization.

CAUSE.—With regard to the cause of this disease, I am fully convinced that it is caused, like all other types of fevers, by a specific effluvia, that invisible foe that floats, unseen, in the life-giving or sustaining zephyr that must pass over the decaying, putrescent mass of filth and fume that is too often left sobing around the dwellings and barn yards of the farm, or about the back yards of our villages and cities. It often originates from the filth

under old houses, particularly when they are very close to the ground, where the trash is swept under, and remains for years. The above seems to me the real cause.

PATHOLOGY.—The primary impression of this poison is upon the ganglionic or sympathetic nerves, causing, secondarily, the morbid lesions of the alimentary canal, and other parts of the organism, to which the sympathetic is distributed. I know that it has been contended that the lesions found in post-mortem examinations, were the cause of the disease, and not the results of it, but from close observation, I am fully persuaded that they are the results of the irritation made through the ganglionic system. We have sometimes cases of rather a mixed type; there seems to be added to ordinary typhoid symptoms, regular remittency; in these cases there is an irritation of ordinary marsh miasmata exerted upon the cerebro-spinal system, and the specific virus of the local exhalations, exerted upon the sympathetic system at the same time, hence the mixed type, for the morbid irritations of the sympathetic are always continued, but that of the cerebro-spinal are remittent or paroxysmal. The symptoms that are pathognomic of this disease, are very philosophically accounted for in the following way:—first, the irritation of the mucous surfaces; this is the reflected influence of that peculiar morbid agency that is first exerted upon the ganglionic or sympathetic centers, transmitted thence to all the parts of the digestive, and other portions of the vital system, producing, first, congestion or hyperæmia, then inflammation, and finally ulceration. The diarrhea seems to be the result of an excited state of the mucous surface, and the enlargement of Peyer's and Brunner's glands; it is increased exhalation from those parts of the alimentary system. There is sometimes tympanitis, this is caused by exhalation of fetid gas, together with a passive state of the bowels, which last does not allow the gas to pass off, hence it accumulates in such large quantities, causing sometimes painful

distension. There is very often coma, or morbid vigilance; this, it seems to me, is the effects of congestion of the cerebrum, caused by a specific action of the virus upon that portion of the brain. I have noticed that when the disease expends its force upon the brain and spine, producing diarrhea and delirium, it is much more fatal, but if the maximum of morbid irritation is expended upon only one of these vital parts, the chance of recovery is much greater. The pathology being generally known, I deem it useless to say anything more upon that department.

PROGNOSIS.—The disease has been alarmingly fatal in the South, but it is owing to mal-treatment. The Allopathic branch of the profession differ very widely in regard to the treatment. Some bleed, purge, vomit, and irritate with mercury, pushed to pytalism, until the disease is beyond the reach of therapeutics, then they try to raise the patient with stimulants, but find it quite an up-hill business, generally. The prognosis, in ordinarily good constitutions, may be said to be favorable, although it may sometimes prove tedious, yet, if properly treated, it will generally terminate favorably; at least, from 90 to 95 per cent. may be saved, taking it as it comes, the aged, debilitated, and those of naturally strong vital force, or stamina. Those most liable to it are the middle aged, and those the most robust and healthy—but as I said before, no age nor sex is entirely exempt from its ravages, though the extremes of age, either way, are less obnoxious than those in the prime of life. This disease seems to be nearly, if not equally prevalent at all seasons of the year. Some writers have asserted that it was more rife in the winter and spring than at any other seasons, but my observation has convinced me that it prevails at all seasons, when there is cause for the generation of the specific affluvia that produces it. I have noticed in different epidemical invasions of this disease, that it prevailed in certain families more than others in the same locality; in fact, I have frequently seen large families, where scarcely one of middle

age, or under that, would escape the disease, while other large families, within a mile or two, would entirely escape it; and in these instances, I could very easily account for the difference: the houses of those that escaped, would be new or clean underneath, and high from the ground; while those attacked, would be in houses either very old, low, or on the dirt, and very filthy underneath.

TREATMENT.—Having seen the evil results of an intermeddling, or a purterbating course of treatment, very soon after the disease made its appearance in this State, I learned very early to adopt a mild, supporting, soothing, and sometimes almost expectorant course of treatment, and the result has been, that I have generally had the satisfaction to see my patients pass through this dreadful scourge safely, and as speedily as could be reasonably expected. I have seen, too, others treat it, in the same locality and at the same time, and their patients, many of them, die at last, and those that escaped linger for months before they began to convalesce. There was a family in this place that had lingered from three to six, and one of them eight months with this disease. The treatment, as near as I could learn, from those that nursed them, was mercury to reduce the pulse, mercury to act on the liver, mercury to restrain the action of the liver, mercury to strengthen the patient, and mercury to control all the morbid symptoms that appeared. Mercury, with some of the sons of Esculapias, is like the old toper's whisky—good to keep out cold in winter, and equally as valuable to keep out heat in summer. When they go to a case of this fever, they see nothing indicated but purgatives, chologogues, and salivants, in the first stage; mercury is employed to fulfill all these indications: and in the subsequent stages, they want tonics and stimulants; mercury and a little turpentine, is now employed to fulfill these indications. The above is no caricature, but the facsimile of the treatment of many who call themselves physicians. Some, it is true, adopt a different course; they set

out with heroic treatment—as large doses of ipecac to emulge the liver and cleanse the stomach, and remove all the morbid bile and vitiated secretions from the alimentary canal; some also unite jalap, or jalap and calomel, to produce cathartic effects at the same time; the result is, violent vomiting and diarrhen, which can seldom ever be controlled. But fortunate for the suffering thousands, science is fast dispelling such shameful ignorance from the environs of the medical arena. The treatment that I find indicated in this protean disease, is about the following:

When the circulation is excessively high, I control it with aconite or veratrum; I give from eight to ten drops of the tinc. of veratrum viride, or five or six drops of the tinc. of aconite, every three, four, or five hours, as the case may require, until the pulse falls to 100 per minute, then give small doses as occasion may require, to keep it at about that number. If the bowels are bound, the liver torpid, and the tongue very foul, with a bad taste in the mouth, I give one grain of leptandrin, $\frac{1}{4}$ to $\frac{1}{2}$ grain of podophyllin, every three or four hours; if these fail to move the bowels in twelve hours, I add five or six grains of compound powder of rhubarb to each dose until catharsis is produced, then desist. But if the bowels are irritable, and the tongue foul, and the taste bad, I give from one to two grains of leptandrin, with five or six grains of compound powder of rhei, every six hours, until the passages become thicker and more natural, then I commence with the following antiperiodics, or antifebrifuges: 1 grain quinia, 1 grain cornin, and 2 grains of hydrastin, made into a pill, or given in syrup or mucilage, one every four hours. These I continue from two to four days, then desist for two or three days; if the fever does not abate, I again resume the last named articles, and continue a few days, and again desist for a few days, and so on, until the fever begins to give way, which may be known by the tongue becoming moist, clean, and more natural; the skin becoming soft and

moist; the pulse falling, and becoming softer and fuller; and all the functions assuming a more normal appearance. If diarrhea supervenes, I controll it with small doses of neutralizing mixture, and a little geranin—say 13 of the former, and from 3 to 5 gra. of the latter, every three hours, until the passages become thicker and more seldom.

If I am called to cases that have been neglected or badly managed, and I suspect from the tenderness of the iliac region, any ulceration, I give a mucilage of acacia, with 30 to 60 gtt. of apta. turpentine to the ounce; dose, 13 every three hours. If there still remains obstinate diarrhea, and other symptoms of ulceration, nitrate of silver, in small doses, in pills, or what has answered admirably in my hands, oxide of bismuth and hydrastin, 3 to 4 grains of the former, and 2 grains of the latter, every four hours, which act as tonics, and at the same time restrain the diarrhea, and promote the healing of the ulceration of the bowels. In cases where there is great prostration, and the *vis vitæ* seems to be fast declining, I give stimulants, united with tonics—as, hydrastin, cyanuret of iron, cornin, beeberin, and quinia, in moderate doses, and oil of valerian, musk, and camphor; 3 to 4 grains of musk, 2 grains of camphor, with 6 gtt. of oil of valerian, every four hours. These cautiously given will accomplish all that can be accomplished by stimulants. The valerian does not only act as a stimulant, but it has a very tranquilizing effect upon the brain and nervous system, quieting nervous agitation, and thereby promoting sleep, which is very desirable. If there is morbid vigilance or delirium, attended with jactitation, opium, in full doses, should be given with the valerian, to soothe and quiet the brain; at the same time, cold should be applied to the scalp, as cold vinegar and water, often renewed, until the brain is relieved; and when this fails to relieve the delirium, dry cupping to the nape of the neck, and warm pediluvia should be tried; if these fail, the irritating plaster should be applied to the nape of the neck, and mustard

to the extremities. If the stasis of the blood is maintained from the outset, and the *vis vitæ* carefully husbanded, these stimulants will not often be requisite; but if the system is reduced by cathartics, and the blood defibrinated by mercury, as is too often the case, the best of stimulants will be required, and that too at a very early period, and they often fail to sustain the flagging vital force, or bring up the recuperative powers of the system. The surface should be washed every day, in all cases.

DYSENTERY.

BY THOS. F. RUMBOLD, M. D.

This is a disease which has baffled the "old school" more than any other that is of so frequent occurrence; but I am happy to say, that with the Eclectics, as a general thing, they are much more successful. Their failure of entire success is, in my opinion, on account of their excessive use of cathartics; for, according to the laws of pathology and physiology, there is very little use for that class of medicines in this disease. I will not, at present, give my reasons, any further than my experience, for laying cathartics on the shelf in this and many other diseases, but will do so at no distant period, and on scientific principles, if life and health be spared me.

There are two great questions to be investigated by the common-sense physician when brought in presence of his patient. The first is, What disease is his system laboring to overcome? The second, What has been the cause or causes of the disease? If the answers to these questions do not influence his course of treatment, then I would give very little for the life of the patient, if the attack is severe; if not severe, then nature will perform the cure, in spite of disease, medicines, and the doctors, but the latter, being better posted in "gassing" than nature, uses it, and comes off crowned with honor. Practicing medicine without asking and answering these

questions, is unscientific, but is often done by the professedly learned. There has been far too much "recipe" and "routine doctoring." But I am thankful that I live in an age in which men are beginning to think and study—are learning the great universal truth, that *laws govern all things*, not only religion, mathematics and the universe, but also the pathology and physiology of the human body; for it is as much governed by laws in disease as when it is in health.

I will now report a few of the many cases I have had within the last three years—having treated over two hundred without losing one. It will be seen that I use very little of that class of medicines denominated cathartics. These cases will illustrate the importance of inquiring into the cause of the disease.

Mrs. W., aged 32, of a nervous-bilious temperament, good constitution, strong, full voice, (some may think this rather a strange way of describing a patient's capability of withstanding disease,) was attacked with a very severe diarrhea on the 18th of August, 1856. An old school physician was called, who at once administered his great panacea, calomel, adding by way of explanation, that her liver was torpid, when the contrary way plain to be seen, for she then had dark brown evacuations, mixed with blood and mucus, proving the secretion and elimination of the bile. But the calomel was taken. The disease, however, proceeded in its onward course. On the 22d, her husband became alarmed, and sent for another Allopathic physician. The two continued the same treatment, with the exception that they allowed her to take pills, instead of oil, to work off the calomel.

On the 24th, still no improvement, I was called to attend the case. When I arrived, I found her in the following condition: Pulse small and wiry, about 110 per minute; skin clammy and of a dull appearance. She could not be raised from her bed on account of the great pain in her bowels, the evacuations from which occurred ever ten or fifteen minutes. They

had the appearance of bloody water, with hard knots of black fecal matter in it, which gave her great pain when they evacuated the bowels; also great pain in micturition. There was a slight remission of the symptoms at 2 o'clock every morning. I decided this to be a grave and very alarming case of dysentery. Her husband gave me a history of her illness, for she was able only to nod her head by way of affirmation. About the 16th, she was troubled with a cessation of the menstrual flow, caused by cold; she took some patent medicine to relieve herself, which operated on her bowels very severely; she then took some other simple things for relief, but got none. Her husband then sent for the physicians as before stated, who also got a history of the case, and laid the whole blame to the action of the patent trash, without examining it, which I did, and found that the principal ingredient was aloes. They justly but ignorantly accused the patent medicine, not knowing what did the harm, for in four days they ordered the same medicine to be given in pill form, instead of the oil, nor did they appear to notice the continued cessation of the menstrual flow, or the remission of the symptoms at 2 o'clock every morning, but thundered away with their calomel, rhubarb and aloes, intermingled with laudanum and morphia. This is all they did in the medical line.

Can the reader judge whether this is scientific treatment or not? I will venture to say, that nine out of ten women who have raised families, could have treated this case in the first place with entire success; but these physicians were graduates of a great college in the East, therefore no common person dares doubt their scientific principles. Still those very men are upheld by a large majority of the medical associations in the Union, while the Eclectic, though successfully taking their dying patients from their hands, and returning them to their friends, is pushed aside, and called irregular, quack, amalgamist, &c. "Truth is mighty, and will prevail."

But to proceed with the report: I ordered

the surface of her body washed with warm water and brandy, putting in a little soda and salt; hot fomentations of polygonum punct. and verbasum thap. and changed as often as it gets cold. Left an injection of starch, elm mucilage and landanum, to be repeated after each operation, and enough of 3 gr. diaphoretic powders, made according to the Eclectic Dispensatory, one to be given every two hours, to last until morning; also five 3-gr. antiperiodics, made as follows: *R* Sul. quinia gr. xij, ipecacuanha gr. iij, *M.* Dose, one every two hours, commencing at 2 o'clock in the morning, and alternating with the diaphoretic powders. For her drink, I left the althea officinalis, to be made into a tea and sweetened.

25th. In the morning found her easier than she had been for six days, but very weak. I then left a pill, made as follows:

R Ipecacuanha,
 Gum opii, aa. gr. viij
 Liquid gum arabic, gr. ij
 Argenti nit. gr. j. *M.*

Dose, one every three hours, commencing at 9 o'clock, A. M. Continue the bathing, injections, and diaphoretic powders.

Night. About the same. Left five 3-gr. anti-periodics, made same as first, for next morning. Continued the other part of the treatment.

26th. *Morning.* Still improving. Periodicity of the disease stopped; evacuations checked—only one every four hours; the surface of the body has a more natural appearance, with a gentle perspiration on the forehead; pulse feels softer, and less frequent, being 85 per minute; pain in the bowels less. Discontinued the hot fomentations and used in their place cloths wrung out of cold water and brandy, with a little ground mustard put into it. Bathed with cool water instead of warm. Continued the former treatment, with these exceptions. Ordered a little good brandy put into her diet.

Night. Left five 2-grain antiperiodics, made as follows:

R Sulph. quinia, gr. v
 Sub. carb. iron, gr. x. *M.*

Dose, one every two hours, commencing at 12 o'clock at night. Continue the bathing and injections, and diaphoretic powders, as before.

27th. *Morning.* Great improvement. Menstrual flow returned; no pain in the bowels except on hard pressure; no pain in micturition. Left eight pills made as follows:

R Ipecacuanha,
 Gum opii,
 Ext. sanguinaria, aa. gr. vj. *M.*

Dose, one every three hours, commencing at 9 o'clock, A. M. Continued the bathing, also the brandy in her food. Discontinued the diaphoretic powder.

Night. Called again at 4, P. M. She had the first proper evacuation since her illness. I now considered her bowels in a fit state, that is, not so irritated by the inflammation as had been at any time since the disease commenced, therefore ordered a large tablespoonful of castor oil to be given her then, and if that did not operate in four hours, to repeat the dose. Continued the previous treatment. Left no antiperiodics for next morning.

28th. Great improvement; she says that she feels herself getting stronger; still a little blood in the evacuations. Continued the previous treatment, with slight alterations, as circumstances called for; left three antiperiodics, same as first, for next morning.

Sept 4th. She sat up for the first time, and continued to improve rapidly.

Now, I assert that any "educated physician," having two grains of common sense, would have seen that the cause of this disease in the present case, was the cessation of the menstrual flow, in connection with the irritation which the aloes caused, which always affects the lower part of the bowels. All this risk of life, this pain and trouble, and this loss of time, could have been saved by counteracting its action (the aloes), steaming the patient over some verbasum thap. humulus lupus, for ten or fifteen minutes, having her keep her bed for half a day; then all would soon be right again. But instead of this, which is

both the proper and scientific course, they blame the liver for torpidity, when in reality in a large majority of cases it is performing its functions properly, so as to get a seemingly good reason or excuse for the use of calomel, which is never out of place in any disease, at any time, or under any circumstances whatever!

The next case that I will report is that of an old man, J. B., aged 61. He had an attack of what he called "bloody diarrhea" sixteen days prior to the time I was called to attend him, which was on the 2d day of September, 1856, at 9 o'clock, P. M. I found him in the following condition, viz: Countenance shrunken, skin yellow and dry, pulse feeble and irregular, about 102 per minute; evacuations almost constant, and very often involuntary; at times great tenesmus; red and extremely painful over the whole track of the colon. His family said that he was restless every night, but always easier toward morning. I also noticed that his nose was very sore and scabby. At first I could find no apparent cause for the disease. They said that he had frequently, for a number of years, attacks of a similar character, but none of them were so severe as the present one. I then got a history of his life, and found out the following facts: That he was an old hunter and Indian trader; that he got accustomed to eating with the Indians, who used no salt in their food; that he would not now have any in his diet, nor has he used any for quite a number of years. This gave me a new starting point. I found, by continuing the conversation with him, that just previous to an attack of this disease, his appetite would be very variable, and his nose and anus would itch so very bad, that he scratched them severely, consequently they were always sore; also, that worms came from him, which settled my mind and the course of treatment to pursue. I determined to stay all night to watch progress.

My directions were as follows: Wash as much of his body as convenient every two hours with warm water, having a little soda and salt dissolved in it. Make an in-

jection of elm mucilage one tablespoonful, starch one teaspoonful, santonin three grains, laudanum twenty-five drops, to be repeated after every evacuation of the bowels. Hot fomentations of polygatum pernet, verbasum thap. and artemisia absinthium, equal parts, to be changed as often as it gets cold. Three-grain diaph. powders to be given every two hours. Five 4-grain antiperiodics made as follows: \mathcal{R} Sulph. quinia gr. xij, santonin gr. v, ferri phos. gr. iij. M. Dose, one every two hours, commencing at 3 o'clock in the morning. For his drink, the warm or cold infusion of the artemisia absin. I was called away at 2 o'clock in the morning, at which time he was much easier.

Sept. 3d. *Morning.* Found him a little improved; evacuations not so frequent, pulse not so quick—about 98 per minute. Continued the bathing, injections, and diaphoretic powder. Left eight pills, made as follows: \mathcal{R} Arg. nit. gr. j, santonin gr. xv, liquid gum arabic q. s. to form a pill mass. Dose, one every three hours, commencing at noon.

Night. About the same. Evacuations of a frothy nature, having the appearance of cut-up worms. Ordered a tablespoonful of castor oil to be given then, and if it did not operate in four hours, to repeat the dose. Continued the other treatment.

4th. This morning I found him quite weak and exhausted. The oil did not operate until after the second dose, and then very severely, bringing away a large quantity of cut-up worms, the pieces being from a quarter to half an inch in length. Continued the bathing, fomentations, injections, adding one grain of sanguinarin to each diaphoretic powder.

Night. He was much encouraged. Pain in the bowels less, pulse about the same, evacuations one every two hours or so. Left five 3-grain antiperiodics, made as follows: \mathcal{R} Sulph. quinia gr. x, sanguinarin gr. v. M. Dose, one every two hours, commencing at 12 o'clock at night. Continued the other treatment.

5th. Found him much encouraged. Skin a better color, and a little moistened;

pain in the bowels all gone except on pressure; the redness over the colon also gone; pulse 80 per minute, middling full and soft; evacuations every three or four hours, with still a little blood and cut-up worms in it. Discontinued the hot fomentations to the bowels, but applied warm dry flannel in their place. Continued the diaph. powder, injections and bath. Left four pills, made as follows: \mathcal{R} Sanguinarin gr. viij, arg. nit. gr. ss, liquid gum arabic q. s. to form a pill mass. Dose, one every three hours, commencing at 8 o'clock, A.M.

Night. Being very busy, I sent my student to see how he was getting along. He reported as follows: Pulse soft, 80 per minute; evacuations every three to five hours, of a dark brown color, showing the secretion and elimination of the bile, but still a little blood. Continued the same treatment.

7th. My student attends him; he is getting along very well; no alteration in treatment.

10th. He is well; was down to my office to-day.

I consider this one of the most extraordinary cases I ever met with in my practice. It can plainly be seen, that if I had not found out, from his history, that worms were the cause of the disease, it would have been in vain to try to save his life. Knowing the cause, he has prevented a return of the disease since that time, which is now over one year ago—longer than he has been free from an attack for the last six years.

This teaches us a very important lesson with respect to the use of salt in the food of children. It has long been my opinion, that if parents would have their children use the proper quantity of salt, they would be less liable to attacks of worms. Many families do not put salt in their potatoes, beef, and mutton, when they cook them, leaving each one a choice in using it; but children will not take the trouble to put it in their food, which soon becomes a habit. This can always be prevented by salting it at the time of cooking.

PUERPERAL PERITONITIS.

BY I. J. M. GOSS, M. D.

This is one of those diseases which often seems to be but little amenable to treatment, particularly if the physician is not called very soon after its commencement. Its cause and pathology I need not discuss, as they are generally treated of at length in all the regular works upon female diseases. But upon the treatment we need all the additional light which can be afforded. When I commenced the duties of my profession, fourteen years ago, the treatment of this, and what was generally called puerperal fever (for all puerperal inflammations were summed up in the one general appellation of child-bed fever) consisted in blood-letting to the full extent, tartar emetic to control the circulation, and then opium and calomel pushed to pyralism. How successful these remedies may have been in the hands of others, I cannot tell, but in my own, they fell far short of what I desired, for the only two cases of true puerperal peritonitis, which I have treated in that way, proved fatal in a few days, and I find from the reports of Mr. Lee and others, that the treatment was as unsuccessful in the hands of others. It is true, I have saved many cases of simple hysteritis in the puerperal state, by venesection, opium, and turpentine given as an aperient, and applied as a stupe to the region of the uterus, but I find that I could have accomplished as much with the turpentine alone, or combined with the opium in the form of Dover's powders, as I did with the other remedies.

I have now for several years adopted a different treatment, and one that has been very successful in the worst forms of even puerperal peritonitis. For illustration, I will give a few instances.

Mrs. M. P. was taken, some four or five days after delivery, with a chill, followed by high febrile reaction, pain in the whole region of the abdomen, with great tenderness and tympanitis, nausea, &c. I com-

menced the treatment with five drops of tincture veratrum viride every three hours, which soon brought the pulse down from one hundred and thirty or forty, to ninety beats per minute; profuse perspiration was produced and kept up by it as long as I deemed the veratrum necessary.

I opened the bowels gently, and kept them so for several days. Under this treatment the disease gave way, and in a few days, she was so far convalescent that I dismissed her, and she continued to improve until she was entirely restored to health.

Mrs. S. was taken with a chill, followed by high fever, and severe pain over the abdominal region, with tenderness and tympanitis. The pulse did not range very high when I was called to the case, which was not until the disease had progressed for several days. I consequently commenced the treatment by giving oil and turpentine to evacuate the alimentary canal, then applied the turpentine to the whole abdomen, by saturating a flannel cloth in it, and applying it with a warm bran poultice over it. Under this treatment, the case progressed very well for a day or two, then assuming rather a low typhoid form, I commenced with quinine, two or three grains every three or four hours, with elixir vitriol. With these remedies, varied to suit the changes of the case, she convalesced, and in a few days, was restored to health.

Mrs. M. E. W. was taken, a few days after delivery, with severe pain over the uterus, tenderness and considerable distension of the abdomen, constipation of the bowels, and inability to evacuate the bladder, and high febrile excitement, pulse ranging from 120 to 130. I commenced the treatment with five drops of veratrum, and from three to five of gelsemin, every three hours, which soon brought the pulse to 80 or 90 beats per minute. I also applied a stupe of oil of turpentine to the abdomen, and opened the bowels with the compound powder of jalap, and kept them open with small doses of podophyllin and leptandrin; drew the urine with the ca-

theter. With this treatment, modified so as to meet the indications, I soon restored her to health.

With this and similar treatment, I have often met this formidable disease. I do not pretend to say that it will always prove so successful, nor will any other course of treatment that can be devised. There are some cases of puerperal peritonitis of an aggravated type, which will progress to a fatal termination under any form of treatment. There is a vast difference between the fatality of hysteritis and that formidable disease termed puerperal peritonitis. When the inflammation only invades the uterus and appendages, it is quite amenable to a rational and well directed course of treatment. There is not that great tendency to putrescency in simple puerperal hysteritis, that there is in puerperal peritonitis; in fact, all the symptoms are much less aggravated.

I pen these thoughts upon this disease, to elicit something from others, who have had more extended opportunities. Information respecting the treatment of this disease is very much needed, for it has long been a terror to physicians and patients in the South.

ECLECTICISM.

BY E. FREEMAN, M. D.

Is Eclecticism a proper name for our branch of the medical profession? I contend that it is. Derived, as it is, from the Greek word "*Ektelgo*," which signifies "I pick," "I single out" "I choose out," it may be applied in the strictest sense of that word, and yet its meaning be broad enough to cover everything we wish, and to form a name for our noble system of medicine. It is said that it does not convey a proper idea of what our principles are; that we may choose blood letting and mercury, and other agents which it is known we discard, and come in the same order with other physicians who also choose what they see fit. But I ask what word

is there that can be more appropriate than the one we have inscribed on our banner—that will convey a better idea of what our principles are? In choosing out, or singling out our remedies, we imply that some are discarded, otherwise it would not be singling out but taking the whole. It is only in the treatment of disease that we essentially differ from the old school, and it is for successfully treating disease that the science of medicine is at all established, and for this same object that we have made all the improvements that are peculiar to our own practice. All knowledge of the action of medicine, is gained by experimentation, and that knowledge at the present day, is the accumulation of the experience of a great number of men throughout successive centuries of time. This knowledge is the property of all who will acquire it, and none have an exclusive right to it. From this vast store then, we cull out those agents which have proved themselves the most worthy, and leave the rest. We discard mercury because there are many things objectionable about its action, not the least of which is its great devitalizing power, and the tenacity with which it remains in the system, impeding every physiological function. Venesection, also, is never performed in our practice, for the reason that we believe that when the true vitalizing fluid of our system is wasted, the power to throw off disease is proportionally lost. Nature's recuperative energies are so much weakened that she is seldom able to completely overcome the permanent injury that is inflicted.

Many other agents there are, which are used by our opponents of the old school, which we have long since thrown aside, and adopted better agents, which are only known to the profession through those claiming to be Eclectics. Among the latter, the concentrated remedies loom up proudly, claiming for themselves, by their precision of operation, the attention they are now receiving at all hands.

These are distinguishing features, and call for a distinctive name. Our disposi-

tion to "single out" the best, induces within us a progressive spirit, making us foremost in every thing that will subserve our purpose—to use the best agents in the cure of disease. This same spirit prompted the discovery of the power of electricity to eradicate from the system mercury, whose presence there is the cause of a great amount of disease and suffering. It also prompts an inquiry as to the true nature and seat of disease, and the speediest way to promote a resumption of the physiological functions.

The word also implies that this is a rational system of medication, for we prescribe as our reason dictates, choosing our agents as the indications of the case seem to demand.

We must have a name, as a matter of necessity. If we do not assume one, we will soon receive one from others. This must have been evident to the founders of this system of medicine, for they gave it a name, comprehensive, of sufficient latitude of meaning, and conveying the most liberal idea as to what we are. This name, then, is our boast, and though hypercritics may be dissatisfied, it is sufficient for us, if our principles be the same, and with the eclectic spirit which animates us all, we will still make investigations, and still strive to arrive at the most perfect practice of medicine.

HEROIC TREATMENT.

BY R. A. NEWTON, M. D.

We conceive it to be our duty occasionally to notice some of the errors or heroisms in the practice of medicine,—hoping by this means to call the attention of the public to the subject, with a view of trying to reform all such physicians, or make them feel the want of a full support.

We make the following extracts from a case reported to us, from which it will be seen at once no mortal being could live under such treatment, even if there were no disease. How must parents feel who lose

a loving child in this way, and how must a physician feel at such results.

The following synopsis of a letter, written by Mr. D——, of M——, to his brother, now a student at the E. M. Institute, will not be devoid of interest to the profession. The perseverance exhibited by Drs. W——s and W——e in the treatment of the case was certainly commendable, yet that it was mal-directed, the result and history plainly show.

Miss Helena J. D—— æt. 2 years, had for several days a slight diarrhea, which on Sept. 28th became much worse, apparently from a local injury of the foot. The system sympathized with the local injury, and in the evening manifested considerable fever.

Sept. 29.—Fever much abated, and diarrhea better in morning, but both increased in the evening. This order of change obtained for three or four days, when the paroxysms of fever became much more severe, and were introduced by protracted rigors. The parents deeming her "bilious," gave her three doses of pills, and for the diarrhea, blackberry syrup. These remedies, together with tonics, soon checked the diarrhea, and the chills and fever. In a few days, however, the diarrhea returned—the discharges now containing considerable mucus, and being discolored with blood. The blackberry syrup again afforded considerable relief, but the fever in a milder form again appeared. During the paroxysms of fever the skin became spotted. Dr. W——s now being called in, said the secretions were arrested, but could be easily aroused. He gave the "chalk and blue mass mixt." three times per day, and quinine twice per day, *pro re nata*. The diarrhea grew worse. By consent of Dr. W., paragoric and blackberry syrup were given. The bowels improved and rubeolar eruption now (three weeks after the first symptoms) came out pretty well. The chalk mixt. was continued. In two days the eruption receded and the diarrhea reappeared. Dr. W. thought her bowels badly inflamed, and having lost his faith in the "chalk mixt.,"

ordered a large plaster of tartar emetic incorporated with tallow to be applied over the epigastric and umbilical regions. Violent emesis soon followed, which Dr. W. referred to the recession of the eruption. Instead of removing the plaster, it was enlarged and reapplied. The nausea and vomiting were now greatly aggravated. The Doctor was called back, but he excused the plaster entirely. The chalk mixt was stopped, yet the vomiting continued all that day and night. On the next morn Dr. W. was again consulted. He said the plaster was the sheet-anchor, and must be continued until he returned. Notwithstanding the child vomited exceedingly, it was kept on from Saturday until Monday morning. Dr. W——e was now called in. He said that the plaster had placed the patient nearly beyond hope; that the tartar emetic had acted by absorption, and that it must be removed and a fly blister substituted. He also gave her a powder composed of calomel, quinine and morphia; soon after taking this she sank into a kind of comatose congestive chill. The extremities became very cold; hicough supervened, and the Doctor said she would die. Strong coffee was freely given and she revived. Dr. W. now said that the calomel had sustained her; that the secretions were nearly established, and that one more dose of the same would accomplish the work. This was objected to, but Dr. W. said that he would either have his own way or give up the case. The dose was repeated, and in fifteen minutes another comatose chill came on. The Doctor now said she was gone certainly, but she again revived. Dr. W——s having now returned, a consultation was held, and it was determined to add to the fly blister a coating of blue oint. This was added in the evening and she grew better until morning. The Doctors then said it would take one more dose of the "cholagogue" to restore the secretions. Objections were again urged but the dose was given. The paroxysm, as it was termed, again came on with increased malignancy. Both doctors said she would certainly die, but she did

not. On the next morning the dose was repeated, and again the paroxysm came on with still greater malignancy. Both now retired, saying she would not live an hour; yet she survived the night. In the morning she was given, not by medical advice, some of Beach's ment. cordial, which seemed to afford considerable relief; also a tea of white plantain. During the day she improved considerably. Dr. W—e having learned that she was still alive, returned and insisted upon giving another dose of the cholagogue, but was not permitted to do it. He however was allowed to apply the "blue oint." The child was soon attacked with excruciating pain. Another paroxysm or chill came on, and notwithstanding the plaster was taken off, she expired.

VERATRUM VIRIDE.

BY I. N. GREEN, M. D.

Believing, as I do, that the above-named agent has not received the attention from the profession that its value merits, I herewith send you an account of some of its results in my hands, with the hope that it may tend to do away with that distrust with which it is regarded by many, and bring it into more general use. From the experience I have had in its use, I consider it the most valuable therapeutic agent known, in all cases where its use is indicated. It is not only as an arterial sedative that I would recommend it (although I believe that to be its most valuable property), but I venture to assert that it fills a greater number of indications than any other known agent. In whooping-cough, croup, neuralgia and acute rheumatism, I believe it to be (as near as we have any) a specific. In all cases of bronchial or laryngeal irritation, it has the most prompt and happy effect, lessening the cough, promoting a free expectoration, and determining to the surface. But it is in typhoid and the lower grades of fever, that I consider it most valuable. It has invariably,

in my hands, broke the fever (even after several week's continuance), and produced copious perspiration, in from six to twelve hours.

We are cautioned in the American Eclectic Dispensatory to *never* give it to the extent of vomiting. This is contrary to my experience, for in giving it to the extent of producing free emesis, I find its greatest value in fevers, particularly when not administered until the later stages.

I have been in the habit of combining it with equal quantities of tincture gelseminum and chloroform, giving from fifteen to twenty drops every four hours, until its specific effect was produced; then decreasing in all cases one-half, and continuing it thus until complete convalescence. As recovery progresses, I alternate it with salacine and tonic or other stimulant which I find is not inadmissible with it, as is quinine.

Since its introduction to the profession by Dr. Norwood, I have used it extensively in a great variety of diseases, both acute and chronic, and always with satisfactory results. I have watched the medical journals, anxiously hoping to hear from some who are using it, and whose practice gives them varied and extensive opportunities of testing its properties; but not meeting with any thing upon the subject, I have ventured to make known my own views and experience, trusting they may induce others to use and publish the results of this truly wonderful agent.

Part 2—Progress of Medical Science

A NEW REMEDY FOR THE CURE OF EPILEPSY.

BY J. G. KYLE, M. D.

Euphrasia Officinalis. Syn. Eyebright. Nat. Ord. Scrofulariaceæ. Sex. Syst. Didynamia Angiospermia.—It is a small annual plant, and is found in many parts of the United States; growing most commonly

in what are called beech woods. The stem is smooth, nearly erect, branching, of a light purple color, and grows from six to ten inches high. Branches pubescent, divaricate-spreading. Leaves tripleveined, marked with oblong dots and blotches, ciliate, from six to twelve lines long and one-fourth as wide, oblique on short petioles. Flowers white, and appear in July or August.

The whole plant is used, but the root appears to be the most active. The plant should be gathered in September, and the root any time in the fall. As found in the shops, it is of a dark brown color, wrinkled—has a peculiar aromatic odor, and a bitterish astringent taste. Water extracts its virtues.

As a medical agent the Euphrasia has heretofore been too lightly esteemed. Hooper says it "has been greatly esteemed by the common people, as a remedy for all diseases of the eyes: yet notwithstanding this, and the encomiums of some medical writers, it is now wholly fallen into disuse." Pereira, (vol. 11, p. 306,) says it "is nearly inert, though it is a popular remedy in diseases of the eye." Dunglison says, "It is recommended in diseases of the eye, but is unworthy of notice." In the appendix of the U. S. Dispensatory, p. 1258, we find that—"it was formerly used in various complaints, and among the rest in diseases of the eyes, &c. The probability is that it is nearly inert." It has also been recommended in diseases of the mucous membranes, where astringents were indicated.

I can nowhere find any other medical properties or uses claimed for the Euphrasia, than those already given.

My attention was first directed to this medicine, from seeing it used as a domestic remedy for the cure of epilepsy. Several persons were reported to have been cured by it. Among others, an intelligent lady informed me that she had a brother and a sister who both had epileptic fits—the one for eight or nine years, the other for three years and a half—who were cured by its use. Each of them had been

subjected to various plans of treatment, both by regular and irregular physicians, without, however, having received permanent benefit from any source, until some person recommended the Euphrasia; the use of which cured them both in a short time. They have had no return of the disease; several years having elapsed since their restoration to health.

These, with some other reported cases, were not sufficient to convince me that the Euphrasia was a specific for the cure of epilepsy, but they were sufficient to induce me to pay some attention to the nature, properties and effects of the remedy. And I have since, from observation, found that it is astringent, tonic, nervine, laxative and diuretic.

As epilepsy is a disease indicating the use of a remedy, or a combination of remedies, having the medical properties which I claim for the Euphrasia, I think we can prescribe it for the cure of that disease, with more hope of its being successful, than any other known remedy—not empirically, but upon correct therapeutic principles.

The first case in which I had an opportunity of noticing the effect of this medicine upon an epileptic patient, occurred during the past summer and fall. A resident of this town, Mr. D. S. æt. 29, plasterer—strong and active, nervo-bilious temperament, rather irregular in his habits, though generally temperate.—general health apparently good; was attacked five years ago last summer, after a very hard day's work, with an apoplectic paroxysm. Since which time he has had a return of the paroxysms or fits every three or four weeks, sometimes having three or four in a week,—until about seven months ago, when he commenced the use of the Euphrasia, and has had no fit since that time.

This man had most violent convulsions; his mind was giving way; he was more dull, stupid and unsociable, as well as more morose and peevish than was common with him. But since his release from the miserable disease, which like an incubus had overshadowed him, and was crush-

ing and smothering his soul within him, he rejoices as a "strong man in his strength." His mind has regained its wonted buoyancy; he is sociable and lively, and is happy in his deliverance from the effects of that most miserable of all diseases—epilepsy. He appears to be entirely well. He took 3iv. of the infusion every morning, fasting. He took no other medicine. The medicine should be continued for a considerable length of time after the patient is apparently well.

I do not claim that the Euphrasia will cure epilepsy in all cases and under all circumstances; but from what I already know of it, I believe that its merits and claims, as a remedy in this disease, should be thoroughly tested; and if they are as great and strong as present appearances would induce us to believe they are, then will its value be incalculable, and its benefits to poor suffering humanity inestimable. —*Western Lancet, Dec. 1857.*

SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISSECTING WOUNDS.

BY EDWIN R. MAXSON, M. D.

As dissecting wounds are of frequent occurrence, it becomes a matter of importance that we understand their symptoms, pathology and treatment: And though comparatively few wounds received during dissection, are followed by serious consequences, yet the liability of the absorption of animal matter, or poison, in every case, renders it essential that we should use the best measures for preventing this absorption; and that when we fail in this, that we proceed in the best possible manner to counteract its general and local effects.

The fact that a very slight wound, or mere scratch, is liable to take up the poison when it exists, should stimulate us to regard with proper care the slightest abrasion.

We should also remember that effects precisely similar to those following dissect-

ing wounds, may follow exposure to matter, from suppurating, putrid, or sloughing sores on the living subject; two marked and serious cases of which fell under my observation during the summer of 1856.

Symptoms.—After an indefinite period, varying from a few hours to several days, poisonous animal matter, whether received from the dead or living subject, produces an irritation in or about the scratch or wound. This irritation gradually increases, and soon red streaks appear extended from the wound along the course of the lymphatics, an asthenic erysipelatous inflammation is soon set up in the hand, and rapidly extends up the arm.

The glands in the axilla become tender, swelled and painful. The arm becomes very much swelled, has a dark appearance, and is exceedingly painful, and the inflammation has a tendency to terminate in gangrene or suppuration.

Soon after, the local effects of the poison become apparent, and sometimes before; a feeling of langor supervenes, and sooner or later chills, more or less severe, with nausea and vomiting, follow; succeeded usually, by an irritable but feeble reaction; the fever usually assuming a typhoid character.

Such are the ordinary local and general symptoms following the absorption of poisonous animal matter. But in some cases only the constitutional symptoms are developed, while in others there is only a slight local affection and little or no apparent constitutional derangement.

Pathology.—Now if we remember that poisonous animal matter, taken up by the absorbents, produces its peculiar poisonous and debilitating effects upon the lymphatics through which it passes, and also upon the surrounding tissues, we may readily account for the local asthenic erysipelatous inflammation which is set up in the part: and also for its extending rapidly up the arm, involving all the soft parts, but especially those parts through which the principal lymphatics pass.

The passage of the virus through the axillary glands accounts for the irritation,

pain, and swelling being so early set up in the axilla, and also for the swelling and suppuration which sometimes takes place in those glands when the arm has been apparently but slightly affected. But we must also remember that the virus not only poisons the tissues through which it passes, but that it soon enters the blood, with which it passes to the brain and every tissue of the body.

Now whether the virus passes through the system with the blood as a foreign substance, or what is more probable, by uniting with it, produces a fermentation in decomposition of the blood, it evidently has a debilitating effect upon the brain and nervous system, and thus debilitating the brain, lets down the circulation, and a chill is the result.

The reaction which follows the chill appears to be the result mainly of the general and local irritation, and is generally of a typhoid character from the first, or very soon becomes so at least.

The local inflammation is generally of an asthenic character, and may terminate in gangrene, from the great congestion of the parts not allowing suppuration to take place.

Treatment.—As a precaution in dissecting, the hands should be smeared with sweet oil, and if a scratch or wound occurs, it should be allowed to bleed freely, and sucked by the mouth, in order to extract any virus that may have been taken up.

The wound may then be touched with nitrate of silver, and then the patient should take a good nourishing diet, with regularity, to keep up the general strength, and to retain the integrity of the blood.

Gentle exercise, too, in the open air, is essential to promote the same object in such cases.

If, however, in spite of all this, general or local symptoms of the poison make their appearance, there is evidence that the virus has entered the blood, and that it is producing a change in that fluid, passing with it not only through the heart and large blood-vessels, but also through the minute capillaries.

Now to reach this virus and to counteract its debilitating effects in all the minute ramifications of the circulatory vessels, and also to suspend the probable fermentation of the blood, which is being set up, alcohol appears to be the very best remedy. From a gill to half a pint of whisky may be sweetened, then mixed with an equal quantity of milk, and taken in two or three draughts, at intervals of half an hour; this arrests the sinking tendency, and as I believe, the fermentation or decomposition of the blood.

The sulphate of quinine, in from two to four grain doses, with one or two grains of pulverized camphor should then be given every four or six hours, and continued through the whole course of the disease.

The alcohol at once arrests the sinking tendency, after which the quinine and camphor not only keep up the powers of the system, but favor, as I am satisfied from careful observation, early resolution in the local asthenic inflammation.

A solution of the sulphate of iron, two or three drachms to the pint of water, may be applied to the inflamed part at first, but if the swelling be very great, or if matter form, free scarification should be made and poultices of warm water dressings applied.—*Buffalo Medical Journal*, Jan. 1858.

MR. SYME'S ANKLE-JOINT OPERATION.

We almost owe our readers some apology for adducing the following evidence in favor of an operation which is generally regarded as one of the best established in surgery. But as its efficiency has been called in question in a popular manual of surgery, and the passage eagerly commented on by influential members of the London weekly press, we do ourselves (in whose pages the operation was first published) and Mr. Syme the justice of reproducing the following statements in proof of the completeness and permanency of

the cure afforded, and the admirable nature of the resulting stump:

(From MR. ROBSON, *Head Master of the Edinburgh Western Institution, to MR. SYME.*)

EDINBURGH, OCT. 28, 1857.

DEAR SIR,—It is now ten years since you so successfully performed your ankle-joint operation on my left foot, and I have very great pleasure in now stating a few facts relative to my experience of it.

The operation was performed under the influence of ether, chloroform being then unknown, and without the least pain to me. Within seven weeks I was able to be removed to the country, and in five weeks more I was at my duties as Head Master of the Local Day School Institution, Young street. My duties there were onerous, having to be on my feet from 9 A.M. to 3 P.M., and having to move about through the rooms of the institution during the day. I did this daily for three years after the operation, without the least inconvenience.

In the autumn of 1851, I visited Holland, Belgium and the Rhine, during a great portion of which tour I traveled on foot, with my knapsack on my back, with the greatest ease. My walks varied from eight to ten and sixteen miles, as circumstances required.

From 1850 to 1854 I was a master in the Circus Place School, where I had to stand every day from 9 A.M. to 3 P.M. In addition to this, I walked two miles, from 11 to 12 o'clock, and three miles at 3 o'clock.

From 1854 to the present time, my duties have been heavier still; for in addition to standing six hours daily in the institution, and visiting eight rooms, situated on three different floors, I have walked up and down the grounds of Canonmills House for hours daily with my boarders, and frequently played at cricket with them. I have just returned from a tour in the Highlands, a great part of which I have performed on foot, with comfort and pleasure to myself. When I mention that I am upwards of thirteen stone, and that I walked through the Duke of Athol's

grounds at Dunkeld, said to be thirty miles in extent, climbed up to the falls, and ascended various hills, including Ben Ledi, it will be apparent to every person that the operation is a most useful and satisfactory one. The fact is, the more I use my heel, the stronger it seems to become. My duties for the last ten years have led me to stand and walk more and more every year, but I have always felt more and more able to do so. From 1847 to the present time, the foot has never troubled me in the least, and my general health has been excellent.

I might have said much more, but these speak for themselves. I cannot, however, help noticing the superiority of this operation as regards mere appearances, which is of great importance to professional persons. I have had some thousands of pupils since 1847, and I am certain that not one of them knew the extent of the operation, so easily can I move about the room and go up and down the stairs. I may mention that I still wear the leather case and boot, of which you have a pattern.

With a most grateful sense of your professional skill, and of your kindness for many years past, I am, dear sir, your most obedient servant.

(Signed) THOMAS B. C. ROBSON.

To Prof. SYME.

(Letter from DR. GEORGE WILSON, *Professor of Technology in the University of Edinburgh, to MR. SYME.*)

EDINBURGH, OCT. 30, 1857.

MY DEAR MR. SYME,—You ask me whether the stump of the limb you amputated through the ankle-joint fourteen years ago is still serviceable for painless locomotion, and I can only reply emphatically in the affirmative. Since the period when the stump finally healed, and my general health improved sufficiently to allow me to walk in the open air—i.e., for some thirteen years—I have been free from all suffering in the mutilated limb. Chronic pulmonary affections and liability to dyspnoea set limits to my pedestrian achievements,

and I do not willingly climb long stairs, or ascend other considerable heights; but my lameness does not prevent me scaling these when occasion demands, and I am in the habit of standing for hours daily without pain at the time, or subsequent inconvenience. I am thinner now than I was some years ago, and the maimed limb has shared in the emaciation; but the residue of the lost foot is still firm and elastic, and sustains the weight of the body as well as before.

I do not know what more I should add to answer your question; but I may perhaps show what power of locomotion I possess. If I mention that I have, within the last four years, climbed Nelson's monument to study the time-ball, and that last autumn I visited various of the wool and cotton mills, the print works, and the large establishments in the south and west of Scotland, and was on foot for four hours on an average continuously at each visit, and under the necessity of ascending and descending endless stairs, and traversing galleries, which seemed equally endless. This summer I spent nearly a fortnight in the museums of London, a week at the Art Treasures Exhibition at Manchester, and nine days at the meeting of the British Association, and in the museums of Dublin. I was sometimes on foot for six successive hours; but, though often sufficiently tired at the close of the day, had no pain in the weaker limb, and continued this work for a week at a time without intermission.

At present, as for years, I walk along the carpeted floor of my dressing-room night and morning with bare limbs, and without any stick or support. I can throw my whole weight on the naked stump, and stamp with it on the floor. In truth, I often forget that I have lost a foot, and especially when lying in bed, wonder on putting down my hand to find no toes.

I remain yours, very truly,

(Signed) GEORGE WILSON.

Professor Syme.

(Letter from the late MR. ATCHISON, of Dundee, to MR. SYME.)

DUNDEE, JUNE 4, 1846.

MY DEAR SIR,—It gave me great pleasure to hear by yours of the 2d inst. that the boy Fargle's case is likely to terminate so satisfactorily.

I sent for the boy Wood, whose life was spared by a similar operation, executed by you two or three years ago (Sept. 1842, aged sixteen). I examined most carefully the stump, which was all sound. He had had a renewal of the false foot since he had seen you. He told me he had suffered no inconvenience from the stump, or the slightest tenderness. He has become a country tailor, and has often ten and fifteen miles a day to go to his work; still he feels no discomfort. He says he, with a few of his young comrades, ran off to see the operations of the North British Railway at Penmanshiel Tunnel, and must have walked fully thirty to thirty-five miles, without feeling his amputated limb.

You may rely upon it, nothing can be more satisfactory than this case of the boy Wood; and if Fargle's and all similar cases prove, under your hands, as successful, amputation at the ankle joint will prove the greatest blessing to the human race, especially those unfortunates so afflicted.

I am, my dear sir, yours most faithfully,
(Signed) THOS. ATCHISON.

[This was my first case.—J. S.]

We append a case lately treated at St. Bartholomew's, the recital of which goes far to explain the unfavorable result of an "Edinburgh" operation in the hands of London surgeons. Mr. Syme is coolly credited with an operation by a Russian surgeon! in a case where the foot was almost completely destroyed!! and the woful consequence is chronicled in small capitals, as

"Result of Syme's Operation of Amputation at the ankle-joint, performed by a Russian Surgeon."

(Under the care of Mr. Stanley.)

"Perhaps the peculiar part of the following case is its history, which is at the

same time more or less interesting. A sailor was admitted into St. Bartholomew's Hospital, just before the 31st of October, with a painful stump left after Syme's operation of amputation at the right ankle-joint, performed at Sebastopol, by a Russian surgeon. It appears that in April last, the patient, who was a seaman on board of a collier which sailed from Shields, arrived at Sebastopol, the vessel having a cargo of coals for the Russian government. The sailor, with a party of others, thought he would go and see the town of Sebastopol. As they were smoking their pipes, a spark fell upon an unexploded shell lying at the patient's feet, which immediately burst, scattering its fragments around, and almost completely destroying his foot. *It was amputated at the ankle-joint by a Russian army surgeon.* The stump healed up, and the sailor returned to this country. He, however, had constant pain in the cicatrix, and had no rest or comfort whatever.

"At the patient's request, Mr. Stanley, on October 31st, amputated the leg higher up, viz., at its lower third, under chloroform. This was, Mr. Stanley observed, a secondary amputation, not in the sense in which that term was generally employed, but secondary because a primary operation had not proved effectual. *No doubt the Russian surgeon was as fully aware of the nature of Mr. Syme's operation as any of us;* but most probably, as the foot was almost completely destroyed, he could not form a cushion for the end of the stump with the integuments forming the heel, and had therefore to content himself with such a covering as the nature of the case afforded. The cicatrix was in the hollow of the stump existing between the malleoli; for they were not sawn off, and even if they had been, in the present instance it is very doubtful whether the stump would have been a good one, from the want of a cushion. The man is going on well, and will have a better stump."

[The italics are our own, and speak for themselves—*Edinburgh Medical Journal*, Dec. 1857.]

STRICTURE OF THE URETHRA, TREATED ACCORDING TO PROF. SYME'S OPERATION.

BY FREDERICK P. ALLEN, ESQ.

Whilst stationed at Hansie, in the early part of September, 1855, a native of the Goojur caste, about 35 years of age, upward of six feet in height, of muscular and powerful build, came to me for relief.

I found that he had congenital phymosis, contracted meatus, almost impermeable strictures of the urethra, five fistulous openings in the perineum, and one anterior to the scrotum. The whole perineum presented a mass of cicatrices, and was much narrowed and injured by them; all appearance of raphe was completely destroyed; the scrotum, hardened by cicatrices, on its posterior part was firmly adherent to the perineum. He passed his water with very great difficulty, only a small quantity dripping through the natural passage, whilst there was an almost constant oozing through the perineal fistulae.

The phymosis being so complete, I was obliged to slit up the prepuce, in order to expose the glans, and enable me to find the meatus, which was so much contracted as to admit with difficulty the point of a common small probe. This I also slightly dilated. I was then able to pass a very small cat-gut bougie, which was arrested at about an inch from the orifice of the urethra. After some days, I succeeded in getting the bougie through this first stricture, and subsequently into the next one; but here the resistance became so great, and the point of the instrument so tightly grasped by the stricture, that I could make no progress, without using force, which I did not consider advisable.

The patient became daily more anxious for some decided relief, as (in addition to his other sufferings), from the passing of the urine through the perineal openings, his "dhotee" was always wet and in an uncomfortable state. The smell, too, from

it, was exceedingly disagreeable, even at some distance.

Seeing little chance of cure from treatment by dilatation, and as the man would never have remained one-third of the time requisite for so slow and uncertain a mode of cure, although the case was one of those which Prof. Syme says "present the greatest difficulty." I determined on performing the operation recommended by him, and dividing the strictures through the perineum.

Not having the grooved director he describes, also having failed to get a steel instrument made of the shape and size required, I was thrown upon my own resources to meet the first necessity. I accordingly gave the bullet probe to the best native workmen to be found here, with directions to make me an instrument like it, with the following exceptions, viz: to be four inches longer than the probe; from the point upward, to the extent of seven inches, it was to be half the thickness of the probe (or about the size of a common steel knitting needle), and grooved for that distance as deeply as the thickness of the metal would admit of, the point to be smoothly rounded off; from the groove upward, it only differed from the probe in being more flattened at the end, to hold and direct it with greater facility. Some alloy was mixed with the silver, to strengthen it sufficiently for the required purpose. In four days the instrument was ready, and, although not equal to one that would be turned out by "Weiss" or "Ferguson," it was the nearest approach to the director of Prof. Syme which I could obtain, and with it I was ready to operate.

On the 26th September, 1855, the patient, having previously been prepared by a dose of aperient medicine and enema, was bound in the lithotomy position, and placed under the influence of chloroform. After some difficulty, the instrument was passed through the strictures, and, as I imagined, beyond the bulb; it then became so tightly grasped, that I could not introduce it into the bladder. Entrusting the instrument to Dr. Scott, of the Hurrianah

Light Infantry Battalion, who was kindly assisting me, I made an incision as accurately as I could in the middle line of the perineum, cutting through a portion of the scrotum which was cicatrized to it. I proceeded carefully through a mass of hardened structures, cutting more than two inches deep into the perineum before I could touch the grooved director. The almost semi-cartilaginous-like state of the tissues presented a difficulty, by not dilating so as to afford a ready passage for the finger. On feeling the director beneath the point of the finger, I passed the knife carefully along into the small groove, and pushed it steadily upward toward the scrotum, dividing the strictures as it passed forward. The one in front of the scrotum was next divided, by drawing up the instrument a little, so as to have the groove opposite to it. This was a very simple proceeding. The grooved director was then withdrawn, and a No. 6 catheter passed without the slightest difficulty into the bladder. Not more than half an ounce of blood, if so much, was lost during the operation. On looking at the small size of the director, and the depth of structures cut through, I was surprised at the readiness and comparative ease with which I found it. Forty drops of laudanum were given to the patient in the evening; the catheter was retained in the bladder for forty-eight hours. At the end of that time, on removing it, he passed his water, in a full stream, through the natural channel, only a few drops passing by the wound in the perineum, and none through the fistula.

He improved daily; not a single bad symptom supervened, and not many days after the operation, contrary to my orders, I met him going to the "bazaar" to purchase food, although rest had been strictly enjoined.

He became so satisfied with the result, that (notwithstanding my desire that he should remain, to afford me an opportunity of witnessing the effect of the operation after the entire closure of the wound) he was unwilling to stay longer, saying that he suffered no inconvenience, and that the

remainder of the wound would be completely healed before he reached his home. I cannot help thinking that a Brahmin, whose toe I had removed two days previous to the operation on the Goojur, and who was then well and going away, had influenced him to act contrary to my wishes. They were both residents of the same part of the country (Shekawatee Territory), and journeyed off together.

Remarks.—The above may perhaps be worthy of record, as exemplifying the facility with which relief may be given in these cases by means of Prof. Syme's operation. As far as my experience goes, the natives of this country bear operations remarkably well; and the one under consideration appears to me peculiarly adapted to practice in this country, where the people are generally very loth to remain for a great length of time away from their homes.

Many villagers, having come perhaps from long distances, seek the surgeon for aid, imagining him to be possessed of some miraculous power, by means of which they will at once be cured; but on finding that it will be necessary to remain weeks, or may be months, to obtain the desired end, they leave disappointed, to seek advice elsewhere, or return to their homes to suffer miserably for the rest of their lives. It being the duty of the surgeon to relieve disease as effectually and speedily as he can, I consider that in these instances—were the case clearly explained to the sufferers, that their cure may by one mode (dilatation) require months of treatment, and the result even then be uncertain, whilst by the other (Prof. Syme's) relief can be obtained at once, an important thing to many a poor man—few, I imagine, laboring under so distressing a complaint, would hesitate for a moment as to the course they would adopt.—*Indian Annals of Medical Science, April, 1857.*

M. TROUSSEAU seems to have most unbounded confidence in belladonna in the treatment of incontinence of urine.

INFANT MORTALITY IN CITIES.

Report on Infant Mortality in large Cities, the Sources of its Increase, and Means for its Diminution. By D. MEREDITH REESE, M. D., LL. D., etc. (Trans. American Med. Ass.)

Dr. Reese, in the first place, shows by mortality statistics of the city of New York, that for the last fifty years, forty-nine per cent. of the entire mortality, has been of children under five years of age, and that "still-born and premature birth" interments equal *one-fifth* of the entire infant mortality. The Doctor then assumes that the Creator did not intend that so many individuals should be ushered into the world merely to perish before they arrive at the age of five years. Of course, as humane men and physicians, it is our duty to save life whenever we are able, but we should never question the ways of the Almighty; did not our Savior say, "Suffer little children to come unto me, and forbid them not, for of such is the kingdom of heaven," and it is certainly a question which arises to us, when we contemplate some of our fellow-men—would it not have been better for themselves, and especially for the world, if Providence had pleased that they should have been among those who died young?

The measures which the Doctor recommends for the prevention of this horrible mortality, are:

"1. No marriage should be permitted between parties, until the physical health of both has been subjected to professional scrutiny. And such alliances should be prohibited by law, to those of either sex, who are the subjects of those diseases which are known to be hereditary or transmissible to offspring, or such as are fatal to infantile existence. Celibacy should be required by statute of all consumptive, scrofulous, scorbutic, gouty, insane, intemperate, and especially syphilitic individuals of either sex, and this, for grave reasons of state, which concern the public weal. Nor will any course short of such legal

prohibition of marriage, adequately correct the evil of that large proportion of infant mortality thus engendered."

The first part of this first proposition would be quite remunerative to the physician, but we fear that it would occupy so much time to examine the condition of marriageable persons, that we would be entirely unable to attend to the sick children; so that this would balance the good which we might do by prevention. The passage of a law by which celibacy should be required of all individuals laboring under the above-mentioned peculiarities, would, we conceive, be hardly practicable; in the first place, we apprehend that such persons would constitute a majority in most of our legislative bodies; and if, for sake of argument, such a law should be passed, the result would be a great want of increase on the part of our population, or rather, what is more probable, a community composed mostly of illegitimate children—especially as in the second proposition, he says that

"2 To remove the temptations to the unnatural crime of abortionism, and prevent the abandonment and cruel murder of unborn and newly-born infants, among the vicious and depraved portion of our population, for purposes of concealment, as in the case of the illegitimate offspring of shame, foundling hospitals should be provided by the State, in all our large cities, for the reception of infants, and the concealment of the shame of unhallowed mothers, and the protection and preservation of the infant innocents, who are doomed to abandonment by the guilty authors of their being." This, with a proposal for a lying-in asylum for women generally, married or unmarried, "irrespective of character," with ordinary sanitary regulations, constitutes the bulk of Dr. Reese's suggestions toward the "means of diminishing infant mortality." We have extracted enough to give our readers an idea how feasible and intelligent his views are.

—*Buffalo Medical Journal*, Jan. 1858.

DR. LIVINGSTONE IN EDINBURGH.

On the 23d September, Dr. Livingstone breakfasted with the members and friends of the Medical Missionary Society of Edinburgh, in the Royal Hotel. The large room was uncomfortably crowded, and among those present were Prof. Simpson, Prof. Miller, Prof. George Wilson, Sir William Johnston, Councillors Cowan, Paul, David M'Laren, Dr. Greville, the Revs. Dr. Andrew Thompson, Jonathan Watson, Robert Hardy, etc. There was a considerable number of ladies present, including Mrs. Livingstone, but the audience was chiefly composed of gentlemen connected with the medical profession. Dr. William Brown occupied the chair.

The chairman, after breakfast, introduced Dr. Livingstone to the company in a brief address.

Dr. Livingstone said it was very gratifying to him to meet so many Christian friends. All there felt the greatest interest in the missionary field, and no doubt were anxious to get information about it, and he would endeavor to give them a short sketch of his own course in the missionary field. When he first felt the importance of communicating the Gospel to his fellow men, he had the idea that he would be most usefully employed in China as a medical missionary. Not having been born with a silver spoon in his mouth, (a laugh,) he had to work very hard in order to get a medical education, and at length he succeeded in passing through the curriculum in Glasgow and London. When he obtained his qualification the opium war was raging; Mr. Moffat, the missionary, had come home; and he was induced to go to Africa, rather than to China, as originally intended. A number of things had similarly occurred in the course of his life that were quite different from what he had intended. He had no more intention, when he first went out, of becoming a traveler, than any of the ladies there that morning. (A laugh.) He proceeded to Africa, but on arriving there he experienced difficul-

ties of being unacquainted with the language; a deficiency which he endeavored to overcome without delay. He separated himself altogether from European intercourse for some time, and, through living exclusively among the natives, soon got a knowledge of the language so as to speak and think in it. That was a great advantage to a man there, but a disadvantage here, because he felt that morning that he did not get on very well in his own language. (A laugh and cheers.) The people among whom he went were at a loss to understand his purpose, for they never saw people going as he did from one to another; and they naturally suspected that he had some questionable object in view. Then he had always found his medical knowledge of the greatest advantage to him. (Hear, hear.) The way was to show a kindly interest in the temporal prosperity of the natives; and by a long course of well doing, they came to see that you had no other object in view. If they treated a man in this way, he never became your enemy. Some of those whom he had treated in this manner would come to church on his special invitation, and as soon as the service was over, they would come up and say, "You see I am here." (A laugh.) And he believed that often they regarded his property as sacred, from some suspicion that by his medicines he might bewitch them. (Laughter.) He did not remember that any thing was ever stolen from him. He never locked his door; he even left the windows open at night. In order to illustrate the simplicity of the natives, he recurred to the droughts of which he had formerly spoken. He frequently, at that time, had deputations waiting upon him in the evening, and they would say, "Now just make us a shower; every thing is becoming withered up, and if we don't have a shower we will have to disperse, and who will you have to preach to?—just make one shower." It was heart-rending for him to hear those appeals, who was as anxious for rain as they were themselves. While using his medical qualifications in the north, he found that he

could cure the fever as well as any of their doctors could; but he always kept on good terms with the latter. Their treatment of diseases was very absurd, but he never said a word against the treatment of any of his fellow practitioners before the patient. (Loud laughter.) He used to take them aside when it was necessary, and persuade them to change the treatment. He could not attend to all the cases brought before him; he only took charge of the more serious ones. Thus the native doctors saw that he was not anxious to take their practice—(a laugh)—and they were very good friends. The only persons he could not get on with were the rain-makers—they were what might be called the quacks of the profession. (Laughter.) If, on inquiring at one of these doctors where he was taught, you got for an answer—"O, I was taught among the bushmen"—then be sure that man was a quack; but if the man replied, he was taught by his father, or that the knowledge of drugs was in the family, then they might conclude that the man had really some knowledge of his profession. They often employed a kind of vapor-bath, in making which they simply took a few plants, which were put into a potsherd, and perspiration was induced thereby in the patient. He had made a pill of his own to suit the circumstances of the natives, and if he had been in this country it might perhaps have succeeded as well as Morrison's pills.—He had always been glad that he became acquainted with medicine, for in his communications with the natives, this had been of important service. (Hear, hear.) Dr. Livingstone sat down amid loud cheers, stating that he would be happy to answer any question which might be put to him.

Prof. Simpson rose to make one proposition. Perhaps many ladies and gentlemen knew that when Dr. Livingstone came home in the character of a traveler, there were some who expressed doubts as to whether he was taking up the proper duties of a missionary. There were some of them there who thought him the greatest missionary they ever had. (Cheers.)

He was going out again, and it was the special duty of the friends of the Medical Missionary Society, to see that his family should be suitably provided for. He thought that Lord Palmerston should be asked to bestow upon their guest a pension of £300 or £400 a year, which would make him independent for life—a reward which he so richly deserved. (Cheers.)

Prof. Miller alluded to the presence in the gallery of a colored gentleman who, having been a slave, ran away from his master, as he had a perfect right to do. (A laugh.) This person, he stated, was now studying chemistry and pharmacy in Edinburgh with a view of practicing as a chemist among the natives of Africa. He concluded by asking whether Dr. Livingstone had had much exercise for his surgical skill in Africa.

Dr. Livingstone said that his practice in surgery was confined to tumors, which were generally found in a mild form. There were very few malignant diseases. He never had seen a case of cancer; nor were there any cases of consumption, scrofula, stone, or gravel to be found. When a man got his leg broken they just tied it up with the bark of a tree, and owing to the healthy constitution of the people, it healed very quickly. He never had occasion to perform any of the difficult operations in surgery. He once set a lady's squint. (Laughter.) His chief practice was in cutting out tumors, and the patients bore the operation well, without any of the shouting heard in this country. (A laugh.) In midwifery he was at the head of the profession—(a laugh)—because no one else attempted to assist in that way.—(Laughter.) His services in this respect were very highly valued indeed. A woman who had been cured of another complaint got a child some time afterward, and reported throughout the whole country that he had a medicine for getting children. (A laugh.) He had been sadly plagued by this rumor for a long time. In regard to the medicines of the people themselves, he thought they must be efficacious, be-

cause they were used by many different tribes.

The company then broke up.—*Edinburgh Medical Journal*, Dec. 1857.

THE QUANTITY OF POISON FOUND IN THE STOMACH IN MURDER BY POISONING WITH ARSENIC.

BY ROBERT CHRISTISON, M. D.

Facts of little or no moment in physiology or medical practice, may become of great importance in the practice of medical jurisprudence. So it was on more occasions than one in the course of the late trial of Madeleine Smith for the murder of Pierre Emile L'Angelier.

One of these facts related to the amount of arsenic which has been, or may be, found in the stomach, when it has been given secretly for the purpose of murder, and when the deceased had vomited repeatedly after taking it.

In the case of L'Angelier, Dr. Perry found 88 grains in the stomach, although the deceased survived from eight to ten hours after the probable period of taking the poison, and vomited repeatedly during that interval. In the prisoner's defence, an attempt was made to show that so large a quantity of arsenic had never been found in the stomach in a case of murder effected by that substance; that the discovery of so large a quantity in the stomach—the deceased having vomited repeatedly—inferred the administration of a much larger quantity; and thus, that the quantity taken must have been larger than another party could have secretly administered, or naturally would attempt to administer.

The questions thus arising in the case having been started suddenly upon the medical witnesses, and for the first time, I believe, in any court of justice, no one was prepared to answer them from ascertained facts, and the attempts made to answer them categorically were failures. In my own examination, I confined myself to the

answer, that I had not myself met with any instance of murder by arsenic, in which so much as 88 grains had been found; that I could not recollect any published case in which so much, or any thing approaching to so much, had been found; but that I would not rely on my recollection as to a negative fact; and that, in charges of murder by poisoning with arsenic, it is generally impossible to get information as to the actual quantity used. On my re-examination, three days afterward, an attempt was made by the counsel for the Crown to re-open this question; but this was held by the court to be incompetent. I was better prepared then with the necessary information, than when the subject was suddenly put before me for the first time. But I was not even then so well prepared as I am now. For the purpose of the present brief communication is to state a case which annihilates the defence of the prisoner, so far as the large quantity of arsenic found in the stomach of the deceased may have been thought to support it.

Dr. Mackinlay, of Paisley, very lately reminded me of a case of poisoning with arsenic, in which we were both concerned in 1842. A person came under a charge of poisoning with arsenic, and was indicted. But, on account of some informality, this indictment fell to the ground, and the trial was necessarily delayed. Meanwhile, during the delay, the general evidence was thought defective, and the trial was dropped. There could be no doubt, however, that murder had been committed. The arsenic was administered in whisky punch with sugar, the arsenic being kept in suspension by constant stirring. The person survived at least five, possibly seven hours, and frequently vomited a yellowish or greenish liquid. Nevertheless, I found a little spirit in the contents of the stomach; and I collected 30 grains of arsenic in substance from the stomach and its contents. Drs. Mackinlay and Wylie of Paisley, who examined the dead body, and also discovered arsenic in the stomach, had scraped off a quantity of the powder of this sub-

stance from the inside, upon a watch-glass. I was not made aware, at the time, how much had been thus obtained; but Dr. Mackinlay now informs me that the quantity was 60 grains.

Here then is a case exactly like that of Angelier. Ninety grains of arsenic, and this in substance, were found within the stomach alone. If to this be added, as in Dr. Perry's analysis in L'Angelier's case, the probable arsenic dissolved and suspended in the contents of the stomach, and that imbibed by the textures of the stomach itself, it is impossible to estimate the total quantity in the stomach at less than 100 grains. But there was also arsenic in the intestines, and indeed it had actually caused purging.

How large a quantity, then, must have been given in that instance! How strangely easy is it for a determined and designing murderer to administer secretly those large quantities of a substance, whose weight should render it difficult to be mixed, and whose roughness should betray its presence when abundant! How difficult for the stomach to discharge it by vomiting!

I draw no conclusion as to the question of Madeleine Smith's innocence or guilt. In common with the public at large, I am well satisfied that she escaped condemnation. But, as I have been supplied, thro' the kindness of Dr. Mackinlay, with the means of completing a fact, closely touching a ground of defence, which, at the time it was brought forward, I regarded as hypothetical and baseless, and which may be made much of again, were it allowed to stand, as it has hitherto done, I have thought it my duty to make the true state of the question known.—*Edinburgh Med. Journal*, Dec. 1857.

ETHERIZATION has been resorted to in Belgium as a means of detecting feigned idiocy. The case of a robber is reported, who appeared to be both dumb and idiotic. But when brought under this influence, he spoke fluently.

USE OF THE OIL OF ERIGERON IN THE TREATMENT OF UTERINE HEMORRHAGES.

BY H. SHANNON, M. D.

The *Erigeron Canadense* or Canada Fleabane has long been known as a remedy of more than ordinary value for its astringent, tonic and diuretic properties, and has frequently been applied by Reform Practitioners in the various forms of disease in which that particular combination is esteemed more particularly appropriate. By some it has been regarded as peculiarly applicable in the *dysuria* of children, dropsical affections, painful micturitions, &c., while others have preferred it for its tonic and astringent properties in cases of diarrhea, diabetes, &c. But it was not until a comparatively recent period that the *volatile oil* of this agent has been introduced into the profession as a remedy in the various kinds of hemorrhage. I am not aware to whom we are indebted for the discovery and introduction of the oil into our materia medica, but since I became acquainted with it, have frequently had my attention attracted by the unqualified recommendations of it from different sources, for many of the various affections in which astringent remedies are required. One regards it as the remedy of all others in uterine hemorrhage, another adopts it and depends upon it without discrimination in all hemorrhages that do not require the ligature, and still another prefers it as an external application in cases of rheumatism, tumors, boils and other inflammations.

The *therapeutic action* of the oil of *erigeron*, as well as its mode of operation in each of these classes of cases, seems to be very imperfectly understood, and when we consider the excellence of its effects in some cases in contrast with its apparent inertness in others, it becomes a matter of great importance to know the precise conditions under which we may reasonably expect to derive its benefits. So far as my

observations extend no effort toward the accomplishment of this desirable object has yet been made. I may, therefore with propriety, submit the details of the following cases, as, in some degree, illustrative of this important inquiry.

Before proceeding, however, it may not be improper to remark that this remedy has doubtless been applied in many cases of all of the above classes with the beneficial results claimed for it, but this application has, equally as doubtlessly, been made under peculiar circumstances and results similarly beneficial would not invariably occur. It is probable that the peculiar condition in those hemorrhages in which it is most appropriate, is their approximation to *passivity*. In very active hemorrhages it is certainly inefficient except in such cases of hemorrhage from the uterus as depend upon the relaxed condition of that organ which immediately succeeds delivery. In the relaxed condition of the uterus incident to hemorrhage, which is evidently the result of general debility, it is certainly an efficient remedy.

CASE 1.—Called on the night of the 18th of February to see a negro woman of Mr. J. P., aged about 20 years, stout, healthy, and the mother of one child and now confined of another. Upon my arrival I learned that she had been in labor about two hours, during which time she had slight uterine hemorrhage. She was delivered in forty minutes after my arrival of a healthy child, and immediately afterward cleared herself of the afterbirth *without hemorrhage*. I remained with her an hour and a half after her delivery, and left her apparently doing well—the uterus properly contracted, and no more than the ordinary quantity of discharge being present. But in the course of an hour, after my return home, I was called back in great haste, to treat her for hemorrhage and *syncope*. Upon inquiry I was informed that soon after I left her, she commenced bleeding pretty freely, and had subsequently fainted two or three times. When I approached the bedside to examine the patient, I found her very much ex-

hausted, and the hemorrhage extraordinarily profuse—sufficient to terminate her life, unless arrested in a very short time. I immediately gave her ten drops of the oil of erigeron, intending to repeat the dose in a few minutes, but found it unnecessary. The patient recovered rapidly under the administration of astringents and tonics without further trouble.

CASE 2.—Was called, July 30th, to see Mrs. S., a lady of about 25 years of age, nervous temperament, and delicate constitutional development. The patient, already the mother of three children, supposed herself to be about three months advanced into the term of her fourth pregnancy, and was now apprehensive of a miscarriage, from the effects of a severe fright experienced two days before. Upon examination I found that she had been suffering for six or eight hours past, from a slight hemorrhage from the uterus, with occasional, though by no means severe, pains in her back and the lower part of her abdomen. In view of the trifling character of the symptoms, I merely directed a mild astringent and diffusive stimulant decoction and left her, expecting that she would recover without difficulty. But at the expiration of eighteen hours I was called back again, and found the pain about as before, and the hemorrhage somewhat greater—the discharge now being of the bright scarlet hue of arterial blood, rather than dark, as at first, and the mouth of the uterus slightly dilated. I immediately directed the oil of erigeron in conjunction with other astringents and stimulants, when the patient's strength began to fail. This course was persevered in until the expiration of about forty-eight hours from the attack, without benefit. In fact the hemorrhage seemed to increase steadily. The contractions of the uterus at this time were still slight, as before, but upon making a digital examination I found the mouth of the uterus dilated somewhat more than on the former occasion, and close within it, a thick, fleshy substance, which, when extracted, proved to be an *ovum deform* or *mole conception*. The

hemorrhage now became alarming, beside being complicated with severe fits of *syncope*, and I determined to rely upon the erigeron no longer. I accordingly directed full doses of our best astringents and stimulants and applied the ordinary *tampon*, which, together with liberal compression over the region of the uterus, finally arrested the bleeding and the patient recovered slowly, under appropriate restorative treatment.

It will be remarked that in the first of these cases, the erigeron acted "like a charm." In the second it proved utterly useless. I might cite many other cases equally illustrative of its effects, but the above are esteemed sufficient. In conclusion, I should be pleased to hear from others on this important subject. Cannot some of our more experienced practitioners furnish a solution to the problem involved in the action of this remedy? What are the circumstances under which we may expect to derive benefit from its effects?—*Memphis Journal of Medicine*, Oct. 1857.

AMPELOPSIS QUINQUEFOLIA IN ANASARCOUS SWELLINGS.

BY DR. J. MCCALL.

The article (*ampelopsis quinquefolia*, false grape, American ivy, or dropy vine,) to which I desire to call the attention of the profession, has long been known to the profession as an inefficient alterative tonic, with slight astringent and expectorant properties; and has been used with a considerable degree of success in the treatment of old syphilitic and scrofulous affections, in some sections of the country,—more particularly, however, as a domestic remedy, the profession manifesting but little confidence in it.

My attention was first directed to it by Dr. Lewis Sawyer, of Mississippi, who recommended it to me as a safe and sovereign remedy for dropsies of all kinds. Since that time I have had frequent occasions to apply it in cellular dropy and

have always observed the most decidedly beneficial effects from its use; and in no case has it seemed to exert any deleterious influence.

Botanists inform us that the *ampelopsis* grows abundantly throughout the United States, and is not unfrequently cultivated as an ornament. It is a vigorous climber, and grows wild in woods, thickets and old fields, where it frequently attains the height of fifty feet on the bodies of old trees, upon which it supports itself by means of tendrils, not unlike roots. In the same manner it ascends and supports itself upon walls and frame work, until it completely covers them, its large quinate leaves forming a luxuriant foliage of dark glossy green. It blooms generally in July, and ripens into berries in October. Care should be taken in collecting it, not to confound it with the *poison oak* or *rhus toxicodendron*, which is occasionally found growing upon the same tree, its foliage and tendrils thoroughly intermingled with that of the *ampelopsis*. It differs from all other vines in having five leaves upon each leaf stalk.

In effects upon the system the *ampelopsis* seems rather to stimulate absorption and the elimination of matter through all of the outlets of the system, than to act upon any particular secretion, though by some persons it is considered actively diuretic. In the cases in which I have had occasion to give it, there has been no perceptible increase of any one function over another, but generally, a rapid diminution of the dropsical swelling, incident to what appeared to be only a moderately increased activity of all the excretory organs.

The bark of the vine is the medical portion, and may be stripped off without difficulty before it becomes dry. The best time to gather it is probably late in the fall, when the berries are fully ripe, and the leaves begin to die. To preserve it properly, the bark should, as soon as separated from the stem, (which is quite woody) be carefully dried in the shade, after which it may be reduced into powder, and packed away in appropriate papers or glass jars;

or it may be kept in the crude state if not too frequently exposed to a damp atmosphere. In the application of it in the cases under my care, I have been accustomed to gather it fresh and administer it copiously in the form of a cold infusion, though it is sometimes recommended in decoction. In most cases, I generally give an emetic of lobelia, first—then the infusion of the drop-ay vine in the quantities of from two to three quarts per day, with sufficient occasional doses of cream of tartar and jalap to keep the bowels well open, and after the dropsical accumulation is evacuated, direct tonics and stimulants until the strength is restored. But the general features of the following cases and the treatment pursued, will probably afford the best illustration of the valuable effects of this excellent remedy.

CASE 1.—A negro girl of Mrs. Biles', aged 17 years, had suffered from suppression of the menses about 18 months, together with the usual derangements of health accompanying such affections; was finally taken with general dropsy or anasarca swelling of the entire person. The treatment was commenced about three weeks after the dropsy began to manifest itself, at which time the accumulation was sufficient to double the patient's usual size, although she was much emaciated. In this case the remedy was given copiously in both the form of decoction and infusion in the quantity of about three quarts per day, for about five days, during which time her bowels were kept moderately open with cream of tartar and jalap. The dropsy disappeared rapidly and at the expiration of the fifth day the patient was reduced to her natural size. Some six or eight days after, she died of disease of the heart.

CASE 2.—Mrs. J. J.—was attacked with general anasarca about six weeks prior to confinement. Was delivered in due time, but continued to grow worse until the expiration of about two months, during which time the lady was confined to her bed; suffered very much from constipation of the bowels, acidity of the stom-

ach and other symptoms of dyspepsia. In this case the bowels were also directed to be kept open with mild purgatives, and the dropsey remedy directed to be taken freely in decoction to the exclusion of all other medicine. In five days the patient was able to sit up, which she had not done for two months previously, and in a few days more was entirely relieved of all dropsical symptoms, and is now in the enjoyment of excellent health. Mrs. J. is about 30 years old, and has only given birth to one child.

CASE 3.—Mrs. W——, aged about 23 years, had been in bad health about six months, having occasional attacks of bilious intermittent fever, which finally terminated in dropsey of the chest. She was placed upon the same course of treatment, which was continued about one month before entire relief was obtained.

In numerous cases of anasarca swellings of the extremities sequential to intermittent and other fevers, I have applied this remedy with the most decidedly good results, and, as before remarked, have never yet seen any bad effects from it. The late Dr. J. O. Walker, of Holly Springs, also used it in a great number and variety of cases with the same invariable good results.

In conclusion I may remark that I regard the remedy as one of the most valuable contributions to our materia medica that has yet been made, and I earnestly solicit the attention of our profession to it in all cases of the character indicated. It is not a very unpleasant remedy, though its taste is decidedly acrid and lingers in the fauces for sometime after it is taken. In infusion or decoction it yields a thick mucilage and may be found valuable in other affections as well as dropsey.—*Memphis Jour. of Med.*

CANCER IN A WOMAN EIGHTY YEARS OF AGE.

We saw, on the 6th of October, a woman eighty years of age, at the Cancer Hospital, with well-marked scirrhus of

the left breast, which appeared about a year ago. Notwithstanding her great age, she had the blooming healthy cheeks of a country girl of eighteen; her general health was perfect, and under the use of tonic remedies, and soap-and-lead plaster spread on leather, with a little camphor, the cancer has diminished in size, and its progress is completely arrested for the present. This is by no means an exceptional case of the arrest of the progress of cancer at this hospital; for we have observed several in whom the disease has been kept stationary for years, with no other inconvenience than the presence of the tumor in the breast, and the knowledge on the part of the patient that it was still there. The soap-and-lead plaster is one of the principal agents in effecting this desirable object; the lead appears to possess some peculiar sedative influence on the disease.—*Lancet*, Oct. 24, 1857.

PROFESSOR AGASSIZ.

The following correspondence (says the Boston Daily Advertiser) will be read with interest. It is gratifying to find that Prof. Agassiz is so strongly bound to this the country of his adoption, that he is willing to forego the very flattering offer made to him, in the name of the Emperor of France, to accept an honorable appointment in that country. Both letters are characteristic. That of the Minister of Instruction, breathing doubtless the spirit dictated by the Emperor, although complimentary, is almost imperative in its tone. Professor Agassiz's reply is modest and dignified:

Letter of the Minister of Public Instruction and Religion.

Paris, August 19, 1857.

SIR,—A chair of Palæontology is vacant at the Museum of Natural History of Paris, by the death of M. d'Orbigny. You are French; you have enriched your native country with eminent works and laborious researches; you are a corresponding mem-

ber of the Institute. The Emperor would be happy to restore to France a distinguished man of science, a renowned Professor. I offer you, in his name, the vacant chair. Your country will deem herself happy in recovering one of her children, the most devoted to science.

Be pleased to accept, Sir, the assurance of my sentiments of high esteem.

ROULAND.

Professor Agassiz's Reply.

To His Excellency the Minister of Public Instruction and Religion at Paris.

MONSIEUR LE MINISTRE,—After having passed the greater part of my life at a distance from the great centers of Science, I should never have expected to receive the distinguished honor which you have done me, by offering me, in the name of the Emperor, the chair of Palaeontology at the Museum of Natural History in Paris.

The whole world considers the *Jardin des Plantes* as the most important establishment in existence for the Natural Sciences. I have therefore felt the liveliest joy in reading your letter, and in receiving, by your offer, the proof so precious for me, that I am not forgotten in Europe. Unfortunately, your proposition finds me unable to accept it; for I could never sever abruptly the ties which for a number of years I have been accustomed to consider as binding me, for the remainder of my days, to the United States. Moreover, I cannot suppose that the instruction which was intrusted to M. d'Orbigny could be interrupted for a sufficient length of time to permit me to finish certain embryological labors which I have undertaken, with a view of comparisons with the fossils of the epochs anterior to our own, and which would lose all their interest if they should be left incomplete. I find myself, therefore, under the painful necessity of refusing a position which, in every circumstance, I shall always regard as the most brilliant to which a naturalist can aspire.

It may appear to you strange that I should allow a few ovules and embryos to

weigh in the balance which is to decide for the remainder of my life; but, doubtless, it is to this absolute devotion to the study of nature that I am indebted for the confidence of which you have just given me a mark as signal as it is unexpected; and it is because I would continue to merit this confidence for the future, that I have taken the liberty of entering into these details. Allow me also to correct an error that has been circulated in reference to myself. I am not French. Although of French origin, my family has been Swiss for centuries, and I myself, though expatriated for more than ten years, have not ceased to be Swiss.

I beg your Excellency to receive, with the reiterated assurance of my lively regrets at my inability to except the chair that you offer me, the assurance of my high consideration.

LOUIS AGASSIZ,

Professor in the University of Cambridge,
United States of America.

Cambridge Sept. 25, 1857.

URETHRAL INTERMITTENT FEVER—ITS PRECISE SEAT.

BY W. CHASSAIGNAC.

We call that urethral intermittent fever which all surgeons have observed as a consequence of the introduction of the catheter. If we wished to designate it by the cause which provokes its appearance, we might perhaps call it catheteristic fever; but as it is our wish not to make a new word, except when it is indispensable, we will content ourselves with the term *urethral fever*, as easy of understanding by every one. It is important, or at least very curious, to know whether the contact of the instrument with the whole of the urethra is necessary for the production of intermittent paroxysms, or whether one part of this canal suffers from contact, and in this latter case, which is the part. If we seek to resolve the question by the study of facts anterior to those which I am about to mention, we might be led to be-

lieve that it is neither in the membranous nor prostatic portion of the urethra, that the localization of urethral intermittent fever is found.

In truth, I have never observed urethral fever after the catheterism of a woman, neither am I aware that any person has published a single example contradictory of this fact. To what may this remarkable immunity be attributed? Is it not very easy to discover this? In admitting the reality of this immunity, there is at least this conjecture to be drawn, that if urethral fever is not observed in the female, it is owing to the fact that the instrument comes in contact with portions of the urethra of which she is normally deprived. The conjecture would appear consistent, except by the aid of a demonstration, establishing that the exclusive catheterism of the urethral parts proper to man, is susceptible of provoking urethral fever. It is this which observation has taught us, and we believe ourselves justified in announcing that the localization of urethral fever is to be found in the anterior parts of the urethra.

I have discovered this interesting fact in the following way: I treated a patient with several urinary fistulas. Several times I had introduced the bougie without having observed an intermittent access. He had even been able to bear one elastic catheter for several days. I did not renounce the employment of permanent catheterism until I judged the urethral dilatation sufficient. Three weeks after the catheter had been withdrawn, a new fistula opened at the root of the penis, in the bulbous portion of the urethra. The other fistulas were seated in the membranous portion; there also existed one in the hypogastric region. Wishing to assure myself of the exact position of the new fistula in its connections with the anterior portion of the urethra, I carried a director from the fistula toward the meatus to the fistula, but without penetrating at all that portion of the canal behind the fistula. This catheterism, which was as simple as painless, was followed by one of those severe attacks of

fever of a pernicious character so well known to all surgeons.

It remained perfectly demonstrated to me, as to all those who saw the patient, that the catheter did not touch the membranous portion of the urethra, the prostatic portion, or the region about the neck of the bladder; it did not touch any but the anterior portion, and was followed by an intense urethral fever. The fortuitous event of this partial catheterism of the urethra has then given me an experience which appears of a nature to throw some light on this question. Until proof of a contrary kind shall be established, I believe myself able to localize in the bulbous or anterior portion of the urethra, not the urethral intermittent fever, but the physiologico-pathological act which produces this fever.—*Gazette Hebdomadaire*.—*Cin. Lancet and Observer*, Jan. 1858.

A NEW METHOD OF ESTIMATING THE AMOUNT OF MORPHINE IN OPIUM.

Mr. Fordos has recently described a mode of analysis, which is not only more exact than those hitherto employed, but the execution is easier and more rapid.

Fifteen grains of opium, cut small, are macerated in sixty grains of water, and the whole is poured into a mortar, and the opium thoroughly mixed and divided by means of the pestle. It is then poured on a small filter, and when the fluid has passed through, the filter is washed with fifteen grains of water, which had previously been employed to wash out the mortar, and the flask in which the maceration had taken place. This is repeated two or three times with ten grammes of water each time. The opium is now sufficiently exhausted. One-third of the liquor is now taken, in order to determine the quantity of ammonia necessary to precipitate the morphine. The ammonia is added drop by drop from a pipette, and is arrested as soon as the fluid presents the slightest ammoniacal reaction.

The quantity of ammonia required is carefully noted.

The determination of the morphine is now effected in the remaining two thirds of the liquid, which represents ten grains of opium. To this an equal volume of alcohol is added, and double the quantity of ammonia employed in the first experiment. The liquid is well shaken and left at rest for some time in a well-corked bottle, it soon deposits crystals, some of which are in fine needles almost colorless; these are crystals of narcotine; others are in prisms, are larger and somewhat colored, and are morphine. After two or three days, the flask is again well shaken and left to repose, in order to allow the morphine to precipitate completely. The crystals are collected on a filter, and washed with a small quantity of weak alcohol, which removes the mother liquor, and the coloring matter. We have now on the filter mixed crystals of morphine and narcotine. These are allowed to dry in the fannel, then there is poured over them ten cubic centimeters of pure sulphuric ether, and then ten or fifteen cubic centimeters of chloroform. The crystals of narcotine are instantly dissolved by the chloroform, and pass through the filter, which is again washed with a small quantity of ether, to remove the last traces of narcotine or chloroform. The filter is dried, and the crystals of morphine are detached and weighed.

By the process just described, the water dissolves the morphine, which exists as a salt, and takes up but a minute proportion of narcotine and resinous coloring matters. If the ammonia was added at once to the aqueous solution, we should have a precipitate of morphine, narcotine and coloring matters; the addition of the alcohol prevents this, by retarding the precipitation of the alkaloids, and giving them time to take the crystalline form, and in addition, holds in solution the coloring and resinous substances. The washing with chloroform separates all the narcotine, and leaves the morphine pure.—*Journal de Chimie Medicale*, Aug. 1867.

DISLOCATION OF THE HEAD OF THE FEMUR WHILE SWIMMING.

C. W., aged seventeen, a sailor, while swimming in the Serpentine, and in the act of "striking out," felt a catch in the right groin, which he thought was the cramp. He immediately made for shore. On landing, he found that he limped in his gait. He could walk a little the next day, but on the following day he was unable to walk, feeling his knee, as it were, drawn up. He was admitted into St. Mary's Hospital, under the care of Mr. Ure. He complained of great pain at the upper and inner part of the right thigh, aggravated on any attempt to move the limb; there was a fullness in the above situation. He also complained of pain referred to the outer side of the knee. Soothing means were employed to relieve the pain. Mr. Ure, after a careful examination, ascertained there was dislocation of the hip-joint forward, upon the pubis. The least pressure on the ilio-pubal region gave great pain. The right buttock was flattened; there was a notable depression in the situation of the trochanter, instead of the usual prominence; the limb was shortened; the thigh and leg were both in a state of extension, the knee and foot rather everted.

On the 27th of August, after the patient was rendered insensible by chloroform, Mr. Ure flexed the thigh toward the pelvis, and then rotated it outward, in doing which he felt a distinct snap. The luxation was thus reduced, and the limb restored to its normal condition. To keep the joint quiet, a long splint was directed to be applied along the outer side of the limb.

Aug. 28th.—The patient has been free from all pain since 5 P. M. yesterday, and continued perfectly comfortable up to September 3d.

The displacement was obviously due to the circumstance of the body being suddenly thrown backward, while the limb was on the full stretch during the act of "striking out." The pain was no doubt

caused by the strain of the crural nerve, which lies over the neck of the bone. The shortening of the limb was owing to the elevated position of the head of the femur; the eversion, to the drawing action of the quadratus, obturator internus, &c., muscles. In this variety of dislocation, the head of the bone will be found either to have raised up the ilio-psoas muscles, or lodged behind the blood-vessels. The ligament, according to Hyrtl, is torn.

The patient left the hospital quite well in the first week of October.—*Lancet*, Nov. 7, 1857.

BOLD SURGICAL OPERATION—A MAN'S TONGUE REMOVED.

The Edinburgh (Scot.) Advertiser has the following:

On the 8th inst., at noon, there was no small amount of excitement exhibited in the surgical ward and operating theater of the Royal Infirmary, Edinburgh, resulting from the expectation of a very formidable surgical operation taking place that morning. At 12 o'clock the room was crowded to excess, and numbers of medical men from all parts were assembled to witness it. The patient had for a long period suffered from cancer of the tongue, and Prof. Syme had determined upon removing the organ bodily. Shortly after 12 o'clock the man was led into the theater, placed upon the table, and quickly rendered powerless through the potent influence of the chloroform which was administered to him. Prof. Syme commenced by a vertical incision through the integument covering the chin, and then sawed through the lower jaw at the symphysis. The division being made, he next proceeded to cut away the tongue at the very root, close to the hyoid bone. The arteries were quickly tied, the hemorrhage was comparatively little, the man having lost only a few ounces of blood. The jaw was again placed together, and the integument sewed up. The man was actually able to walk out of the

room. At the close of the operation Prof. Syme remarked that the removal of the tongue bodily had been successfully performed in Italy, but the *modus operandi* was of a different nature, the incision having been made entirely in the throat: but he (Prof. Syme) considered that that mode was attended with more danger than the one he had chosen to adopt. This operation has never yet been performed in Great Britain, and, should the patient recover, which is earnestly hoped and believed, the highest praise will be due to Prof. Syme for having so skillfully undertaken that which no surgeon of the country had formerly ventured upon.

The following letter has been addressed by Prof. Syme, to the editor of the Times:

"I regret to learn that an operation which I happened to perform in the Royal Infirmary of Edinburgh, has got into the newspapers, but, as it has unfortunately done so, the public should be correctly informed on the subject. Partial removal of the tongue, for the remedy of cancer, having been found worse than useless, it was thought that extirpation of the whole organ might afford effectual relief; upon this principle I proceeded. The patient suffered no bad consequences directly from the operation; but at the end of a week, when the external wound was quite healed, died suddenly from an internal disease, which might have been excited by any other irritation in a person of his constitution and habits."

[We give the above as we find them in the current news of the day; we have not as yet seen any official report of this case; as soon as we receive it we will give it to our readers.—Ed. E. M. J.]

INCONTINENCE OF URINE.—Mr. Simon, of St. Thomas' Hospital, London, is treating cases from *atony*, not the result of irritable bladder from other causes, by means of galvanism; the current being conveyed by the aid of a catheter in the bladder. In several instances his success has been quite satisfactory.

DISLOCATION OF THE HUMERUS WHILE SWIMMING.

John Mowlan, mate of a ship lying in the West India Docks, came to the Poplar Hospital, Oct. 14, 1857, complaining of cramp in his arm. He stated that having jumped off a plank, two feet from the surface into the water, which he entered feet first, he immediately began swimming, and had struck out three or four times, when he felt his right arm suddenly give way, become painful and motionless, and that he would then have been drowned, had it not been for a piece of timber which he seized with his other hand. On examination of the arm, Mr. Brownfield, the House Surgeon, found that he was suffering from a dislocation of the humerus into the axilla, which was immediately reduced. He was in good health, muscular, 38 years of age, and had never been the subject of dislocation before.

Mr. Brownfield has sent us the above note of this interesting case for publication. It would be instructive to know if others have met with the occurrence of the dislocation under similar circumstances.—*Med. Times & Gaz.* Oct. 1857.

EXCISION OF THE ELBOW JOINT EIGHTEEN YEARS AGO.

Some of the most instructive cases we meet with in the hospitals are those in which patients who have had operations performed long ago again present themselves. The other day Mr. Cock operated again upon a man whose elbow had been excised eighteen years ago by the late Mr. Key, on account of strumous disease. The man, who is now aged 45, and in good health, stated that he had enjoyed throughout the whole interval and until quite lately very excellent use of the limb. He had been employed as a letter-sorter. The motion had never been free, and latterly he had been attempting to work with it

in a new position, and one which gave pain. As the result of this an abscess had formed, and there was now evidence of the existence of diseased bone. Mr. Cock removed some small necrosed fragments from the end of the humerus, and cut away others with the bone forceps. There is every prospect that the part will heal soundly, and that the triumph of conservative surgery will thus be further prolonged.—*Med. Times and Gaz.* Oct. 24, 1857.

SENEGA IN HEART DISEASE.

Dr. Barlow remarked the other day to his class at Guy's, respecting the usefulness of senega in chronic bronchitis, that he had noticed it to be of especial benefit in those cases in which the pulmonary affection was complicated by aortic valvular disease. It had come to be a clinical rule with him in all cases in which the pulse indicated regurgitation to order this remedy, and he always found that it acted with much greater efficiency than in instances of simple bronchitis. The formula ordered was an ounce of the decoction of senega with half a drachm of nitric ether every four hours.—*Med. Times and Gaz.*, May 2, 1857.

DURATION OF CANCER.

A case of some interest presented itself at the Cancer Hospital on the 25th of August, in the person of a female, aged seventy-four years, the subject of cancer of the left breast for twelve years. She had been a patient at this hospital since its foundation, with the exception of the last three years, during which time she had been in good health. She came to show an ulcerated tuberculous mass in the same breast, the size of a small pear; otherwise the disease had dried up and disappeared. She still looked a hale and hearty old woman.—*Lancet*, Sept. 5, 1857.

Part 3.—Editorial.

WISHING to continue the papers of Prof. Jones on Mercurials, without interruption, we insert the second one in this place—having been received too late for the regular department.

MERCURIALS.—No. 2.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

HYDRARGYRI CHLORIDUM (CHLORIDE OF MERCURY, OR CALOMEL.)

In the present article on Mercurials, I purpose giving a brief notice of the physiological effects of the subchloride, dichloride, or protochloride of mercury, known by the familiar name of calomel.

Calomel is regarded as one of the most valuable and important of the preparations of mercury. It is one of the mildest, and the one most frequently prescribed as a medicine. It is also esteemed one of the safest, as well as one capable of fulfilling as many or more important indications, as a curative agent, than any other.

In my former article and quotations on mercury, I gave the general characteristics of all its preparations, so far as its physiological effects will serve to interest the general reader. The further extracts which I may adduce from the writings of Prof. Pereira, and the additional remarks which I may offer in this article, will only serve to confirm what I stated in my first article respecting the deleterious action of mercurials on the human system; their disease-creating tendencies when their intrinsic poisonous action as medicinal agents is considered; their unsuitness as therapeutic agents, their entire action being opposed to and inconsistent with the laws of health, and therefore incompatible with the efforts of nature when oppressed or overwhelmed

by the ravages of disease. Dr. Pereira remarks as follows, (see page 621, vol. i.):

"The repeated and continued use of calomel, in small doses, is attended with the constitutional effects of mercurial preparations generally, before described. In large doses, it has been regarded as an irritant poison; and judging from the fatal effects ascribed to it by several writers, not without reason. Thus Hellweg has reported a case in which a few grains of calomel, taken as a laxative, caused death; Vagnitius saw fifteen grains prove fatal; and Ledelius half an ounce. Fr. Hoffman has also related two fatal cases."

It is frequently said that adults are more susceptible to the influence of calomel than children. Exceptions to this rule are certainly quite common. In a note in Pereira's work on this subject (page 621), he remarks as follows: "The late Dr. Thomas Davis attended, with a medical friend of mine, a boy of four years of age, laboring under peritonitis. One grain of calomel was directed to be administered three times a day; and an aperient dose of calomel and jalap was given. On the fourth day its employment was stopped in consequence of its violent action. The cheeks were enormously swollen, the gums were sloughed, necrosis of the alveolar process of the lower jaw on each side occurred, and portions of bone with the teeth came away. The child ultimately recovered in about twelve months; but the jaws cannot be separated, and the patient is now obliged to suck his food through the aperture left by the loss of bone."

Many cases of this character are reported, and many of a far more aggravated description have come to my notice, a few of which I will relate.

An instance of the kind occurred in Indiana. A little boy some five or six years of age, was severely mercurialized for the cure of malarial fever. The gums, soft palate, fauces and contiguous parts, were violently inflamed by the use of that drug. Ulceration and sloughing became extensive. While in this condition, I was called to visit the child. The inflammation was

rapidly followed by mortification and sloughing, which extended to the larynx, when suddenly the child died, apparently from suffocation dependent on a hemorrhage occasioned by the mercurial action and consequent ulceration. So sudden was the dissolution of the little patient, that his friends had not a moment of warning to prepare for the melancholy event. The father, mother and sister, contracted the same fever at the same time, and soon after died from the effects of mercury, as was conclusively manifested by the visible ravages of that agent on the mouth and throat. Thus the lives of four persons were sacrificed (as I had convincing proof,) in the space of a few days, by the use of mercury.

In the same place and at the same time, another instance of a similar character occurred. A small child was salivated for the same fever. The result was inflammation and sloughing of all the soft parts of the mouth, and finally of one entire cheek, with an extension downward into the throat and upon the neck. The fetor arising from the rotten and putrescent mass was most horrible. In this case, also, the violence of the local mercurial action soon destroyed life, for death could not be referred to the malarial fever, as it had subsided many days before.

In another locality and at a different time, a small girl was severely mercurialized for the cure of bilious fever. In this instance calomel was freely exhibited in conjunction with the acetate of lead, and the sulphate of quinine. Mercurial inunction was also resorted to. The result was a violent inflammation of all the soft parts of the mouth, fauces, cheeks and neck, followed by mortification and a rapid decomposition of the entire structures named. The neck became so enormously swollen before the death of the child, that there was scarcely any depression between the head and chest. Before death the stench became insupportable to all in the house, and even those who walked the street, at the distance of some two hundred feet from the house, were compelled to hold their

breath or something to the nose as they passed. When she died, her mouth, face and neck were in a state of rapid decomposition. This I conceive to be another evidence of the unfitness of mercury as a therapeutic agent. It is certainly a conclusive proof of its uncontrollable poisonous action.

I will, in this connection, refer to two additional cases, as further corroborating evidence of the unfitness of calomel as a curative agent, and of its ungovernable action when administered. Two sisters (one four and the other six years of age) contracted a bilious fever of a congestive character. The attending physician had taken much pains to proclaim throughout the neighborhood the inefficiency and unreliable character of the American Eclectic practice in this fever, which prevailed extensively in that locality at the time. He had taken equal pains to publish the sovereign and unequaled curative powers of calomel, stating that nothing but that agent was adequate to the cure of that form of fever. The result was that both were violently mercurialized; the soft parts of the mouth were destroyed; both were incapacitated to swallow, and both died moaning for food and drink. To the ravages of mercury were added the pangs of starvation and thirst. Before the death of the elder, she made a little pressure upon her cheek with the point of her finger, when it perforated it, passing through it into the mouth as readily as a strong man could press his finger through the shell of a rotten pumpkin. The sloughing was extensive, extending into the throat, destroying the organs of deglutition. The fetor was almost insupportable.

Innumerable examples of a similar kind might be adduced, showing the pernicious effects of calomel, and other preparations of mercury, as curative agents. How loathsome are the evidences of science, when manifested by scenes so revolting as those just detailed! Such are the legitimate consequences flowing from the exhibition of a drug whose poisonous action no medical skill can control. It seems to me, the

forlorn and hopeless patient must often be constrained to inquire, "Are these the evidences of skill in medical science? if so, deliver me from the hands of the physician." Results of a similar character occurring both in infancy and after life, from the use of mercury, may be numbered by thousands, yea, by millions, which prove beyond a question of doubt (as I think) the devitalizing and disease-creating properties and effects of that drug.

Writers have asserted that they never saw evil effects follow the use of large doses of calomel. To this Pereira replies that "Melancholy experience compels me to contradict them. Many times I saw, under those large and long-continued doses of calomel, the hydrocephalic symptoms suddenly vanish, and inflammation of the intestines arise, which terminated in death. Still oftener I observed this unfavorable accident from an incautious use of calomel in croup: viz., when all the frightful symptoms of this tracheal inflammation, which threatened suffocation, suddenly vanish, and enteritis develop itself, which passed rapidly into gangrene, and destroyed the patients."

Again Pereira remarks (see p. 622): "In the Times newspaper of the 26th April, 1836, there is a report of a coroner's inquest on the body of a Mrs. Corbyn, who was destroyed by swallowing 20 grains of calomel, she having previously taken a moderate dose without its exciting what she considered a sufficient effect; and in the India Journal of Medical Science, is the case of a lad, aged 14, a native of Nepal, in whom six grains of calomel apparently produced inflammation and ulceration of the mouth, enormous swelling of the face, mercurial fetor of the breath, mortification and death. There was no pyæmia."

The friends of the Eclectic practice of medicine have contended for many years that the most experienced and sagacious physician cannot foretell the effects of calomel on the system, such are its varied conditions, and the chemical changes which it is undergoing from day to day. The

physician may give a small dose as a purge, and yet no such results follow or meet his reasonable expectations; on the contrary, violent salivation, inflammation, ulceration, mortification, sloughing and death may be the consequences of its supposed judicious administration.

As a proof that medical men do not understand the action of calomel, I will quote a single paragraph from Prof. Pereira's work (see p. 622).

"We must, therefore, endeavor to accumulate more facts, in order to illustrate the effects of calomel, and for the present confess, we have very imperfect information respecting the nature of its action."

If the chloride of mercury (calomel) be given, the physician has no assurance that it will retain the chemical character which it possessed when administered. He cannot, therefore, count with any degree of certainty, upon its effects or the nature of its action. Although the protochloride of mercury is one of its mildest preparations, yet it is liable to become converted in the system, into one of the most dangerous, destructive, and ungovernable poisons, by the acquisition of but an additional equivalent of chlorine which abounds in the stomach and other parts of the body.

From this it seems that the human system becomes a living laboratory for the manufacture of the bichloride of mercury, or corrosive sublimate.

Prof. Morehead, of the Ohio Medical College, prescribed what he deemed to be an appropriate dose of calomel to a patient, in the Commercial Hospital, of this city. This was done in the presence of the medical class, from one of whom I derived my information. It acted most violently, causing an inflammation and destruction of the gastro-intestinal mucous membrane, and death, which event followed two or three days after its exhibition. A post-mortem examination revealed to the class the condition of the mucous membrane above indicated. The Professor at first charged the house physician with committing a mistake in the size of the dose.

Upon the prescription book of the hospital the dose was carefully noted. It was also made satisfactorily to appear that it was weighed out with great care and administered as directed, subsequently observing all necessary precautions to ensure a mild, safe, and satisfactory cathartic action. On learning the facts in the case, Prof. Morehead did not hesitate to pronounce it one of the many cases of poisoning, arising from the conversion of calomel into corrosive sublimate, one additional equivalent of chlorine having united with the calomel in the system. Cases analogous to this might be multiplied by thousands, going to corroborate this view of the subject.

It is indeed the only way in which to account for the extreme cases of poisoning so often made public. The truth is, the wisest man and most experienced physician in the medical profession, knows not how his remedy is going to act—whether mildly, or as a virulent poison. These being facts, every unprejudiced mind cannot fail to see that simple uncomplicated diseases which might run their course in a few days, and terminate favorably without a particle of medicine, are liable to become converted into grave and fatal cases, by the use of an agent whose action is neither anticipated or desired by the attending physician; nor can he control or avert the fatal consequences, however much he may desire it. The efforts of the most skillful but serve to prove how futile his attempt to control, when that ungovernable agent has usurped the power and taken the reins of destruction into its possession.

This shows the uncertainty of its action, and clearly proves (as I think) its extreme unsuitness as a remedial agent. To substantiate the point in question, an observing physician need spend but a single season in a malarial district in the South, and witness the administration of mercury, to confirm him in the views here expressed. The disease—malarial fever—has been falsely pronounced the destroyer of life in multiplied thousands of cases, whereas mercury, that boasted champion

of the materia medica, should have received the entire credit.

Leave nature untrammelled—watch her progress—observe her efforts when unobstructed by poisonous and disease-creating drugs. Her cures are numerous, and often speedy and complete. How often is it the case that the drug administered to cure but serves to derange, oppress, exhaust, and often overpower her sanative efforts, instead of aiding, co-operating, and acting in harmony with them!

The *vis medicatrix nature* is all-powerful, as well in curing disease, as in repelling attacks, if left to act in accordance with her own laws, undisturbed by improper diet and deleterious drugs.

It appears to the writer that the proof adduced by Pereira respecting the uncertainty as to the effects of calomel—its frequent violent action, as well as its uncontrollable character, are arguments against its employment which cannot be controverted; certainly such is the case, if milder, safer, and more efficient means can be substituted for the mercurials, without jeopardizing the prospects of a cure in any case by their omission.

To say more on this subject in this place would be anticipating what may appear in future articles. I shall, therefore, desist from saying more at this time.

MARKS' ARTIFICIAL LIMBS.

Since the art of surgery has been practiced, the surgeon has been compelled to call in the aid of the mechanic, to carry out his operations in a successful manner. An operation is not always complete until a substitute is found for the lost member. Accordingly the ingenuity of man has been taxed to provide means whereby the surgeon may, in a measure, remedy the loss of any member of the human frame. Thus the operator is enabled to give "an eye for an eye, a tooth for a tooth," a leg for a leg, and so on with many parts of the body or extremities.

Probably the loss of no part of the human body is of such consequent importance as that of a leg. If a man loses his means whereby to "propel," he may be likened to a locomotive without its driving wheels, a steamer without her paddles, or a cart without the horse. But place him upon his feet, and "Richard is himself again," even though those feet may be the handiwork of the artisan.

These ideas were forcibly brought to our mind, while lately examining one of MARKS' ARTIFICIAL LEGS, in the city of New York—an invention which, to our mind, and to the minds of those who have been blessed with them, possesses merit far outstripping any thing in the same line yet invented.

The chief superiority of these limbs consists in their simplicity and absence of complicity. "With the limbs of other makers complication seems to be a desideratum; but it is evident to all that complication but renders the liability to injury greater, and the task of repairing proportionately large; and so if a slight injury occurs, in any way disarranging the mechanical arrangement, the limb must be immediately sent to the manufacturer for repairs, for it takes a person intimately acquainted with their mechanism to make the repairs necessary." With Marks' legs the contrary is the case; they are made strong, and simplicity is the rule; thus is secured non-liability to disarrangement of the working parts. A person of the slightest mechanical knowledge, and with the aid of a single instrument, a screw-driver, can remove all the working parts, and as easily re-adjust them. If any working part is broken, it may be easily replaced by calling into aid any one capable of working metals, thus avoiding the anxious delay and the expense consequent upon sending, oftentimes a long distance, to the manufacturer.

The leg also has a fine external appearance, entirely free from any protruding joints, which so disfigure the shape of the limbs of many manufacturers. Numerous testimonials, in possession of Mr. Marks,

bear witness to the practical utility of his limbs. We would refer our readers and physicians to the advertisement of Mr. Marks, in the columns of the Journal Advertiser, and would recommend them to examine into the merits of his claims.

"THE WESTERN LANCET" OF CINCINNATI DISCONTINUED.

Under the supervision of Prof. Blackman, the "*Lancet*" has been one of our most welcome exchanges. But Dr. Blackman has come to the conclusion that "the laborer is worthy of his hire," and if he cannot get it, the old drones shall not have his money. Why will not the physicians pay up? We copy the Doctor's own notice of the matter:

"Our volume is ended, and with it our connection as proprietor and editor of the Journal. * * * * * Could we have foreseen the cares and annoyances of an editor and proprietor of a medical journal, nothing could have tempted us to add to the demands on our time, made by our public and private labors, the thankless toil of this new vocation. In reviewing the table of contents appended to the present number, we feel that our first volume contains as much valuable matter as is to be found in any of its predecessors, but we confess it falls far short of what we anticipated, when we entered upon our editorial duties. The State of Ohio can boast of medical talent enough to sustain a journal far superior to any to be found at present within its borders; but it were easier to call Lazarus from the grave than to rouse many of the profession from their lethargy, or secure their co-operation in any effort to build up a medical literature worthy of the age, or the noble State in which we live. The impression prevails throughout the country—whether justly or unjustly it is not for us to decide—that the Queen City has been sadly victimized by the selfish cliques which have existed in the ranks of the profession, and

too many have been disposed to exclaim, when their attention has been directed to her medical institutions, or her medical literature—"Can any thing good come out of Nazareth?" * * * Nearly five hundred subscribers are still indebted to us, and we really think they ought to avail themselves of the liberal offer which has been made to them. To those who refuse to accept our proposition, we would say that for once you have the advantage over us, and we shall be compelled to submit to the injustice of your course. You have received our journal, published at a much greater expense than during any previous year, and we ask you merely to refund us what we have paid out of our purse for your benefit."

The *Lancet* has been merged into the *Observer*, and the consolidated work is entitled "*The Cincinnati Lancet and Observer*," edited by Drs. Mendenhall, Murphy, and Stevens, and published by E. B. Stevens, M. D.

BOOK NOTICES.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. Illustrated by colored plates and numerous wood engravings. By JOHN M. SCUDDER, M. D., Professor of Anatomy in the Eclectic Medical Institute of Cincinnati. With an Introduction by G. W. L. Bickley, M. D., Professor of Physiology, and a paper on the Diseases of the Breasts, by R. S. Newton, M. D., Professor of Surgery. Cincinnati: Moore, Wilstach, Keys & Co. 1857. pp. 525. \$Price 3.50.

We have received from the publishers a copy of Prof. Scudder's excellent work on the diseases of Women, and having had time to give it an attentive perusal, we propose to distribute to our readers our opinion of the work, not that we have a better right to our opinions than our readers, but because it is one object of this journal to inform the profession of new Eclectic books as they appear. As to the mechanical execution of the work, we need not speak further than to make the statement that

it is gotten up in the best style of Messrs. Moore, Wilstach, Keys & Co. of this city.

Some men buy books for their binding, and others for what they contain. Men of science care but little for the binding of books, and hence, in our scientific libraries, one often sees the rarest and most valuable works done up in paper covers. It should, however, be an object to buy a book that is substantially bound, inasmuch as the inner facts are more perfectly preserved. Dr. Scudder's work is bound in heavy, substantial sheepskin; it is printed on hard, smooth, white paper, and has 525 pages, and many illustrations, some of which are well executed lithographs colored to life, and illustrative of syphilis in the female.

Dr. Scudder has called on Dr. Bickley for an introduction to his work, in which the Eclectic idea in medicine is fairly set forth, and on Dr. Newton for a paper on the diseases of the female breasts, which is alone of great value, inasmuch as Prof. N. has enjoyed great advantages in studying this class of diseases. The rest of the book is his own, and we do not say too much when we say that his work is not equalled by any book on the subject now extant. Prof. Scudder has enjoyed rare opportunities for treating female diseases, and the success of his practice has been such as to warrant the call for this very excellent book.

In chapter I, the anatomy of the female organs of generation is clearly described, which lies at the very basis of a correct understanding of female diseases, since it is in connection with her generative apparatus and the mammary glands, that her diseases differ from those of man. The II chapter is devoted to pathology and diagnosis, in which we have a treatise on symptoms, general and special physical signs, and the various modes of making an examination, &c., all of which is not only interesting to the practitioner, but much of it is actually new to the great body of the profession. In chapter III we have a description of the diseases of the external organs of generation, together

with the most successful Eclectic treatment, along with that which has been most successful in the hands of Allopathic physicians. The IV chapter is devoted to the diseases of the urethra, the introduction of the catheter, &c. In chapter V we have the diseases of the vagina, all of which are treated with peculiar force and terseness. Chapter VI is devoted to the implications of the perineum, and the best modes of treating rupture of that part. Pelvic cellulitis is treated of in chapter VII, together with cases in illustration. In chapter VIII we have a concise treatise on venereal diseases, which is itself worth the entire price of the book, to say nothing of the splendid illustrations introduced in that chapter. Chapter IX is devoted to diseases of the uterus, and as these are so numerous, the chapter is necessarily long—extending from page 206 to 320. Chapter X is devoted to hysteria. Chapter XI to displacements of the uterus, all of which are plainly described; while chapter XII is devoted to an examination of the diseases incident to the fallopian tubes and ovaries. The leading topic of chapter XIII is puerperal fever, which is clearly exhibited in all its phases, and the reasons stated why Eclectic physicians have been so very successful in its treatment. Chapter XIV is devoted to the functional diseases, as leucorrhœa, &c.; while chapter XV, the last in the book, is made up of Prof. Newton's paper on the breasts, of which mention has been already made.

Thus much, then, for a description of this handsome volume, which not only does credit to the author and publishers, but to the entire medical profession. Prof. S. has avoided the slang of those who can see no way of breaking down the Allopathic prejudices, except by waging a useless war on the errors of that system. Had our authors directed their energies to the propagation of their own views, rather than to the exposition of the errors of others, our school would have been even more advanced than it is at present. He who undertakes to write a book, ought to

have at least three objects in view: 1st, to benefit suffering humanity; 2d, to inform the profession, and third, to reflect credit on the literature of his country. If a man only desires to make money by the publication of a book, he is almost sure to fail, as he ought to, since no very large portion of the profession can be gulled; but when his aim is noble, he will find readers outside of his own branch of the profession, and that too irrespective of the prejudices which are supposed to exist. These, let us here remark, are more imaginary than real, inasmuch as most of the more important works emanating from this wing of the profession are found in the libraries of nearly all well informed physicians. In this respect the profession is becoming much more liberal than it formerly was, and the result cannot fail to be of very great utility. The literature of our profession is necessarily very extensive, but it is at the same time evident enough that only those more recent works, that have been founded on the researches of morbid anatomists, are now to be relied on, and hence when we see a physician purchasing the latest books in his profession, we have a guarantee of his qualifications, and the good faith with which he has followed and is following his profession.

Should it be asked, wherein is Prof. Scudder's work better and more reliable than those of Ashwell, Churchill, Columbat de L'isere, Gooch, Blundell, &c., &c.? we answer, for the simple reason that he has had the experience of all these gentlemen, and has added his own observations and experience to those of the learned authors just named. He has carefully compared their opinions with the experience of our own branch of the profession, and has thus presented the wheat of both branches of the medical profession, while the chaff has been discarded—a sifting process, which, under ordinary circumstances, has to be performed by every reader of experience and judgment. He who wishes a practical treatise on this subject, by a practical man; he who wishes a book on which he can rely in the prosecution of

his professional duties, has it in the work of Prof. Scudder, whose book will add laurels to the substantial reputation which he has already acquired. We have not attempted to make a review of the work for the reason that we have not space, and more than this, we desire only to state our general convictions of the work, inasmuch as many of our readers have already written us to inquire its character. The book will speak for itself, wherever found, and no one engaged in practice, will ever regret purchasing it, if he wishes to pursue his profession with credit and success.

CLINICAL LECTURES on the Diseases of Women and Children. By Gunning S. Bedford, A. M. M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery, in the University of New York. Fifth Edition, carefully Revised and Enlarged. New York: S. S. & W. Wood, 389 Broadway, 1857. pp. 640.

It is a rare circumstance to find a medical work pass to a fifth edition in so short a time from its first appearance, as the above truly popular book of Prof. Bedford's. We have, on several occasions, called the attention of the profession to the useful and practical information, instructive alike to pupil and physician, with which this work abounds.

THE PHYSICIAN'S HAND-BOOK OF PRACTICE, and Memoranda for 1858. By Wm. Elmer, M. D., and Levi Reuben, M. D. Published by Stringer and Townsend, 222 Broadway, New York.

We have carefully examined the above work, and can confidently commend it to the profession as a work entirely new in its idea and arrangement, being unlike any other ever published. It is designed to supply a desideratum in the practice of medicine, viz: a convenient Pocket Manual, which may serve to refresh the memory of the physician, not only in cases of emergency, but also where the diagnosis of a disease is difficult, or the symptoms or

complications are obscure, or where proper remedies do not at the moment occur to the mind. The book contains—

1. A classification of disease.
2. An alphabetical list of all known remedial agents.
3. A full classified list of poisons.
4. Marshall Hall's ready method in asphyxia.
5. Examples of extemporaneous prescriptions.
6. A register of daily practice.
7. A memorandum of cases and treatment for future reference.

The book is handsomely bound in morocco, with a tuck; and contains a pocket for loose memoranda, prescription papers, &c. All this is arranged in one small, neat volume, perfectly convenient for the pocket, occupying no more space than a common memorandum book or diary.

Physicians will find this little work a means of saving both time and money, and a correct and ready counselor at the bed-side of the sick.

For sale by J. G. Henshall 110 Sixth st. Cincinnati, Ohio. Price.—Size for thirty patients, \$1.25; size for sixty patients, \$1.50, Postage free.

A PRACTICAL TREATISE on the Diseases of Children. By J. Forsyth Meigs, M. D., Fellow of the College of Physicians, Philadelphia; Member of the American Philosophical Society, and of the Academy of Natural Sciences of Philadelphia. Third Edition, carefully revised: Philadelphia: Lindsay & Blackiston, 1858. pp. 724. Price \$3.50.

Dr. Meigs has greatly added to the value of this new edition of his work, by an introductory essay on the clinical examination of children. We rejoice at every step made by the profession in a practical direction, and hail it as one of the unerring indices of the deep and wide-spreading influence of medical reform, which is developing itself in every branch of the profession, both at home and abroad.

For sale by TRUMAN & SPOFFORD, Cincinnati.

MEDICAL LIBRARY AND CABINET.

We have received the following circular from the President of the New York and Brooklyn Medical and Pathological Society, and supposing that other members of the profession would like to contribute something to this Society, we insert the circular in the Journal. We have also sent them a box containing a complete set of the Eclectic Medical Journal, consisting of seven volumes, one volume of Newton's Express, Syme's Surgery, Chapman on Ulcers, Powell's Human Temperaments, with mineral Fossils, etc., etc. Prof Scudder also sent his work on Diseases of Women. We wish them much success.

NEW YORK, Jan. 8, 1858.

PROF. R. S. NEWTON:

SIR,—The New York and Brooklyn Medical and Pathological Society, anxious to add to its library and pathological and mineral cabinet, would be thankful for donations to the same.

DR. H. S. FIRTH, *President*.

DR. WM. HADLEY, *Secretary*.

DR. H. M. SWEET, *Librarian*.

Members.

Prof. J. D. Friend,	Prof. H. A. Archer,
" J. T. Burdick,	" C. H. Coffren,
" H. M. Sweet,	" W. Beach,
" Wm. Hadley,	Dr. H. S. Firth,
Dr. A. Doolittle,	" F. Myers,
" L. H. Bowne,	" G. R. Dean,
" S. D. Comstock,	" P. T. Prior,
" A. H. Robinson,	" G. Coe,
" J. H. Johnston,	" J. Law,
" L. D. Stone,	" H. L. Crosby,
" C. Soider,	" D. E. Smith,
" D. Willcocks,	" H. E. Firth,
" H. Fern,	" S. W. Frisbie,
" Bond,	" Stowe,
" C. V. Rivenburgh,	" Gray,
" Watson,	and others.

All articles directed to the Librarian, H. M. Sweet, in care of Drs Law & Bond, 68 East Broadway, will be received.

Sir, the above-named society has been in being about a year; its meetings are well attended, and in point of interest, it is probably equal to any in the country.

H. S. FIRTH.

MAKING MEDICINE AGREEABLE.

Improvement in Methods of rendering Medicinal Preparations pleasing to the eye and to the taste, and agreeable to use. By FREDRICK STEARNS, Pharmaceutist, Detroit, Mich.

The above is the title of a paper read before the American Pharmaceutical Association, at its sixth annual meeting, by our former townsman, Mr. Stearns, now of Detroit. All practitioners have experienced and continue to experience, great annoyance, from the unwillingness of many of the patients to take disagreeable remedies, and we are often deceived by our patients throwing away their medicines, thereby exposing the doctor to perplexity in not being able to understand why his remedies produce no effect; or, what is equally common, leaving him to exult over a rapid and gratifying cure, when the patient and friends know that nature alone is entitled to the credit. Under the latter circumstances, especially, the physician is apt to lose some of the reputation for omniscience which it is so essential to establish and maintain.

In looking over the paper by Mr. Stearns, we notice a number of exceedingly useful suggestions in this department; our personal knowledge of the author makes us feel an interest in his welfare; he is now working with the right spirit and in the right way, and we predict that he must succeed.—*Buffalo Medical Journal*, Jan. 1858.

MEDICAL STUDENTS.

It is said the Medical College of Ohio outnumbers this winter both of the schools in Louisville.—*Western Lancet*.

If this be so, the classes must be very small; for the class of the Eclectic Medical Institute is larger than that of the Ohio Medical College, and yet it is much smaller than usual.

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

MARCH, 1858.

NUMBER 3.

Part 1--Original Communications.

A REPORT OF THE PROCEEDINGS OF THE FIFTH ANNUAL MEET- ING OF THE ECLECTIC MEDICAL SOCIETY OF OHIO.

The Society met in the hall of the Eclectic Medical Institute, at 10 o'clock, A. M., Wednesday, Dec. 16th, 1857. The President, Prof. R. S. Newton, on taking the chair, said:

Gentlemen: In 1853, a meeting was held in this hall, and an Eclectic Medical Society was organized; a constitution and by-laws were framed, and it was then hoped that this would be one of the most efficient steps in drawing together the scattered forces of Reformed medical science in this State. The work was ushered in with a hearty good will, and every one seemed ready to take hold of it in earnest. This was my feeling, and others present to-day may speak for themselves, if in any way I misrepresent them.

Owing to causes but too well known to the medical profession, the harmony of this school was interrupted, the members of the society were placed in antagonistic attitudes, and amid the consequent confusion, the interests of this society were forgotten, or, at least, neglected.

Those disturbances, trying as they were, have subsided, and those who have really

an interest in the doings of this branch of the profession, have loudly called for a re-organization of this society. I need hardly say that it was in pursuance of that call that we have met here to day; nor need I more than briefly cite the objects of the society. We wish to tie the medical profession together by ties stronger than the mere sameness of occupation. We would bind every member with the strong cords of friendship. We would have each one acquainted with all the rest. We would meet together and confer on all subjects in medical science, and especially in reference to Reformed medical science. We would collect our scattered forces, and again push on the car of improvement. It is only by uniting our energies, that we may expect to accomplish any great end.

Now, in the State of Ohio, there are a great number of Eclectic physicians—men of eminence, experience and influence; but there is no concert of action among them. There is not even an acquaintance existing to bring them together. Each fights his own battle, and this is usually done with spirit, and in good faith; but if we would build up a liberal medical profession, we must have a decided and determined co-operation. Individualism is well in its place, but there must be co-operation, if we would be effective physicians. The National Eclectic Medical Association has already done very much good, and if we organize State associations, and county societies, we shall very soon perceive what an influence we can wield in the cause of right and truth.

The American Medical Association is now one of the most thorough working bodies in the world, and it is so because State and county societies center in it their united energies. We have an ample illustration of what may be accomplished by a little unity of effort, in the Union Eclectic Medical Society, whose delegates are here to day. The gentlemen composing that society, have already done much to indoctrinate the people of their county with the elements of liberal medical science; so may this society in respect to the people of the State. This is one of the objects of this society, then, and I may ask if every Eclectic physician in the State is not directly interested in furthering this object? We wish to know the results of each other's practice—the conclusion to which our experience has driven us—to interchange with each other all information we may have acquired as practicing physicians; to suggest for each other's consideration such opinions as we may entertain; to read and criticise papers; to co-operate with other Eclectic Medical Societies, and to do all things belonging of right to the usages of an association of this kind.

We shall have no difficulty in understanding how each member of the profession is to be benefitted by an organization of this kind, and it will not be expected that I shall, on this occasion, enter on a defence of the principle of association. If we shall in union determine to co-operate, I feel that we shall be enabled to do very much for the interest of the reformed branch of the medical profession. The object of this Society is laudable; physicians of every State, belonging to the liberal branch of the profession, are respectfully invited to become corresponding members, and thus assist in the great work before us. Every physician, classing himself with us, is interested in our proceedings, and it is to be hoped that each one will feel himself called upon to contribute his mite to the common cause.

Trusting, gentlemen, that our proceedings may be characterized by harmony and dignity, I close my remarks, as I think

it improper to occupy more time than I have, and as there are many present who may desire to become members, the Secretary will read the constitution and by-laws.

Prof. Bickley, the Secretary, then read the constitution and by-laws, and the following new names were added:

John M. Scudder, M. D., Cincinnati, O.
 Dr. W. W. S. Kelly, Jefferson City, Mo.
 Dr. C. A. Redlick, Pittsburgh, Pa.
 Dr. J. A. Carraway, Bay Springs, Mo.
 R. Marsh, M. D., Bantam, O.
 Dr. J. P. Martin, Grampian Hills, Pa.
 Dr. E. R. Dotson, Pickensville Ala.
 Wm. Hewett, M. D., Memphis, Tenn.
 Dr. J. E. Curtis, Cincinnati, O.
 Jacob Welsh, M. D., Kalida, O.
 Dr. H. M. Ayres, Kalida, O.
 Dr. M. Pettiner, Cincinnati, O.
 R. Dunlap, M. D., Dresden, O.
 W. M. Ingalls, M. D., Olive Branch, O.
 L. F. Dalton, M. D., Lowndes, Mo.
 Dr. F. Hinman, Cincinnati, O.
 T. C. Thorp, M. D., Cincinnati, O.
 E. Freeman, M. D., Cincinnati, O.
 Dr. J. M. Flood, Guilford, Ind.

The convention then adjourned until 2 o'clock, P. M.

AFTERNOON SESSION.

The President in the Chair, appointed Dr. Marsh, Dr. Ingalls, and Dr. Pettiner, a committee on organization. After consultation, they reported the following names as permanent officers:

President—Prof. R. S. Newton.

Vice Presidents—Dr. W. M. Ingalls.

Dr. J. S. Martin.

Rec. Secretary—Prof. G. W. L. Bickley.

Cor. Secretary—Prof. J. M. Scudder.

Treasurer—Dr. T. C. Thorp.

The above names were then put in nomination, and the vote taken, the result of which was their unanimous election. On his re-election, Prof. Newton said:

Gentlemen,—I appreciate the honor you confer on me, and to the best of my ability I shall endeavor to discharge the responsible duty you have assigned me. For this position I am fully aware you might have chosen a more appropriate person, but I

am free to admit that I know of none who feels a deeper interest in the cause we are struggling to inaugurate in public affection. You will remember, gentlemen, that my powers will be effective only as I can have your co-operation. I am a mere instrument to execute your will, and this I promise to do, to the best of my ability, when you shall give that will expression. We are to remember that we have much to do in this Society, very much to begin to-day, and I await your action. Think only of what has been done, and you will take new courage in completing the great work of medical reform. If a few determined men could inaugurate this movement, and thus far push it on, regardless of opposition, what may we not accomplish now that our little band has grown into a great army, whose privates are brave and ready, and whose officers are well trained in the usages of a just war on error?

The Recording Secretary then read the following report, which was accepted:

There was paid into my hands the sum of twenty-nine dollars, from members at the last meeting of this Society, which sum was paid over by me to the Treasurer, Dr. W. Sherwood, and is now subject to the demand of the present Treasurer of this association; and inasmuch as the said sum is now needed by the association, I beg to offer the following resolution:

Resolved, That the Treasurer of the Eclectic Medical Association of Ohio draw upon Dr. W. Sherwood, late Treasurer of this society, for the sum of \$23.75—the amount now in his hands.

This resolution was unanimously passed.

Prof. Z. Freeman and Drs. Marsh and Welsh, were then appointed a committee on business.

Prof. Bickley offered the following resolution, which was unanimously adopted.

Whereas, Death has invaded our midst and plucked from us one of our honored Vice Presidents, Dr. I. G. Jones; therefore,

Resolved, That in the loss of Dr. I. G. Jones, this association has to mourn the loss of an exemplary physician, a consistent Christian, a man of deep and profound

research, and a true friend to medical reform; that we deeply sympathize with his bereaved family, and with the community of which he was an ornamental member.

Dr. Bickley made some remarks on the above resolution, of which the following is the substance:

Gentlemen,—I will not tell you who I. G. Jones was—his name stands too prominent in the medical profession to require me to enter into a history of his medical life. He was one of the founders of the first reform medical school in the West, and as a teacher, few men ever gave more universal satisfaction. As an earnest advocate for rational medicine, none were more zealous; and while I am free to admit that he was often in error, as are other men, I still believe he meant to do well—his errors were of the head, rather than of the heart. As a practitioner, his name stood unrivaled, and his published works, though badly mutilated by other hands, constitute a monument that will hand his name down to the farthest unborn ages of medical science. It is true he was in after life led astray from us by designing men, but we should not attach the blame to him. When I think what he has done for liberal medicine, I forget every minor error, and think only of the pioneer in reform medicine, who was fired by an enthusiasm as pure as ever warmed the breast of man.

Because a man grows old in the labors of the medical profession—because he is battered and scarred by the finger of time, are we to turn coolly from him, and sneer at his superannuation? How my very blood has boiled with chagrin, when I've heard an ex-professor, in this school, speak of the venerable Beach—the founder of Eclecticism—as an old “granny”—of Baldridge and Jones, as worn-out old fogies! Such epithets, coming from the lips of a medical upstart, who owed position and character to these men, did not sound well in my ears; and as one, I take this occasion to hurl back into the face of such men, the stigma they would fasten on those who set in motion the complicated machinery of

medical reform. If it is to be an established rule, that we are to honor men only in the vigor of manhood—that their gray hairs are to cover them with shame, then we may erase from the scroll of fame, nearly every great name that now commands respect.

But no, gentlemen, this can never be! Medical men of worth and attainment will never slanderously abuse a man, simply because God has allowed him to live until tired nature quietly allows him to moulder into his grave. Dr. Jones was one of those whom upstarts have branded as a specimen of superannuation. Let me say, the charge is unfounded; and even if true, it came with bad grace from one who owed everything of professional preferment to him. It is true that his works, as now published, do not really represent Dr. I. G. Jones the Reformer, but such deficiency belongs to the collateral of his papers.

Dr. Jones was ever a consistent and successful practitioner, a clear and efficient teacher, whose memory will live, a monument of love in the hearts of the people, and the profession. May we always have as good men, to direct our medical labors, as Ichabod Gibson Jones!

Prof. Baldrige, whose name had been used during the remarks of Prof. Bickley, rose in his seat and made a few touching remarks, of which the following was a portion: Mr. President, I deeply appreciate the honorable mention of my name in connection with those of the pioneers in medical Reform. It takes me back in thought to the early labors of my professional career, when a few only stood up in the face of all opposition, and boldly proclaimed the errors of Old Physic. Then we were closely and intimately connected; no dissensions had then sneaked into our midst; the tongue of calumny had not then been loosed, and though our imperfections might have been very great, we were united as one man. Our labors were harmonious: our sympathies common. I too knew Dr. Jones, long and well, and here amid my professional brothers, I take pleasure in testifying as to his real worth,

both as a man and a gentleman. The labors of the medical Reformer, in the days of the Reform Medical College, of N. Y., and of the Worthington University, were much more difficult than at present. We had then public prejudice to contend with, as well as professional jealousy. The work before us had no basis save in our own convictions of truth and right. Had we then faltered, this society would not have assembled here to-day in these halls. We fought our way with a dogged determination to conquer; we advanced, step by step, until this school was founded, thirteen years ago, and it is now for you, who are yet young and vigorous, to take our places, and conduct our labors to final triumph. Having closed his remarks, the society adjourned until 10 o'clock A. M., Thursday.

THURSDAY MORNING SESSION.

The Vice President, Dr. Wm. M. Ingalls, having the chair, declared the Society in session, and ready for business.

A resolution authorizing the President to appoint committees on various subjects to be presented as essays at the next meeting of this Association, was proposed, and the following gentlemen have been requested to present papers on these subjects.

1st. An essay on the Eclectic Practice, its Origin and Present Condition in the United States, *Prof. Z. Freeman*.

2d. Essay on Eclectic Surgery, how, and in what it Differs from the Surgery of the Allopathic Branch of the Medical Profession, *Prof. Jno. M. Scudder*.

3d. An Essay on Obstetrics, and Diseases of Women and Children—the Improvements in these Departments, *Prof. A. H. Baldrige*.

4th. An Essay on an Eclectic Materia Medica, *Prof. Jones and Dr. Wm. M. Ingalls*.

5th. An Essay on the Present State of Physiological Science, *Prof. Bickley and Dr. Marsh*.

6th. On the Statistics of Medical and Surgical Practice, *Dr. E. Freeman*.

A committee, consisting of Profs. Newton, Bickley and Scudder, was then appointed

to prepare a suitable address to the Eclectic physicians of the United States, at the next annual meeting.

A committee consisting of Prof. L. E. Jones, Dr. Ingalls, and Dr. Marsh, was appointed to address the Eclectic Physicians of Ohio, urging them to meet in association, at the next annual meeting of this society.

The President, Prof. Newton, then offered the following resolutions, which were adopted :

Resolved: That Eclectic physicians throughout Ohio, be requested to furnish the President of this society with complete statistical reports of their practice during the year 1858, previous to the next annual meeting of this society.

Resolved: That every Eclectic physician in the State be requested to attend the next meeting of this society.

Resolved: That the Eclectic physicians of the State of Ohio, be requested to furnish to the President, or Recording Secretary of this society, the results of their experience in the use of the various concentrated remedies now used in practice—stating which have been found reliable, and which, if any, worthless, and in what diseases they have employed them, and what is their relative merits, compared with the crude articles, from which they are manufactured.

Resolved: That the Corresponding Secretary open a correspondence with Eclectic physicians in every part of the Union, to get their expression as to the value of the concentrated medicines now in use, and that he report such correspondence to this association at the next annual meeting.

Prof. Bickley then offered the following resolutions, which, after some discussion, were finally adopted.

Resolved: That this society set apart every year one hundred dollars, or more, for a prize essay, on some medical topic, which, if any be accepted, shall become the property of this society; and that the merits of any such essays shall be determined by the officers and three delegated

members of this association; and to insure impartiality, such essays shall not be written in the hand of the author, but shall be legibly copied, and sealed in a package, on which there shall be a number and a motto, accompanied by a smaller package containing the name of the writer, and a like number and motto; and that all rejected articles shall be returned to their authors without comment. And that the prize so bestowed shall be in the form of a medal, with appropriate designs &c.

Resolved: That the following topic be chosen for the first essay: *The Geographical Distribution of Disease in America.*

Resolved: That the following shall be the specifications of this essay: It must not be made to occupy more than 300 pages of foolscap paper, written in ordinary hand, nor less than one hundred pages. If statistics are introduced, they must be well authenticated.

Resolved: That the medal shall be known as the Society Medal, and that all Eclectic physicians who are graduates of medicine, shall be entitled to contend for such medal, and that such as may enter the list, shall report themselves to the recording secretary, by letter, by or before the 4th day of July, of each and every year, and that such essays shall be sent in by October the 1st, of each year.

Various members of the society made remarks on the state of the profession, and the society, after hearing them through, adjourned to meet again at 2 o'clock, P. M.

AFTERNOON SESSION, December 17th.

The convention having assembled, Prof. Bickley was called on to address the society, which invitation was accepted by him, and the following is a synopsis of his remarks:

Gentlemen: We are assembled here to act, rather than to edify each other with set speeches; but as the business before us has been mostly dispatched, and we are about to separate, and return again to our private, public, and professional duties, it seems proper enough that I or some

one else should endeavor to re-impress you with the nobleness of the cause, which, as Eclectic physicians, you have espoused. And as I shall assume this task, I crave your indulgence for the imperfect manner in which I shall present my thoughts, since, without preparation, few men can make a set speech, without committing great blunders of arrangement. This slip of paper, containing only the topics on which I wish to speak, is ill-calculated to do either myself or our cause full justice, and I often doubt, when so much is at stake, if one is justifiable in an attempt to deliver an address on such an occasion as this, without previous preparation. So far as I am concerned, I had determined not to take part in your proceedings, except in my official capacity, and should have steadily refused, had I not seen such a disposition to hang back, by those who are actually engaged in practice, and who are deeply interested in the doings of this society.

We have met here to take counsel of each other, and I beg you to understand in the outset; that in the remarks which I am to make, I hold only myself responsible—any one of you may honestly and justly differ from me, and I shall be as willing to listen to your opinion, as I am anxious to have you listen to mine, and shall expect you to as freely express your views as I shall mine.

Whatever we attempt to do must be systematic. No matter how just may be our cause, if we have no system in the organization of our forces; if we have no discipline among our troops; if every one acts on his own responsibility, and without consulting the rest, we shall expend our energies to small purpose—we shall accomplish but little for the common good. In every department of human occupation, men observe the necessity of system. The farmer knows it to be the secret of his success; he knows that there is a time for every work—that in this climate corn may not be planted in December, nor wheat in June; that he may clear at one time, plant at another, and reap at yet another—nay, more! he knows that in the course

of things there will be rainy days, and he reserves the mending and patching of his utensils for such times. It is the economy of time! He looks ahead to the period of harvest, and is careful to have no other indispensable work on hand at that particular time, for on a due observance of this depends the fruit of his toil.

The merchant observes the same system, and he who neglects it, will assuredly fail in his endeavors of success. The wholenscience of mechanics is founded on the same idea, and he who would construct a machine in defiance of system—who has not previously calculated the influence of one part on another—will assuredly have a useless work.

In the science of Government, we observe the same necessity, and we can easily imagine the fate of a nation without a head—whose laws were applied only in obedience to public whim; whose executive, if there was one, acted only from his own sense of propriety, and then only as circumstances seemed to direct—all would be confusion and anarchy.

In science, if anywhere, system is essentially necessary, and it was not an unhappy thought when I elsewhere said "Science is the offspring of order." Our educations, no odds what they may be intended to fit us for, are founded on a definite system. There are certain elementary principles, which must be observed by every one. When we have progressed to a certain point, then we are prepared for our more scientific courses, where, from the first, the student is impressed with the absolute necessity of systematizing his studies. In medicine this is superlatively true, and were it not for the helps of system, few would ever master the intricacies of this science. But the definite and regular course pursued, enables the student to rise step by step—to add fact to fact, and principle to principle, until he thoroughly comprehends the vastness of the structure, which the experience of 4,000 years has erected, as the temple of the *ars artium*.

Every physician admits this, and I can hardly conceive how any medical man

could rationally expect to propagate the doctrines of Eclecticism, without systematizing all labors having that end in view. It is of this systematization that I would first speak. Is there no way by which we can unite our forces? no way by which we can properly place our cause before the people? no way in which we can reach the common sense of the medical profession? no way by which we can demonstrate to the people that Eclecticism does not imply, of necessity, Charlatanism? I think there is a way so plain that "he who runs may read"—a way, broad, open, and straight—a way of truth and dignity. This is it. Let us lay aside petty jealousies, and as one man, put our shoulders to the wheel. Let us assume an honorable attitude toward every other medical sect, and steadily advocate our cause; not in the language of passion and prejudice, but in the strains of earnest truth.

Let us organize medical societies in every county, aye! even if only three physicians can be brought together. Let these be subordinate to a State society, such as this, and this and similar State societies can, and should be, subordinate to a National society. Your County societies should meet monthly; your State societies, semi-annually, and your National society, bi-annually. The State society ought to be composed of delegates regularly chosen by the County societies, and the National society of delegates selected by the State societies. In this way the sense of the profession could, at all times, be easily ascertained, and any grievance or error could be corrected. Such an arrangement would add dignity to our proceedings; it would legalize the doings of our colleges; it would elevate the tone of medical society; it would heighten the standard of professional attainment; it would drive quackery from our ranks; prove a guarantee to the public of the attainments of the profession; enable us to meet the Allopathic, or any other class of physicians, on equal ground, and serve to indoctrinate the public in the elements of our profession. But it should not be forgotten that every physi-

cian must feel it a duty to discharge his labors in the county society. We want to instill more energy into our professional brethren; we wish every man to feel that the success of our cause rests upon his individual exertions. We must have a head, a central nucleus, around which every influence may be concentrated—a common fulcrum to sustain the powerful lever of public opinion.

We must have a means of interchanging our opinions, of speaking to the profession, and this can be done through the society. We want a circulating literature, and this we should have in the proceedings of the County, State and National societies; aye, more, we ought to establish a central organ—a newspaper if you please, that should be the tongue piece of every man in the profession; where and through which every one could record his observations and opinions; where cases in practice, prevailing epidemics, &c., could be constantly, discussed. No odds is it, gentlemen, if we do differ upon unimportant matters, so long as we are united on the main issue. Men differ in politics and on religion, yet together they labor for the common good of the country, and why may we not differ on some things, yet agree on those things which are the most important. In our intercourse with each other, we should remember that while we claim the absolute right to vindicate and cherish our opinions, others enjoy the same right, and we do human nature injustice when we claim more for ourselves than we are willing to grant to others. An opinion, even though heterodox and sustained by only one member of the profession, and in opposition to all the rest, may nevertheless be true—it may be sustained by fact; and hence we should be very cautious in denouncing an opinion, simply because it is new. Sir Isaac Newton entertained an opinion, which was heterodox, and at first unsupported—an opinion which met with very stern opposition, yet the observations of time have demonstrated its entire correctness; we can now all tell why the apple falls to the earth; we know

why the planets swing their ponderous weights with inevitable precision through the vast expanse of heaven. So too the individual opinions of Galileo have fastened his immortal name to the highest constellations of the skies as a lamp of hope to the student. The opinions of Columbus, wild and chimerical, as they seemed to be, have given us a new world, and enlarged beyond conception the energies of man. What was termed the follies of Fulton, is now embodied in the airy palace that floats like a living thing down our smooth rivers, or like some leviathan monster plows the mighty billows of every ocean, thundering his name with every beat of its ponderous machinery.

Public opinion may at first quail under the announcement of a new discovery, and seem very much indisposed to listen to the arguments of reason; but sooner or later public opinion will justify every one who has toiled for the public good. The instincts of the masses are not to be permanently warped, and every day finds society lifting to light some forgotten hero. It is from individual opinion, that public faith is eventually established. And the value of the labors of one man can hardly be estimated by any one generation, for the very simple reason that they do not come into general adoption in so short a time, and often not until many generations have passed away. But so far from this being a reason why individual opinions should be disregarded, it is a very pertinent reason why they should be cherished. Individual opinions, when brought together and harmonized, originate the sect, and the blending of corporate opinion ends in national faith.—Nobody in America now questions the utility of railroads—no one now doubts the sphericity of the Earth—no one questions the language of the Telegraph, yet, except in the last instance, the originators of those opinions did not live to see them adopted. Hence, because every man in our country will not yield assent to our views, it is not a reason why we should abandon them as impracticable. We must remember that every man who practices the healing art,

may have the same faith in the correctness of his opinions that we claim to have in ours, and we can never expect to gain them to our side of the question until we have convinced their reason. That will be a work of time; the passions of a people may be inflamed in a day, but to reverse their sober judgment demands well directed efforts extended over a long series of years.

Schisms in medical science exists from the very honesty of the medical profession, as may be shown by a very little examination. Is it not as easy to practice medicine on the Eclectic as on the Allopathic principle? Is it not as easy to administer the infinitesimal doses of Homeopathy as the large boluses and potions of more sensible systems? If the medical profession were guided, as the public seem to think, by mercenary motives only, every man would be truly an Allopathic—that is, if he was called to a family with Hydropathic predilection he would give the wet-sheet-pack; if called to a family having Homeopathic predilections, he would administer pillets; if to one having Physiopathic preferences, he would use lobelia and pepper tea; if to one leaning to Eclecticism, he would claim to be an Eclectic; if to one favoring Allopathy, then he would bleed, blister and puke them to their hearts' content. But this we know is not done, and it shows clearly that the various sects believe what they profess. How then can they be made sensible of their errors where they are in error? Certainly not by ridiculing or misrepresenting them; not by denouncing them as charlatans and quacks; not by casting unjust imputations on their honesty and intelligence; but by appealing constantly to their common sense; by demonstrating their errors; by proving our own opinions; by treating them as we claim they should treat us. This is to be done by fair discussion, in and out of the society—through medical journals and in our books.

We should first understand clearly our own positions—we should be satisfied beyond a doubt that they are right, and sus-

ceptible of demonstration, before we cry out against the errors of others. We should understand the philosophical basis of every system before we undertake to pass judgment on them. What would you think of an Eclectic who admitted himself to be ignorant of the philosophy of Homoeopathy, or of one who was ignorant of any one of the many systems. He might be a disciple of Eclecticism—a follower of other men, but not himself an eclectic. We profess to have examined impartially every sect, and to have selected from each that which we have found to be conformable to reason and common sense—rationally consistent and stamped with the seal of experience. Have we not too often seen and warred on the minor defects of a system, without regarding the grander beauties, and actual excellencies of such system.

We denounce Allopathy in unmeasured terms; but should we not remember that the old school physician basis his practice on the same great principle as ourselves? Are not both based on the law of contraries—are not our courses of instruction sensibly the same? If he gives calomel to stimulate the action of the liver, do we not give podophyllin, &c., with the same end in view; If he bleeds a patient to control a fever, do we not endeavor to check interstitial oxidation for the same reason; if he directly draws away the *morbis materiæ* from an orifice in the vein, do we not endeavor to remove them by increasing the actions of the emunctories? When he unloads the stomach with tartar emetic, do we not do the same thing, for the same reason, with ipecacuanha, or some other emetic? In short, gentlemen, do you not see that we do not so much differ in the end to be obtained, as in the *means* to obtain that end?

That mercurials have been most awfully abused, hardly any intelligent physician will deny—that its value is over estimated I do not doubt—that it is always a dangerous agent I fully believe—that it has done very much injury to man, we have abundant proofs in society every where. But dare we make war on mercurial prepara-

tions, before we have a substitute to offer? We think we know that we have such a substitute, and, if we would have it supplant mercury we must demonstrate its worth not only to the profession, but to the public. The same is true of antimony, lead, arsenic, &c.

The medical profession is one of progress, and has been moving rapidly on for some years past. What constituted the practice thirty years ago, would now be called downright quackery. The lancet has nearly disappeared from practice, and even now the profession in Europe is in a turmoil as to whether it is ever necessary to bleed a patient under any circumstances. The experience of the profession seems to justify the assertion, that a man ought not to be bled, even in those cases where, a few years ago, it was thought absolutely necessary to practice venesection. In a few years more, we shall see a similar storm raging in reference to mercury; indeed, it has already commenced, for even now, few respectable physicians would treat a case of syphilis with mercury. Step by step the profession will lay aside its errors, and the great mass will stand where we now do, on a rational basis.

We may have been, and I think demonstrably, somewhat instrumental in facilitating these revolutions in medical opinion. To sustain themselves, sects have been forced back to the science of morbid anatomy, to investigate with the stethoscope and the microscope, and their own labors have prepared them for the reception of the truth. But, gentlemen, let us be careful, or before we are aware of it, we shall have hugged to our own breasts some terrible error which will yet make us a target for the shafts of some more advanced class of physicians. All these considerations strongly point to the necessity of a high standard of education for the Eclectic physician; they show us the necessity of applying ourselves to the mastery of the various departments into which this science is divided. There is enough for us to do, and let us determine to do it.

It has been only a few years since this school of medicine was founded. We have before us two who were prominent in its foundation, yet these gentlemen have lived to see their disciples numbered by thousands. The people have come to a knowledge of the peculiar features of our practice, and in every section they are calling for our graduates. The movement has told on the old school practice, and many hundreds who had been educated in Allopathic schools, have joined our army, and are now valiantly fighting under the banner of Eclecticism.

This school has always drawn larger classes than any other western school, and still continues to do so—aye, even though we have been rent by dissensions, and other Eclectic schools have been organized in the West, still neither old nor new school has yet been able to cope with us. This school is in reality the temple of Eclecticism, and it will ever control the Eclectic movement in the United States, as it has heretofore done. If you, as practitioners, do your duty to your *alma mater*, the school will continue to liberalize the profession, and to enlarge its usefulness. It is known as the most prominent Reform school in America, and a diploma from it is worth something to its recipient, not merely because it originates from this point, but because our course of instruction is very thorough and complete, and because those who have gone out to practice, having a diploma from this school, have not only, as a general thing, sustained themselves in practice, as efficient physicians and surgeons, but they have so comported themselves as to gain public esteem and confidence.

It is for this reason that every graduate who has gone out from this school, has a direct pecuniary interest in sustaining it, in fostering its interest. It can and will be sustained, but let every one feel that it is his duty to help. But, rise or fall, succeed or fail, we promise you to pursue an honorable, straight-forward course, and leave the dirty work of undermining to others.

No other organization can do as much for the interests of Eclecticism as this, because it is an institution of your own State—because you have it in your midst, and you can be in daily communication with those who have so faithfully and so long labored to build up the school and the Eclectic branch of the profession.

At this meeting, gentlemen, we can do but little, for we have assembled merely to reorganize; but our next meeting may be made very interesting, and I hope I do not say too much, when I say you already evince a determination to make it such. Let me say here, when you again leave your homes to meet this association, that you ought each one to come with a well written paper on some interesting subject. Come with specimens of *Materia Medica*—come with specimens of *Morbid Anatomy*—come with specimens of *Comparative Physiology*—come with *Geological specimens*; but, above all, come with a steady determination to build up this society, this school, this system of medicine.

Gentlemen, I have already said more than I had intended, and I close by asking you to lay to your hearts what I have said—engrave these sentiments on your hearts, and resolve, each one, to hereafter discharge his duty, and claim a similar discharge from all others. Do this, and our society will soon stand out a power in the land—a central nucleus around which may be gathered the scattered forces of Eclecticism. Will you then assist in building it up? will you labor for it in the spirit which ought to actuate enlightened physicians?

We are about to separate, gentlemen, and perhaps some of us may never be allowed to meet here again; but in sickness and in health, in or out of the society, may each one feel that he is one of a body of men whose object is good, and that if we do occasionally commit an error, it is of the head, and not of the heart.

The business of the Convention having been concluded, on motion, adjourned, to meet again on the second Wednesday in April, 1858.

DYSENTERY.

BY T. F. RUMBOLD, M. D.

[Continued from the January Number.]

I will now report a case, though not my own, which will probably interest some of the profession.

J. W. C—, an Irishman, aged 36, living in Iowa, about 16 miles from this place, was attacked with dysentery on the 22nd of November, 1856. He was attended by a graduate of the Chicago Medical College. His treatment, which I got from the attending physician, was as follows: "First day, calomel; that night, castor oil; next day, Dover's powders; next night, calomel and rhubarb, followed by Dover's powders up to the third day; then calomel and ipecacuanha, followed by Dover's powders up to the fifth day; then the patient wanted counsel called, as he was getting worse every day. I had been in the same neighborhood about two weeks previous to that time, and successfully treated four cases of the same disease. Thinking that he "had still a chance for his life," as he said, sent for me without informing his physician; he having sent for another, it chanced that we all three met there at the same time. The patient wished the trio to do their best for him. I then examined the case, and got the above treatment from the doctor, at the same time. I could not agree with them in respect to the future treatment, and being in the minority, I left the case in their hands; but before I left the house they made up their minds, that there was an invagination of some part of the bowels.

Three days after that I attended an obstetrical case, in the same neighborhood, and learned that the man died that morning. The doctors being so certain that there was an invagination, that they sent over for me to witness a post-mortem examination on the corpse. I at once proceeded there and found them awaiting me. The attending doctor said that they were now ready to prove to me and all the

neighborhood that they were right in their diagnosis, and further, that I might examine the bowels myself, after they had made their superficial examination. The examination was made, and the result was as follows: "Stomach slightly inflamed; liver spotted, which would have turned into abscesses had the patient's life been prolonged; small intestines, which lay next to the colon, inflamed; the whole of the colon was very much inflamed; in places it was contracted; there were dark-blue spots on the sigmoid flexure and rectum, but no invagination could be seen anywhere!"

I might here try to describe how they looked and acted, but will not, for it can easily be imagined.

I then proceeded with the examination, which elicited the following facts: Bladder inflamed; prostate glands somewhat enlarged; mesenteric glands also enlarged. On opening the colon found the mucous membrane of a dark-red color, very much thickened where it was contracted, and full of ulcerated spots; some of these spots had sloughed away. On opening the ilium and jejunum, found them very much inflamed; parts of the mucous membrane were so disorganized that they could be easily scraped off with the handle of the scalpel; the perineum over that part of the bowels was much inflamed, but not any more in appearance than the surface of the abdomen.

I have given the particulars of this post-mortem examination, not for any benefit that may accrue from it to the physician in similar cases—for it is impossible to tell what part of the pathological symptoms were caused by the previous treatment or by the disease—but to show the fallacy of such treatment as is practiced by some of the old school doctors; also as a warning to others against the use of cathartics at random, or because it has long been customary to do so in this disease.

The following two cases will show the different modes of treatment, the Eclectic and Allopathic. It chanced that Dr. J. Z. W—, a graduate of one of the Buffalo Colleges, who was traveling with his broth-

er up the river, stopped at a hotel in this place, where the brother was attacked with dysentery. At the same time a stranger staying in the next room was attacked with the same disease, and had had it on him for three days. I was called to attend the stranger, and happened to go into the wrong room, and thus formed the doctor's acquaintance. After some conversation on various subjects, and the disease we both had to treat, we came to the agreement that each of us should keep a true and faithful account of the treatment of our patients, and at the end of the treatment exchange notes and compare results. This would not always be a fair way of testing a system of treatment, because the same disease does seldom attack different persons with the same degree of severity; for age, strength of constitution, predisposition and idiosyncrasy, always have a bearing with respect to the disease and its results. He had decidedly the advantage of me, as will be seen by comparing the descriptions of the patients. I will commence with my report.

Henry C—, aged 29. Hair the color of flax; delicate constitution; told me if I valued his life not to give him any opium, morphine or camphor; was of irritable temper; had never worked much; thought he was the most unlucky man alive. On my first visit I found him as follows:

Aug. 9th, Sunday morning. Evacuations every half hour, or so, of a bloody mucous character; great tenesmus and pain over the whole abdomen; over the sigmoid flexure much redness; urinescant; pain in the region of the kidneys, also in his limbs and joints; tongue thickly coated brown; conjunctiva yellow; pulse 122 per minute, small and hard; skin warm and dry. There was a distinct periodicity in all the symptoms. The only cause that I could get was, on the Thursday previous a friend of his treated him to a glass of beer. Said he did not feel very well in the morning, and thought the beer might improve his appetite, but it brought on a severe diarrhoea, which soon turned into dysentery; then traveled about three hundred miles in the cars, coming to this place.

The fact of his having a poor appetite previous to taking the beer, and the yellowness of the skin and eyes, along with the periodicity of the disease, determined my course of treatment, which was as follows: Washed his body with salt and soda-water every two hours; hot fomentation to his bowels, of poly. punct., humulus, lup., and verb. thap., changed often as it got cold; made an injection of elm mucilage, starch, and lupulin, this to be repeated as often as it came away; left diaphoretic drops, made of chloroform, tinc. ver. virid., $\alpha\alpha$. 3ij, liq. arabia, 3jv. \mathcal{M} . Dose 12 drops every two hours; directed him to keep as quiet as possible.

Night.—Easier; evacuation not so frequent; pulse 100 per. minute; skin, moist. Continued the previous treatment, and left five 3-gr. antiperiodics, made of sulph. quinia, gra. x., ipecacuanha, gra. v. \mathcal{M} . One to be given every two hours, alternating with the diaphoretic drops, commencing at 2 o'clock in the morning. For his drink, a tea of *athaea* off., sweetened.

10th—morning. Very uneasy; said he expected that my medicine would operate, but it did not; thought that he could not live through; pulse, 112; no perspiration; evacuation about every hour; not much pain in his bowels; would not allow the nurse to wash him; took only three antiperiodics. I told him if he did not leave his life entirely in my hands and obey orders, he might get another physician. He agreed to do as he was told, saying that he had better die scientifically, than be blamed for not minding the doctor. Continued the washing, fomentations, injections, diaph. drops, and his drink; left 8 pills, made as follows:

\mathcal{R} Arg. nit,	gr. i.
Ipecac,	gra. viij.
Ext. hyos,	gra. viij.
Liq. arabia,	q. s. \mathcal{M} .

Dose, one every three hours, commencing at 9 o'clock, A. M.

Night.—A little improved; said he did not think that he was going to die yet; continued the previous treatment; left 5 more antiperiodics, made with sanguinarin instead of ipecac, to be taken next morn-

ing at 2 o'clock; acted as nurse all night myself to be certain that he took the medicine right.

11th—morning. Much improved; pulse 95, and full; gentle perspiration; evacuations only twice last night; no pain in the bowels, back, or kidneys. He told the landlord of the house that he was certain he was going to get well now, for the doctors "are running a race, to see who shall get his patient up first." Continued the previous treatment.

Night.—Still improving. Thinking that his system was as free from irritation as I could get it, I ordered him to take one table-spoonful of castor-oil, and if it did not operate in four hours to be repeated; left 5 more antiperiodics, made same as the first, to be taken at 2 o'clock in the morning; continued the other part of the treatment. At 4 o'clock in the morning I was called, and found him in a tremendous fever, with evacuations. This took me by surprise. I was afraid that the oil was the cause of this mischief, but learned that after taking the oil, the nurse had given him a large piece of apple-pie, to take the oil taste from his mouth, which brought about the above result. The oil caused dark-brown evacuations. Continued the previous treatment.

Night.—Feels easier. Left five 2-gr. anti-per., made same as the second; to be taken at 2 o'clock next morning; continued the other part of the treatment.

12th—morning. Said he felt quite smart and hungry; made a porridge for him as follows: One pound of flour tied tight in a strong linen cloth, and boiled for three hours; when cold pour it into a dish, adding a little boiled milk and salt. This, I think, is as good an article of diet, in this disease, as I ever saw. Discontinued the fomentation and injections. Continued the washing three times per day, and the diaph. drops and drink as they were needed.

Night—improving fast. Left two 3-gr. antiperiodics, same as the last, for next morning. Continued the previous treatment.

14th—morning. Sitting up. Told him that he would have to take care of himself after this, and if he did not continue to improve to send for me.

17th. He has been up to-day; is still weak, but continues to improve very fast.

I will now give Dr. J. Z. W.'s notes.

W. W.—, aged 25 years; coarse, dark, straight hair; dark skin; weighed 172 pounds before he was taken sick. "Pulse 118 every minute; surface of the body dry; tongue brown; pain in the region of the liver, and in his back; severe headache; stools two or three times every hour, of a highly dysenteric character; lancinating pain between his shoulders, showing that his liver is dormant; has slight chills whenever he goes to stool, which, I think, is caused by the excessive inflammation that is in his bowels; gave him calomel, grs. 10; in five hours oil, two tablespoonfuls; after the operation of the latter, 2-gr. Dover's powders, with $\frac{1}{4}$ gr. morphine every two hours.

"Monday. Five pills made of blue mass. grs. 12; quinine, grs. 12. Gave him one every three hours, intermingled with the Dover's powders.

"Wednesday. 15 grains quinine in a little brandy, and every two hours 20 drops of the sweet spirits of nitre.

"Thursday. Paregoric and sweet spirits nitre. Dose one drachm every three hours.

"Friday. Two portions of oil. The oil operated well; brought away a large quantity of bile.

"Sunday. Paregoric and spirits nitre. Dose one drachm every three hours."

Here his notes ended. On Wednesday he sent for counsel (Allopathic). What they did I forgot to ask him.

On Thursday, Aug. 20th, he sent for me to take charge of the case. I went, and found the patient in the following condition: Pulse 101 per minute, small and feeble; skin dry and hot; evacuations almost constant; vomited twice that morning; finger nails of a bluish shade. I considered him in a very precarious situation, and as I was expected to do something, I could do nothing less than to try,

which I did, but not without some reluctance, for I thought that his days were numbered, minus one or two.

My treatment was as follows: Bathed his body every two hours with cool water and brandy, having some soda and salt dissolved in it; used the fomentations and the diaph. drops, also an injection of elm mucilage and starch, with $\frac{1}{4}$ gr. morphia in every injection, to be repeated as often as it came away. Left five 3-grain anti-periodics made same as first for my patient. Next morning I left eight pills made same as in my case, and so on with this kind of treatment. He got up on Thursday, the 27th, and walked a little in his room, but he was almost a skeleton. He had been just one week under my treatment. I leave these facts to the common sense of the reader; they need no comment.

Dr. W. told me that I had converted him from what he thought was the really scientific system, to common-sense Eclecticism. At his request I gave him the address of our journals, and the various names of our works. The last time I saw him he said that he was astonished that the professors of the various popular medical colleges did not take up our plan of treatment, which has also been my astonishment for a number of years. The number of profitable lives that might have been saved is almost incalculable.

I have got on my "Record" quite a number of very interesting cases in this disease, which might be useful to the profession, but time and space forbids their appearance at present.

One word more before I close. A great many physicians act as though they thought that disease exists only in the contents of the bowels, instead of the whole system. Their duty is to remove all removable obstructions that are in the way of health, at a time when that removal will do the least injury and the most good to the system, remembering that Nature is the healer, and that he must always keep on her side, doing nothing that is contrary to her rules, and everything which will favor and promote them.

Dubuque, Iowa, Jan. 1858.

MERCURIALS.—No. 3.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

CORROSIVE SUBLIMATE.

Respecting the physiological effects of the bichloride of mercury on animals generally, Pereira adopts the language of Christison on that article:

"Corrosive Sublimate causes, when swallowed, corrosion of the stomach; and in whatever way it obtains entrance into the body, irritation of that organ and of the rectum, inflammation of the lungs, depressed action, and perhaps also inflammation of the heart, oppression of the functions of the brain, and inflammation of the salivary glands. I may add, that mercurial foeter and salivation have been observed in horses, dogs, and rabbits." (See p. 628.

This extract from the authoritative writings of Pereira clearly demonstrates the poisonous action of the bichloride of mercury on animals. This proves, as I think, that its action on man cannot be innocuous, but must necessarily be poisonous.

The same author remarks, respecting its action on man, that it may prove beneficial when given in small doses, in certain diseases, as, for instance, in syphilis; but in speaking of the more liberal use of that article, under the head of "Chronic Poisoning," he uses the following language:

"In somewhat larger doses, or by the long-continued use of the before-mentioned small doses, gastro-enteritis, and all the usual constitutional effects of mercury, are brought on. Thus heat and griping pain in the alimentary canal (particularly in the stomach and rectum), loss of appetite, nausea, vomiting, purging, and disordered digestion, are the gastro-enteric symptoms. The pulmonary organs, also, not unfrequently become affected; the patient complains of dry cough, pain in the chest, disordered respiration, and bloody expectoration. Coupling these symptoms with the

effects said to be produced on the lungs of animals, by the use of corrosive sublimate, we have an important caution not to administer it to patients affected with pulmonary disorders—a caution, indeed, which Van Swieten gives: 'for those,' says he, 'who have a husky, dry breast, are troubled with a cough, whose nervous system is excessively irritable, and are subject to a hemorrhage, bear not this remedy without detriment.'" (See p. 629.)

If the class of pulmonary patients named do not tolerate the use of mercury, may we not extend the remark to every other form of pulmonic affection? It seems to me these remarks are universal in their application, and that experience fully supports this view.

On the subject of "Acute Poisoning," the same author uses this language:

"In very large doses, corrosive sublimate acts as a caustic poison, in virtue of its affinity for albumen, fibrin, and other constituents of the tissues. I shall follow Dr. Christison, and admit two varieties of poisoning by it; in one of which 'the sole or leading symptoms are those of violent irritation of the alimentary canal. In another variety the symptoms are at first the same as in the former, but subsequently become conjoined with salivation and inflammation of the mouth, or some of the other disorders incident to mercurial erethism, as it is called.'" (See p. 629.)

In speaking of the first variety, or *gastro-enteritis*, he says: "In this variety the symptoms are analogous to those of other corrosive poisons; namely, violent burning pain in the mouth, throat, œsophagus, and stomach; difficulty of deglutition, sense of suffocation, nausea, violent vomiting (increased by every thing taken into the stomach) of mucous, bilious, or sanguineous matters. The pain soon extends from the stomach over the whole abdomen, which becomes acutely sensible to the slightest impression; violent purging, often of blood; inexpressible anxiety; flushed countenance; restlessness; pulse quick, small and contracted; cold sweats; burning thirst; short and laborious respira-

tion; urine frequently suppressed; and lastly, various indications of a disordered condition of the nervous system, such as a tendency to stupor, or even actual coma; convulsive movements of the muscles of the face and extremities; sometimes diminished sensibility of one of the limbs, or of the whole body, or even paraplegia. Occasionally death appears to result from the powerful effects produced on the nervous system, or from exhaustion, or from mortification of the bowels."

The *second variety*, or *gastro-enteritis* accompanied by mercurial erethism, he describes as follows: "I here use the term erethism in the sense in which it is employed by Dr. Christison, namely, to indicate all the secondary effects of mercury. In this variety the symptoms first observed are those mentioned for the last variety, but they are followed, sooner or later, by those of inflammation of the salivary glands, and of the mouth and its neighboring parts; profuse salivation, ulceration of the mouth, great fetor of the breath, and other symptoms of this kind, already described."

The foregoing quotations from the writings of Pereira are full of meaning. They cannot fail to prompt the inquisitive mind to many inquiries respecting the fitness or unfitness of the bichloride of mercury as a remedial agent.

If corrosive sublimate causes corrosion of the stomach and rectum, inflammation of the lungs, heart, salivary organs, nausea, vomiting, purging; if, by virtue of its affinity for albumen, fibrin, and other constituents of the body, it corrodes and destroys the tissues; if it causes violent burning of the mouth, throat, stomach, &c.; if it causes vomiting of mucus, bile and blood, purging of blood, suppression of urine, stupor, coma, palsy, exhaustion of the nervous system, mortification of the bowels, etc., etc., is not the following inquiry pertinent to the consideration of this subject? *Can it be a suitable agent to co-operate with the enfeebled vital powers to throw off disease?* If the medical man answers this question according to the dictates of reason

and his convictions of truth, it appears to me but a single response can be given. If we can rely on the testimony of Dr. Pereira, it is a deadly and destructive foe to the human system, whether in health or disease. It is incompatible with the laws of life. It corrodes the stomach and bowels, inflames the lungs and heart; it causes salivation, and, as a concomitant, extreme irritability and exhaustion, bloody stools, suppression of urine, and many other unwelcome results.

The reader cannot fail to be impressed with its unfitness as a remedial agent, from the detail of symptoms, as given, which follow its administration. Its action cannot fail to vitiate the blood, and pervert every secretion. It causes the blood to assume the ordinary characteristics which it does in cases of active inflammation. It corrodes, and destroys, or consumes the living animal fiber, robbing it of a part of its constituent elements, by virtue of its strong chemical affinity for them. It robs them of albumen, fibrin, and some other materials, entering into their composition, and thereby causing their dissolution or destruction; it having a stronger affinity for them than they have for each other.

Calomel, as before stated, after acquiring a second equivalent of chlorine, which abounds in the system, becomes corrosive sublimate, and therefore far more deleterious than when taken.

These changes in the character of medicines after their exhibition, are the causes, doubtless, why the physician cannot more satisfactorily determine in advance what are to be the effects of his remedies. The hidden chemical changes going on in the human system, whether in health or disease, are concealed from his sight. This view of the subject, in my humble opinion, presents an unanswerable argument against the employment of certain mercurial agents, known to undergo chemical changes in the system. Especially is this the case with those agents which produce effects not desired, and those least expected when employed. The mineral which,

when swallowed, is supposed to be comparatively mild and safe, may undergo such changes as to render it a virulent poison.

The re-conversion of mercurial combinations into their metallic form, is another proposition in which I am supported by the published authority of Dr. Pereira. It matters not in what state of chemical combination the preparations of mercury are administered, they are subject to a re-conversion into their metallic form; the element with which it is combined uniting with some of the constituents of the body, the pure metallic metal being set free. This accounts for the presence of mercury in its reguline state in the bones, brain, lungs, minute vessels, tubercles, glands, &c., as well as in most of the fluids of the body, and in nearly every secretion, as they escape from the system after the continuous employment of calomel, corrosive sublimate, and other chemical preparations of that agent, not a grain of the metal having been administered. If the chemical preparations of this drug are subject to a re-conversion into the metallic form, is it not equally reasonable to suppose that it may become oxidized in the system, or that any of its preparations may yield the chemical element with which it is combined for some new one with which it may come in contact after being taken, and thereby acquire a far more poisonous character than it possessed when swallowed?

In confirmation of the truth of the quotations from Pereira, concerning the poisonous action of mercurials generally, we may add the testimony of Frichmeyer, Buchner, Christison, Taylor, Dunglison, Eberle, Harrison, and many others, all of whom employ language clearly expressive of the obnoxious character of that metal, or its chemical preparations, as a therapeutic agent, although occupying prominent positions in the ranks of the Allopathic branch of the medical profession.

HÆMATOXYLON CAMPECHIANUM IN THE TREATMENT OF RHEU- MATISM AND KINDRED AFFEC- TIONS.

BY E. T. WILLIAMS, M. D.

The Hæmatoxyton Campechianum is an irregular scrubby tree, indigenous to tropical America; more particularly, however, to Campeachy and Central America. It is also met with, occasionally, in the West India Islands. The tree grows from twenty-five to forty or fifty feet, seldom, if ever, growing higher than fifty feet. The limbs are irregularly disposed, and covered with a whitish, or ash-colored bark. The wood is of a yellowish color externally, and of a dull red color internally. This latter is the part used for medicinal purpose. The red color depends upon the presence of a coloring principle, called Hæmatin, or Hæmatoxylin, distributed through the crevices, or interstices of the wood. The activity of the agent also depends upon the presence of this principle. As the Hæmatoxyton Campechianum is treated of at length in all works upon the subject of *Materia Medica*, the foregoing brief description will be quite sufficient.

Actuated by a desire to benefit the profession, and at the urgent and repeated solicitations and importunities of several of my friends, I have consented to present a few facts, which I hope will be carefully and impartially considered.

Authors, in speaking of the Hæmatoxyton Campechianum, attribute to it only tonic and astringent properties, not very efficient at best. But the observations of my Father, Dr. W. Williams, in conjunction with my own observations, are sufficient to satisfy me that it possesses other, and immensely valuable properties. Were it not for this conviction, I should most certainly not have presented it to a scientific, discerning, and scrutinizing profession for their consideration, or for approval.

Then, in addition to the tonic and astringent properties of authors, I would

suggest the following, viz: Nervous, sedative, and in large or over doses, it is narcotic; and in order to establish this fact, it is only necessary to enumerate the results following its exhibition. The action of the Hæmatoxyton Campechianum, as a nervous sedative, is characterized by a sense of perfect rest. That is to say, the patient experiences a feeling of perfect composura. Pleasurable sensations pervade the entire system. The action of the muscular system is modified, and the nervous irritability consequent upon rheumatic, or any similar affection, is removed, or very much palliated. If administered in over-doses, the patient complains of a sense of fullness, and tension in the frontal portion of the head. We have, also, more or less vertigo, inverse vision, or *muscea calitantes*, tinnitus aurium, a numbness of that portion of the occipito-frontalis muscle, situated immediately above the frontal bone. The patient also expresses a strong inclination to sleep. If he should fall asleep, he is with difficulty aroused. In some few instances, the patient experiences the various phenomena incident to intoxication; this is seldom the case, however. In connection with the preceeding symptoms, we sometimes have nausea and vomiting; thus giving evidence of acro-narcotic properties. As this condition is not of frequent occurrence, I am inclined to think that it does not depend upon the acro-narcotic properties of the agent, but rather upon some peculiar condition of the stomach at the time of the administration of the remedy. This agent may be administered with equal success, in both the chronic and acute varieties of rheumatism; though, for the most part, I have seen it employed in the acute form of this disease. I have never known it to fail in a single instance. That it is a specific in either variety, however, I do not pretend to assert. But that it is more efficient than any agent I have seen exhibited, I do not for a moment hesitate to declare. That it is a prophylactic to rheumatism of a periodic character, I am also well persuaded, from the fact that the exhibition of this agent prior to the ex-

pected paroxysm successfully repelled its approach. I here refer more particularly to rheumatism occurring at certain seasons of the year, as, for instance, during the wet months of autumn or spring. In all these cases, it will most effectually anticipate the approaching paroxysm. Metastasis is also prevented by the use of this article.

The manner of preparing the *Hæmatoxylon Campechianum* for the treatment of rheumatism is as follows:

R *Hæmatoxylon Camp.* ʒij
 Brandy or spirits, *Oi*

Digest for three or four days. Strain, and the mixture is ready for use. The dose for an adult, is a large teaspoonful four or five times a day, or even more, when the pain is severe. For a child twelve years old, the dose should be about half a teaspoonful, to be increased at the discretion of the practitioner. Sometimes not so much is required. As before mentioned, the *Hæmatoxylon Campechianum* exerts a peculiar soothing and palliating influence upon the nervous system, controlling at the same time, the action of the heart and arterial system, and upon this circumstance depends the utility of this article, in the treatment of acute and chronic rheumatism, neuralgia, lumbago, sciatica, and all diseases of a similar character. When taken internally, the *Hæmatoxylon* is taken up into the circulating fluid, and through this medium it traverses the entire circulatory system. And by controlling the action of the heart and arterial system, a less quantity of blood is distributed to the part affected, and the consequence is, that as soon as the vascular excitement ceases, the irritability of the nervous system is also allayed. So we see that sedation is the result, affording a respite from pain, thereby allowing nature to exert a recuperative influence, and thus gain an ascendancy over the diseased action. In addition to the internal use of the *Hæmatoxylon Campechianum*, it is also used as a topical application over the part affected, acting directly upon the nerves distributed to the affected part. Relief may frequent-

ly be obtained in this manner in an almost incredible short space of time. In this case, apply it immediately over the part affected in the direction of the nervous trunks. Some persons object to the use of this agent externally, from the fact that the coloring principle of the article adheres to the surface. This, however, may be removed by applying a solution of oxalic acid. In corroboration of the preceding statements, I will present a report of one or two cases of rheumatism, which were treated with the *Hæmatoxylon Campechianum* exclusively. Mr. R. W. S., a river clerk, about thirty years of age, has been troubled with rheumatism for about eight years. The affection was of a metastatic character, and so extremely painful that he could not obtain the slightest repose. It was much more severe in the fall and winter than at any other season of the year. The treatment in this case was as follows:

I prepared a saturated tincture of the article, and administered it in doses of a teaspoonful five or six times per day. In two weeks from the time he commenced using this article he began recovering, and is now nearly well. He only used one ounce of the *Hæmatoxylon*, in half a pint of whisky. It operated almost like magic.

From this patient I have just received the following letter:

Cincinnati, January 14th, 1858.

MR. S. T. WILLIAMS,—DEAR SIR: After suffering from rheumatism for upwards of four weeks—during the greater part of the time I was unable to walk across the room—I had come to the conclusion that I should be sick again all winter, as usual, as the remedies recommended failed to give any relief, until you were so kind as to advise me to try Logwood. I procured one ounce, put it into a half pint of spirits, and commenced using it as you directed. I felt the good effects of the remedy immediately, and am now so nearly recovered that I consider myself well. I have been using the logwood only two weeks. I am satisfied that it is a superior article

in the treatment of rheumatic affections. I have had rheumatism occasionally, for about eight years, and all the remedies previously used, never seemed to afford any relief. It stayed with me until it wore itself out. Yours Truly,

R. W. S.—.

I have been troubled to some extent with rheumatism, and by use of this article it has been effectually removed, and has not since returned. To sum up the matter, then, in a few words, I am of the opinion that the *Hæmatoxylon Campechianum* is one of the most certain, safe, and efficient remedies, in the treatment of rheumatism now known.

January 14th, 1857.

CLASSIFICATION OF REMEDIES.

BY DR. A. SIEFFERT.

In the January number of the *Eclectic Medical Journal*, I find a review of Prof. Koet's new edition on *Materia Medica and Therapeutics*. From the defectiveness of the classification there annexed, I was induced to write this article on the *Classification of Therapeutical Agents*. A truly scientific classification of remedies should be founded on the nature of diseases. Indeed the science of therapeutics is but a corollary of pathogeny; or, to speak more explicitly, all remedies are, for the most part, nosogenic agents, with this essential difference, that their nosogenic action is opposed to the nature of disease. *Contra-rius contrariis curantur*. According to this circumstance only are they converted into curative agents. Disease being, in some measure, but a derangement of the physical, chemical and dynamical laws of the living organism, or, in other words, as the causes of disease derange the organism, some in its physical and mechanical, some in its chemical, and some others in its vital or dynamic nervous conditions, so in the same manner do all medications exercise on the physical, mechanical, chemical and

vital conditions of the organism, an action contrary to that produced by disease.

Now, is it necessary to prove here, that all known remedies (the moral means excepted) do not really modify the organism but in consequence of their mechanical, physical and chemical properties? Does bleeding not change the physical, chemical and mechanical qualities of the blood? Do refrigerants, such as cold effusions, or icy drinks, not act physically by withdrawing the caloric from the living body? Do antiscorbutic and antiseptic remedies not produce a chemical change in the composition of the blood? Is it not so, too, with the ferruginous preparations in cases of chlorosis? By abstaining from nitrogenous food, do we not prevent gravel? And do not the numerous counterpoisons act chemically? Does opium or strychnine not disorder the dynamical functions of the nervous system? Besides, in some disordered conditions, would not the real indication sometimes be to draw from the system a certain dose of electricity?

But some will inquire, how do you deal with the specific remedies? As I admit specific causes of disease, I consequently can not deny the existence of therapeutical agents of that character. There are two kinds of specific remedies, the specifics of diseases and the specifics of organs, such as belladonna or strychnia, that act specifically, the first on the nervous system of the eye, and the second on the spinal marrow. But these remedies, although exercising a specific influence, operate, nevertheless, in consequence of certain physical, chemical, or dynamical properties, that have not yet been analyzed.

After these preliminary explanations, it will not be inappropriate here to subjoin a synopsis of medications. As before said, all remedies are either mechanical, physical, or chemical.

These medications, or methods of treatment, may be more fully detailed in a special treatise. The following explanation, I hope, will be sufficient, for this moment, to give a general idea of a truly comprehensive and scientific classification of remedial agents.

- I. **MECHANICAL REMEDIES** (viz., surgical) may be all reduced to four chiefs:
1. Synthesis—Reunion, Coaptation, Compression.
 2. Dieresis—Division, Incision, Perpration, Torsion.
 3. Exeresis—Excision, Extraction, Evacuation, Dilatation.
 4. Prothesis—Restoration, Reposition, Autoplasty, Orthopedy.
- II. **PHYSICAL REMEDIES** (viz., hygienic) are to be arranged in the following manner:
1. Dietetic—Regimen, Nutritious Food.
 2. Gymnastic—Exercise, Walking, Working.
 3. Hydratic—Water-cure, Bathing.
 4. Oxygenation—Aeration, Insufflation, Ventilation.
 5. Caloricity—Artificial Heat, Warm Temperature.
 6. Psychiatry—Moral Treatment.
 1. Electropathy—Electricity, Electrolysis, Galvanism, Magnetism.
 2. Hydropathy—Refrigeration, Cold Effusions, Cold Washings, Shower Baths.
 3. Pneumopathy—Inhalations of medicated vapors.
 4. Sudopathy—Wet Sheet, Steaming, Hot Vapor Bath, Spirit Vapor Bath.
- III. **CHEMICAL REMEDIES** (viz., pharmaceutic) can be classified in two different ways—either physico-chemically, or pharmacodynamically.

1. *Physico-Chemical Classification.*

Under this head remedies are distributed into—Acids, Alkalies, Alkaloids, Fats, Gums, Minerals, Resins, Resinoids, Salts, etc.: or denominated as—Acrid, Aromatic, Balsamic, Bitter, Diffusible, Mucilaginous, Oleaginous, Saccharine, Saline, Volatile, etc., etc., according to their physical and chemical properties and composition.

2. *Pharmaco-Dynamic Classification.*

METHODS.	MEDICATIONS.
Alteration.	Alteratives—Acrid, Alkaline, Mineral, Nauseant, Saline, Resinoid.
	Antidotes—Acid, Alkaline, Demulcent, Oleaginous, Stimulant, Special.
	Antiseptics—Acid, Aromatic, Empyreumatic, Stimulant, Tonic, Special.
	Antipsorics—Acrid, Alkaline, Arsenical, Mercurial, Sulphurous.
	Anthelmintics—Acrid, Drastic, Fetid, Mineral, Oleaginous, Special.
	Astringents—Acid, Bitter, Balsamic, Gummy, Mineral, Special.
	Escharotics—Acid, Alkaline, Mineral.
	Maturatives—Emollient, Balsamic, Resinous.
	Resolvents—Acrid, Alkaline, Aromatic, Mineral, Saline, Stimulant.
	Styptics—Acids, Gums, Minerals, Salts.
Antiphlogos	Emollients—Aqueous, Amylaceous, Gummy, Mucilaginous.
	Demulcents—Fatty, Saccharine, Mucilaginous, Oleaginous.
	Nauseants—Acrid, Antimonial, Resinoid.
	Refrigerants—Cold Effusions, Cold Bath, Cold Wash.
	Temperants—Acid, Saline, Laxative.
Evacuation	Cathartics—Cholagogue, Hydragogue, Drastic, Laxative, Oleaginous, Saline, Tonic.
	Diaphoretics—Aromatic, Narcotic, Nauseant, Saline, Stimulant.
	Diuretics—Acrid, Alkaline, Balsamic, Saline, Stimulant, Tonic.
	Emetics—Acrid, Mineral, Nauseant, Resinoid.
	Emenagogues—Acrid, Aromatic, Drastic, Mineral, Stimulant, Tonic.
	Expectorants—Acrid, Balsamic, Demulcent, Nauseant, Stimulant, Tonic.
	Sialagogues—Acrid, Mercurial, Mineral.
Revulsion.	Evacuatives—Cathartics, Diaphoretics, Diuretics, Emetics, Emenagogues, Sialagogues.
	Revellents. { Rubefacients—Acrid, Resinous, Spirituous.
	{ Epispastics—Acrid, Pustulant, Vesicant.
Sedation.	Extorics—Issues, Setons.
	Anæsthetics—Ethers.
	Anodynes—Ethereal, Sedative, Soporific, Tonic.
	Antispasmodics—Fetid, Mineral, Narcotic, Nauseant, Relaxant, Stimulant.
Stimulation.	Narcotics—Deliriant, Inebriant, Soporific.
	Aristolochics—Drastic, Nervine, Stimulant, Special.
	Nervines—Diffusible, Spasmodic, Tonic.
	Stimulants—Alcoholic, Aromatic, Balsamic, Ethereal, Volatile.
	Tonics—Acrid, Antiperiodic, Bitter, Ferruginous, Mineral, Resinoid.

THE USE OF ANÆSTHETIC AGENTS IN SURGERY AND MIDWIFERY

BY WESLEY T. RICE, M. D.

By the calm, dispassionate, and conclusive reasoning of the advocates of anæsthetic agents, and by the accumulation of facts which have been published, the passions and prejudices of many, who have most violently opposed the use of these inestimable and wonder-working agents, have been quieted. So that now the most formidable operations in surgery are performed while the patient is wholly unconscious of pain; and women may pass the hour of nature's sorrow without apparent suffering. Its skillful employment is not a blessing to the patient merely; it is also a great boon to the medical practitioner; for while it relieves the former from the dread and endurance of agony and pain, it both relieves the latter from the disagreeable necessity of witnessing such suffering in a fellow creature, and imparts to him the proud power of being able to control and cancel pangs and torture that would otherwise be inevitable.

I deem it unnecessary, at the present time, to adduce arguments to prove that anæsthetic agents possess the power of annulling the pain attendant upon surgical operations. Abundant evidence of this has been already accumulated in our periodical literature. We also have the experience of every practitioner, and especially every surgeon of note, and I believe they are all agreed upon this point.

To produce the full and perfect effects of chloroform, it is necessary to conduct the process in conformity with certain conditions. First, the vapor must always be exhibited rapidly and in as full strength as possible, if we desire to have its first or exhilarating stage practically done away with and excluded; and we effect this by giving the vapor so powerfully and speedily as to apathize the patient at once. If we give it in small or slow doses, we excite and rouse the patient, the same as if ni-

trous oxide gas was exhibited. Second, in order that the patient be thus brought as speedily as possible under its full influence, the vapor should be allowed to pass into the air-tubes by both the mouth and nostrils; and hence all compression of either is to be avoided. Third, the vapor of chloroform is about four times heavier than atmospheric air, and hence, if the patient be placed on his back, it will, by its mere gravitation, force itself in larger quantities into the air-tubes, than if he be erect or seated. As to the best instrument for exhibiting the chloroform with these indications, the simple handkerchief is preferable to any other means yet adopted. Besides, inhaling instruments frighten the patient, while the handkerchief does not, and mental excitement of all kinds, from whispering and talking around the patient, is to be strictly avoided. As to the dose, we should judge rather by the effect than by the quantity. The operator, gathering his handkerchief into a cup-like shape in his hand, should wet the bottom of this cup freely, and if the patient is not affected in a minute or so, a little more should be added. The handkerchief is to be applied soon, as it evaporates rapidly and will be lost. Let the patient make three or four inhalations before applying close to the face, to prevent the irritating effects on the mucous membrane, which it is apt to produce at first. Not unfrequently the patient will turn aside, or push away the handkerchief. If we then fail to reapply to the face, and keep it there, we are liable to leave him merely excited, but probably two or three inhalations will now leave him quite insensible. The simplest test of its full and perfect effect is some noise or stertor in respiration. Cease it as soon as this has fully set in, and reapply from time to time, as you wish to keep up its effects. The pulse is at first accelerated, afterward it becomes more natural, and if still continued, sinks. If the pulse sinks too much, ammonia should be applied to the nostrils. The strength and purity of the chloroform employed are essential elements of success. It should not contain

free chlorine, and the specific gravity should be 1.48.

In regard to the propriety of employing chloroform in important surgical operations, there is left in my mind no doubt. Humanity, in the fullest sense of the term, is the great object of the healing art, and the aim alike of the surgeon and the physician. If, as some few operators have indiscreetly boasted, their hearts have become so hardened by education and custom, as not to be affected by the sufferings of those submitted to their knives, it is still pleasing and refreshing to know that this change in the human feelings, and this violation of one of the first laws in human nature—namely, sympathy with the sufferings of a fellow creature—is by no means necessary to make a man a perfect surgeon. It is said of the celebrated Cheselden, (than whom no surgeon has operated more frequently or successfully,) that his manners were exceedingly kind and gentle, and, notwithstanding the extensive practice he had enjoyed, he always, before an operation, *felt sick at the thought of the pain he was about to inflict*; though, during its performance his coolness and presence of mind never forsook him. Perhaps such feelings, in a less marked degree, are far more commonly experienced by our best surgeons, previously to undertaking operations of importance, than is generally supposed; and no doubt it is the desire to diminish the actual amount of pain endured by patients, by curtailing the actual duration of it, that has led so many of our best surgeons, with praiseworthy earnestness, to invent new and more rapid modes for performing particular operations—a field in which no small amount of success has consequently been met with. It is this same desire that has led to the employment of chloroform, and in its use this desire is happily accomplished, and the patient is not only free from pain, but is perfectly passive, which is an important consideration in some of the more delicate operations, where a sudden start might bring the knife in contact with an artery or nerve which it was of the

utmost importance to avoid. Another argument in favor of the use of chloroform in surgical operations, is the established fact, that they can be performed with more safety to the patient—the mortality being thereby diminished. By referring to the reports of the European hospitals, we discover that since the introduction of chloroform, the mortality has diminished one hundred per cent. There are few of the operations deemed justifiable in surgery, that are more fearfully fatal in their results, than the amputation of the thigh. The stern evidence of hospital statistics shows, that since the introduction of this agent, the mortality (which was formerly about 60 per cent.) has been reduced to less than 25 per cent. However, we do not claim that this is all due to chloroform, as improvements are constantly being made in the manner of operating; but the fact that one operator has shown that in his hands the number of persons saved from death, in amputation of the thigh, by the patients being rendered anæsthetic during the operation, amounted to 19 lives in every 100 operations performed, or 19 per cent. more than he himself saved when he did not use the agent, is a strong argument.

I therefore assert with confidence, that, so far as present experience has reached, the constitutional symptoms are milder, and the cases proceed more satisfactorily, than after operations where no means have been taken to prevent pain. The endurance of pain is in itself depressing and destructive, and the anæsthetic state saves the patient from this suffering and its effects; as well as saves him in some degree from the shock of the operation and its consequences. The mere lopping off of a member, by an immediate abridgement of the quantity of living body, the instant loss of so large a portion, which has been acting along with the system, is productive of serious injury to it, from the sympathy which universally prevails. But if the nervous system become torpid, so as to prevent this sympathy, or to be incapable of maintaining it, the loss of a member

cannot have the same bad effect; therefore, the shock produced on the nervous system by the pain is *entirely*, and that by the loss of the member in a *good measure*, counteracted. Bodily exhaustion, from continued pain, spasm, and other causes, not unfrequently proves suddenly fatal. Great sensibility, or excessive pain, attendant on an injury (or operation), has two effects. First, it exhausts both the system and the part; and secondly, it acts as an exciting cause of inflammation, a disease apt enough to take place from the injury itself. We have facts to prove that various violent overpowering sensations, great pain, &c., when acting with the utmost intensity, affect the circulation just as does a concussion, and sometimes with a fatal effect, especially when they take place in a state of unusual exhaustion.

But it is, I believe, needless to accumulate proofs on a point on which the observations and feelings of the profession, and of mankind, are sufficiently agreed—namely, that bodily pain, particularly such pain as, with all its concomitant fears and sickening horrors, accompanies the larger operations in surgery, is, with very few if any exceptions, morally and physically, a mighty and unqualified evil. And surely any means by which its abolition could possibly be accomplished, with perfect security and safety, deserves to be joyfully and gratefully welcomed by medical science, as one of the most inestimable boons which man could confer upon his suffering fellow man.

The physiological effects of chloroform are, first, a feeling of warmth and excitation, radiating from the chest to the extremities, followed by whirring noises in the ear, a sensation of vibratory thrilling and benumbing throughout the body, with betimes rapid loss of sensation and motion, and at last of consciousness. The muscles of voluntary motion are generally relaxed, and very rarely cataleptic. Its uses in surgery are, first, to relax the muscles, in reducing dislocations, &c.; second, to avoid the suffering attendant on deep probing, and other painful but necessary modes of

diagnostic examination and dressing; and third and principally, to annul the pain of operations with the caustic, ligature, and knife. It has been given for this purpose to patients of all ages from two months to extreme old age—the effects guiding the exhibition, as no positive rule can be laid down as to the amount a patient can bear with impunity.

There is another way in which it is a very valuable agent in the hands of one who fully understands its uses and effects. I allude to its use in midwifery, to diminish and annul the physical pains attendant on labor, and more especially those which accompany the passage of the child's head through the pelvic cavity and outlet, the second stage of labor. Custom and prejudice, and perhaps the idea of its inevitable necessity, make both the profession and our patients look upon the amount of pain endured in cases of natural labor, as far less worthy of consideration than it really is. Viewed apart, and in an isolated light, the degree of actual pain usually endured, during common labor, is as great, if not greater, than that attendant upon most surgical operations. I allude to the excessive pain and anguish which, in nine cases out of ten, accompanies the passage of the child's head through the outlet of the pelvis and external parts. The pains often convulse the whole frame, the bearing down becomes more continued, and there is not unfrequently vomiting. The patient quivers and trembles all over, her face is flushed, and with the rest of the body is bathed in perspiration. Her looks are staring and wild; her features alter so much that they can scarcely be recognized; her impatience rises to its maximum, with loud crying and wailing, and frequent expressions which, even with sensible, high-minded people, border closely on insanity; every thing denotes the violent manner in which both body and mind are affected. In many of these cases, it is not only the duty, but should be the privilege of the accoucheur to do all in his power to alleviate the sufferings of his patient.

Some will argue that the employment of

anæsthesia, and the abrogation of pain in labor, must be uncalled for, because it is not natural. Many habits and practices, in fact, almost all the habits and practices of civilized life, (and especially is this true of the physician,) are really and fundamentally as unnatural as assisting the function of parturition by inducing anæsthesia. Reforms in any of the different branches of medicine, ever have, and probably always will, meet with more or less opposition. And those who have taken up this ground of opposition, in the present as in other cases, always seem, for the time being, to forget that it is God who has endowed man with mental powers, calculated gradually to enable him to extend his knowledge and improve his earthly condition, and that this extension and this improvement are so far evidently allowed and willed by God himself.

With regard to the employment of chloroform during parturition, there is some discordance of views among the members of the medical profession, but the majority of those who have tested it are favorable to its use. That it may be of service in puerperal convulsions, or when turning has to be employed, or in some difficult operations, cannot be denied; yet there is some danger attending its use in these cases, for if the female be in a state of anæsthetic unconsciousness, unable to give vent to her expressions, the operator *may* do much mischief, as lacerating the vagina or cervix, or even rupture the uterus itself. However, these accidents have seldom occurred, and perhaps never in the hands of a careful and skillful accoucheur. Chloroform is also useful in alleviating the suffering attendant upon natural labor, and the practice carries along with it other advantages. A great number of patients have affirmed that the prospect of being enabled to pass through the ordeal of parturition with the assistance of anæsthetic agents, and without their usual painful agonies, has destroyed in a great measure the state of anxiety and dread of anticipation, which, in former pregnancies, had, for weeks and months previously, silently

annoyed and haunted them. If we can thus add to the happiness of our patients, by imparting to them feelings of safety and immunity, under one of the severest trials to which nature exposes them, we surely follow out, in the truest sense, that which Dr. Meigs correctly describes the office of the physician to be, namely, a great mission of benevolence and utility.

But the practice of anæsthesia in midwifery not only saves the mother from the endurance of unnecessary mental anxiety and physical agony; it saves her also from some of the dangers attendant upon parturition, by husbanding her strength, and warding off the effects of that exhaustion and nervous depression, which the pains and shock of delivery tend to produce. In most cases, the mother, after delivery, on awaking from her anæsthetic sleep, express surprise at her own feelings of strength, and many who have borne children before, have gratefully declared the great difference which they have found in their condition after being delivered under anæsthetics, and without pain and suffering, and their state of prostration after former labor, when they were subjected to all the usual pangs and tortures of parturition. Nor does the benefit end here. By annulling the parturient pains and shock, and their direct and primary depressing effects upon the constitution, we ward off, I believe, to a more or less marked extent, the chances and dangers of the secondary vascular excitements which are apt to follow indirectly upon them. We increase the chances of a more speedy and a more healthy convalescence; and both patient and practitioner have, as a general rule, had occasion to observe, that the period of convalescence has been evidently curtailed and shortened by the previous adoption of anæsthesia during delivery.

I consider the most important question, with regard to this agent in midwifery, to be, not to determine when it *should*, but when it *should not* be used. We must be cautious in exhibiting it to females laboring under diseases of the lungs or heart, those of a plethoric habit or disposed to

congestion of some of the more important organs, as well as to those who are in a state of great exhaustion; and certainly, no one would exhibit it in those cases of natural labor which are of short duration, and comparatively little suffering. Anæsthesia may be produced with advantage in cases where it is desired to reduce a displaced uterus, where the cervix is to be cauterized, where dysmenorrhea is to be treated by mechanical means, as well as in other operations upon the cervix and vagina. In all the operations in midwifery, the anæsthetic state should be as complete and profound as when it is induced for operative purposes in surgery. But, in common cases of parturition, the anæsthetic agent employed, whether it be chloroform or ether, does not in general require to be given in such doses as in surgical practice. If too much is given, it sometimes checks the action of the uterus. In this case we must suspend it for a few moments, till the action is again established, and then give it with more caution, or in smaller doses. In natural labor it is seldom necessary to push the inhalation so far as to affect the respiration, as in surgery, and as soon as the patient is asleep, we withdraw the agent, and re-apply again when the movements of the patient, or the state of the uterus, as felt through the abdominal walls, indicate a returning uterine contraction. A few inhalations given thus, and repeated with each returning contraction, keeps the patient in a state of unconsciousness, and this condition may easily be maintained for hours, by administering the vapor during the pain, and withdrawing it entirely during the interval. The indications are, to keep the patient in a state unconscious of pain, and not so deeply anæsthetized as to interrupt the uterine action; for too deep a state of anæsthesia generally interferes with the force and frequency of the uterine contractions, while a less degree of the anæsthetic state leaves these contractions unaffected, and a still smaller dose often excites and increases them. Chloroform should not, as a general rule, be administered until the os uteri

is dilated to some extent, and the latter part of the process may often be accelerated by the superinduction of anæsthesia; for the degree of relaxation of the muscular structure of the perineum and vaginal orifice, commonly resulting from it, usually more than compensates for any diminution of uterine action that may occur. The depth of anæsthesia which different patients will bear, without interfering with the actions of the uterus, appears to differ greatly in different persons; in some, a very deep state will still leave the uterus almost or altogether unaffected; in others its action is interrupted by a comparatively slight state of anæsthesia. It is this various ability which at first forms the principal difficulty to those commencing the use of chloroform in obstetric practice. But experience and care will soon enable any attentive observer to overcome this apparent obstacle, and to adapt the dose of the agent to the powers and capabilities of each different patient.

In case it should be thought necessary to use parturients, ergot may be given to produce its specific effects, and then give the anæsthetic, the two agents not being incompatible.

During the anæsthetic sleep which chloroform induces in natural labor, the patient usually lies perfectly quiet and passive, in the intervals between the pains, but moves more or less and sometimes moans as each uterine contraction begins to return. In the last stage she generally, with every recurring pain, makes the usual violent bearing down muscular efforts, and the struggle can often be marked in the expressions of the face. The muscular action of the uterus and assistant muscles goes on, and yet she remains quite unconscious. The strictest quietude should always be observed and enforced around the patient, for noises and speaking, particularly soon after the chloroform is commenced, will sometimes excite and make her talk, and if this happen, we may require a larger dose than might otherwise be necessary. As heretofore stated, it is best to delay the exhibition of the chloro-

form till toward the close of the first or commencement of the second stage of labor; but when the pains are severe, it may be commenced earlier, and when the os uteri is still comparatively little dilated.

Sulphuric ether is an agent that has been used largely as an anæsthetic agent, but I am not aware that it, in any case, possesses advantages over chloroform, while, on the other hand, for producing insensibility to pain, in surgical and obstetric practice, chloroform possesses various important advantages over ether: first, its exciting or exhilarating stage is far shorter, insensibility commonly supervening in one or two minutes, hence the time of the surgeon is saved; secondly, the inhalation and influence of it are far more agreeable and pleasant; third, its odor is evanescent; fourth, no special instrument is required for its exhibition; fifth, a much less quantity is required; sixth, its action is much more rapid, and perfect, and generally more persistent. Some surgeons use the chloroform and ether combined, equal parts of each, and affirm that in this way it is in many ways superior to either the chloroform or ether, used separately.

Part 2—Progress of Medical Science

CASES OF PROLAPSUS LINGUÆ.

BY PROF. SYME.

CASE 1.—A girl, twelve years of age, who was recommended to my care by Dr. David Arbott, of Arbroath. The prolapsus had existed from the time of birth, and attained so large a size that its remedy seemed impractical without removal of the redundant portion. I therefore performed the operation by means of a Λ -shaped incision, tied the bleeding vessels, and united the cut edges by sutures. The wound healed without any bad consequences; but, to my great surprise, in the course of a short

time, the tongue had resumed, to the full extent, its bulk and form, so as apparently to be in no respect different from what it had been previously to the operation. The tumor was then moistened with a strong solution of the sulphate of copper, and subjected to the pressure of a bandage, under which it gradually diminished in size, so as to be reducible within the mouth. But when the prospect of a satisfactory result was thus so favorable, the patient, from being unfortunately exposed to cold, suffered an attack of laryngitis, which speedily proved fatal.

The experience thus acquired naturally led me, in accordance with the opinion of Lassus, to regard excision as improper, and compression as the preferable remedy; but no opportunity of acting upon this principle presented itself until last year.

CASE 2.—R. M., æt. 15, recommended to my care by Dr. Malcom, of Perth, was admitted into the hospital on the 4th of March. The tongue was said to have been unnaturally large at the time of birth, and to have afterward increased, especially at the period of teething, and more recently after an attack of scarlatina. It was of a globular form and brownish color, with irregular elevations on the surface, and a painful ulcer at one part from the irritation of the teeth.

A strong solution of sulphate of copper, one scruple to one ounce, having been applied on lint, the tongue was compressed by a bandage: and the following measurements, which were carefully taken by my late house-surgeon, Dr. Marshall, will show the progress of diminution.

MEASUREMENTS.

	Circumference.	Length.
March 7th,	8 inches,	2½ inches.
" 8th,	7 "	2½ "
" 9th,	6½ "	2½ "
" 10th,	5½ "	2½ "
" 11th,	5½ "	2½ "
" 12th,	5 "	2 "
" 13th,	4½ "	1½ "
" 14th,	4½ "	1½ "
" 15th,	4½ "	1½ "
" 16th,	4½ "	1½ "
" 17th,	4 "	1½ "

March 22d.—Bandage and lotion continued. Tongue now projects one inch only from the incisors, but the circumference remains the same.

April 1st.—Projection reduced to half an inch, circumference the same. Is able, with an effort, to close his lips over the tongue.

On the 14th of April, as no further change had taken place, and as the tongue could not be retained within the mouth, except by a voluntary effort of the lips, from the lower jaw being so much altered in form as to prevent the teeth meeting sufficiently to do so, I removed the small redundant portion by means of curved scissors applied transversely. Two vessels having been tied, the edges of the wound were stitched together. No bad consequence followed, and the patient was dismissed cured on the 18th of May.

In reply to a letter requesting Dr. Malcom to acquaint me with the patient's subsequent progress, I received the following account.

"Perth, 14th Jan. 1857.

"MY DEAR SIR—Shortly after the receipt of your letter, I visited the boy M—, at Forteviot, upon whom you operated for enlarged tongue. He has grown to be a fine tall young man, and is working with his father in a quarry, where he was employed when I called for him. He speaks and reads very distinctly, only with a lisp, but not more than hundreds of people in the world. I examined his mouth, and especially the lower jaw; the teeth meet to the first grinders, and then are separated. I told him that it was at your request I examined him; and he said that he finds that his front teeth are gradually approximating, and that the upper and lower jaws are daily much nearer each other. When I first saw him, and before your operation, he had a constant flow of saliva from the mouth; there is nothing of the kind now; he eats and drinks with perfect ease. Some relations of his, from a distance, came to visit his parents at the holidays, and, upon seeing him, did not know him. As the lower jaw is so much disposed to approxi-

mate the upper jaw, I recommended him to persevere and wear an apparatus on the chin, from the top of the head, which, by constant pressure, would assist this effort of Nature in completely restoring the symmetry of the face, now that the cause of deformity is removed. It is only by the front face that you can see that there is any peculiarity in his appearance; his profile is perfect.

"Yours very sincerely,

"WM. MALCOM.

"Prof. Syme."

From what has been said, I think it will appear that Lassus was right in regarding compression, as the most expedient means of correcting prolapsus linguæ; and that even when, from the long duration of the disease, with consequent difficulty of replacement from alteration in the form of the jaw, it may be found requisite to curtail the organ, this should not be done until the tongue has, so far as possible, been reduced to its natural size. The incision will thus be limited to the smallest extent, and the texture concerned will be in the most favorable condition for healing.—*Edinburgh Med. Journal*, June, 1857.

ON THE USE OF THE SPECULUM IN THE DIAGNOSIS OF UTERINE DISEASES.

BY DR. ROBERT LEE.

The author referred to the tabular statement of 220 cases of real and imaginary disease of the uterus, published in the thirty-eighth volume of the "*Medico Chirurgical Transactions*" (v. "Abstract," XI. 243), and presented in a similar tabular form the details of 80 additional cases, which had since come under his observation. Of the 300 patients, 47 were unmarried; 1 had barely completed her eighteenth year, several were under twenty, and the majority under thirty years of age, and were suffering from hysteria, leucorrhœa, dysmenorrhœa, or some nervous affection of the ute-

rus, without inflammation, ulceration, or any structural disease or displacement of the organ. In case 255 the patient had been told that the womb was prolapsed and much ulcerated, and an instrument had been introduced for six weeks, with an aggravation of all the symptoms. The hymen was found so perfect on examination that it was impossible to reach the os uteri without using an unjustifiable degree of violence. On the ground of morality, and on every other ground, he could see no defence for the employment of the speculum in these 47 cases. Of the 300 patients 70 were barren, and the sterility was not removed nor the other symptoms relieved in a single instance. Several of these individuals spoke with horror and shame of the treatment to which they had submitted. A considerable number of the cases were suffering from cancerous disease, in all of which the symptoms seemed to have been aggravated by the treatment. In case 236 the character of the disease was unmistakable, but after an examination with the speculum, a favorable prognosis had been given, and the actual cautery applied for months, and hopes of recovery held out to the last.

The author expressed his conviction, that neither in the living nor in the dead body had he ever seen a case of simple ulceration from chronic inflammation of the os or cervix uteri, and to apply the term to states of the os uteri in which the mucous membrane, or, as it is termed by some, the basement membrane, is not destroyed by ulceration, was an abuse of language calculated only to deceive and mislead the members of the medical profession, from whom the truth had been carefully concealed. The speculum emanates from the syphilitic wards of the hospitals at Paris, and it would have been better for the women of England, had its use been confined to those institutions.—*Proceedings of Royal Medical and Chirurgical Society*, i, No. 1, 1857.

ON THE TREATMENT OF UNUNITED FRACTURE.

BY PROF. SYME.

When there is merely a slight degree of mobility at the seat of injury, so that, although quite sufficient to prevent any useful exercise of the limb, it may require some care for its detection, there will be a favorable prospect of success, even after the expiry of several months, through the employment of means for the complete prevention of motion; and I have put upon record cases in which even the thigh-bone was rendered perfectly rigid by this simple expedient, in circumstances of apparently a very hopeless character, from the long duration of flexibility. But when the extremities of the bone remain quite separate, or even overlap each other, and are surrounded by a sort of fibrous capsule with cellular interstices, so that they admit of hardly less free motion than if there really were a joint between them, it is evident that merely preventing motion could not possibly prove sufficient for the production of an osseous union. It has been supposed, that the difficulty thus presented might be overcome by rubbing the ends of the bones together; by stirring up the texture connecting them through the agency of needles or tenotomy knives; by passing setons through the flexible medium of union; and by inserting pegs of ivory into the respective osseous surfaces. But, so far as I am able to form an opinion on the subject, all of these means are absolutely useless, and owe any share of credit that they may have acquired to the prevention of mobility which is conjoined with their employment. In short, I believe that the procedure in question cannot accomplish recovery in any case not remediable by the enforcement of rest, and that they consequently, must always be useless, if not injurious. There is still another mode of treatment, which consists in cutting off the ends of the bone, so as to obtain two fresh osseous surfaces, and place the limb in a condition similar to that of

a compound fracture recently inflicted; and this, I feel persuaded, affords the only reasonable ground for expecting success in cases not amenable to the influence of immobility. It is true that the experience of this method has not hitherto been at all satisfactory, through want of due attention to some circumstances in the mode of procedure, which must, in a great measure, determine the result. Of these may be especially mentioned an imperfect removal of the ends of the bone, and a want of complete immobility after the operation. The following case will, I hope, tend to illustrate the importance of attending to these points.

CASE.—"J. H—, æt. 34, a private of the —Foot, while discharging some duty in the Redan, on the 8th of December, 1855, after the occupation of Sebastopol, was blown up by a Russian mine, which had escaped detection, and, in addition to some slighter injuries, sustained a fracture of the left arm between two and three inches above the elbow. He walked up to his regimental hospital, where splints were applied, and retained for a month, when, there being no signs of union, the ends of the bone were rubbed together, and supported by a starched bandage. He left the Crimea on the 3d of February, and was sent to the hospital at Renkioi, where a seaton was passed through the seat of fracture, and retained for five weeks without any benefit. On the 20th of May he proceeded homeward, and, after a long voyage of nearly two months, arrived at Portsmouth, whence he was transferred to Chat-ham on the 17th of July. No attempt to restore rigidity was made there, and at the end of two months he was dismissed the service, with a pension of one shilling per day, in consideration of his disability, which was regarded as equal to the loss of a limb.

"In the hope that relief might still be afforded, he applied to me on the 22d of January last, nearly fourteen months from the date of the injury; and finding that the arm was entirely useless through extreme mobility of the ends of the bone, which

overlapped each other to the extent of more than an inch, I resolved to adopt the only procedure that, in my opinion, afforded any reasonable prospect of remedy under such circumstances, which was to remove the ends of the bone, and afterward maintain the most perfect rest. In preventing the motion of a joint, it is a most important principle, never to be forgotten, that as most of the muscles pass over two articulations, it is impossible to keep any one perfectly quiet without placing the whole limb under restraint. Proceeding under this impression, my first step was to have the arm put in an easy position, with the elbow bent at a right angle, and then covered from beyond the shoulder to the tips of the fingers with pasteboard and starched bandages, so as to form a case, which, when it became dry, effectually prevented the slightest movement in any of the joints. This case was next cut up on one side from end to end, so as to allow the arm to be taken out of it, and undergo the requisite operation, which was performed under chloroform. An incision having been made along the outer edge of the triceps, I exposed the upper end of the bone, and sawed off a portion of it sufficient for obtaining a complete osseous surface. The lower end, lying anterior to the shaft in a sort of capsule, could not be subjected to the saw, but was removed, to the extent of more than an inch, by cutting pliers. The arm was then supported by a couple of splints, and the patient lay quietly in bed for a fortnight, when the limb was placed in its pasteboard case, in which an aperture had been made over the wound, then nearly healed, and discharging a very little matter, that soon ceased entirely. The patient, feeling that the slightest motion was impossible, even if he had wished it, was relieved from any further restraint, and no longer remained in bed. At the end of a month, or altogether six weeks from the date of the operation, which was performed on the 30th of January, the limb was examined, and found to be quite straight, with a firm osseous union; so that the patient was able to leave the hospital, not

only with his comfortable pension, but also with a perfectly useful arm."—*Edinburgh Med. Journal*, May, 1857.

INSERTING CAUSTICS BY INCISIONS IN THE TREATMENT OF CANCER.

[From the Report of the Surgeons of the Middlesex Hospital on Dr. FELL'S Mode of Treating Cancer.]

The mode of introducing caustics by incisions, frequently repeated, with a view to effect the gradual destruction of a cancerous growth, would appear to have originated with Dr. Fell, but it is curious to find how, toward the end of the last century, he was anticipated by Mr. Justamond, Surgeon to the Westminster Hospital (1680). Thus, in an "Account of the method pursued in the treatment of Cancers and Scirrhus Disorders, and other indurations," we find that the practice of this surgeon was to make scarifications in the eschar, and fill them with a caustic application; but at the same time we do not find that this practice was repeated daily for weeks, with a view to the gradual destruction of the cancerous growth. The merit, then, of applying caustics by incision, if it be a merit, must be ascribed to Dr. Fell, and this is his only merit, for the new ingredient of his caustic—*Sanguinaria Canadensis*—is evidently no more than a handle for quackery.

"It cannot fail," say the reporters, "to strike those who uninterruptedly watch cases subjected to the mode of applying caustics by incisions, that, in several particulars, their progress and results are all but identical with what is observed in the ordinary employment of caustics. The morbid growth is in both converted into an eschar. The eschar is thrown off by the action of the living parts. The healthy structures appear but little prone to resent the caustic applications, however made; and inflammation, abscess, erysipelas and purulent infection are all but unknown

consequences of their use. For like reasons in both methods there is no hemorrhage. The effect upon the local cancerous disease, which follows the introduction of the paste by gradual incisions, is in its very varieties precisely that attending the ordinary use of caustics. There has been in some of our cases the same aggravation of disease as followed the caustic treatment of Dr. Landolfi. There has been in others the same beneficial effect upon the secondary disease of glands, which is often seen to follow the removal of a primary tumor by the ordinary use of caustics.

"But there are these differences. The pain attending Dr. Fell's plan is decidedly less. The proportion of the escharotic in his paste is greater than that in other caustics composed of the chloride of zinc, e.g., in Dr. Canquoin's preparation. The chloride is mixed with a new ingredient. Lastly, the paste is introduced in a different manner.

"With respect to the comparative pain, we may at once state that of the many cases which have been under our care in the past six months, there has not been one in which any of us would have resorted to the ordinary use of caustics for the extirpation of the local disease, so dreadful is the suffering attending their use. By the invention of the method of introducing caustics by gradual incision, a very important advantage is gained; it admits to the benefit of treatment an entirely new class of those who suffer from cancer—a class hitherto almost universally abandoned, at least in England—we mean patients precluded, by the judgment of the surgeon, or it may be by their own choice, from the use alike of the knife or of ordinary caustics. In the cases now reported on, the majority of the patients were of that class, and in none was the value of the treatment more conspicuous. The average of pain was in these very patients the least; and nothing could be more striking than the contrast between the distressed condition of such patients before they were treated, and their comparative ease afterward; healing sores or temporary scars ta-

king the place of fetid, tender, discharging, and constantly growing masses of cancer. Every such patient restored to comfort, and with life prolonged, is a witness to the value of this treatment; and we cannot but esteem him happy who could thus suggest and adapt to practice a method by which life and ease are extended to many persons previously without hope of either. That there are still cases so virulent in their malignant character, or so far advanced toward a fatal termination, as to be beyond all help, does not detract from its merit. This plan of treatment is a clear advance upon the past, and may not only itself be improved, but may be the way to more extended blessings upon a class of the community now signally distressed.

"The time occupied in the complete extirpation of a tumor by the incisions, is generally longer than when caustics are used in the ordinary way. We are not, however, prepared to say that there is any further disadvantage in this than the mere fact of delay; or that the probability of increasing local cancerous action is greater by the milder and more continuous application of the chloride. The recorded results of the very slow process of treatment peculiar to Mr. Justamond, and of the practice of employing as a caustic Burnett's disinfecting fluid, would incline us to think that there is rather an advantage than a disadvantage, in a very slow destruction of cancerous tumors.

"*Sanguinaria*.—The presence of a new ingredient in this caustic paste would seem to call forth an inquiry into its nature and its mode of action in cases of cancer. We have accordingly, endeavored to ascertain the value of *sanguinaria*, employed alone, as a topical application, and our knowledge of its efficacy is expressed in the following facts:

"Applied in a decoction of the same strength as that used in making the paste, it showed no power whatever of altering the appearance of healing sores on the leg. It neither repressed the granulations, when they were exuberant, nor impeded the for-

mation of those which were healthy. On the contrary, sores granulated and cicatrized under it, as they might have done if treated with water-dressing; and granulations formed, and rose above the level of the edge of the sore, in spite of the alleged power of the root to destroy fungous growths.

"Applied in powder, daily and freely, upon a sore on the leg covered with large granulations, and rising considerably above the surrounding surface, it did not, in a week, at all lower the level of the sore, but the granulations covering it became small and healthy. The patient was a young man, just admitted into the hospital, and was kept in bed during the treatment.

"In case 50, the effect of the *sanguinaria* decoction upon cancer was contrasted with that of the chloride of zinc in the same patient, and it was found that the diseased tissues shelved off in somewhat larger flakes, with greater frequency, and with more pain, under the use of the *sanguinaria*. The two fluids appeared to have equal power in correcting the fetor of the morbid parts.

"Its effect in the case of a very large ulcerated cancer of the breast, to which it was applied in powder for the period of a fortnight, was to destroy the vascularity of the surface of the sore, and to change its appearance into that of whitish non-vascular lymph, to diminish considerably the quantity of discharge, the consequent fetor and the pain. Upon employing for ten days subsequently, a lotion of conium and opium, without the *sanguinaria* powder, the fetor returned, and some of the discharge; but there occurred no appreciable alteration in the character of the ulcerated surface.

"In a case of very large encephaloid tumor, with deeply excavated ulcers, formed on the left os innomination of a middle-aged female, the decoction of *sanguinaria* was employed with the effect, not only of diminishing the quantity of discharge, which had previously been profuse, but of removing the offensive odor and cleansing the surface.

"Further than this, we have made no inquiry into the powers of the sanguinaria as a topical remedy. For the purpose of destroying cancers it appears to be practically inert. Such effects as those described would probably be produced by many other woods employed in the form of powder. The metallic is confessedly the efficacious part of the paste; since Dr. Fell himself, finding that 'months of continued application of the sanguinaria were requisite to remove a tumor by its means,' abandoned it as a solitary remedy for that purpose, though he retained it for some specific control which he supposed it to have over cancerous matter and action. It will also be gathered from what we have said, when comparing the action of the paste with that of caustics in general, that we attribute none of the power of the former to an agent so feeble in its action as the sanguinaria.

"*Incisions.*—The last peculiarity of this treatment is the practice of incisions; and we are of opinion that this is its only, but its very great merit. The sanguinaria is inert; the chloride of zinc paste was known before; but the incisions constitute a new feature in the treatment of cancerous tumors, for which we find no parallel in the writings of the past, or in the practice of present surgeons. Cancer, in its constitutional nature, remains as ruthless and as unassailable as ever. Chloride of zinc may, or may not, continue to be used for the destruction of local disease. But the advantage placed in the hands of the surgeons by the invention of gradual incisions, claims henceforth their very frequent adoption in the treatment of cancerous tumors, as well as a grateful acknowledgment of the ingenuity of their inventor."

NOTES ON THE USE OF GLYCERINE IN CONSUMPTION.

BY DR. COTTON.

There is much difference of opinion as to the influence of glycerine upon cases of consumption. Not a few medical practitioners consider it scarcely, if at all, infe-

rior to cod-liver oil, whilst there are not wanting those in whose hands it has entirely failed.

"With a view of testing its effects (says Dr. Cotton), I administered it—in doses varying from one to two, and occasionally three drachms, twice a day—to twenty-three of the in-patients of the Consumption Hospital; notes being carefully kept by the resident clinical assistants, Dr. Stone and Dr. Sibbald. As the cases were not selected, and all of them were under the same dietetic and general hygienic conditions, the result may, I think, be regarded as a fair illustration of its influence.

"Only in five cases was there any improvement; in all of which the weight was slightly increased. In two of these, however, a much greater advantage was subsequently gained under the use of cod-liver oil; the weight of one patient having increased as much as two pounds per week.

"In seventeen cases, either there was no appreciable improvement, or the patients became worse; and one, in an advanced stage of the disease, ended fatally. In nine of these cases more or less improvement occurred from the after-use of the oleum aselli; in four instances, indeed, the gain in weight was very distinctly marked.

"In five cases the glycerine either caused sickness, or otherwise disagreed with the stomach.

"To any objection which may be raised that the glycerine was not given for a sufficiently long period, I would merely observe, that even in the cases where some improvement was noticeable, it appeared to me so probable that far greater good would accrue from the cod-liver oil, that I regarded a further trial of the other as unjustifiable; and that such an anticipation was, in some instances at least, not ill-founded, was sufficiently demonstrated.

"The following conclusions are, I think, irresistible, viz:—

"1. That glycerine has generally but little influence upon phthisical cases.

"2. That as a remedial agent in consumption, it will bear no comparison with cod-liver oil."—*Med. Times and Gazette*,

ULCERS.

An ulcer is defined by Liston, to be a solution of continuity, accompanied by the secretion of pus, or other fluid. He makes six varieties, viz:

1. The simple, healthy, or healing ulcer.
2. The weak or sluggish ulcer.
3. The indolent.
4. The irritable.
5. The specific.
6. The varicose.

These varieties are not dependent merely upon local causes, but are much modified by the condition of the constitution. The character of an ulcer is an indication of the state of the general system. The characteristics of simple or healthy ulcer are a circular or oval surface, slightly depressed, studded with granulations, secreting pus, and presenting a tendency to heal. The prognosis in this variety is favorable, and the treatment is simple, consisting of water dressings, and slight pressure with adhesive strips, or a bandage. The indications are to maintain the strength of the system, and to remove all local causes of irritation, such as the contact of air, or the friction of clothing. The black salve of Dr. Beach forms a good application. The ulcer should be cleansed with warm castile soap suds, and cold applications rarely applied. In the application of adhesive strips, or a bandage, care should be taken to give a place of exit for accumulating pus.

The weak or sluggish ulcer occasionally occurs, and is frequently caused by the continued application of emollient poultices. The granulations are semi-transparent, high and flabby, rising in large, exuberant, gelatinous, reddish looking masses, above the surface of the ulcer. The granulations readily slough, having but a feeble vitality.

The treatment of this variety should consist of constitutional means to invigorate the system, tonics, stimulants, and nourishing diet, and of the local application of astringent and stimulating compounds,

WHOLE SERIES, VOL. XVII.—9

such as the tincture of myrrh, capsicum and geranium. An occasional ablution of the part in a solution of sesqui-carbonate of potassa, or extract of white oak bark, will be found beneficial, or sprinkling it with finely pulverized sanguinaria or alum, will be of service. Dr. Ericksen highly recommends the following formula: \mathcal{R} Sulph. zinc gr. xvi, comp. tinct. of lavender and epts. of rosemary, aa. \mathfrak{z} ii, water \mathfrak{z} viii, as an astringent application. The limb or part should be elevated, and gentle pressure should be made by means of a roller or adhesive strips. These should be placed so as to leave a space between them for the escape of pus, and over them lint, covered with cerate, and retained by a bandage. The water dressing is sometimes used, consisting in the application of a piece of patent lint, of the size of the ulcer, dipped in tepid or cool water, to the part, and covering this with a piece of oiled silk, somewhat larger, and bound down by a roller.

The indolent ulcer is deep and excavated, covered with irregular and imperfectly formed granulations, which exude a sanious pus. The edges are hard, irregular and rugged. The tissues adjacent are congested, and firmly adherent to the subjacent fascia. The sensibility of the part is diminished, and pain is seldom troublesome. This variety is caused by feeble capillary circulation, which may arise from a local or a constitutional cause. It most frequently occurs in men about the middle period of life, and is usually located in the lower extremities, in the lower third of the leg, just above the ankle.

The treatment should be such as will tend to depress the edge, and elevate the base of the sore. The means of effecting this are stimulation and pressure. For a stimulant, a poultice of slippery elm, sprinkled with pulverized myrrh and capsicum will be useful. In many cases, however, this will not be sufficient, and it will be necessary to destroy the diseased edges at once, by nitric acid, or potassa fusa, or sulphate of zinc, and afterward cover the part with a poultice of slippery elm, keeping the limb elevated, and sustaining the

strength of the patient. Professor R. S. Newton, of Cincinnati, uses the following formula: \mathcal{R} Pulv. sulph. zinc. 3j, pulv. hydrastis 3j, pulv. podophyllum peltatum 3ss, M. Fill the cavity of the ulcer with this, and let it remain as long as can be well borne, or until it has destroyed the dead tissue, then apply slippery elm, wash in cold water, until the part sloughs; then apply the lead plaster, or Beach's black salve, or the emplastrum saponis. This treatment, conjoined with proper constitutional remedies, general tonics and stimulants, and rest, will usually affect a cure. The application of pressure, however, will often be necessary in cases that cannot be well subjected to the treatment described. Before this is applied, the limb adjacent to the ulcer should be stimulated with the application of the comp. tinc. of myrrh and capsicum, and elevated, and steamed over medicated vapor; then the ulcer should be filled with the sesqui-carbonate of potassa, letting it remain for some hours; then wash the ulcer with a weak solution of tincture of capsicum, say 3j to 3j rain water. Then the emplastrum saponis should be spread on calico, which should be cut into strips sixteen to eighteen inches in length, and an inch and a half in width. The center of the strip should be smoothly laid on the side of the limb opposite to the sore, and its ends are to be brought round the limb, and crossed obliquely over the ulcer. A sufficient number should be applied to cover the sore and the limb for two inches above and below the ulcer. Each strip should overlap about one-third of the adjacent one, and all should be evenly and equally adjusted, so as to make equal pressure upon all parts of the diseased limb. A roller should then be applied to the limb, from the toes to the knee. The lead plaster may be used as a substitute, or the adhesive, or the emplastrum resinae, although this is thought by most surgeons to be more irritating to the ulcer. The application of these strips should be renewed every forty-eight hours, and if the discharge is considerable, holes should be made in the strips for the escape of pus.

The inspissated juice of the phytolacca decandra leaves, evaporated to a salve, forms a valuable remedy for producing a slough. Likewise that of the rumex crispus, and of the sanguinaria canadensis. These should be applied on linen cloths, until there is a line of demarkation between the diseased and healthy tissue. The ulcer may afterward be healed by means of the black salve. Pressure may be made upon these ulcers by means of collodion. It should be applied so as to form a thick impervious covering; its contraction by means of the evaporation of the ether produces a degree of pressure which is often highly beneficial.

The irritable ulcer is most often found in females of a nervous and bilious temperament, about the middle period of life. It is usually situated about the ankle or shin, and is small in size. Its edges are not elevated, but are irregular; the surface is grayish covered with a thin layer, and discharging a thin, sanious secretion. It is quite painful, preventing sleep, and thus injuring the general health. The treatment should first be constitutional. The alcoholic vapor bath should be used twice a week, and if the stomach is inactive and digestion impaired, an emetic of lobelia will prove highly beneficial. This should be followed by the administration of tonics and stimulants; the hydrastis, xanthoxyl and euonymin, are valuable remedies for this purpose. If there is evident anemia, iron should be administered. If the ulcer appears during lactation, especial care will be required in order to sustain the system by nutritious diet, tonics, and porter or ale. The compound syrup of stillingia, or Beach's anti-mercurial syrup, with the muriatic tincture of iron, will be highly serviceable. Especial attention should be given to restoring the secretions of the skin and kidneys, by baths and mild diuretics. It is impossible to cure these cases, unless the excretions are properly restored, and the organs of circulation properly stimulated. Pure air, good food and cleanliness, are very important means of cure. Rest at night should be

procured by hyoscinamin, scutellarin, and epyripedin, either separately or combined. These are preferable to opiates, inasmuch as they do not arrest the secretions.

To allay pain and irritability, a poultice made of equal parts of pulverized lobelia herb and slippery elm, with laudanum, will be useful; or the application of a thin plaster made by spreading the inspissated extract of conium on soft linen, will relieve the symptoms. Sometimes dry applications will be better than moist. These should consist of flour, or finely pulverized chalk, or the powder of the lycopodon bovis. But when the ulcer resists all these means it should be washed in a strong solution of nitrate of silver, followed by some sedative and emollient application. It may be necessary in some cases to entirely destroy, by means of the chloride or sulphate of zinc, the ulcerating surface, and then to apply a poultice of ulmus and pulverized myrrh, to favor the healing process, followed by the use of the black salve of the Eclectic Dispensatory. When the granulations are spongy, and discharging watery fluid, it may be necessary to apply an astringent compound, for which purpose the extract of quercus is admirably adapted. Dusting the surface with very finely pulverized nut-galls will likewise be beneficial.

The inflamed ulcer is sometimes spoken of by authors, though not mentioned in Liston's classification. It is characterized by symptoms of inflammation, redness, swelling, pain and heat. The discharge is often thick, offensive, and bloody. The treatment should consist of cold applications, the elevated position of the part, and the use of poultices of ulmus, wet with cold water and frequently changed, so as to keep down the heat. At the same time the patient, if there are symptoms of constitutional excitement, should take aconite and veratrin internally, an occasional warm bath, a cathartic of the fluid extract of senna and jalap, or of some other effectual purgative. After the local symptoms are reduced, the constitutional and local treatment that is recommended for other varie-

ties of ulcers will be appropriate in this.

The sloughing ulcer is another variety not included in Liston's classification. It is described as having a great tendency to spread; a dusky red blush forms around the sore, the edges are sharp cut, the surface is grayish, and is attended with irritative fever. This is usually found in persons of cachectic constitution, and is allied to gangrene, the vitality of the part and the constitution being much reduced. The treatment should consist of a nourishing diet, the use of quinine and iron, hydraetin and other vegetable tonics should be given freely; and when the constitutional powers are greatly reduced, the strongest diffusible stimulants should be used, capsicum, xanthoxilin, and carbonate of ammonia. The brandy and egg mixture of the Eclectic Dispensatory will be excellent. The local applications should be such as will cause a slough. Sulphate of zinc and the chloride should be applied on lint, followed with slippery elm and charcoal poultices, if the tendency to gangrene is marked. The carrot and spikenard poultice will likewise answer a good purpose.

The specific ulcer has characteristics dependent upon its cause, which may be scrofula, fungus, or syphilis. The particulars of each should be described under the heads of their specific causes.

The varicose ulcer takes its name from its cause, which is a varicose condition of the veins in the circumjacent tissues. The skin gradually undergoes degeneration, becomes of a brownish or purple color, and the veins in the part become enlarged and tortuous. Near to one of these congested spots the ulcer forms by the breaking down of the softened and partly disintegrated tissue, forming a sore in which the surface is sometimes irritable, sloughing or indolent. In case the ulcer penetrates one of the tortuous veins, it gives rise to hemorrhage, which sometimes proves alarming. The recumbent posture, elevating the limb, and compression of the part by lint and rollers, will speedily arrest the hemorrhage. The causes of this condition of the veins are various. Phle-

bitis, by destroying the valves, will produce it. Pressure upon the ascending cava, or upon the femoral or saphenous veins, or a want of tonicity in the parietes of the veins on account of general debility—all these frequently are the direct causes. The indications of treatment are to remove the cause if possible. The general circulation should be stimulated, the liver should be excited, if portal congestion is the cause. The heart should receive attention if it be diseased. Capillary circulation throughout the body should be increased by baths, and stimulants and tonics. To the affected part astringents and pressure should be applied. The limb should be elevated, and a strong solution of extract of quercus, mixed with French brandy, used for a wash. The patient should wear a bandage applied from the toes to the knee, or even above, if the veins are distended. An elastic laced stocking will accomplish the same object. In difficult cases, some surgeons recommend passing a ligature under the vein adjacent to the ulcer, then tying it, so as to cause it to slough. Care should be taken, in performing this operation, not to pierce the vein. The same object may be attained by means of the application of caustic to the vein, thus causing an eschar and slough, by which the vessel is occluded. Other remedies may be beneficially used to increase capillary circulation in the parts. Tincture of myrrh and capsicum, kipe, catechu, marsh rosemary, and the various astringent remedies will fulfill this indication. The tannic and gallic acids, containing the essential elements of astringents, can be beneficially used in solution, as directed by the Eclectic Dispensatory.

The hemorrhagic ulcer is a sub-variety, known by a dark purple sore, occurring in females, from amenorrhea, and consequently, tending to bleed most at the menstrual periods, or at those times at which the female should menstruate. Its cause being constitutional, the treatment should consist of the use of tonics and stimulants. Xanthoxylin, macrotin, oil saffron, sulphate iron, catulophyllin, with hip-baths, and nourishing diet, and occasional purges,

containing a portion of aloes, will be effectual in restoring the catamenia. The local treatment is comparatively unimportant, and should generally be the same as that recommended for irritable ulcer.

The general principles in the treatment of ulcers of every variety are to restore the action of the organs of digestion and assimilation, and the circulation of the blood. So that their treatment should be constitutional to a great extent. Nothing can be of permanent benefit unless the general system is in a proper condition to furnish the healing material. The local treatment is such as will aid nature in hastening on the formation of a slough, and enabling the system to cure the ulcer quicker than it would do unaided. Undoubtedly, by means of rest, the elevated position, and proper diet, and the judicious use of water dressings, the majority of ulcers can be cured; and indeed, in many cases, these are almost the only means that can be brought to bear upon patients, on account of prejudice or want of faith in medicines. Dr. Chapman, of London, speaks very favorably of these water dressings, which are valuable when the surgeon can be in constant attendance, and have the entire control of the patient. But unfortunately this is seldom the case in general practice, and it therefore becomes all the more necessary to use medicines and other means not hydropathic, in their treatment. When scrofula complicates the ulcer, the ampelopsin, scrofularia marylandica, phytolaccin, the iodide of potassium, and compound syrup of stillingia, will be the best remedies. If the ulcer arises from syphilis, the treatment should consist of the use of stillingia, iodide of potassium, phytolaccin, and iridin, with a generous diet. The muriated tincture of iron will then form a useful local application.—*Eclectic Medical Journal of Philadelphia.*

A DREADFUL WORM.

"Who has not heard of the rattlesnake or copperhead? An unexpected sight of either of these reptiles will make even the

lords of creation recoil. But there is a species of worm found in various parts of this country, which conveys a poison, of a nature so deadly, that when compared with it, the venom of the rattlesnake is harmless. To guard our readers against this foe to human kind, is the object of the present communication.

"This worm varies much in size. It is frequently an inch through; but as it is rarely seen except when coiled, its length can hardly be conjectured. It is of a dead lead color, and generally lives near a spring, or small stream of water, and bites the unfortunate people who are in the habit of going there to drink. The brute creation it never molests; they avoid it with the same instinct that teaches the animals of Peru to shun the deadly cobra. Several of these reptiles have long infested our settlement, to the misery and destruction of many of our citizens. I have, therefore, had frequent opportunities of being the melancholy spectator of the effects produced by the subtle poison which this worm infused. The symptoms of its bite are terrible. The eyes of the patient become red and fiery, his tongue swollen to an immoderate size, and obstructs his utterance, and delirium of the most horrid character quickly follows.

"Sometimes, in his madness, he attempts the destruction of his dearest friends. If the sufferer has a family, his wife and helpless infants are not unfrequently the objects of his frantic fury. In a word, he exhibits to the life all the detestable passions which rankle in the bosom of the savage; and such is the spell in which his senses are bound, that no sooner is the unhappy patient recovered from the paroxysm of insanity occasioned by one bite, than he seeks out his destroyer, for the sole purpose of being bitten again. I have seen a good old father, his locks as white as snow, his step slow and trembling, beg in vain of his only son to quit the lurking place of the worm. My heart bled when he turned away, for I knew the hope fondly cherished, that his son would be to him the staff of his declining years, had sup-

ported him through many a sorrow. Would you know the name of this reptile? *It is the worm of the STILL!*"

The above article, which has been much admired, was written more than thirty years ago, in St. Louis, by John Russell, Esq., then a citizen of that city, and now a resident of Bluff Dale, Green county, Ill.

OBSERVATIONS ON AMYLENE.

BY. M. A. ESPAGNE.

The author of this paper relates the experience obtained of the use of amylene at the Hospital Saint-Elvi, of Montpellier, where this anæsthetic has been employed with the most satisfactory results. M. Espagne considers that the harmlessness of amylene has been perfectly established: after anæsthesia from this agent, the patients have not experienced any consecutive inconvenience, and they have rapidly recovered their senses. They have been able to eat, provided that the nature of the operation allowed them to do so, and they have never vomited during the administration of the vapors. The writer then tabulates the effects of amylene as follows;

1. Amylene has, so to speak, no taste. Its strong and sometimes empyreumatic smell is easily borne by the patients, in whom it does not excite such violent nausea, as is sometimes produced by the other anæsthetics. It is therefore superior to ether, the first inhalations of which are often painful; and to chloroform, because it is more easily tolerated.

2. As to its mode of administration, ether is inferior to chloroform and amylene, for the first requires the employment of a peculiar apparatus, while the two others may be inhaled by the assistance of the most simple means.

3. In rapidity of action, the experiments at Montpellier give the priority to chloroform; those of Paris give it to amylene. M. Espagne gives to amylene and chloroform an action almost equally rapid.

4. As to the nature of the effects produced, the qualities of ether, chloroform, and amylene, are very different. Amylene produces only a scarcely sensible excitement, which is often even absent. The patient breathes freely, without coughing, without those chronic convulsions which accompany the first inhalations of ether; nor is there the secondary comatose depression, the heavy and prolonged intoxication which follows the administration of chloroform, nor that more gay and expansive intoxication which is consecutive to the inhalations of ether. The recovery is sudden, and if the amylenation is not continuous, the consciousness reappears. But these advantages are counterbalanced by a rather serious inconvenience. The effects of amylene are not only transient, but they are insufficient for operations which require complete muscular relaxation. Patients, therefore, who suffer from old dislocations, are not proper subjects for the amylene.

As to the duration of the anæsthesia, amylene has not a consecutive effect.—Ether, on the contrary, and especially chloroform, continue their action after the inhalations are interrupted. With the latter, indeed, the greatest intensity in the effects is realized only some moments after its administration.

To discover an anæsthetic substance free from danger altogether, is a chimera which it is not necessary to entertain. Anæsthesia is always dangerous, as M. Tourdes truly remarks, whatever may be the substance employed.

Dr. Espagne concludes his paper by remarking that when administered with suitable precautions, amylene is capable of rendering important services to operative surgery; and he does not hesitate to believe in its anæsthetic power and efficacy, but that more numerous experiments and observations are necessary in order to fix the rank which it ought to hold among other anæsthetic substances. — *Bulletin Gen. de Therapeutique*, Aug. 1857.

[In a note by the editor of the "*Bulletin General*," it is stated that the above article

was written before the occurrence of another case of death from amylene in the practice of Dr. Snow.—*Med. Chir. Rev.*]

ON THE TREATMENT OF MENORRHAGIA WITH ERGOT.

BY J. M^R. GASTON, M. D.

(*Charleston Med. Journal*, July, 1857.)

The author of this paper, after giving to Dr. Churchill the merit of having first pointed out the value of ergot in menorrhagia, relates his own experience upon the subject. He tried it at first (1846) in the case of a young lady who had suffered from profuse flow of the menses for a considerable period, and under the use of the remedy, she completely recovered, married and had a family. The ergot was given with carbonate of iron, in doses of five grains of each, three times a day. Dr. Gaston has found the use of the ergot followed by beneficial results in every subsequent case of menorrhagia in which he has prescribed it. He has latterly given it in infusion, combined with the tincture of the sesquichloride of iron, which he thinks a preferable form of administration. When much nervousness was excited, valerian was combined with the ergot; and when there was great pain, opium was added with advantage. A discharge somewhat similar to menorrhagia occasionally occurs within the second month after delivery, which, if continued, may enfeeble the patient; and in such cases, Dr. Gaston has employed the ergot and iron with excellent effect. The ergot is of course contra-indicated in pregnancy, unless it should be desirable to dislodge the fœtus. In a case of hemorrhage, about the fifth month of pregnancy, which threatened to prostrate the patient, Dr. Gaston gave the ergot in doses of five grains, with one grain of opium, every two hours, and only three doses were taken when the child was expelled and the hemorrhage ceased.

CASES OF EARLY CATAMENIA.

BY J. T. MARABLE, M. D.

CASE I.—As I was passing by the house of Mrs. C., living in Montgomery county, Tenn., during the Spring of 1853, I was called in and consulted by the lady, in regard to a negro girl, eleven years old, who, she stated, had been troubled with a regular discharge resembling, more than anything else, the monthly sickness. She had been troubled with the discharge nearly two years. At first it was pale, and of a yellowish hue, small in quantity, but coming on very regularly. In the course of a few months the quantity became increased considerably, and assumed a more florid color. The girl was called in, but could give but little information about it. She said that about two days before it came on, she felt a little sick in the stomach, and that her back ached a little, and her head felt giddy, but after the discharge came on all the above symptoms subsided, and she then felt as well as she ever did in her life. It generally lasted from two to three days. Her breasts and organs of generation were not larger than ordinary girls of her age.

We concluded to leave her entirely in the hands of nature, and watch the case as strictly as we could. Her mistress informed me occasionally that she was doing very well, and that the discharge still continued.

During her twelfth year she grew very rapidly indeed, so much so, that I hardly knew her after the lapse of a few months. Her breasts had grown considerably, and her genital organs had taken on all the characteristics of womanhood. The latter part of '55 I was summoned to see her, about 9 o'clock at night, and found her in the second stage of labor. In the course of an hour and a half she was delivered of a full-grown, healthy female child. She resumed her accustomed work, about the usual time, and enjoyed perfectly good health for nearly twelve months, at which time she died very suddenly, perhaps from

apoplexy or disease of the heart. Her child is still living, and appears to be in the full enjoyment of perfect health. Notwithstanding she was a mother, she retained up to her death many of the plays and notions of a child.

CASE II.—June 7, 1854. I was called to see a negro girl, ten years of age, belonging to Mr. B., of Montgomery county, Tenn., and learned from her mistress, that the mother of the girl had called her attention to a discharge that the girl had been troubled with for the last eight or ten months previously, coming on, as she thought, very regularly every month. She appeared to be very well grown for her age, and remarkably healthy. There was but little pain or uneasiness, if any, about the back, abdomen or head, previous to the appearance of the discharge, as is generally the case, notwithstanding the discharge was tolerably copious, and lasted for four or five days. Upon examination we found her breasts not at all enlarged, nor her genital organs in any way larger than common. She was left entirely to nature. The discharge kept up until the following October, at which time she had an attack of typhoid fever, lasting some six or seven weeks. During the progress of the fever the discharge failed to make its appearance; after her recovery it again appeared, and has kept up regularly ever since—I having received a letter from her mistress to that effect—and also that she has grown very much within the last six months.

CASE III.—September 9th, 1855. I was called to see a negro girl, eight years old, belonging to Mr. T., of Montgomery county, Tenn. The mother of the girl becoming alarmed, owing to the absence of her mistress, sent for me. I inquired into the history of the case, as well as I could under the circumstances, and learned from the mother that the little girl had had a slight discharge from the vagina for some considerable time; that the first time she noticed it was about a year previously, but she did not think much was the matter with her, and it would soon pass off, but it

had come on that morning, and was so much more than common, and her mistress being absent from home, she thought she had better send for me. She had but little appetite for a few days before and after its return, but made no other complaint. She was examined as minutely as possible, but we could find nothing unusual about her size, or the growth of her organs of generation. The discharge lasted three or four days, and passed off gradually, assuming a pale yellowish color. The fifth of November she was taken with a peculiar form of fever, which prevailed in a great portion of the above county in 1855 and '56, which appeared to be "mongrel" in character, and taking on both the symptoms of bilious and typhoid fevers. She was confined to her bed for about five weeks, the discharge failing to come on at its regular period. The latter part of December she had an attack of pneumonia in the left lung, which lasted ten or twelve days. She recovered very slowly, being worn down very low in flesh from the severe, continued fever she had labored under. The discharge did not present itself until the following June, at which time she had regained her flesh. From this time she grew very rapidly, and is now putting on all the characteristics of womanhood. Her disposition, however, in many things, still continues that of a child.

CASE IV.—June 3, 1854. I was attending the family of Mr. P., of Montgomery county, Tenn., and was consulted by Mrs. P. in regard to a negro girl, twelve years of age, who had been troubled by a discharge from the vagina, resembling the menses, for some ten or eleven months. The mistress felt some degree of uneasiness about it, thinking surely it could not be her monthly sickness making its appearance at so early an age. She desired something done for her if possible, stating that she was an excellent nurse and house girl, and one with whom she could trust her children at all times without any degree of uneasiness, and of course, would dislike very much to lose her. I relieved her uneasiness of mind, as well as I could, by telling

her that I supposed it was her monthly sickness coming on naturally, but at much earlier age than is usually the case. No treatment at all was prescribed for her, leaving her entirely in the hands of nature. A few months afterward I was called to see her at night, in haste, the messenger stating that she had had a fit late in the evening, and they thought she was dying when he left home. When I arrived, I found her, to all appearance, insensible to all around her; her pulse was feeble and frequent, her respiration panting and laborious, with an occasional deep sigh, with the escape of some frothy mucus from the mouth and nose; her pupils unaffected as far as we could discover. After examining her as minutely as we could, we supposed it to be a case of hysteria, and treated her accordingly. After a short time the distressing symptoms disappeared, and in a few days she resumed her accustomed labor. It is proper to state, however, that her catamenial period had passed off some four or five days previous to her attack, and was quite scant in quantity and of a pale yellowish color. Two months afterward she had a second attack, which lasted but a few hours, was very light in its character, and she passed through it without any medical aid; seven months afterward she miscarried with a male fœtus, at about the fourth month. Nothing unusual occurred after her confinement. The discharge made its appearance again in about three months, and she has since been in the enjoyment of perfectly good health.

All the cases of early catamenia which I have seen, have occurred in negroes. An interesting question arises, whether these were idiosyncracies, or whether they arose from a recurrence to the original constitutional type of the race, early menstruation being a characteristic of the native African tribes; if the latter, then a return to generic peculiarities, long obliterated by a change of climate and habits, may possibly have some bearing on abstruse ethnological speculations.—*Memphis Medical Recorder*, July, 1857.

Part 3.—Editorial.

THAT LIBEL SUIT.

In the last number of this Journal, mention was made of the termination of a libel suit, in which Dr. James L. Van Ingen was plaintiff, and Drs. R. S. & O. E. Newton, as publishers of this Journal, were defendants.

For the benefit of the readers of the Journal, and as a matter of information for the profession, the case will be briefly reviewed. This is done without the least intention to affect Dr. Van Ingen in any way. He will be treated as any other medical man would be, under similar circumstances. If his course has been reprehensible, the profession should know it; if commendable, among gentlemen it should be publicly acknowledged. There are certain common-sense maxims of urbanity and decency, that are so universally acknowledged by gentlemen, that it would seem to be impossible that any man of honor would attempt to disregard them, in the face of an enlightened community. When a physician steps out of his ordinary avocation, to blast the reputation of a brother physician, he is no longer deserving of either professional courtesy or respectful consideration. If the soundness of a medical man's opinions, his skill, or general professional acquirements, are questioned, the medical profession is alone capable of justifying or condemning the person. For this reason, it may be safely asserted, that ninety-nine one hundredths of the entire medical profession would have appealed to the sentiment of the profession, through the pages of some medical journal, or other publication, or have demanded personal satisfaction for the affront.

If a physician were attacked by a person whom he regarded as a "vulgar fellow," he would have paid little or no attention to the attack; and if by an equal, he would

have answered in the mode of attack. It is generally conceded by honorable men, that one's character or reputation is of priceless value, and no honorable man could measure his loss by money, if this gem had been wrested from him. If he should have thus set a price on it, it would then remain for the courts to say whether he had over-estimated it or not. Now, "*sequari vestigia rerum*."

On the 23d of September, 1854, Charles M. Steele, a boy aged about 14 years, fell from a window some five or six feet in height, at the Methodist Book Concern building, in Cincinnati—falling, as the boy asserted, on his hands, by which the humerus of the left arm was broken obliquely above the condyles. A Mr. Hunter conveyed the boy to a house on College street, and then went for Prof. R. S. Newton, whose office was less than a square off. Prof. Newton testified that he made a careful examination, found the humerus fractured obliquely above the condyles; that he told those present it was a serious injury, and was requested to set the limb, which he did, flexing the arm to a right angle, and using such dressings as are used by all competent surgeons under similar circumstances. On the same afternoon or evening the boy was removed to the residence of his mother, on Kemble street, where, on the following morning, he was visited by Profs. Newton and Freeman, when the latter was requested to examine the injury for himself, and from his own convictions, state its nature. Prof. Freeman did make a careful examination, and after satisfying himself as to the nature of the injury, he stated it to be a fracture of the lower third of the humerus, obliquely, above the condyles. The two surgeons then freely interchanged opinions in regard thereto, and explained to the family the dangers of such a fracture—Prof. Newton, at the time, telling Mrs. Steele that unless she would assume all responsibilities connected with it, he preferred not to treat it, but, as it was then placed in position, he would hold it until she could get her family physician to take charge of the case. She

insisted that he should treat the boy, and do the best for him that the nature of the injury would allow, which Prof. Newton consented to do, and proceeded at once to dress the arm, assisted by Prof. Freeman. The treatment was continued by Prof. Newton for some six weeks, when the boy was taken to Newton's Clinical Institute to be treated before the class in attendance there. It will be understood by all surgeons how, in such a fracture, the sharp end or spicula of the humerus might be driven down into the soft parts on the inside of the elbow, doing more or less injury to both the nerves of sensation and motion, as well as to the muscles and tendons of the part, which would necessarily result in more or less injury to the functions of those parts which had been thus injured. It appears, also, that erysipelatous inflammation was manifested very early in this case, and gave unusual trouble to the attending surgeon. The osseous union was very completely accomplished in the usual time, but the arm continued to present an emaciated aspect, and the muscles to have lost some of their power, inasmuch as when the arm was straightened the fingers could be only partially opened, but could be completely opened when the forearm was flexed on the arm. The motions of the joint were perfect, and in this condition he was discharged by Prof. Newton, who had given an unusual amount of attention to the case, considering the fact that the boy was a charity patient. Dr. Latta thought that he could benefit the arm by splints and electricity, and applied both for a while without much apparent benefit, and finally also discharged him.

About this time, there arose a disturbance in the Faculty of the school of which Prof. Newton was a member, which was pursued with great bitterness by all parties, and it is believed that some of his medical enemies (of the same faith, however,) persuaded the boy Steele, and his friends, to bring a suit against Prof. Newton for mal-practice, the particulars of which are well known to the readers of this Journal.

In that trial, most of the eminent surgeons of this city, as Prof. Blackman, Prof. Baker, Prof. Mussey, Prof. Wood, Prof. Judkins, and Prof. Freeman, were subpoenaed. Owing to the public duties of some of these gentlemen, it was very inconvenient for them to be present during the whole of the trial. Of this class Dr. Blackman was one, and in order to testify "intelligibly" (in the language of Dr. Van Ingen), he sent Dr. Van Ingen to the court house, to hear the testimony, and inform him as to the nature of the medical opinions. Dr. Van Ingen was comparatively a stranger in the city, having arrived here only recently, and was therefore a fit person to keep an open ear as to the medical sayings in court, for the benefit of Prof. Blackman. But is it not altogether probable that Prof. Blackman thought the case would be one of general interest, and advised Dr. Van Ingen to go up and hear it? Is it not more reasonable to suppose thus, than that one of the most eminent surgeons in the West would have to send such a person as Dr. Van Ingen to take notes, that he might be enabled to testify "intelligibly"? Let any man of common sense ask himself if this is not the reasonable view of the circumstance? The various medical witnesses were examined while Dr. Van Ingen was present, it is believed; at least he was present during the major part of the trial, so that he could not have failed to learn what the real nature of the accident was. In the course of the trial a Sunday intervened, when Dr. Van Ingen procured a buggy, and the bones of a human arm, and proceeded to the residence of Judge Johnston, who was one of the boy Steele's attorneys, and then and there endeavored to persuade Judge Johnston that there was never any fracture at all, and that his theory of the case was correct, which was that there was no fracture of the humerus but a dislocation of the radius and ulna backward, with a probable fracture of the coronoid process. Judge Johnston either could not or would not promise to call him as an expert, until he had consulted with his associates in the

case. Monday came, the trial was resumed, and when the case seemed closed, then Dr. Van Ingen was called, not because he had been summoned in the case, but because he had taken the extraordinary pains to visit Judge Johnston in the country on the Sabbath day, armed with a theory and a part of a human skeleton. He testified, and gave birth to his theory. The court leaned back in its easy chair, during the parturition of the theory of Dr. Van Ingen; the lawyers ceased to write; the spectators laughed, or stared in blank astonishment: and as to the jurors, dear souls, how they must have suffered! At the close of the trial, just after Dr. Van Ingen had testified, Dr. Blackman was recalled to answer a single question. When he had done so, he made the remark on the witness stand, that "he saw nothing in the case which would justify him in swearing away the professional reputation of a brother surgeon, even though he was at the head of a rival school." Van Ingen then stepped up to Blackman, as he was leaving the stand, and asked him what he meant by making a buncombe speech to the jury. The attention of the court being attracted to them, they were then called to order.

Finally, the testimony was closed; the arguments were made; the theory was handled without gloves, and the charge having been given, the jurors retired, and soon found a verdict for Prof. Newton, showing a total disregard of the pet theory of Dr. Van Ingen.

The case had been partly reported by Prof. Bickley, and in his absence by Mr. Henshall; and from the notes so taken, a very hurried, and in some instances incorrect report was made, which was published in this Journal and in pamphlet form. In this report, the testimony of Dr. Van Ingen, which was inconsistent with the case as stated by the plaintiff, in his petition, was omitted, and the reporter made only this notice of his testimony, which was the matter complained of as libelous, in the suit afterward brought by him:

"Dr. James L. Van Ingen intruded himself

as a witness or expert, but he exhibited such a marked ignorance of surgery and surgical science, that his contradictory testimony is dispensed with—he evidently having had a purpose to subserve by testifying in the case."

Upon this paragraph, Dr. Van Ingen consulted an attorney, who, for Dr. Van Ingen, addressed a note to Drs. R. S. & O. E. Newton, demanding a retraction of the same, or suffer the terrors of a suit. Prof. Bickley waited on Dr. Van Ingen, at his office, and explained to him that the Drs. Newton had no hand in, and gave no advice in reference to the report of the trial which had been published, and that he, Prof. Bickley, was the aggressor, if any one was; that the Drs. Newton were willing to give him an opportunity to explain, to report his testimony as fully as that of other medical witnesses, and to give the same as wide a circulation. An answer was sent to the attorney's note, and several letters afterward passed between the parties. Finally, the suit was entered, and came up for trial at the Spring term for 1857. In consequence of the illness of Prof. Bickley, it was postponed until the Fall term, and then Prof. Bickley was not called, inasmuch as Mr. Tidball, one of the plaintiff's witnesses, gave the evidence for which Prof. Bickley had been summoned. Dr. Van Ingen laid his damages at \$10,000, and from the extraordinary care of the Doctor, it would seem that he entertained some hope of getting such a verdict. He had taken the boy in hand for treatment; had traveled with him to Buffalo, Albany and New York City—Dr. Van Ingen bearing the expenses—to exhibit him to Prof. Frank Hamilton of Buffalo, Prof. Alden March of Albany, and Prof. Willard Parker of New York, where he had the advantage (whether he used it or not cannot be said) of presenting only one side of the case to those eminent gentlemen. However, their depositions were procured and used in court—Prof. March not having been cross-examined.

The case was tried, and the jury brought in a verdict for Dr. Van Ingen of \$300—not \$10,000—which was set aside by Judge

Storer, and a new trial was granted. Judge Storer set aside the verdict, as he says in his opinion, because it was contrary to the evidence; that "If the case had been submitted to us, we should have found that the evidence proved a fracture, and not a dislocation. The weight of the testimony established, in our judgment, that such was the fact." Again the Judge says:

"This being our conviction, we are induced more willingly to grant a new trial, as we feel that no injury has been done to the plaintiff's general reputation, as none was proved, and as it was admitted by the defendants, none was intended to be inflicted. His manner of appearing in the former trial, as testified by the Judge who tried the case; his overture to the counsel to testify for their client; the remark he admits he made to the boy, 'that he was too poor to testify in his cause, as it would cost too much;' the language used on the evening prior to the trial, in presence of Dr. Osmond; the advice given by Dr. Blackman, his friend, that he ought not to testify; the deep interest he has exhibited since, in the medical treatment of the patient, all lead to the conclusion, that there is more of professional feeling and pride of opinion involved in this controversy, than any vindication of a reputation that has directly or remotely suffered by the publication of the defendants."

The case came up again for trial before Judge Gholson. More than two years had elapsed, and in a growing, healthy child, fourteen or fifteen years of age, it can be conceived by every surgeon that all callous might have been absorbed, so as not to leave the usual symptoms of a recent fracture. For five days the case was before the jury, who, after a deliberate consideration of the facts, and the Judge's charge, finally brought in a verdict for Dr. Van Ingen of ONE HUNDRED DOLLARS! It may here be stated that in the charge of the Court, the paragraph was declared to be libelous, and the jury was directed to find a verdict for Dr. Van Ingen; seven were for giving him *one cent* damages, but others fixed the damages at a higher figure, and they therefore compromised the matter by giving Dr. Van Ingen *one hundred dollars*.

In Judge Storer's opinion, in granting a new trial, the following significant statement occurs:

"In the case before us, the injury was proved to have been received by the patient in September, 1854. On the third of May, 1856, the action for mal-practice was brought against Dr. Newton. At the November term, 1856, the case was tried, and Steele for the first time was seen, and his arm examined by Dr. Van Ingen. The plaintiff in that suit was about fourteen years of age, and in apparent good health. After the trial, which resulted in a verdict for Dr. Newton, the present plaintiff, it was proved, took the boy who had been injured under his immediate charge, and visited the eastern cities, where the arm was exhibited to surgeons of eminence, whose depositions were taken, and afterward read. The expenses of the visit were paid by Dr. Van Ingen, as was admitted on the trial."

Now how far was Prof. Bickley justified in writing the paragraph on which this suit was founded? An eminent medical man, whose character and skill are too well known to need comment, was accused of mal-practice in treating a fractured humerus; an accusation which, no doubt, had its origin in the brains of some one, or more, of his medical enemies. A boy falls from a window and breaks the humerus; and can any living man tell *how* he struck, who did not witness the accident? Is it likely the boy himself would know how he fell? At all events, the arm is broken, and is a surgeon, irrespective of other injuries, to insure a perfect cure? If a spicula of the fractured bone had been thrust down into the soft tissues, lacerating and contusing the delicate structures below, is the surgeon still bound to effect a perfect restoration of the function of the arm? If he sets the broken bone well, if it completely unites, so that in two years and over, the provisional callous has been absorbed, is any surgeon justified in saying that, therefore, there was no fracture of the part? Now Prof. Newton—who is certainly a surgeon of ordinary acquirements, if no more—saw the injury soon after its reception, and he could hardly, therefore, have mistaken its nature. It was seen again, on the next day, by both Prof. Newton and Prof. Freeman, and examined with care. They knew it to be a fracture beyond doubt. Nobody then questioned it, and in reference to its treatment Judge Storer says:

"1st. The mode adopted to place the arm in position, was that which was applied by the rules of surgery to a fracture only; and it is in proof that there is no stiffness of the elbow-joint, nor any difficulty in rotating the bones of the forearm; nor was there any at the time the action for mal-practice was tried.

"2d. If there had been a dislocation and not a fracture, another mode of treatment was only proper. The means employed to reduce a fracture, are not those applicable to a dislocation.

"3d. From the first, there was no want of regular movement discoverable at the elbow, as the attending physicians testify.

"4th. They both state that they distinctly heard the crepitus occasioned by the fracture, when they applied the ear to the humerus."

Dr. Van Ingen had heard these facts stated in court, and could not have disbelieved the mass of testimony in their support. Then, what possible motive could have induced him to adopt and struggle so faithfully to give birth to his favorite theory of a dislocation of the radius and ulna backward, with a probable fracture of the coronoid process? It certainly was not because himself and Prof. Newton differed in medical faith, for the latter gentleman is a regular graduate of the University of Louisville; therefore, in all human probability, Prof. Newton is quite as well informed in the science of surgery as Dr. Van Ingen. Besides, it would place Dr. Van Ingen in too contemptible a position, to think he could not differ with a gentleman on a medical subject, and yet do him every justice, as well as he could differ with him on matters of religious or political faith, and not feel otherwise prejudiced against him.

Although it was at Dr. Blackman's suggestion that he attended the trial, it was not his wish that he should testify. On the contrary, when he heard he intended to do so, he remonstrated with him against it, and told him that it would injure him (Dr. Blackman) as well as himself, and that he must not do it.

The circumstances under which he came into court, his visit to Judge Johnston, his anxiety to testify in the case, his adoption of a novel theory against fact, his remark to the boy, that he was "too poor to testify

in his cause, as it would cost too much," and afterward appearing upon the stand as a witness, all go to show his desire to bring himself into notice, although at the expense of the reputation of Prof. Newton — a brother physician, who had labored in this city for ten or twelve years, and by his industry and skill had acquired a medical and surgical reputation that was of real value.

None of the other surgeons examined in the case, saw any reason to advance an opinion as to the nature of the injury, contrary to the statement of Profs. Newton and Freeman, although some of them said that from the perfect nature of the cure, a doubt might rise as to whether there had been a fracture. Dr. Van Ingen, on the contrary, not only said the usual evidences of fracture were wanting, but that it was impossible from the nature of the fall that such an injury could have occurred; a point which no other professional witness had in any manner questioned. Outside of all other considerations, was it more likely that the Cincinnati Faculty was right and Dr. Van Ingen wrong, or that Dr. Van Ingen was right and the entire medical faculty wrong? Again, that it was a fracture was known beyond a doubt, by two of the surgeons who testified in the case, for they had examined the arm almost immediately after the injury was received. In the face of this testimony, Dr. Van Ingen, more than two years after the bone had been broken—when osseous union had been perfectly established—comes into court, and brings forward his theory that it was "impossible" that a fracture could have been produced at that point by such a fall. On some of these facts Judge Storer thus speaks:

"It was in evidence that on the day the action for mal-practice was called for trial, the plaintiff, who had resided but a short time in Cincinnati, was requested by Prof. Blackman, of the Medical College of Ohio, to attend at court, and take minutes of the testimony; that he was not subpoenaed as a witness, though the professor was; while thus in attendance, he expressed to the plaintiff's counsel his desire to be a witness. His offer was not at once accepted, but afterward,

having visited the leading counsel at his residence in the country, and explained his views of the case, taking with him for the purpose of illustration, the bones of the arm and forearm, was permitted on a subsequent day at the close of the testimony, and as rebutting what had been previously testified, to be sworn. His theory of the injury was altogether different from that of Dr. Newton, who attended the patient from the beginning, and his colleague, Dr. Freeman, who visited him afterward. It was not directly sustained by any other witness who testified."

When the suit was commenced against the defendants, by Dr. Van Ingen, he seemed to have bent every power of his mind to obtain a heavy verdict; else, would he have taken the boy twice to Buffalo, Albany, and New York at his own expense? would he have caused to be prepared plates and wood-cuts to illustrate his theory?

Whatever may be said of Dr. Van Ingen's skill as a surgeon, no one will now question his abilities as a prophet, for he has found his words to the boy, Steele, well verified already—viz: "that it would cost too much to testify in his behalf." For the hundreds paid his attorneys—for the hundreds spent on the boy, Steele—for the hundreds spent for plates, maps, &c., to say nothing of his expenses while waiting a year for a trial, there is a poor return of *one hundred dollars!* He has gained something, however, and need not now go to Dr. Osmond to be posted on the anatomy of the arm, when he again wishes to "pitch in."

Had Dr. Van Ingen desired only to benefit the boy Steele, would he have put himself to such unnecessary trouble as he did? If he intended to benefit also himself, he certainly failed in that end, for he has expended thousands for a *single hundred!*

As the readers of this Journal are well informed as to the nature of the injury and the evidence in the Steele case, the subject is now and forever dismissed from this Journal, unless others open the issue. Nor would so much have been said in reference to it as has been, had not the profession, and the conductors of journals been immediately interested in the issue.

G. W. L. BICKLEY, M. D.

COMMENCEMENT EXERCISES OF THE ECLECTIC MEDICAL INSTITUTE.

Held in Melodeon Hall, Jan. 27, 1858.

The closing exercises of the winter session of the Eclectic Medical Institute took place on Wednesday evening, the 27th of January. The weather was most propitious, and, as a result, the audience was a very large and respectable one.

The exercises were opened by an appropriate and fervent prayer by the Rev. J. L. G. M'Kown. This was followed by a report from Prof. R. S. Newton, as Treasurer of the Board of Trustees. The report stated that the whole number of matriculants, during the past session, was 109—27 of whom had been recommended by the Faculty as proper persons to receive the degree of Doctor of Medicine. After the names of the candidates for graduation had been read, and they had all come forward to the front of the stand, the President of the Board of Trustees, W. B. Pierce, Esq., conferred the degree upon the following named gentlemen:

JAMES BAZIL BOWERS, Georgia.
ALVEN WOOD CHASE, Michigan.
WILLIAM CAMPBELL, Penn.
MAHLON C. CONNEY, Indiana.
SAMUEL AUSTIN COOPER, Iowa.
LEWIS FERGUSON DALTON, Missouri.
WILLIAM GILES DIGGINS, Indiana.
NATHAN HARRISON EVERLY, Ky.
CHARLES LOUIS GOULD, Ohio.
WILLIAM HEWITT, Tenn.
I. ELEXIS HILL, New York.
MARTIN WHITFORD HOWARD, Miss.
ROBERT WILLIAMS KING, N. C.
JOSHUA J. LAWRENCE, N. C.
RICHARD MARSH, Ohio.
WILLIAM STEPHEN M'CLENNY, Va.
CHRISTOPHER M'DONOUGH, Ala.
LOUIS PRICHARD, Kentucky.
WILLIAM S. ROSS, Ky.
WESLEY T. RICE, New York.
JAMES PEARCE SEWELL, Georgia.
JAMES PHINEAS SIDDALL, Illinois.
WILLIAM WILBY STEWART, Miss.

JACOB WELCH, Ohio.

JOHN FERGUSON WILLSON, Ills.

SALATHIEL T. WILLIAMS, Ohio.

JOHN WONSETLER, Ohio.

Honorary Graduates.

M. T. GRISWELL, Tenn.

JOHN A. MARTIN, La.

BENJAMIN T. W. GOSS, Ga.

ROBERT C. REYNOLDS, Va.

The valedictory on behalf of the graduating class was delivered by Dr. A. W. Chase, of Michigan, a member of the class, which was warmly received by the class and an appreciative audience.

Prof. G. W. L. Bickley then addressed the class on behalf of the Faculty of the Institute in one of those lucid, eloquent, and soul-stirring addresses peculiar to this gentleman.

Mentor's cornet band added much to the enjoyment of the occasion, by the performance of some of their choice pieces.

CHARACTERISTIC.

A few days since, several medical students of the different medical schools of the city, by invitation, visited the Ohio Medical College, the fountain head of illiberalism in this city, during Prof. Blackman's hour for lecturing. It appears, on this occasion, some of the candidates for graduation were performing amputations upon the human body. As soon as it was ascertained that strange students were present, they were very unceremoniously invited to leave the lecture room, being informed by Prof. B. that they were considered as intruders, and not welcome there. This is in perfect keeping with other acts of this establishment. Some of the gentlemen left, while others remained at the request of those who had invited them into this place.

Now why did Prof. B. wish them to leave? This question may be answered by stating that one of the operators was so unfortunate in his case, as to fail in preserving enough flap to cover a very impor-

tant amputation. If this be the case, as was reported, we are not surprised that the presence of strangers produced a little consternation among the new operators, as well as with Prof. B. himself, if he could have anticipated failures of such magnitude. We remember to have heard of a man who built a barn, and made it so tight that he had to bore holes into it to let the dark out.

[COMMUNICATED.]

IOWA ECLECTIC MEDICAL ASSOCIATION.

I see no reason why we should not have a medical association organized in this State. Many of the other States have as sociations which the members say result in a great deal of good; why may not the enterprising, studious, Hawkeye M. D.'s do the same? I think that it would result in much benefit to the Eclectic Reform, and to Eclectic practitioners individually, and also have a favorable influence on the public, for they will see that we are not asleep, but striving to disseminate the truth. The amount of good that might accrue from a well organized association is almost unbounded: we get acquainted with each other, know who and how strong we are, getting a chance to enlarge our views on the best modes of treatment of disease, and to inform one another of the interesting cases that occur in our practice, thereby collecting knowledge that cannot be obtained in any college in Europe or America. I think that Davenport would be as central a place as could be found. We might have the matter all arranged so that we could meet there on the first Monday of May next. I would like to hear from some of our Iowa friends through the Journal. THOS. F. RUMBOLD, M. D.

Dubuque, Iowa, Feb., 1858.

We give the above insertion, because we think it a good move, and we hope the physicians of Iowa will take the matter in hand. Other States might well follow the example.

THE CINCINNATI LANCET AND OBSERVER.

The editor of this journal wishes to convey the impression that Eclecticism is on the decline, as may be seen from the following extract from the February number. It is well known that the editors of that journal are all opposed to Eclecticism, and consequently, if they made any allusion to the matter, it would not be free from misrepresentation.

"Where is the 'Reformed Medical College of Ohio?' And although this has been the great head-quarters of Eclecticism, that, too, is already taking on its sere and yellow leaf—and so one by one of the catalogue that make up that famous 'Temple of Quackery.' We say again—the Queen City is progressing; all we want now is hearty harmony and co-operation in the ranks of the legitimate profession, to command the largest confidence and affection of the community; there always has been and always will be a class of men and women who love, above all things, to be humbugged; for such we have no remedy—and for such, when the present styles of quackery pass away, we must invent something in a different shape; but then, so far as we stand as a city, socially and professionally, we feel ourselves quite up to the standard of our neighbors [Eclectics]; professionally, we are wisely becoming, every year, more of a unit in our feelings and objects and sympathies—may this be cherished and enduring."

Now if they will state all the facts in the case, it will present a different aspect. The Faculty of the Ohio Medical College, at this time, is a combination of its own with that of the Miami Medical College, which gave up its existence during 1857. This institution holds but one session a year; it has the advantages of State donations and exclusive hospital privileges, and yet her classes do not equal those of the Eclectic Medical Institute. Does this look as if the latter was taking on "the sere and yellow leaf"? We are truly surprised that the editors of the *Lancet and Observer* should have made any such remark. They certainly are not well posted in home matters.

Again they say, "all we want now is hearty harmony and co-operation in the legitimate [Allopathic] profession." Now, Messrs. editors, this is what you never did have in this city, and never will while the profession is attempted to be managed by such illiberal and selfish men as now claim the right of dictation. The history of that college shows continual change, and at this time, if we are correctly informed, an "infernal machine" is being prepared by persons belonging to their party in medicine, which is intended to explode, and destroy some of the very best men in that school.

NEW PUBLICATION.

THE ECLECTIC MEDICAL JOURNAL of Philadelphia, Edited by William Paine, M. D., Professor of the Principles and Practice of Medicine and Pathology, in the Eclectic Medical College of Pennsylvania, Philadelphia, and Marshall Calkins, M. D., Professor of the Institutes and Practice of Surgery in the Eclectic Medical College of Pennsylvania, Philadelphia. Assisted by Professor H. Hollembaek, M. D., Burlington, N. J., J. Sites, Philadelphia, T. G. Chase, M. D., Philadelphia, Palemon John, M. D., Bloomsburg, Pa. Published by W. Paine, No. 221 North Fifth street, above Race street.

We regret that our notice of this new candidate for popular favor was crowded out of our last issue.

We hail with pleasure the appearance of this handsomely printed and ably edited periodical, and extend to its conductors the hand of fraternal esteem cheerfully.

The two numbers we have perused are well filled with practical, original, and selected articles, and we are well satisfied that if its future issues are equal to those before us, it is destined to make its mark.

It is the organ of the Philadelphia Eclectic College, and as such we wish it and its gentlemanly editors every success.

It contains 48 octavo pages, at \$2 per annum.

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

APRIL, 1858.

NUMBER 4.

Part 1—Original Communications.

MERCURIALS.—No. 4.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

Having presented the language of Dr. Pereira relative to the "physiological effects" of the three most important preparations of mercury, whose use and effects serve as types of all the rest, and having interspersed these quotations with some general remarks, and urged objections to their use as medical agents, I now propose going more into detail in the presentation of the reasons entertained by the friends of the American Eclectic system of practice, not only for opposing their use, but for totally excluding them from their list of remedial agents.

We oppose their use and wholly discard them, not for any prejudice, preconceived dislike, or feelings of captiousness, but from a conscientious belief that they are uncalled for, are often unmanageable in action, and frequently prove unnecessarily destructive to health and life. We believe—indeed, we have the most undoubted assurance, that we possess simple, safe, and far more efficacious curative means than the mercurials, even when they act most favorably; that while ours are perfectly harmless, if administered with ordinary

care and discretion, those agents, even when employed with the utmost caution, are liable to, and often do, produce the most deleterious results. While I am free to admit that the simplest agent, if improperly used, may act injuriously, I am equally certain that mercury, when exhibited under the direction of the physician possessed of the most consummate skill, may act in a manner totally at variance with the anticipations of him who administers it, and frequently destroy life.

As calomel is one of the mildest, the most popular, and the mercurial most frequently employed, and as it is esteemed an important cathartic, the great alterative, chalogogue and sialagogue of the *Materia Medica*, I shall, in subsequent articles, confine my remarks more particularly to its uses and effects, both in the cure of disease and also in its production. I shall have frequent occasion to refer to my first and third article, and may occasionally advert to the second; but calomel will be considered as the general type of the others, so far as its supposed curative action is concerned.

For the sake of convenience, I shall subdivide the subject, and consider each proposition under a separate head.

CALOMEL AS A CATHARTIC.

1. *It is Slow to Act.* With the Allopathic School of medicine, calomel is an exceedingly popular cathartic—none equals it in their estimation, especially in bilious and congestive fevers, and likewise in many inflammatory diseases.

Now all the authorities concur in pronouncing it a very slow cathartic. In acute diseases, especially in those of a sthenic character, as in phrenitis, pleuritis, and indeed, in all cases of high febrile or inflammatory action, speedy catharsis is deemed by the same authorities an important indication to be fulfilled. Why do we give cathartics? Is it not to unload the bowels; remove sources of irritation and disease therefrom; arouse the liver; relieve congestion; divert concentrated morbid action; lessen plethora; for their indirect sedative effects; and with a view to the shock or supercedent action which they exert upon the entire system? If it is important to fulfill these indications in order to check the progress of acute disease, or to effect cures, is it not self-evident that a quick, instead of a slow purge, will prove far more certain as a means of lessening the progress, and consequently of curing disease?

Purging seems for the most part to lessen excessive organic action, and the longer this necessary indication remains unfulfilled, the greater will be the progress of either a particular or general disease—the more extensive and intense the local or general affection—the greater the constitutional disturbance. By the continuance of diseased action, the vital powers are exhausted, and life is endangered. If purging will diminish, modify, or arrest diseased action, as is maintained, is it not obvious that the earlier the cathartic is used, and the more speedy its action, the greater will be the probabilities of mitigating constitutional disturbance, lessening morbid sympathies, checking local inflammations, removing congestions and general disorder? These are facts which no candid and well-informed physician will deny. Then is not the choice of calomel as a purge unwise and injudicious? If the disease is rapid in its progress, therapeutic means bearing a relative proportion in their activity to its progress, are demanded to counteract it. This rule is pretty generally, if not universally observed in the selection and adoption of remedies to the relief of

the sick. No physician should overlook this proposition. Remedies that act promptly and efficiently are selected because found best adopted to the relief of acute disorders, while those less prompt in action, are found to be most appropriate in chronic affections.

Then is it not clearly erroneous to employ calomel as a cathartic, when the acute character of the disease and its rapid progress, demand a speedy counteracting influence? While the ravages of disease are rapidly progressing, if catharsis is curative, and the agent slow in its curative action (purging), is not the disease progressing, the vital powers wasting, and important time lost by the selection of such a purge?

2d Uncertainty of Action. Another very serious objection to the use of calomel as a cathartic in the class of diseases just named, is the uncertainty of its action. If catharsis is indispensable, certainty of action is an important element in pointing to a suitable remedy. It is an element that should not be overlooked in the selection of the cathartic. Now every writer on the therapeutic action of calomel, pronounces it a "slow and uncertain cathartic". The medical man knowing the responsibility that rests upon him, and feeling that the life of his patient may depend upon thorough and speedy evacuations from the bowels, knows that if calomel be his remedy, he is relying upon an uncertain agent. Nothing is more common than its failure to operate, and should it act, it is far from being either quick or thorough.

The advocates of its use admit the truth of these allegations, and hence, usually associate with it some active vegetable cathartic, or soon follow with one of that character, and repeat if necessary, until catharsis is secured. Under such circumstances, if relief follows, to calomel is ascribed the credit, while the reputed assistant or auxillary agent effected the chief, if not the entire good attained. I assert that the assistant cathartic has effected the relief which usually follows free catharsis.

for in nine times out of every ten the same result ensues from its use when not a grain of calomel is given. I think no one will dispute the truth of this proposition. If the friends and advocates of the use of calomel pretty uniformly accompany or follow its employment with some assistant or more reliable cathartic, is it not positive proof of their lack of confidence in their boasted remedy? When used, it often requires from twelve to twenty-four hours to secure purging, even when recourse is had to the precautions named.

How is it with the simple vegetable agents upon which we rely? They usually act freely in from one to five or six hours. Their action is more thorough, less irritating, and I think experience will bear me out when I say they act with ten times the certainty. I think a fair trial of both classes of agents will fully verify the truth of the position here stated. Again, the danger of causing pytalism, violent inflammation, ulceration, mortification, and sloughing of the mouth, cheeks, &c., of which I spoke in former articles, cannot be forgotten or overlooked. These results often follow its use when given as a cathartic, though the utmost precaution be observed to escape them. Numerous are the examples of this kind, which can be adduced to sustain the ground taken. I will give two instances of the kind in proof of my position. The subjects were both Allopathic physicians, and great sticklers for the use of calomel. I was personally acquainted with both of them. I think both had attended lectures in the Ohio Medical College, and one, at least, was a graduate of that school. I am thus particular to show that the persons who took it, were fully apprised of the nature of the drug they were taking, and knew as well as any medical men how to avoid any evil results. One of them was the subject of a slight cold—the other was affected with a nervous toothache, supposed to arise from some slight gastric derangement. Each took but a single purgative dose of calomel; both observing all the requisite precautions to secure its gentle cathartic effect,

following its use with other purgatives—the one with repeated doses of salts and senna, the other with rhubarb and castor oil, at the same time avoiding with the utmost care, exposure to cold air, cold or acid drinks, or any known cause to prevent or disturb its ready and sure cathartic action; but all in vain, for salivate it would and did, and that, too, when taken by those who both feared and dreaded its action, and took every precaution to prevent these results. They suffered very severely for several weeks, both being incapable of attending to any business, and finally slowly recovered with the loss of some of their teeth, and some of the soft parts of the mouth. They had been taught to believe that pytalism could be prevented in all cases, but they both said, after passing through this severe mercurial ordeal, that no physician need again tell them so, for they had fully demonstrated the utter fallacy of that doctrine.

I again ask, if calomel is a *slow* and *uncertain* cathartic, and at the same time liable, when administered with the greatest care to induce the deleterious constitutional effects detailed in this article, as well as in one of a former date, can it be an appropriate cathartic? Can its action be in unison with the action of the organs of our bodies, either in health or disease? If a single dose of calomel, when given to produce a simple action on the bowels, is liable to produce serious constitutional effects as lasting as life, is it a fit remedy to use? Nay, more, if it is liable to produce inflammation, mortification, sloughing and death, as is often the case, (the highest authorities, and the advocates of its use being the proof,) can it be an appropriate and safe weapon with which to combat disease?

There can be but one answer, provided we possess simple, safe, far more speedy and certain cathartics; and certainly if we, at the same time, possess other and more efficient and reliable means of cure, which can scarcely admit of a doubt.

3d. *Its Action is Unhealthy.*—The secretions which are augmented by the use of

calomel, are disturbed by its action, and rendered unhealthy. The irritation and inflammation which it produces in the salivary glands, no one will contend are healthy; and of course their secretory action must be unhealthy also, while the enormous quantity of fluid which it causes them and the mucous follicles of the mouth to pour out must necessarily be abnormal. It is utterly impossible for any gland or secreting surface, so irritated and inflamed, to act normally, or afford a healthy secretion.

Its action upon the liver and other organs does not approximate to that of health. The abnormal influence which it exerts upon the liver, does not admit of a single doubt, since it is acknowledged by Allopathic authority that the bile which it causes that organ to secrete is unhealthy. The authors of the United States Dispensatory, positively affirm that it causes that viscus to secrete acrid and unhealthy bile, and express a doubt whether it possesses any anthelmintic properties, independently of the acrid and poisonous bile which it causes to flow, that being supposed to effect all the good accomplished as a vermifuge, when the mercurial is given for that purpose.

In a state of mercurial erethism, it is utterly impossible for any gland or secreting surface to act healthy, any more than in the highest stage of febrile or inflammatory excitement, dependent upon any other cause. Then if their action upon the glands is abnormal, is it not impossible for its product—the secretion—to be healthy? If given as a cholagogue cathartic simply, and if it acts as such, the bile differs widely from that of health, and widely from that which flows when our simple vegetable cholagogues are administered. Its acridity is increased, and hence it is far more liable to cause griping and pain, as stated by the authors of the Dispensatory. If it induces an abnormal action—a morbid erethism—in the organs of secretion, does it not follow that the secretion must be unhealthy, and consequently fail to exert its natural or healthy influence upon the

animal economy? Then, if both the action of the organ and the product of that action be abnormal or unhealthy, must it not be a disease-creating, instead of a congenial curative agent?

VERATRUM VIRIDE IN THE TREATMENT OF PNEUMONIA.

BY DR. J. P. BACKESTO.

In the following cases, it will be seen, the Veratrum was the principal agent resorted to.

CASE I.—Mr. B., aged 24, had an attack of pneumonia, involving both lungs, on Dec. 7th. I was called to see him on the 10th. Found the patient very much exhausted, with pulse 130, bowels loose, expectoration frothy, very tenacious, and discolored with blood; skin hot and dry; tongue brown in the center, white at the edges, tip clean and very red; respiration 30 and very much oppressed, requiring nearly the sitting posture, with dull pain in the chest, and on several occasions considerable hemorrhage from the lungs.

Treatment.—℞ Veratrin gr. iv. Divide into sixteen powders; take one every two hours, until it produces nausea, then lengthen the intervals to four hours. ℞ Leptandrin gr. viij, sanguinarin gr. iv. M. Divide into four powders; give one every six hours. Ordered slippery elm water as common drink.

Dec. 11th. Visited patient at 8 A. M. Pulse 90, expectoration more free, respiration easier, with all the symptoms more favorable. Continue the treatment, with fomentations of hops boiled in vinegar over the region of the lungs, as hot as he could bear. Visited the patient at 10 P. M. Pulse 70, soft, more full; respiration nearly normal; expectoration copious, color more yellow, tinged with blood; less thirst, some nausea, with a little vomiting; bowels moved twice; stools dark brown, with indications of bile. Continue leptandrin and sanguinarin; stop veratrin until nausea

subsides, then give one powder every four hours.

Dec. 12th. Rested well during the night—the first rest obtained since the attack. Nausea subsided; other symptoms as before. Continue the veratrin, and give three times per day, *R* Leptandrin and hydrastin, aa. gr. j. This treatment was continued until the 14th, when expectoration was healthy, bowels regular, pain in the chest subsided, tongue cleaning, no thirst, some appetite, respiration normal, pulse 70, soft, regular, but feeble. *R* Tinc. ferri mur. 3j. Take fifteen drops every four hours. For the cough: *R* Palmon. syrup 3ij, tinc. sanguinaria and lobelia, aa. 3ss. M. Take one teaspoonful every four hours during the day; let the patient rest eight hours during the night—rests comfortable. This treatment was continued until the 17th, when the patient was able to walk about the room; appetite good, bowels regular, cough nearly subsided, but considerable expectoration, some pain in the chest. Continued the expectorant only, and applied over the region of the lungs, comp. tinc. camphor. This treatment was continued until the 25th, (with the addition of podophyllin and leptandrin to move the bowels, they being rather inactive,) when he was discharged cured.

This patient was of a scrofulous diathesis. When a boy he labored under an extensive ulcer of the leg, five or six years.

CASE II.—Mr. H. aged 35, was attacked Dec. 18th. I was called on the 20th. Skin hot and dry; tongue dry and glassy; pain in the head, with delirium; great thirst; dull pain in the right lung; left lung apparently healthy, or but slightly affected; expectoration mucus and blood; crepitus and dullness throughout the entire region of the right lung; pulse 130, full and bounding; urine high colored and scanty; bowels loose.

Treatment.—Used the tincture of veratrum viride, instead of veratrin, as in the first case, with leptandrin and hydrastin, as an alterative, in doses of one grain each every six or eight hours.

On the 24th he became convalescent, and on the 28th was discharged cured.

CASE III.—A daughter of Mr. H., aged eight years, bilious temperament, was attacked Jan. 16th. I was called to see her on the 18th. *Symptoms*—Pain throughout the entire chest, both lungs evidently involved; cough slight; expectoration of a tenacious and frothy character; skin moist at times; tongue whitish brown, tip very red; diarrhea; crepitus in every portion of the chest, with dullness; pulse 140; respiration 35. The child was obliged to keep the sitting posture, or nearly so. It was in the onset much averse to taking medicine.

Treatment.—*R* Veratrin gr. j, leptandrin gr. xj. Mix and divide into twelve powders; take one every two hours; but did not take more than two doses; then ordered, *R* Veratrin gr. j, alcohol 3j. M. Take five drops every two hours in some wine, which she would take readily. Ordered for drink an infusion of ulmus. And the veratrin to be continued until it produced nausea; which was continued until the 19th, producing no nausea nor affecting the pulse or skin. The dose was increased to eight drops. This was at 8 A. M., and in giving the third or fourth dose, a mistake was made, and they gave 20 drops, which produced (that same evening) retching, vomiting, and great prostration, profuse perspiration and a reduction of the pulse to 70, but it rose subsequently to 80. The retching and vomiting continued two hours, with intermissions. On the morning of the 20th, resumed the veratrin in doses of eight drops every four hours. Diarrhea continued. Gave leptandrin and jalapin sufficient to operate on the bowels. 21st—Diarrhea better. Continued the veratrin. Expectoration free, slightly streaked with blood; some pain in the chest. Applied over the chest comp. tinc. camphor and fomentations. 22d—All the symptoms improved; expectoration healthy, pulse 70, tongue cleaning, bowels regular. Continued the veratrin, and in connection gave, *R* Pulmonary syrup 3ij, tinct. san-

guinaria and lobelia, aa. ℥ss. M. Take one-half teaspoonful every four hours. The cough being severe at times, this treatment was continued until the 24th, when all the symptoms were ameliorated; some appetite; complained of pain in the stomach; tongue clear, tip red; some nausea. R. Tinc ferri mur. ℥j. Take five drops every four hours during the day, and continue the expectorant; omit the veratrin. This treatment was continued until the 26th, when the patient was discharged cured.

Considerable care is required in the administration of veratrum viride. If administered empirically, very serious consequences may follow, such as violent retching, vomiting, purging, coldness of the extremities and surface, dimness of vision, and syncope, with other unpleasant symptoms. The above simple treatment, varied to suit the different cases, will, I believe, be almost universally successful, when there are no complications. At a future time, I may state some more of the effects of veratrin in inflammatory diseases.

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI, AND ITS ETHICAL PECULIARITIES.

BY PROF. G. W. L. BICKLEY.

CHAPTER V.

[The writer of these pages owes an apology to his numerous friends and the medical public, for the delay in the appearance of the 5th chapter. He hopes that a simple statement of the facts will be entirely satisfactory. While the 4th chapter was going through the press, the writer was taken sick, and did not again return to his post until the fall of 1857; during which time the 5th and 6th chapters of this history had been mislaid by Prof. Newton, the editor of the Journal, and they have only recently come to light. I therefore embrace the earliest opportunity of publishing them.]

It has been already stated that a suit had arisen on a question of legal officership, in which Prof. R. S. Newton was the relator, and Dr. W. Sherwood was the defendant. A doctors' quarrel in Cincinnati always excites more or less interest, and on this occasion, more than usual, from the publicity which had been given to the difficulty by previous acts, and from an attempt on the part of some of those interested to use the circumstances as a means of advertising themselves into notoriety.

The action on the part of the relator, was a *quo warranto*, and came up for a hearing before Judge Ranney, of the Supreme Bench, in the District Court. Able counsel had been employed by both parties, which parties were the legitimate stockholders on the one side, who were represented by the relator and his counsel, and the bogus faculty on the other, who were represented by Dr. W. Sherwood and his counsel. In addition, very much outside influence was attempted by parties interested; but probably not in such a way as to affect more than to give notoriety to the whole proceedings. Each party seemed confident of success, and hence invited some of their friends to be present, and partake of the satisfaction of a victory. Of course, as both parties could not be vindicated, one or the other was doomed to a very disgraceful disappointment, and this would be the more unpleasant as the number of witnesses was greater. The court room was constantly thronged with citizens, as well as physicians, who seemed to manifest more than ordinary attention in the testimony, which, though in the writer's possession, is so fully represented in the speeches of Messrs. Headington and Hoadley, that it is not deemed of consequence to a fair presentation of the facts in the case.

It is proper to say that the following speech of Mr. Headington is only an abstract, but that it very fairly represents his argument in the case. Few men are capable of discussing an intricate question like this with more logical acumen than Mr. Headington, who is one of the clear and

lucid speakers who can at all times chain the attention of an audience to what is being said.

ABSTRACT OF THE OPENING ARGUMENT BY
MR. HEADINGTON,

In the case of the State of Ohio, upon the relation of R. S. Newton, vs. W. Sherwood, et al. in the District Court of Cincinnati.

May it please your Honors: Although considerable time has been consumed in hearing the testimony in this case, which has covered a wide field of investigation, I am satisfied that the real matters in controversy can be narrowed down to a few points, the presentation of which, in an opening argument, will not require me to trespass long on the attention of the court.

The issue made by the pleadings is, whether the relator or the defendant is the lawful incumbent of the office of Treasurer of the board of trustees of the Eclectic Medical Institute; both of them claiming the right to exercise the duties of that office.

In considering this question, the court will first examine the charter of the corporation, which is the law of the corporation, and which will be the guiding rule of all their subsequent investigations. They will then ascertain the situation and management of the Institute at a time anterior to that at which the present controversy arose, and from this, as a starting point, examine so much of its subsequent history as is involved in that controversy.

The charter of the corporation provides for the election, on the first Monday of April of every year, of a board of trustees, by the stockholders. It also provides that the board of trustees shall elect certain officers, and amongst them a treasurer, *out of their own number*. The validity of the election of the board of trustees in April, 1855, is not disputed; neither is it denied that the relator, Dr. R. S. Newton, was the lawfully constituted treasurer of this board, and so continued until the evening of the 5th of April, 1856, the Saturday preceding the Monday on which the

next annual election was to take place. But it is claimed by the defendant, that he held that office, not by virtue of an election under this section of the charter, but *ex-officio*, as treasurer of the faculty, in consequence of a resolution of the board, that the treasurer of the faculty should *ex-officio* be treasurer of the board of trustees. Without stopping to inquire whether one board of trustees can, by a simple resolution, bind every subsequent board, unless sanctioned or approved of by them, it will be sufficient to say on this point, that the resolution is so directly contrary to the express provision of the charter, before noticed, that in itself it could have no validity. The only legal effect that could be given to it, would be in regarding it, when acted upon by each successive board of trustees, as a mode of designation equivalent to an election. Unless by the separate action of each board as it came into office, there could be no treasurer appointed.

The authority of the relator as treasurer of the board of trustees, elected in 1855, was derived from the proceedings of a meeting of the board on the second day of July of that year, in which, by resolution, it was declared that he should be treasurer of the board. It is true that he is spoken of as treasurer of the faculty, and *ex-officio* treasurer of the board of trustees, but it was by this act of the trustees themselves, which was equivalent to an election, and not by the former resolution above mentioned, that he held the office of treasurer of the board of trustees, elected in 1855.

It is important to settle this question, not only with the view of ascertaining who were the officers of the Institute before the present controversy arose, but as one means of determining the validity of the stock issued on the evening of the 5th of April, 1856, which will be hereafter referred to.

Such being the state of affairs in 1855, during the winter of that year disagreements and dissensions arose in the faculty, which were of such a character as to indi-

cate that they might ultimately lead to an open rupture. The court have not the means, neither is it important for them to determine either the origin or merits of this controversy. They will only regard it as a fact proved in the case, which may tend to throw light on the subsequent actions of the parties.

In this division of the faculty, the relation and Dr. Freeman were on the one side, and the remaining members, including the defendant, on the other. And as the spring election of trustees approached, there was a general canvassing of votes, and an effort by each party in the faculty to secure the election of a board that would be friendly to its interests.

And here it will be worth while for the court to inquire whose rights are to be passed upon in the present case. For some of the gentlemen connected with the faculty seemed to have considered that the prosperity of the institution not only depended upon their distinguished exertions, but that it was solely conducted for their individual benefit; in other words, that *they* were the college. The court, however, can only consider the rights of those who have a pecuniary interest in the institution—the stockholders. To them it belongs to control its affairs, and the faculty are employed by them to deliver lectures, and are merely their servants, subject to removal at their pleasure, and are not required to be in any other manner connected with, or interested in the institution.

The majority party of the faculty became satisfied, as the result of their investigations, that they could not secure a controlling influence in the election, unless by obtaining the support of Dr. L. E. Jones, who was the holder of a larger amount of stock than any other person. And they endeavored by every means of persuasion to attain this end. They offered the inducement of electing him a trustee, and finally proposed to purchase his stock; but all without success. Finding their efforts were fruitless, they resorted to threats, and declared that if they failed in the election they would "throw the Insti-

tute into liquidation, and blow it to powder." The course thus pursued by the majority of the faculty, affords some indication of the confidence they had in the justice of their cause; since, rather than submit it to the decision of the stockholders, at the election, whose real and substantial rights were most deeply involved, they preferred to uproot and destroy the college itself.

Having failed in the only plain and straight-forward way of attaining their end, they fell upon the plan which, in the history of the world, has sometimes before been resorted to, of searching for precedents which would enable them to do by indirection and subterfuge, that, for the direct and open performance of which, there was no legal authority.

In this search for precedents they discovered, or supposed they had discovered, that in the early history of the institution, stock had been issued on the basis, not of money or property actually paid in, but of the bonds of individuals, which were to be received in lieu of money or property. They also discovered that, at a point of time even earlier, the board of trustees had constituted the faculty a committee of finance to receive donations and subscriptions of stock. Thus fortified, and with the knowledge that the institution owed a debt of \$5,000, with some arrears of interest, to Phillip Grandin, secured by mortgage on the vacant lot west of the college building, they concocted their plan of issuing stock to their friends on the eve of the election, (receiving their notes for the same, payable in five years,) sufficient in amount to give them a majority of votes. After the election was over, nothing would be easier than to cancel the stock, and destroy the notes; and thus, by a mere scheme on paper, which cost them nothing, they could overcome and subvert the substantial rights of the *bona fide* stockholders.

Only one obstacle presented itself to the success of this plan. There was a resolution of the board of trustees in force, requiring that all certificates of stock should be signed by the treasurer of the board,

and Dr. Newton then held that office. But here the resolution before referred to, that the treasurer of the faculty should, *ex-officio*, be treasurer of the board of trustees, opportunely occurred to them as the means of overcoming the difficulty. Their plan was thus completed, and the Court have seen in what manner they carried it into execution.

On Saturday, the 5th of April, (the election occurring on the following Monday,) as Dr. Freeman was passing into the lecture room of the college in the afternoon, at his usual hour for lecturing, he was met by the defendant, Dr. Sherwood, who informed him there would be a faculty meeting that evening at his, Sherwood's, office. On being asked whether any business of importance would be brought up, he gave an evasive answer. After he had finished his lecture, Dr. Freeman called at Dr. Newton's office to inform him of the meeting, but found he was absent in the country. Dr. Freeman attended the meeting, and found all the members of the faculty there with the exception of Drs. Newton and King. A resolution was offered that Dr. Newton be removed from his office of Treasurer of the faculty, and Dr. Sherwood appointed in his place, which was passed, all the members voting for it except Dr. Freeman. Another resolution was then offered, and passed in like manner, to issue \$7,000 of stock to certain parties who were named, and receive therefor their notes, having five years to run, and bearing interest at ten per cent payable annually. Dr. Freeman asked for an explanation of this extraordinary proceeding, but none was given him. He then told the parties concerned that they had better be very cautious as to what they were doing, or they would get themselves into difficulty, but received for a reply that they knew what they were about, and had taken legal advice in regard to it. Dr. King came in about this time, out of breath, and apologized for being late, by stating that he had just finished preparing the certificates. The two resolutions above mentioned were again put to vote and passed, Dr. King

voting for them with the other members of the majority party of the faculty, and Dr. Freeman not voting at all. The corporate seal and engraved certificates of stock being in the custody of Dr. Newton, as treasurer of the board of trustees, Dr. King had prepared written certificates (made to resemble them as nearly as could be) to the parties named in the resolution which was passed in the first place before he arrived, and had signed his name thereto as secretary of the faculty, anticipating the removal of Dr. Newton and the election of Sherwood. These certificates were produced, and also the notes which were to be received in exchange for them—showing that the plan had been privately arranged and perfected by the majority of the faculty, and purposely kept secret from Drs. Newton and Freeman.

A few words more will complete the statement of the case. Dr. Newton, as treasurer of the board of trustees, had caused a notice to be published in three of the daily papers of the city, on Friday and Saturday, that on Monday, the 7th of April, the stockholders of the Institute would meet at his office, for the purpose of electing a board of trustees for the ensuing year. This election was accordingly held, and votes representing nearly twelve thousand dollars of stock cast unanimously either in person or by proxy, for the board of trustees who afterward elected Dr. Newton treasurer. At the same time, an election was held in the ante-room of the college building, but without public notice, at which votes were cast representing something over seven thousand dollars of genuine stock, and the seven thousand dollars of spurious stock which was issued on the Saturday night preceding. There was proxy voting here, as well as at the other election, and the vote was unanimous for the board of trustees that afterward chose the defendant, Dr. Sherwood, treasurer. There are thus two treasurers and two boards of trustees, each claiming to be legal, and the Court are required to decide between them.

The whole case, as I apprehend, turns

upon the decision of the question whether the issue of the \$7,000 of stock, on the evening of the 5th of April, was legal or not. And I believe it can be clearly established that every step that was taken to accomplish this object, was clearly in violation of law, and of the rights of the existing stockholders of the Institute, and the stock itself was therefore void. There was a by-law then in force requiring the certificates of stock to be signed by the treasurer of the board of trustees. It thus became necessary to displace Dr. Newton from that office, although he had but a fraction of a day to serve before the election. This was attempted to be done by removing him from the office of treasurer of the faculty, without notice, and without any charge being brought against him. The latter proceeding was in itself illegal, for the simple reason that notice was not given of the object of the meeting, and Dr. Newton, who was the party most interested, had no notice that it was to be held. "Although when a day certain is appointed for a particular business, no notice may be necessary when that alone is to be transacted, or the mere ordinary affairs of the corporation are to be acted upon, yet, when the intention is to do other acts of importance, a notice of it is required. The election or amotion of an officer, the making of a by-law, or any act of similar importance, on any day not expressly set apart for that particular transaction, is illegal and void."—*Angell & Ames on Corporations*, § 489.

But if he had been lawfully removed from the office of treasurer of the faculty, he would still have remained treasurer of the board of trustees. The resolution before mentioned, that the treasurer of the faculty should *ex-officio* be treasurer of the board of trustees, was not binding on any other than the board by whom it was passed; and as to them, it was merely a substitute for an election, because that any other effect should be given to it was in direct violation of the act of incorporation. Much less could the faculty remove an officer elected by the board of trustees, and

substitute another in his place without their concurrence, consent or knowledge.

But waiving this objection, I claim that the stock of the Institute could only be increased by the body of the stockholders, or at most by the board of trustees elected by and representing them. It is true that, at an early period of its history, the faculty were constituted a committee of finance by the board, and authorized to receive donations or subscriptions of stock. But admitting that this authority must be presumed to have been continued by each succeeding board, and to every succeeding faculty, (which is more than questionable,) the receiving subscriptions, and issuing stock upon those subscriptions, when found to be satisfactory, are very different acts, and the authority to do the one by no means implies the authority to do the other.

Again, neither money nor property, nor any thing valuable in itself, was received in payment for this stock, but merely written promises to pay, which could be destroyed at any time, and which the testimony clearly shows were not convertible into money, and for the payment of which when they became due, the makers may or may not be responsible. Such a proceeding, which would result in the entire subversion of the right of the *bona fide* holders of stock, who had paid value therefor, to control the affairs of the Institute, clearly does not come within the meaning of an authority to receive donations and subscriptions of stock.

But it is said that the issuing of stock for the bonds of individuals having a considerable time to run, and also the issuing of stock by the faculty without the sanction of the trustees, are sanctioned by precedent, and by the uniform course of proceeding in the corporation, from the time of its establishment; that a vote was passed by the first board of trustees to issue stock to the amount of \$10,000 on the bonds of individuals, having ten years to run; and the faculty have repeatedly issued stock without the knowledge or approval of the board.

The charter required the corporation to

be possessed of property, to the satisfaction of the County Auditor, worth at least \$10,000, before they could grant diplomas. A course of lectures having been commenced without the requisite amount of property, the vote just referred to was passed by the board, and the bonds presented to the Auditor, as evidence of property, but he refused to receive them as such, and the project was thus defeated. Shortly after this the lot was purchased on which the college building now stands, and the work upon the building commenced. The evidence shows conclusively that the first stock that was issued was for labor upon the building, and for the value of the lot; that stock was issued from time to time upon the building as it progressed, and upon the library and apparatus when they were purchased; but that none ever was issued upon the bonds for \$10,000 before mentioned, or in any other way than for value actually received, prior to the completion of the building. When the building was finished, the whole amount then expended being \$17,000, stock was issued for the same in full; and the bonds for \$10,000, which had never been used, were at the same time canceled. The only stock that has since been issued, except in case of renewal, has been to pay too instalments of interest on the Grandin mortgage, to pay for improvements in the building, and dividend stock for the years 1853 and 1854. Some years ago it was resolved that a dividend should be paid upon the stock of the Institute of not less than six nor more than ten per cent. per annum, and a fund was provided for that purpose. The dividend was paid in money until 1853, when, by a vote of the faculty, it was directed to be paid in stock; which was also done in the following year. The issues of stock for the purposes just mentioned, although in the first place ordered by the faculty, were subsequently approved and ratified by the board of trustees.

But admitting all that is claimed by the defendant, in regard to the manner of issuing stock, to be true, it would only show that the provisions of the charter had, in

this respect, been departed from. But one violation of the charter could never justify another; and an indefinite number of such acts would not be of the slightest weight in establishing a custom contrary to the plain provisions of the law itself.

The issuing of the \$7,000 of stock was also illegal, because the original stockholders had no notice that it was to be issued, and no opportunity to subscribe for it, in proportion to their existing stock, and the control of the corporation was thus taken from them without their consent.² A share in the stock of a corporation when only the least sum mentioned in the charter has been paid in, is a share in the power of increasing it, when the trustees (the corporation) determine, or rather when the original shareholders agree upon employing the greater sum mentioned in the charter. The augmentation of the capital to the larger sum is supposed to be intended for the profit of the joint concern; the capacity under the charter to augment it is in virtue of their joint interest. If a corporation, in other words, is created with the privilege of raising a stock not less than one sum, nor exceeding a certain greater sum, and commence business with the smaller capital, and it is afterward decided by a vote to augment it to the greater, an original subscriber has, as a stockholder, a right to subscribe for and hold the new stock in proportion to his interest in the old. And taking into consideration the nature of the corporation, and the purpose for which an augmentation of the capital is designed, the stockholders, when they determine to augment their capital, ought to give a reasonable notice to all their partners to claim this right of subscribing to the new stock. *Angell & Ames on Corporations*, §§ 554, 555. *Gray vs. Portland Bank*, 3 Mass. 364.

This issue of stock was not only contrary to the plainest principles of the common law, but in violation of the express requirements of the statute law of the State. By the 9th section of the act relating to colleges, &c., passed April 9th, 1852, (Swan's statutes, 194,) it is provided 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 donation, gift, 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." And by the 10th section of that act, that "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 institution 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 and sign the certificate mentioned in the preceding section." It is not pretended that in the present case these provisions were in any respect complied with, or attempted to be complied with.

The stock issued on the 5th of April was also invalid because the whole proceeding was a fraud upon the rights of the existing stockholders. It will not be necessary for me to refer at length to the manner in which the scheme of the majority of the faculty was devised and carried into effect, to establish this proposition. There are only two circumstances to which I desire

to call the attention of the court, but they alone stamp upon it an ineffaceable character of fraud, and show that it was not a *bona fide* effort to increase the stock of the Institute, and thereby promote its welfare, but a mere plan for carrying the election over the heads of the majority of the stockholders. Dr. King testified that in the consultations of the majority of the faculty, they relied upon obtaining the control of the stock of Dr. L. E. Jones, and thereby securing the election, and it was not until they had been disappointed in this expectation, and were on the point of abandoning all hope of success, that the proposition was made to endeavor to obtain an increase of stock sufficient to place them in the majority.

Again, so far as the testimony shows, the persons applied to to take the stock invariably declined; and it was not until after they had been urged to do so, and received a guarantee from the member of the faculty applying to them, either to indemnify them against all loss, or to find a purchaser for the stock at par whenever they desired to sell, that they finally consented. The whole responsibility being thus assumed by the majority party of the faculty, who solicited the subscriptions, it was virtually nothing more nor less than issuing stock to themselves, that they might keep themselves in power.

The manner in which the subscription was obtained from Mr. Keys deserves especial notice. When applied to upon the subject, he expressed a willingness to make a donation of \$500 to the college, if its affairs were in such a condition as to require it. But this was declined and his note taken for that amount, payable in five years, and stock issued to him for the same. The money would not secure votes but the stock would, and it was votes and not money that were wanted.

Having arrived at the conclusion that the stock issued on the evening of the 5th of April was illegal and void, and therefore that a large majority of the legal stock was voted at the election held at Dr. Newton's office, that election must be

sustained, unless there was some irregularity in the notice given, or in the manner of holding it.

There are two points upon which a considerable amount of testimony has been introduced, which may be properly noticed here, although as the evidence stands they are believed not to be material. The first is, that there was voting by proxy; and the other is, that the large stockholders, at times, more or less, nearly preceding this election, subdivided their stock and had it transferred into the names of their creditors, or of their relations and friends, so as to increase their votes; the charter allowing one vote for every share up to twenty-five shares, and over that number, only one vote for every five shares. But neither party has the advantage over the other in these respects, and although the legality of these proceedings may well be doubted, the rejection of the proxy votes, and of the votes on the divided stock, would not change the result.

The determination of the question, which was the valid and legal election, may be controlled, however, by the circumstances under which the one or the other was held; for, inasmuch as unquestionably legal votes were cast at each, either would have been good if in itself regular, and if the other had not been held.

In order to protect the rights of the stockholders in corporations, the law requires notice to be given of the time and place of holding elections, unless the same be fixed by the charter or regulated by by-law. In the present case, the charter directs that the election of trustees shall be held on the first Monday in April of every year, but it does not designate any particular hour of the day, nor any place for holding the same. And in the practice of the institution, in this respect, there seems to have been much looseness and irregularity. It does not appear to have been customary to give any formal notice; and the place of holding the election has sometimes been the office of the treasurer, and sometimes the faculty-room in the college building, though generally the former.

It may be that in the present case there was not a strict conformity to the technical rules of law upon this subject in either election. The election called by the reporter has this advantage, however, that he gave it publicity through the newspapers, although that method does not appear to have been adopted at any prior election; whereas, there was not only no previous notice given of the other election, but it is admitted to have been intentionally kept secret, or at all events, the knowledge of it confined to the adherents of the majority of the faculty.

But, as I understand, the only object of giving notice is to ensure to every stockholder the right of voting, and no one has the right to complain of the want of it, unless he has thereby been deprived of that privilege. It is not denied here, however, that every share of stock was voted on either at the one election or the other, and that persons attending each election knew at the time, if not before, that the other was in progress. During the election at Dr. Newton's office, a committee was sent from the meeting in the ante-room of the college, one of whom was Dr. Sherwood, who stated that he had been elected treasurer, and demanded the records of the Institute from Dr. Newton. He also notified the stockholders present of the election at the ante-room. The sending of this committee is sufficient evidence that the stockholders at the latter place knew of the election at Dr. Newton's office, and that they did it not deny. Neither the one place nor the other was improper or inconvenient as a place of holding the election, and no stockholder was deprived of the right to vote at either in consequence of want of notice. Under these circumstances, the majority of the stockholders had the right to control the election. The majority were assembled either at the one place or the other. The question for each stockholder to determine, in order to give effect to his vote, was the very question now to be decided by the court—at which place were the majority assembled? Either the minority would

have to come to the majority, or the majority to the minority—the latter being evidently unreasonable—or they would cast their votes separately.

The whole case, therefore, turns upon the solution of the question, where were the majority of the votes cast? and this again upon the question, whether the \$7,000 of stock, issued on the 5th of April, was legal or not. That it was not I conceive to be established beyond a doubt by every principle of law applicable to the case, and I shall therefore rely with confidence upon your honors rendering judgment for the relator.

The argument of Judge Hoadley, together with the decision of the Court in favor of the relator, Prof. R. S. Newton, as the representative of the legitimate stockholders, will be presented in the next issue of this Journal.

JAUNDICE VERSUS MERCURY.

BY I. J. M. GOSS, M. D.

This disease is often symptomatic, tho' sometimes it is idiopathic. It is usually known by the icterode hue of the skin and conjunctiva, that peculiar dallness of feeling, termed by the French "malaise," and dull pain in the hepatic region, reaching sometimes to the point of the scapula. The urine is generally high colored, the stools light, clay-colored, or sometimes, where the disease is not the result of deficient action, or obstruction of the biliary duct, by tumors or calculi, but the result of duodinitis, which is a very frequent cause of the disease, the stools may be dark or green. This last appearance is very common in that form of jaundice, that follows mercurialization. There may be also, a peculiar irritability about the cutaneous surface, causing constant itching and smarting sensations.

Cause. With regard to the cause of this disease, I have been somewhat enlightened by my own experience and observa-

tion. That the disease may often originate from hepatitis, gall-stones, tumors and other occlusions of the biliary duct, I am fully persuaded; but that it is as often, perhaps, caused by the great liver panacea (mercury), I am very certain. I had this disease myself in the year 1844, which was brought on by the administration of calomel and blue mass for inaction of the liver, as my physician then called it, which was really nothing but dyspepsia, and which afterward yielded to tonics and alteratives judiciously administered. I think the *modus operandi* of the calomel was this: it produced its well-known irritating effects upon the mucous surface of the duodinum, thereby increasing the absorption of the bile, as it passed through the alimentary canal, together with irritation, and consequently inflammation of the liver, thereby producing an undue secretion of bile, which, as it passed along the alimentary canal, was absorbed in excess.

I recently attended a post-mortem examination of a negro boy, some fourteen or fifteen years of age, in whom, myself and another physician, found almost every organ in a diseased condition. The liver was of a light ash-color, hypertrophied to a great extent; the gall-bladder was filled with bile as black as a man's hat, and some five or seven gall-stones, two of them as large as a man's middle finger, some half an inch long; the others were smaller; all of them were as black as the bile which was found in the gall-duct. The spleen was atrophied so much that it was difficult to find it; it was some half-inch long, and as large as the little finger. The heart was surrounded by water, it was also atrophied. This boy had long been kept mercurialized, for what was called torpidity of the liver,—"*the scape-goat*, to bear off the ignorance of the Esculapius who attended him"—which, instead of getting better, got still worse by the great panacea, but still it was continued in full confidence of its sovereign efficacy in liver disease. Now this case revealed to me the fact that many similar ones had led me to suspect, that mercury was often the cause of those

derangements of the hepatic functions which it is said to cure. This boy may have had slight jaundice before he was subjected to a mercurial course; of that I cannot say, as I never examined him ante-mortum; but, that he had mercurial disease when he died, the pathological lesions plainly prove.

There was a case in the village, * * * which still further confirmed me in the belief that mercury is a very fruitful source of biliary derangements. The case was one of indigestion, as appears from a detail of the symptoms, which were given to me by the patient himself. They were as follows: Pain in the epigastrium, especially after meals, sour eructations, a dull feeling, and indisposition to exercise, constipation and capricious appetite. This young man presented himself to a physician of the old school, who dosed him with blue-pill or calomel, as his caprice dictated, until that very offensive organ (the liver) was made to perform its wanted function; but how contrary it is in the performance of its duty! Sometimes it acts too much, and then again it will not act enough, though the great liver regulator be administered in good round doses. This was the case this time; this young man took blue pills and calomel in oft-repeated doses, but still the symptoms were only aggravated. He now presented himself to me for examination. I very soon discovered that part of the disease was the effects of mercury. He had the icterode tinge upon the skin and conjunctiva, which have been treated for liver affections, but I saw that this was the result of the treatment, rather than any other pathological lesion; it is true, there was a lesion of the physiological function of the liver, and perhaps of the absorbents, but there appeared to me no evidence of idiopathic disease of the liver, consequently I directed my treatment to the stomach and to the absorbents. I commenced the treatment of this case by a remedy which is not much used by the profession in the South; in fact it appears not to be very well known anywhere, as I find but little

said of it in the books. The remedy is the *chionanthus virginica*, fringe-tree, as it is called here. This is a remedy of great efficacy in cases of jaundice, attended with or without debility of the stomach. I have cured quite a number of cases with this remedy, such as were produced by the derangements of the liver, mercurial and idiopathic. This young man recovered in two days, and remains well until now.

I cured my own case in Augusta, in the year 1844, after having tried everything that the faculty could recommend, without benefit. I made a tincture of the root in Holland gin, 2oz. to the quart of gin. Of this I took half an ounce three times per diem, which relieved me in ten days. I sometimes give an occasional pill of leytandrin, irisin, and podoph., but often cure jaundice, of long standing, with the *chionanthus* alone. I am not a believer in specifics; if I were, I should take this for one, in diseases of the liver, especially jaundice. As regards its *modus operandi*, I think it acts as a catalytic and tonic. It removes the *materies morbi* from the blood; as such it will admit of a much more extended application. In some future number I will give further trials of this remedy, &c.

COTTON AND LINEN NEXT THE SKIN.

BY JOHN T. SUTTLE, M. D.

It is a general opinion among the medical profession, as well as the community at large, that flannel or woollen garments worn next the skin, are much more healthy than linen or cotton ones, particularly for valetudinarians. But the why and wherefore are seldom explained, more than they tell you it is warmer. Some will tell you that it is better because it more readily absorbs moisture. If so, why not use it for towels, wiping cloths, &c. No; cotton and linen have an attraction for water, so they are preferred, while wool has a decided repulsion. Now is not this one of the best reasons why wool should be worn as an

outside garment? It is said by some that by friction it excites the skin to a healthy action. So do capsicum and mustard poultices, and why not wear them daily? It is true of wool as of the mustard poultices: they are good as a remedy in certain diseases. So are many of the deadly poisons. But is it not true that wool exposed to the same degree of heat becomes as warm to the hand as linen or cotton? Wool is a poor conductor of heat; linen and cotton comparatively good. What, then, can be inferred from this fact? At once we readily come to the conclusion to wear linen or cotton next the skin, to receive heat as it passes from the body, and wool over it, to prevent its escape.

I admit that were a person to wear but one thickness of cloth, wool is the warmest, and for this reason it may be recommended to the laboring man, who, in his shirt sleeves, exposes himself to sudden changes. Cotton and linen, from the fact that they do absorb moisture from the body, need cleaning much oftener than wool, as all know who wear them. Perspiration, as it comes from the body, is grateful to the surface till it parts with its fluid particles by evaporation; the residue then becomes an irritant. Cotton takes up the whole perspiration, as soon as it comes in contact with it, while the wool repels it; and if the sweat cannot escape in any other way, it passes through the wool, and stands upon the outside, as you have seen upon your saddle blanket in a summer day.

Another grand reason why wool should not be worn as an under garment, is, its constant friction debilitates the skin, and makes it more susceptible to colds.

Dr. HAUNER, of Munich, has employed chlorate of potassa in seventy cases of ulcerative stomatitis, with marvelous success. The repulsive odor of the breath commonly disappeared in four hours.

Part 2—Progress of Medical Science

SIMPLE MODE OF REDUCING A DISLOCATED ELBOW.

In a recent communication to the *Societe de Chirurgie de Paris*, M. Bidard relates a case in which a dislocated elbow was reduced in a very simple manner, after the ordinary means had failed. A child, aged 13, had dislocated his elbow, and the dislocation had been reduced in the ordinary way. A month later the elbow was again dislocated. On this occasion the child said nothing about the accident, and five weeks past before the mischief was discovered, and the attempts at reduction repeated. These attempts failed. It then occurred to M. Bidard to persuade the child to swing himself by both hands from a cross beam of wood, and to allow his hands to be held in this position by another person when he became tired. These swingings were continued for fifteen or twenty minutes at a time, and repeated every morning and evening; and the displacement had entirely disappeared on the seventh day. It appears from the account, that the displacement diminished, progressing between the first and ninth suspension: and that the rest of the deformity disappeared suddenly during the fourteenth suspension.

This method, as M. Larrey observed afterward, possesses some analogy to that of the *door*, as formerly practiced by some surgeons, but with this difference, that the reduction is effected gradually in this case and suddenly in that.

As to the rest we are disposed to think there need to have been no difficulty if the chloroform had been employed; for, unquestionably, dislocations of much older standing are easily reducible with the help of this agent.—*Gaz. Hebdom. de Med. et Chir.*

EXPERIMENTS AND OBSERVATIONS UPON THE SORGHUM SACCHARATUM, OR CHINESE SUGAR CANE.

BY J. S. LOVERING, PHILA.

[The above is the title of a pamphlet, published last month, which possesses so much intrinsic interest to the consumer, as well as to the producer, of sugar, that we have endeavored to convey, as correctly as possible, an idea of its contents in the following abridgement. The well known ability and success of Mr. Lovering, in all pertaining to the chemistry and manufacture of sugar, give every confidence in the accuracy of his results.—*Amer. Journal of Pharmacy*, March, 1858.]

The introduction of this plant into the United States, and the hope of producing sugar from it at the North, profitably, have excited such universal interest, that it has this year been planted in almost every State of the Union; and, as the season has advanced, the opinions early expressed by many intelligent and scientific experimentalists, that it contained no crystallizable sugar, have apparently been confirmed by later trials. A few crystals, if true, have been obtained in one or two instances, but all hope of producing sugar from it profitably seems to have been abandoned.

My object in making the following experiments has been to throw what light I could upon this important question, and, in the event of the result proving favorable, to give such a formula as would enable the uninitiated to proceed with confidence of success. They have been pursued without any attempt at extraordinary production, either in the cultivation of the cane, or the development of its properties; on the contrary, the experiments were made in small quantities, under many disadvantages that would not occur in large operations, and consequently with results less favorable.

On the 10th of May, 1857, I planted about half an acre on upland of good

quality, such as would yield, in ordinary seasons, 50 to 60 bushels of Indian corn to the acre. The rows four feet apart, and the plants intended to be six inches apart in the rows, but which, on taking off the crop, proved to be a little over seven inches apart. When the canes were about 18 inches in height I had the suckers removed. During the month of June I passed the hoe-harrow through it twice, a man following with the hand hoe, as in the case of Indian corn. It was then left to take care of itself. It grew rapidly and evenly, and attained the height of 12 to 14 feet.

My apparatus and utensils for conducting the experiments consisted of the following, viz: A pair of iron rollers, 7 inches in diameter and 12 inches long, set in a frame $\frac{1}{2}$ of an inch apart, with spout to catch and collect the juice, and a crank turned by hand; a few sugar moulds and pots; some ivory black or animal carbon; two filters, made of common bed ticking, in the shape of an elongated pudding bag; a thermometer, Beaume's Pese' Sirop or saccharometer, and a polariscope. All the other utensils I obtained from the kitchen, viz: a copper kettle of ten gallons capacity, a ladle, some tin pans, bowls, buckets, &c., to contain the juice.

[On the 28th of September the author made his first polariscopic observation on the first joints of two canes. They yielded 69.7 per cent. of juice of sp. gr. 1.063. This, after precipitation by subacetate of lead and filtration, caused a right-handed deflection indicative of 5.008 per cent. of crystallizable sugar in the juice, equal to 3.49 per cent. of sugar in the cane. A second observation, on juice from the next joints of the same canes, indicated 5.57 per cent. of sugar, thus showing a richer juice.]

1st Experiment. (Sept. 30, temp. 8 A. M. 40°, M. 60°).—The fact of the presence of crystallizable sugar in the cane being established, I proceeded to cut and grind 20 feet of a row, and passed 30 canes which it produced three times through the rollers; about one-fourth of the seed had changed to a dark glistening brown color, but was still milky; the remainder was quite green;

ground 6 to 8 of the lower joints, which together yielded $3\frac{1}{2}$ gallons of juice, weighing 9° Beaume; neutralized the free acid by adding milk of lime; clarified with eggs, and boiled it down to 240° F.

This first experiment looked discouraging and unpromising, at every step; its product was a very dark, thick, viscid mass, apparently a caput mortuum; it stood six days without the sign of a crystal, when it was placed over a fire, and kept warm for four days longer, when I found a pretty good crop of soft crystals, the whole very similar to the "Melada" obtained from Cuba, but of a darker color.

2d Experiment. (Oct. 13th, temp. $8\text{ A. M. } 50^{\circ}$, $\text{M. } 72^{\circ}$, cloudy.)—About two weeks having elapsed since the first experiment, the weather in the interim having been quite warm, temperature at $8\text{ A. M. } 40$ to 52° , and at noon 66 to 75° F., and about one-half of the seed being ripe, I determined to try it again; but, not being very sanguine of success, no polariscopic observation was taken.

Cut and ground 50 feet of a row which produced 88 canes, and yielded 8 gallons of juice, weighing 10° B. (one degree more than the previous cutting,) from the 6th and 7th lower joints; juice slightly acid. First clarification $4\frac{1}{2}$ gallons, neutralized with three tablespoonfuls of milk of lime, stirred in one pound of fine bone black and three eggs, and placed it over a slow fire; at 215° F. took off a very dense green scum; when at 162° F. it marked $7\frac{1}{2}$ Beaume.

A second parcel of juice from this grinding ($3\frac{1}{2}$ gallons) was treated in the same manner, and set aside, both having been boiled down to 22° B.

Oct. 14, (temp. 54° to 70°), cut and ground 50 feet; 81 canes produced $7\frac{1}{2}$ gallons juice, 10° B., which was heated as above, except that the eggs were omitted.

Oct. 15, (temp. 50° to 70°), cut and ground 50 feet, produced $8\frac{1}{2}$ gallons juice, weighing 10° B.

Oct. 16, (temp. 46° to 60°), cut and ground 50 feet, 86 canes, $8\frac{1}{2}$ gallons, 10° B.

The whole of the foregoing parcels were at this stage of the process concentrated to

22° B., and set aside, until I had completed the series, on the 21st of October; they were then collected together, and again clarified with eggs, and a second scum taken off; they were then placed over the fire, and when at the temperature of 225° F. clear lime water, in small quantities, was added, to coagulate the vegetable albumen, which is not disengaged at a lower temperature, but which is then observed as a whitish scum, very tenacious and glutinous, and is very detrimental to crystallization. After the various delays, heatings and reheatings, consequent upon my limited means of working, (the great disadvantage of which, those acquainted with the subject only can appreciate,) I commenced filtering the whole, but found it soropy and glutinous that it would not pass through; diluted it to 10° B., when it came through tolerably bright; then passed it through five feet of animal black; it parted with its coloring matter very freely.

Oct. 22, divided the product into three parts, and boiled it as follows:

1st part to 230° F. This stood an hour without crystallizing; found it too low, though the thumb and finger proof indicated otherwise.

2d part to 246° F., which was added to the first, and in a few minutes crystals began to appear.

3d part to 238° F., being the mean of the other two. On finishing this, the two preceding had formed a thick opaque mass of good crystals.

Filled one mould, weight 20 pounds—weight of mould $4\frac{1}{2}$ pounds, net weight $15\frac{1}{2}$ pounds. Filled one mould, weight $14\frac{1}{2}$ pounds—weight of mould $4\frac{1}{2}$ pounds, net weight 10 pounds. Total weight $25\frac{1}{2}$ pounds; and next morning set them on pots to drain; also boiled down the juice from the tops, $4\frac{1}{2}$ gallons, which produced with the scums $13\frac{1}{2}$ pounds of molasses.

Nov. 2d. Knocked out the proceeds of this experiment with the following results:

1st mould,	7 lbs. sugar,	$8\frac{1}{2}$ lbs. molasses.
2d "	$4\frac{1}{2}$ lbs. "	$5\frac{1}{2}$ lbs. "
Tops,		$13\frac{1}{2}$ lbs. "
	11.50 lbs.	27.25 lbs.

This is the total product of a row 200 feet long. Fifty rows of cane, four feet apart, and 218 feet long, constitute an acre. Hence 200 feet is 18 feet less than 1-50th of an acre; therefore add pro rata, 1.03 lbs. sugar and 2.45 lbs. molasses, and we have, as the product of 1-50th of an acre, 12.53 pounds sugar, and 29.70 lbs. of molasses; which, multiplied by fifty, makes the product of an acre 625.50 lbs. sugar, 1485.00 lbs. molasses.

A gallon of molasses weighs 12 pounds; therefore 1485 lbs. equals 123 $\frac{3}{4}$ gallons; for the acre, 625 lbs. sugar and 123 $\frac{3}{4}$ galls. molasses, produced from 18,148 canes, yielding 1,737 gallons of juice, weighing 9 pounds per gallon, or 15,633 lbs., being 4 per cent. of sugar and 9 per cent. of molasses, or 13.50 per cent. together.

This sugar is of a yellowish brown color, about as dry as, and about the color of, second quality Cuba sugar, such as is used by refiners.

[Thus far we have given all the details, and mostly in the language of the author of these experiments. In what follows we propose, as nearly as possible, to give the general results in as brief a manner as possible.]

3d Experiment, Oct. 23d, temp. 36° to 55° F.—Encouraged by the favorable progress, the author decided on a more extended trial; and as the weather threatened, he had 500 feet of cane cut and stored in the barn. Nearly a month having elapsed since the first polariscopic observation, and two weeks since last experiment, with several white frosts, and ice formed $\frac{1}{4}$ to $\frac{3}{16}$ of an inch in thickness, occurring, he concluded to again examine the juice by polarized light, and was gratified to thus learn that the proportion of sugar had increased from 5.57 to 7.29 per cent. in the juice.

On the 24th, 26th, 27th, 28th, and 29th of October, each day 100 feet of canes were ground, clarified, and boiled to 15° and 18° B., and set aside till Nov. 2d, when all but the last day's work had become a thick and liver-like mass resembling soft soap, very acid and totally ruined from not hav-

ing been sufficiently evaporated. The last parcel was boiled to proof, and crystallized very well.

Mr. Lovering regrets this misfortune, less for the trouble it cost him, than from the fact that the experiment worked beautifully, and the juice being richer, the best results may justly have been anticipated.

It, however, taught the danger of delay, and that the juice in the cut canes had not suffered by storage.

4th Experiment, Nov. 2d. Cut and ground 58 feet, 100 canes—produced 10 gallons of juice, 10° B., less acid than preceding, neutralized with milk of lime, clarified it with eggs, passed it through 3 $\frac{1}{2}$ feet of black, and boiled to 234° F. and set to crystallize. On the 4th, 5th and 6th of Nov. the same quantity of cane was cut and ground, and otherwise treated to produce sugar and molasses, with the following results:

Product from a row of 232 feet of canes,

Sugar, - - - 19.75 lbs.

Molasses, - - - 25.25 lbs.

Which, at the rate of 10,900 feet to an acre, makes the product per acre,

Sugar, - - - 928 lbs.

Molasses, - - - 98.87 galls.

In this experiment, 18,277 canes, yielding 1847 gallons of juice, weighing 9 lbs. per gallon, was the source of the above returns. The sugar is perfectly dry, and the process worked without the slightest difficulty at any stage.

The molasses in the preceding experiment was boiled down and crystallized, so as to yield 6 $\frac{1}{2}$ lbs. of sugar, equal to 293.85 lbs. more of sugar per acre, thus increasing the yield of the last experiment to 1221.85 pounds of sugar from an acre of canes. In his calculation of the residue of molasses, Mr. Lovering has inadvertently made an error, as he merely deducts the weight of sugar produced from the gross weight of molasses subjected to evaporation, and calls the difference the residue of molasses, without any allowance for loss by evaporation.

5th Experiment, Nov. 9th.—This trial was intended to have been included in the preceding, but a sudden change in the

weather (ther. 74°) having induced a change in the working of the juice and its richness, Mr. L. determined to keep its results separate. It produced good sugar, but in less proportion.

6th Experiment, Nov. 27th.—The weather having been very changeable, warm Indian summer, heavy rains, and ice two inches thick, the mercury varying from 16° to 60°. To try the effects of these changes on the cane, 1-100 of an acre was cut, producing 11 15-16 gallons of juice only, instead of 19 or 20 gallons, as before. The juice marked 10° B. and clarified without difficulty, yielded more scum but less sugar. This experiment proves that the sorghum will withstand the vicissitudes of the climate in a remarkable manner.

7th Experiment was the production of white loaf sugar from inferior portions of the results of the other experiments; and by the old process 34 pounds of very indifferent sugar, refined in an open kettle, produced 15 lbs. of *loaf sugar*, which is a full yield for the quality.

The author acknowledges the assistance of his partner, Mr. Davis, in the polariscopic observations, and then makes the following observation in reference to his experiments:

"They are, I think, sufficiently flattering in themselves to warrant renewed exertions on the part of our agriculturists, of the Northern and Middle States especially, and perhaps those of the South also, in the pursuit of this promising branch of industry, to the full and profitable development of which it is certainly capable, and which it is destined ultimately to attain."

In making a comparative estimate with the products of the cane in Louisiana, the author thinks that ten per cent. should be added for the inefficiency of his mill, five per cent. for the effect of heat, and five per cent. for footings, which would raise the product of sugar (by the 4th experiment) to 1466.22 lbs. per acre, from 1847 gallons of juice. Further, statements have appeared in the papers of much larger yields of juice per acre, which, if true, will probably swell this amount considerably.

The following tabular statement of the produce of an acre of cane in Louisiana is derived from a minute account furnished to the author by the proprietor of a successful sugar plantation of that State.

LOUISIANA.

Yield of juice per acre,	2,286 gallons.
Density of juice,	8.44° Beaume.
Yield of sugar per gallon of juice,	0.76 pounds.
Yield of sugar per acre,	1,704 pounds.
Yield of molasses per acre,	102 gallons.
Wood consumed per acre,	3.87 cords.
Coal for engine,	0.41 tons.
Labor per acre,	3.70 days.

PENNSYLVANIA.

Yield of juice per acre.	1,847 gallons.
Density of juice,	10° Beaume.
Yield of sugar per gallon,	0.66 pounds.
Yield per acre,	1,221.85 lbs.
" " (probable,)	1,612.80 lbs.
Yield of molasses,	74.89 gallons.
" " (probable,)	81.88 galls.

The pamphlet of Mr. Lovering concludes with the following synopsis which we copy without abridgement, viz:

1st. That it is obvious that there is a culminating point in the development of the sugar in the cane, which is the best time for sugar making. This point or season I consider to be when most if not all the seeds are ripe, and after several frosts, say when the temperature falls to 24° or 30° F.

2d. That frost, or even hard freezing, does not injure the juice nor the sugar, but that warm Indian summer weather, after the frost and hard freezing, does injure them very materially, and reduces both quantity and quality.

3d. That if the cane be cut and housed, or shocked in the field, when it is in its most favorable condition, it will probably keep unchanged for a long time.

4th. That when the juice is obtained, the process should proceed continually and without delay.

5th. That the clarification should be as perfect as possible by the time the density reaches 15° B., the syrup having the appearance of good brandy.

6th. That although eggs were used in these small experiments, on account of

their convenience, bullock's blood is equally good, and the milk of lime alone will answer the purpose; in the latter case, however, more constant and prolonged skimming will be required to produce a perfect clarification, which is highly important.

7th. That the concentration, or boiling down, after clarification, should be as rapid as possible without scorching, shallow evaporators being the best.

With these conditions secured, it is about as easy to make good sugar from the Chinese cane, as to make a pot of good mush, and much easier than to make a kettle of good apple butter.

PHARMACEUTICAL NOTICES.

BY WM. HODGSON, JR.

On Acetic Syrup.—Every pharmacist in the United States may have observed the difficulty of preserving certain syrups, such as those of senega and ipecacuanha, and especially the "hive syrup," or compound syrup of squill. Many improvements have been suggested in the formula for preparing the latter, but still we are annoyed by the fact that, like the others above named, if made strong in saccharine matter, whether sugar or honey, it will assuredly crystallize with a diminution of temperature, or by long keeping; and if, on the other hand, made too weak in saccharine matter, it will as inevitably ferment, if kept during warm weather. We all know, likewise, that we have no such trouble with the syrup of squill, in any temperature, or how long soever it may be kept.

These circumstances led me, in the autumn of 1856, to prepare samples of the *Syr. Scilla comp.* and of *Syr. Senega*, acidified to the same degree as the official syrup of squill. The samples have been kept in a warm part of my store for more than fifteen months, and now appear as fresh as when first prepared—no sign of crystallization, or of fermentation, or

mouldiness, or even of turbidity; though I have in the mean time repeatedly lost large portions of my *Syr. Scilla comp. U. S.* and *Syr. Ipecac.* by crystallization, and a sample of *Syr. Senega* made as usual, and kept from the same date, has become loaded with crystals, and contaminated with "motheriness."

As some inconvenience and loss of acetic acid might arise from primarily digesting the roots in dilute acetic acid, and then evaporating the acid infusion to the requisite measure by heat, I would propose to proceed exactly as the U. S. Pharmacopœia directs, in exhausting the roots, and evaporating the resulting liquid; but to carry the evaporation one-eighth further than is thus directed, and then to make up that one-eighth with the same quantity of acetic acid (*Acidium Aceticum, U. S.*, or commercial acetic acid, No. 8,) so as to bring the liquid to the acid standard of dilute acetic acid, before adding the sugar. Thus, where the alcoholic infusion is directed to be evaporated to half a pint, as it is in the case of *Syrupus Senega*, I would evaporate it, instead, to seven ounces, and then add one ounce of *Acidium Aceticum*. Or the whole exhaustion may be done by displacement with the requisite quantity of dilute acetic acid to make the prescribed measure of syrup, discarding the use of alcohol entirely, and employing the dilute acetic acid hot at first.

The syrups thus made are decidedly more agreeable than those made by the official formulæ, and would probably have even a more satisfactory effect as expectorants, from the well known properties of acetic acid. Yet they might, in certain cases, be supposed objectionable; and some degree of confusion might ensue in practice, by so decided a change in the mode of preparation on the part of some pharmacutists, whilst others were adhering to the old preparations. Uniformity could scarcely be expected in such a matter at once, throughout our wide-spread country, even in a manifest improvement. I would, therefore, propose that the syrups thus prepared should be designated as "acetic

syrupe;" thus, "*Syrupus Ipecacuanhæ aceticus*," "*Syrupus Senegæ aceticus*," "*Syrupus Scillæ compositus aceticus*," &c., until the benefit of the proposed alteration shall be proved by experience. I believe that some of the fruit syrups used in the soda water branch of our business would be improved by a similar acidification, both in regard to keeping through the season, and as to flavor. The addition of one fluid ounce of acetic acid (or even less) to the pint, for instance, of pineapple, strawberry, or raspberry syrup, would be entirely preventive of fermentation, and probably render them more wholesome, as less luscious and cloying, and more grateful and refreshing in hot weather.

Ammonio-ferric Alum.—In the American Journal of Pharmacy for 1856, pages 305 and 478, I made some remarks, introducing to notice the "*Ammonio-ferric Alum*," or sulphate of ammonia and of sesquioxide of iron, with a formula for its preparation. This combination having been since found by many physicians to answer the description given by Dr. W. Tyler Smith of its advantages as an astringent tonic, the demand for it has occasioned the necessity for repeatedly preparing it; and, profiting by the suggestions of some of my friends, I have improved the process for its preparation, so as to make it much more readily, perfectly, and economically; thus:

℞ Ferri sulphatis cryst. 3xxiv
 Ammoniz sulphatis, 3xixs
 Acidi sulphurici, f3v f3v
 Acidi nitrici, f3iij vel q. a.
 Aquæ, q. a.

Mix f3xxj of the sulphuric acid, in a large mortar, with the sulphate of iron coarsely powdered; then gradually add, with trituration, the nitric acid, till it ceases to produce effervescence. Transfer the mixture to a porcelain capsule, and boil it with one quart of water, added in two or three portions successively. Then add the remaining f3iij of sulphuric acid, and the sulphate of ammonia; boil till the latter is entirely dissolved, and set aside in a cool place to crystallize. If the resulting crystals are not sufficiently pure and violet-

colored, they must be redissolved by boiling in about a pint of water, acidulated with an ounce or two of sulphuric acid, filtered or decanted, and again set aside to crystallize. The crystals must then be drained, and dried in bibulous paper, before being bottled up. In this way we obtain very handsome, somewhat amethystine crystals.

Tinctura Cannabis Indica.—It is probable that the druggists of the United States, in making this preparation, generally adopt the proportions of the Dublin Pharmacopœia, which directs about 22 grains of the extract to the fluid ounce. But I apprehend that very few of them have adverted to the circumstance, that the Dublin formula prescribes the "*purified extract*." The best commercial *Ext. Cannabis Ind.* appears to vary considerable in purity; hence the propriety, and indeed the necessity, of the precaution enjoined in the Dublin Pharmacopœia, to purify the extract previously to weighing it for solution in making the tincture. I have found that in one instance the London-made extract (from one of the first houses in that city) contained about 40 per cent. of matter insoluble in alcohol; so that if (as I believe is generally the case) the tincture is made from commercial extract, it contains sometimes not much more than 13 grains of pure extract to the ounce, instead of 22 grains, as intended by the Dublin Pharmacopœia. This circumstance may perhaps account for the frequent complaints of physicians, of disappointment in the use of the tincture of Indian Hemp. The cost of the article, in consequence of making it with the *purified extract*, is of course nearly double what it would otherwise be; but this ought to be of no moment, compared with the importance of supplying a reliable article.

Lactucarium Purificatum.—It is well known to pharmacentists that great difficulty occurs in attempting to pulverize lactucarium, or to mix it uniformly with other substances, either solid or liquid, in compounding prescriptions. Rubbed into a mixture, even with extreme care and

labor, its coarseness is such as to be very disagreeable to the patient, and to look like clumsy manipulation on the part of the druggist. This results from a certain degree of toughness, which renders it almost unmanageable, and is occasioned apparently by that portion of it which has been considered by some as allied to caoutchouc, and by others as rather of a waxy nature. This substance appears to interfere also with its efficacy as a narcotic or sedative, involving its particles, as it were, in a coat of insoluble matter.

I have endeavored to remedy this inconvenience by thoroughly washing the lactucarium with chloroform, which abstracts from it two ingredients, viz., the above-mentioned caoutchouc-like matter, and a very white, imperfectly crystalline or granular substance, which is doubtless the *lactuone* of Lenoir. These are readily separated from each other by boiling in alcohol, which, dissolving the lactuone, leaves the caoutchouc-like substance behind. This is extremely tenacious and ductile, susceptible of being drawn out into very fine and long threads, like masticin; but on being heated, it successively melts, bubbles up, sends forth a white smoke smelling exceedingly like burnt caoutchouc, and loses its characteristic tenacity.

The hot alcoholic solution of the lactuone lets most of it fall in white flocculi on cooling, and the rest is obtained by slow evaporation. The best English lactucarium, purified by this process, lost about one-fourth of its weight, became easily reduced to an impalpable powder, and appeared to be of a more decidedly bitter taste, doubtless from its particles having become divested of their tough wrapper of *caoutchoucoid*, if we may venture on the coinage of a name for this somewhat peculiar substance.

There is some difficulty in obtaining the chloroformic liquor, after maceration, entirely clear from particles of impalpable lactucarium floating in it, and even passing with it through the filter; but this may be obviated by using the process of displacement, with a closed percolator, to

prevent loss by evaporation; and the chloroform may afterward be recovered by careful distillation. I have tried ether, instead of chloroform, hoping to substitute a cheap solvent for an expensive one; but ether will not answer the purpose.

The English lactucarium appears to be considerably less loaded with these insoluble matters than the German. While the English lost about one-fourth of its weight by the above treatment, the sample of the German article lost about one-half, more than thirty per cent. being the pure caoutchouc-like matter, and about ten per cent. being the lactuone; both of them well-marked substances, but probably as devoid of the medicinal virtue of the lactucarium, as narcotine is of that of opium.—*Amer. Journal of Pharmacy.*

REMARKS UPON CHIONANTHUS VIRGINICA.

BY J. J. M. COSS, M. D.

This is an article of valuable therapeutical properties. I see it stated that Dr. John Dennis, of Augusta, Ga., has used this article in syphilis with successful results. I propose to give some experiments of my own with this comparatively unknown shrub. I shall not attempt to give its botanical peculiarities at this time, but will give some of the therapeutical properties that I have found, by several trials, to reside in it. It is known here by various names, as white-ash, fringe-tree, and old man's beard. The name, white-ash, is given to it on account of its resemblance to the common ash in the appearance of the leaf and bark; the appellation of white, and name of grey-beard was given to it on account of the whiteness of the bloom; the name fringe-tree was suggested by the fringe-like appearance of the bloom. It grows in many parts of Georgia and the Southern States, in sandy barrens, or upon high, sandy plains, to the height of from four to eight feet; the leaf is lanceolate, from three inches and a half to four inches

in length, from one to two inches in width; the bark is thin upon the shrub, of a light gray color, but thicker upon the root, and of a yellowish-white color. It flowers in May and June; the flowers are six or eight inches in length, of a clear white color, and of a tringe-like appearance, by which the bush is generally distinguished from *rhus venenata*, the last named has small green flowers, and the bark whiter than the *chionanthus*.

From the trials which I have made of the *chionanthus*, I think it is a very active alterative, or catalytic. In the year 1843, I was reading medicine in the lower part of this State (Ga.), and was taken with remittent fever, for which I was severely salivated, which produced congestion first, then inflammation of the liver; for this I received a continued mercurializing until it resulted in jaundice, and confirmed dyspepsia. After taking the same remedy, some considerable time, to cure the very disease that had just been produced by it, I abandoned the remedy and the prescriber, and went to another physician, who advised me to take iodine, to counteract the evil effects of the mercury, which I did; but was not much benefited. I concluded to try the *chionanthus*, which I had heard had cured a man in the vicinity. Accordingly I made a tincture of the root of the *chionanthus*, viz., one ounce to the pint of Holland gin, which I think is quite too small a quantity to make a concentrated tincture; of this I took an ordinary dram. In ten days after I commenced this tincture, there could not be seen a trace of the disease—my skin became clear, and my liver became healthy in its action; my stomach also began to resume its healthful tone, in fact, all the functions of my debilitated and poisoned system, began to assume a normal action. The *modus operandi* of the medicine was this: as the mercury had inflamed the liver, and by perverting its action, produced the jaundice and indigestion, the *chionanthus* acted as an alterative or catalytic, removing the mercury through the depurating organs, and as a tonic to the debilitated digestive

organs, also, removing the biliary depositions on the cutaneous surface.

The above trial encouraged me to further investigations, but as I could find nothing said of the article in any materia medica or dispensatory, I had to rely on experiment alone, in investigating its therapeutical properties. I have used it in several cases of chronic hepatitis, and in several cases of jaundice, some not associated with hepatitis, in all of which it has removed the disease in from eight to ten days. I have used it in dyspepsia, mercurial cachexy and kindred affections, with very decided benefit. I have not used it in syphilis as yet, but would have done so, if I had had it some time since; but I think, from its very active alterative or catalytic property, it will prove a potent remedy in that disease. I am of the opinion, from the trials which I have made, that it is one of our best remedies in mercurial diseases generally. It seems to act upon the depurating organs generally; as such I think it will be found an active remedy in dropsies and scrofula; in fact, it seems to me that its alterative effects will be found efficient in removing many diseases dependent upon deposition of *materie morbi* in the system. I am not much inclined to the opinion of specifics, but as a remedy in jaundice, I think the *chionanthus* approaches as near a specific as quinia in periodicity. It seems to excite the glandular system with great promptness. There have been cases related to me, where persons have been pyralized by taking bitters of this in spirits, for debility of the stomach, for which it is frequently taken here by persons who are unacquainted with its other active properties. When tinctured in gin, it acts very readily upon the kidneys. It is not used here by the profession generally, nor am I aware that any physician in Georgia, except Dr. Dennis, of Augusta, and my brother, B. F. W. Goss, are acquainted with its therapeutical properties. Dr. Dennis has been putting up a compound alterative syrup of it, and other alteratives, for several years, and several physicians have used that compound and

are pleased with it; but they do not know what article gives it its efficiency. My brother B. F. W. Goss, has used it for several years, as he informs me, and his opinion accords with mine; he says that he has found it an active, mild, but certain alterative. He has used it more extensively, perhaps, than I have, but I have no recorded report from him, by me, as such; I merely give his verbal statement. I shall carry my investigations further than I have done, then report the result. I have written this to bring it more generally before the profession in the South, for it is little known here as yet. I hope others will try it, and report the results in the Journal. I am fully satisfied that it will be found an active alterative, and as such, an efficient remedy in many morbid conditions of the system. In hepatic diseases, I think, it has but few equals, and scarcely any superior.—*Eclectic Med. Journal, of Philadelphia.*

PLACENTA PRÆVIA—ARM PRESENTATION—EXTREME RIGIDITY OF THE OS UTERI.

BY S. C. POINTER, M. D.

At 12 o'clock at night, on the 10th of October, I was called to see Mary L., an Irish woman, twenty-seven years of age, and the mother of one child. She was a delicate woman, but stated that she had been generally healthy. At the age of twenty-two she was married, and became the mother of a healthy child, which lived to be two and a half years old, and then died of scarlatina. Her husband died about two years after marriage. She remained a widow, and enjoyed uninterrupted good health, with the exception of intermittent fever, till ten months ago, when she married the second time, and soon became *enclinte*. When advanced to the third month of gestation she attended a party and danced; this produced an attack of flooding, which was soon checked by the prompt interference of a physician.

From this time she says she was very careful not to exert herself, for fear of producing a recurrence of hemorrhage. On the 8th of October she had a chill at 4 P. M., and on the two following days, at the same hour, a hot fever, lasting nearly all night.

On my arrival she was sitting propped up in the bed by pillows, and in no apparent distress beyond that which would naturally be expected from her fever. Her skin was hot and dry, and pulse very rapid, but not strong. On examination I found that she had lost four or five ounces of blood from the uterus, the os being just sufficiently dilated to admit the tip of the index finger, and very rigid. She was placed in the recumbent posture, and catheterized, when a small quantity of turbid urine was drawn off. Dover's powder and ipecac were then administered. At 1½ A. M., 11th of October, the hips were elevated, and the Dover's powder and ipecac repeated. There were pains in the back of a periodic character, but the uterus did not contract at all. The hemorrhage was also periodical, corresponding with the pain in the back. During this hour, from 12½ to 1½, she had not lost half as much blood as before. The os was still remarkably rigid, and had not dilated a particle. Suspecting placenta prævia, and the bleeding having increased, at 2 P. M. a messenger was sent for Dr. Willett, who arrived in half an hour. By this time the os had dilated sufficiently to admit the index finger, but with difficulty, but it appeared less dilatable, if possible, than before. An irregular substance was felt within the os, which we strongly suspected to be the placenta. The ipecac now produced slight nausea, and soon a little vomiting, when the os dilated a little, its edge being thin, and hard almost as steel. For an hour the pain in the back had been almost entirely absent. The uterus had given no signs whatever of activity; it was thought that the motions of the child could be felt. At 3 a considerable gush of blood took place and her pulse began to flag, and her face to turn pale. It was then determined to rupture the membranes and bring on la-

bor as the only chance of safety to mother and infant. In this we were totally defeated by the unyielding rigidity of the os, and the small size to which it had dilated. The patient grew weaker every moment, and brandy was given freely. At 4 Dr. Willett succeeded in introducing his whole hand within the vulva; then, by passing the finger upward along the right side of the cervix uteri two inches (thus passing above the edge of the placenta), he ruptured the membranes. A considerable quantity of liquor amnii escaped, and the fetus being forced downward, pressure was thus made on the placenta, and the hemorrhage stopped. The edge of the placenta could now be felt plainly projecting over the os from the left side. After a short time another gush of blood occurred, and the attempt was faithfully made to deliver by turning, but it was found impracticable, owing to the continued small size and rigidity of the os uteri. The cord could be felt distinctly, and there was no pulsation in it; it was pushed upward by my finger. The bleeding ceased at this time, and did not again recur. The woman was almost pulseless; her respiration was sighing, and she evinced considerable alarm. At 5½ A. M., the os was about the size of a quarter dollar; the edge was sharp and hard, and not dilatable. Presentation not ascertained. At 7 labor pains began, and came on at regular intervals of five minutes. In half an hour the os had dilated to double its size at the last examination. The back of the left wrist could now be felt at the os, and the finger of the left hand, while higher up the finger came in contact with the right os innominatum. The fetus seemed to be lying crosswise in the pelvis, and thus no part of large size pressing upon the os, it dilated very slowly. The head of the child was toward the mother's left side, and its back looking toward the symphysis pubis. The pains were frequent, but feeble, and wine of ergot was administered, but without effect. At 9½ A. M., Dr Willett succeeded (notwithstanding the small size of the os, it now being somewhat relaxed) in passing

his index finger over the left ilium and bringing it down, thus making a breech presentation. The delivery was then speedily effected till the head came into the inferior strait, where it was delayed. Having waited a moment, I introduced my left index and middle finger, sliding them along the face until they rested upon the malar bones, and then removed the head without difficulty. The placenta was dragged into the vagina at the same time, so that deliverance was effected in six hours from the time that the membranes were ruptured. A large dose of infusion of the bruised seeds of ergot was administered just before the close of the labor, and the uterus contracted firmly. The child was dead. Owing to the greater portion of the placenta occupying the left of the uterus, and to its being pushed upward by the hand, it followed the expulsion of the child. 11 A. M. Pulse one hundred and twenty-eight, and very feeble. R. Brandy 3ss every hour during the day. 5 P. M. No change in pulse or general condition. 1 Enema was given with good effect; the brandy continued, and morphine sulph. grs. ½ ordered at bed-time. At 4 P. M., she had considerable fever, which being considered malarious, she was ordered quinine, to be taken the next day. 12th—Passed a good night; rested tolerably and seems stronger; pulse less frequent. She has taken some mutton broth with relish. Treatment continued. 5 P. M. No change.

R. Ol. ricini. 3iss
Tr. opii. gtt. x M.

To be taken at bed-time.

13th, 7 A. M. Had two stools last night. Slept well. No pain, except "weakness in the back." Pulse one hundred and eight—fuller and stronger. Had return of the fever in the afternoon. 14th—Improving every way. Pulse one hundred and stronger. Lochia have commenced; no secretion of milk. Supporting treatment continued.—*Memphis Medical Recorder.*

APOPLEXY.

BY DR. JOHN BUCHANAN.

Apoplexy is a term applied to a disease which occurs suddenly, as if a blow had been struck upon the head. Its appearance is various, but its most general symptoms are the following: It frequently attacks people apparently well, depriving them at once of consciousness and voluntary motion; but it is generally preceded by headache, tinnitus aurium, which may continue for some time before the fit comes on. The pain in the head is confined to a particular spot, sometimes to the forehead and sometimes to the back part of the head. This is succeeded by vertigo, a dimness of sight, indistinct vision in one or both eyes, a prickling sensation in the extremities, loss of power in the muscles, and the patient falls suddenly, and gives no proof of hearing, seeing, or feeling. The face appears turgid, the tongue hangs out, the eyes discharge tears, the limbs are generally motionless, the breathing is stertorous as in deep sleep, the breast is agitated, the pulse at first is strong, and the action of the heart violent; afterward the pulse becomes slow and weak; a frothy matter appears at the mouth, and convulsions, dyspnoea and death soon follow. In cases of less violence, the symptoms are more moderate, consciousness is sometimes partly retained, some power of motion remains; sometimes a degree of fever, paralysis in one side, or some particular part, especially in the tongue, the speech being only an unintelligible muttering of incoherent words. The mental faculties are left much impaired, particularly the memory; sometimes they recover their use, but most frequently the affection remains for life. By a total abolition of motion and sensation, or in other words, by a suspension of the functions of the brain—the circulation and respiration remaining—this disease is distinguished from most others. Apoplexy chiefly attacks men at a late period of life; but both sexes are liable to it. Some affirm that it happens in most

cases in the spring or fall; others, that it is most frequent in winter and summer. It is said to be hereditary; and as far as the hereditary tendency depends on conformation of the body, it may be so—such as a short, full person, with short neck, and a system disposed to too copious sanguification. The exciting causes may be referred to one or the other of the following:

It may arise from a determination of blood to the head, the blood either distending the vessels, or being poured out, in or upon the brain, from rupture in some part, in sufficient quantity to exert considerable pressure upon that organ.

It may arise from injuries done the skull or brain, as by strokes causing fractures, or blows producing concussion of the brain without fracture.

It may arise from the suppression of the usual evacuations, or hemorrhages, or menstrual discharge, &c.

It may arise from the destruction of the equilibrium of the circulation, by an unnatural determination of blood to the brain, caused by great evacuations, &c.

It may arise from some affection of the mental faculties, such as long continued grief, hard study, exhaustion by fatigue, &c.

It may arise indirectly through the medium of the stomach, indigestible food, gastric disease, narcotic poisons, and mephitic gases.

It may arise from old age, excessive labor and anxiety; and in these cases the brain seems to be too weak to perform its common functions, and the efforts required of it produce a flow of blood to it.

Pathological conditions.—1st. Great congestion of the brain, the vessels being gorged, but without extravasation of blood or serum, constituting "congestive apoplexy."

2d. Congestion of the vessels of the brain, with extravasation on its surface, termed "meningeal apoplexy."

3d. Hemorrhage into the substance of the brain, with lesions of its structure.

4th. Serous effusion on the external surface, constituting what is called "serous apoplexy."

Though this disease has resulted from all the above-mentioned causes, and exhibited certain of its pathological conditions, yet it may not follow them in every case. From the symptoms, it appears that the power of the mind is disturbed, or its proximate cause is in a great state of collapse, or an interruption of the connection between mind and body, which communication depends upon the normal structure of the nerves and brain; and in this general view we think the causes mentioned operate, either by injuring the brain itself, by producing a degree of torpor, or by compression.

As the course of this disease is extremely rapid and dangerous, it must have immediate aid; its cure is by no means easy, and the treatment must be accommodated to the various causes which have produced it. The indiscriminate use of the lancet in this disease, by a certain class of physicians, is much to be reprobated; but from the view taken of it by reformers, various successful methods of cure may be suggested. The chief thing is to remove the torpor, which is done by removing the cause of the collapse, or by bringing on an opposite state of excitement. This may be induced, while the cause of collapse may remain. According to these principles, then, the method of cure ought to be directed. It can be brought about either by a removal of the compression, or obviating the torpor of the nervous energies. A radical cure is seldom to be expected. The particular remedial agents employed are the following:

The Ligature.—This must be employed, and placed around the arms and legs at their connection with the body. No bad consequences can follow from their application, if properly adjusted, so as to permit the passage of the blood through the arteries and obstruct its return by the veins. The ligatures are to be regulated according to the condition of the patient. If the circulation is rapid, veratrum should be given in sufficient quantities to control it.

Stimulants have been frequently used,

particularly such as suddenly arouse the system; they are uncertain, and in some cases prove dangerous. The application of volatile substances to the nose, pricking with pins, &c., are resorted to with poor success. Injections may be given with great advantage; both those of an emollient description—such as water or milk—and those of a stimulating nature, so as to meet the symptoms that appear; but injections of a stimulating character are more liable to excite inflammatory symptoms and to prove more dangerous than the others.

Bathing or fomenting the body, but chiefly the legs, is of the utmost benefit to the patient. Water, in critical cases of this description, has a most salutary effect; it soothes the nerves of the skin, and transmits its influence to the central organs; it tells upon the brain. Warm fomentations to the limbs will afford much relief, and lessen the frequency of the heart's action, by its influence upon the nerves. Sponging the body with warm ley-water often seems to act like a charm; it excites the capillary system, and relaxes the parts acted upon, determines the blood to the part, and hence the brain is often relieved. Cold packs, renewed frequently, applied to the head—and even ice, in dangerous cases, may be substituted with advantage for the packs. Blisters are almost invariably resorted to, but with doubtful success; it is true that they may give an outlet to any serous matter that may be lodged in the system; it is also true that they promote the action of the absorbents, and it is likewise true that they increase the circulation—and this is the objection to their use. If used at all, the irritating plaster of the Eclectic Dispensary may with decided advantage be substituted. Sinapisms applied to the hands and feet to produce counter-irritation, are said to be beneficial. In this disease, external applications are most advantageously used, as in general the patient cannot swallow, and attempts made in this way are liable to suffocate him. As the progress of this disease is so quick, few remedies can be applied.

The position of the patient is of primary importance. In an erect posture of the body, there is a speedy return of blood from the head; there is less chance of a determination of blood to the brain. Emetics are esteemed by some, and may be of decided service on some accounts, as in rousing and agitating the system. But, though this be their action, their utility in this disease may be questioned. If the patient can swallow, a powerful cathartic of jalapin and podophyllin should be administered, or a full dose of anti-bilious physic. If the cathartic cannot be taken, it may be given as an injection. An injection of lobelia would answer the purpose well.

The trepan has been recommended to remove the compressing cause or the pressure upon the brain; some contend that it is useful, by admitting the atmosphere, and thus expelling the blood; but this assertion is most erroneously founded. It undoubtedly has been used with good success in the removal of the compressing cause; and where the disease arises from injuries, it should seldom be omitted. The galvanic battery has been highly recommended by some; it seems chiefly to affect the nervous system, passing through its minutest fibers, and exciting nervous power. In the treatment of this disease, then, the indications to be fulfilled are, to relieve the head and prevent further congestion, for which purpose we employ the ligature, erect position, cold or iced packs; to relieve coma and arouse the system, cathartics, injections, &c; the irritating plaster when coma is persistent.

Prognosis.—This disease is always one of great danger, but by no means so fatal under Eclectic treatment; and those affected by it sometimes recover as entirely as from any other disease; although some lameness or defect of motion is apt to remain, either in the limbs, the organ of speech, the eye or mouth, or some other part. A fatal result may be anticipated when sensation and consciousness are lost; when the eye is insensible to the light, and the pupil does not contract; when the

patient cannot swallow, respiration is laborious, and froth or blood appears at the mouth or nose. But if, on the contrary, the remedies used afford relief and produce a gradual diminution of the symptoms, a favorable result may be expected.

Although an attack of apoplexy comes on, for the most part, suddenly and unexpectedly, yet it is more frequently preceded by symptoms which give warning of its approach, such as faintness, anxiety, color of face, giddiness, sparks, flashes of light before the eyes, noise in the ears, epistaxis, headache, &c. The danger in such cases may easily be averted by the application of the remedies indicated, such as veratrum, digitalis, &c.

In the sanguineous apoplexy which prevails among the robust, the predisposing cause is plethora, or too much blood; and this is determined to the head from some remote cause, such as surfeits, indigestion, exposure to a hot sun, excessive drinking, libidinous excess, inducing the proximate or immediate cause of a compression of the brain. Some writers think that the proximate cause is, in general, whatever interrupts the motion of the nervous power from the brain.

Old people, and persons formerly attacked with apoplexy, seldom recover. Prevention is attainable to moral certainty, whilst a cure is doubtful. Let us, as custodians of the health of our patients, warn them to avoid or counteract the predisposing cause, and especially warn those who are over fifty, or have been of robust habit, lax fibre, having a short neck, full of blood—as they value life, to endeavor by every rational means to counteract the predisposition to the disease.—*Phila. Eclectic Med. Jour.*

EMMENAGOGUE ACTION OF MILLEFOLIUM.

Dr. Ronzier-Joly feels convinced that the *Achillea Millefolium* has a decided power in promoting the uterine functions, and records two cases in support of this opinion. In the first case, the patient, who was

nineteen years of age, was attacked with a slight sore throat, and in the course of the complaint the menses appeared, but so scantily that only a few drops of blood were passed, and the period ceased the same day. As the sore throat became worse in spite of treatment, it was thought that the appearance of the menses might be attended with a radical cure, and the millefolium was administered. The menses returned in abundance, and lasted two days. In the other case, a woman was delivered of an infant, and was going on well for two days, but on the third she was seized with fever and delirium, and the lochia were suppressed. Sulphate of quinine was administered in the intervals of the fever, and as the lochia did not appear in spite of revulsions to the lower limbs, the millefolium was administered as well as the quinine. The lochia reappeared the next morning, and nothing unfavorable afterward occurred.—*Bulletin Gen. de Therapeutique*.

STATISTICS OF COILING OF THE FUNIS.

Dr. Weidemann states that among 28,430 deliveries, the funis has been found coiled around the child in 3379 instances. In 3230 of these it was coiled around the neck, and in 149 around other parts of the body. Of the 3230 cases, 2546 consisted in a simple coil, and in 684 there were several coils. In relation to the causes of this occurrence, it is interesting to notice that of 1788 cases occurring at the Marburg Midwifery Institution, the funis was in 80 (1: 22.2) under 15 inches, and in 183 above 25 inches (1: 9.71) in length; that in 54 (1: 33) there was very little liquor amnii, and in 41 (1: 43.6) there was very much; in 165 (1: 10.8) the child was under 5 pounds weight, and in 28 (1: 61.7) it was about 8 pounds. Therefore among the favoring causes of the occurrence may be mentioned a long funis, abundance of liquor amnii, and a small child.

Among 2930 infants born at Marburg,

182 (1: 16.09) were dead, and 251 (1: 12.41) were still-born. Of 725 born with coiled funis, 45 (1: 16.11) were dead, and 72 (1: 10.06) were still born. Of the 45 dead born, in 18 only could the death be referred to this alone, i.e., only 1: 40.2 in the 725 examples of coiling. From an examination of the figures derived from the midwifery institutions at Dresden, Göttingen, Wursburg, Berlin and Marburg, it results that of 13,720 new-born infants, 902 (1: 15.21) were born dead; while in the 1217 instances of the coiling of the funis, 31 children were born dead, whose death could be attributed to that circumstance, giving a proportion of 1: 39 to the coiling, and 1: 19 to the number born dead.

Thus, as (1) the 16th child among new-born children in general, as well as those in which coiling has taken place, is born dead; as (2) the 12th child among the new-born in general, and the 10th among those around whom the funis is coiled is born still-born; and as (3) in 1 child in 40 only can this coiling be regarded as really the cause of death, it is evident that this accident does not occupy a very prominent place.—*Monatsch. für Geburtshunde*.

PERCHLORIDE OF IRON IN THE TREATMENT OF ERYSIPELAS.

The use of perchloride of iron in the treatment of erysipelas, has lately been brought again into notice by the publication of a thesis by M. Louis Mathey, and by some observations made by M. Aran, physician of the Hospital St. Antoine in Paris. M. Mathey relates ten cases of erysipelas treated with this medicine, and his conclusions are contained in the following remarks:

The action of perchloride of iron on erysipelas is evident, and the course of the disease is modified a short time after its administration. In fact, on the second day, and sometimes even on the first, M. Mathey has seen the disease become limited and circumscribed, and its further

progress arrested. As to the duration of the disease, the effect of the perchloride is still very remarkable; not only is the progress of the erysipelas sensibly modified from the first few hours which follow the administration of the medicine, but it is completely arrested; the radical cure of the disease is obtained in a very short time. It was observed that in ten rather severe cases of erysipelas, treated by the internal use of perchloride of iron, three were cured in two days, three were cured in three days, two were cured in four days, one in five days, and one in seven days. It cannot therefore be denied that erysipelas is advantageously modified by the internal use of perchloride of iron; that the cessation of the symptoms proper to erysipelas is sometimes very rapid after the administration of this medicine; that in a series of ten observations, made upon varied cases, this treatment never failed; that even where its efficacy may be doubted, it has never given rise to any bad symptom; and that when administered in the dose of thirty drops, to a healthy subject, it has never given rise to any painful sensation, and has never produced any notable functional disturbance.

M. Aran agrees with M. Mathey in never having observed any unfortunate result from the administration of perchloride of iron, in larger doses than those employed by M. Mathey—namely, thirty, fifty, sixty, and one hundred drops a day, in certain exceptional cases. But a wider and more extensive experience of the employment of the perchloride, has shown him that there are particular circumstances which favor the action of the medicine. M. Aran believes that it would be vain to expect advantageous results from the administration of perchloride of iron, in all cases of erysipelas. He is convinced that some cases of erysipelas will not yield to this remedy; as, for instance, the cases which occur in young, strong, and robust subjects of a sanguine temperament, and which are accompanied by a well-marked inflammatory action. On the other hand, the cases of erysipelas which are developed in feeble,

delicate subjects, of a well-marked lymphatic or scrofulous temperament; in individuals already weakened by previous disease; the cases especially which exhibit, with well-marked tendency to spread, the oedematous form; and in which, even with a marked acceleration of the pulse, the arterial throbs are weak and easily depressed, or when fever is completely wanting, as happens sometimes in old persons; these cases are remarkably modified, and often arrested in twenty-four, thirty-six, or forty-eight hours, by the administration of the perchloride. The erysipelas, which is still more atonic, and which supervenes in the course of serious disease, around punctures, abrasions, or lacerations of the skin, at other times even without appreciable causes, are amenable to the perchloride of iron. Lastly, the cases which, even when they show themselves in strong and robust subjects, after having been reduced by various and appropriate treatment, still linger on and pass from one part to another, throwing out unexpectedly its eruptions in places where the disease appeared to have been long extinguished; such cases are often terminated in twenty-four hours by the perchloride of iron.

Another point connected with this subject is, the propriety of administering the perchloride as a prophylactic. "There are certain epochs and years," says M. Mathey, "when cases of erysipelas of traumatic origin are multiplied to infinity, and show themselves in such great number, that the disease is truly epidemic. The application of a seton, a moxa, or a blister, is followed by erysipelatous inflammation: and, *a fortiori*, the great wounds united by sutures and bandages of diachylon are almost infallibly attacked with the disease. The surgeon who operates under these circumstances is pretty sure to see erysipelas among his patients. It would, perhaps, be proper to postpone the operation, but sometimes the case is urgent, and the surgeon would think himself fortunate and could act with more confidence if he could hope to put his patient beyond the reach of a troublesome complication; might we

not, for the first few days which follow a delicate operation, and during which inflammation is to be feared, unite with soothing beverages some drops of perchloride of iron, because it is fully established that its use in moderate doses is not followed by any bad effect?"—*Bulletin General de Therapeutique*, July 15, 1857.

THERAPEUTICAL PROPERTIES OF IODATE OF POTASSA.

The happy results obtained with the chlorate of potash in different affections of the buccal mucous membrane have induced MM. Demarquay and Gustin to ascertain if the therapeutical properties of this salt were not common to other salts, whose chemical analogy to the chlorate was so striking—for instance, the alkaline iodates and bromates. Following up this purely theoretic idea, MM. Demarquay and Gustin made their first trial in connection with M. Monod, in whose service their experiments were conducted.

They first used the iodide of potassa, which they themselves had prepared in order to secure its chemical purity.

The success attending these trials exceeded their expectations. During the past year they constantly substituted the iodate of potassa for the chlorate of the same base, and now feel authorized in replacing the chlorate by the iodate, which they say acts quicker, more energetically, and in smaller doses.

The iodate of potassa has given most excellent results in cases where the chlorate had failed. The doses varied from grā. v. to ℥j.

They prescribed this salt in diphtheritis, in mercurial stomatitis especially, and in a case of gangrenous stomatitis; in the last, the efficacy of the medicament was very prompt.

Its action upon the pharyngeal and buccal mucous membrane in the healthy state, they add, is very remarkable. In the dose of from ℥j. to 3ss. it produces in the

mouth and throat a peculiar sensation of constriction.

The glandular secretion seems to diminish under its use, and if we might again give ourselves up to speculation, we think that by the introduction of the alkaline iodates and bromates into therapeutics, an advance will perhaps be made toward the cure of pseudo-membranous affections.—*Revue de Therapeutique*.

LACTIC ACID A REMEDY FOR DYSPEPSIA.

A remedy which has for a long time been used by Dr. Nelson, of Birmingham, and subsequently by many French physicians, under the name of pepsine, for the cure of dyspepsia, and other functional derangements of the stomach, has, within a short time, been prescribed freely by some physicians in London. It has been very favorably noticed by Drs. Ballard and Sieveking. Dr. O'Conner has also tested its value in those cases in which it has been recommended, but not with the success attributed to its use. He was led subsequently, to have recourse to lactic acid, a remedy which he believed likely to be more beneficial in those affections of the stomach in which the so-called pepsine has been administered. Before using the acid internally, Dr. O'Conner, we understand, in order to test its digestive powers as compared with pepsine, placed an equal weight of animal fiber in equal proportions of pepsine and lactic acid, in separate vessels, in an equal temperature, when he found that the fibre in the lactic acid was reduced to a pulpy state in a very much smaller space of time than that which was put into the pepsine. After this experiment which he thought sufficiently conclusive of the superiority of the lactic acid as a promoter of digestion, he had recourse to its use as a remedy in those affections of the stomach before alluded to. The great number of patients with affections of the stomach presenting

themselves among the out patients of the Royal Free Hospital, afforded an extensive field to Dr. O'Conner for testing the efficiency of lactic acid in dyspeptic conditions. After a trial in over fifty cases, he considers that the good results following its use fully justify him in recommending it as a valuable agent. It is very necessary to be sure the lactic acid prescribed should be of chemical purity and of uniform strength. The dose varies from half a drachm to two drachms or more, in infusion of columba or a little cinnamon water. It should be taken during a meal. The lactic acid found in the shops is not generally pure; that which Dr. O'Conner has found to be most efficient, from its greater purity, is prepared by Mr. Bastick, Brook street, Grosvenor square.—*Medical Times and Gazette*.

ON SOME OF THE USEFUL APPLICATIONS OF THE PERMANGANATE OF POTASSA.

BY G. F. GRIDWOOD, M. D.

I had lately a distressing case of *cancer of the os uteri* under treatment; the pain was often agonizing, and the discharge so offensive as to add bitterly to the sufferings of my patient, who possessed a keen sensibility. It was a case in which I felt the want of some deodorant and escharotic combined, and was induced to try the permanganate of potash. I employed it as a lotion (20 grains to the pint) injected frequently during the day, and was much pleased with the comfort given to the patient by it.

I was next induced to try it in the case of a naval officer of rank, afflicted with *cancer of the breast*. Here, also, the application has been most serviceable. Its application as a powder, sprinkled on the sloughy mass, or as a lotion (10 grains to the ounce) to the surface of the wound, has not been attended with pain. From a gaping sore, in most offensive condition, it

has occasioned the wound to assume, in same parts, a disposition to granulate. The odor of the apartment, previous to the employment of the permanganate, was so offensive as seriously to compromise the comfort of the family. This inconvenience is entirely removed.

I was consulted in the spring, respecting a most *unhealthy eroding ulcer on the thigh*. It was one of those foul ulcers met with in constitutions broken down by syphilis or intemperance, and where the dyscrasis is so great as to baffle the ingenuity of the profession to restore healthy action in the system. The permanganate was here applied as a lotion, and was most efficacious in removing the slough, cleansing the sore, and inducing healthy action.

An elderly female, long afflicted with *caries of the tibia*, which, from the offensive odor, prevented her performing the duties of her position in life with any comfort to those around her, has enjoyed perfect freedom from this annoyance ever since she has had recourse to the permanganate, as an application to the leg.

[Dr. Gridwood then details cases of *scrofulo-syphilitic and constitutional indolent ulcers*, in which he used this drug with success, and adds:—]

The foregoing statement indicates the variety of cases in which the permanganate of potash may be applied. I have used the remedy generally as a lotion; but, although I have not found it necessary, for the purposes I have generally required, to use it in a stronger form, I would recommend, when it is wished to destroy masses of cancerous growth, its use in the solid form, either as a powder, as I have done, or in a mass, as the sulphate of copper or other caustica. The lotion supersedes all the charcoal, yeast, and carrot poultices: let this simple solution—make it as weak as may be thought requisite to effect the object, two to twenty grains, or more if liked—be used on a piece of lint, instead of any of these applications. The permanganate of potash is more useful than any of the other compounds of manganese and potash, as a caustic or deodorant. The

permanganic acid contains more oxygen than the manganic. The permanganic acid has the composition Mn_2O_3 , whilst the manganic acid has a composition MnO_3 .

As the escharotic action of these bodies, as well as their deodorant quality, (a quality which has been long known to chemists) depends on the ease with which they part with the oxygen with which they abound, clearly that preparation which yields the larger quantity of oxygen must be preferable; this is the permanganic acid as permanganate of potash.

As a *deodorant*, as an *escharotic*, as a *stimulant*, it is a most useful application, combining, as it does, all these three qualities; but as a quality still to be claimed in its favor is the ease of its exhibition as a lotion applied to, or in powder sprinkled on the sore, or as an injection. To conclude, I may say, that whilst from the foregoing relation its advantages have been attempted to be illustrated, its use is also suggested in every sort of case where it is desirable to combine all the qualities this agent so beneficially possesses; in such cases, for instance, as old chronic ulcers, warty growths, syphilitic sores, as a caustic in the primary stage, or in gonorrhea as a stimulant injection.

I have found it a most desirable deodorant. A teaspoonful of the substance powdered, added to a teaspoonful or two of water, just enough to moisten it well, and sufficient to cover the surface of a flat dish—a dinner plate, for example, being used for the purpose—giving a broad surface for absorption, and this plate placed under the bed, or anywhere most convenient in the sick-chamber, all odor disappears; and it has an advantage above those in general use in the sick-chamber, that it has no odor of its own. Vinegar and chlorine and nitrous acid gas, are often of themselves a nuisance; whilst destroying one odor they create another; but the permanganic acid has none. It only destroys; it does not create. I have employed the solution successfully in my stables, and in other places engender-

ing odors. It does not require frequent change. Has it lost its original beautiful purple color? Has it become black and slimy? If so renew it, but not till then.

The permanganate of potash was introduced some time ago as a remedy in diabetes, so that it is well known to chemists.
—*London Lancet.*

SOME FACTS CONNECTED WITH SUGAR REFINING.

BY M. BOBIKKE.

In this work I have endeavored to ascertain the causes of the characteristic turbidness observed in some syrups during the refining process and the origin of the variations which, chiefly in summer, may be remarked in the appearance of the loaves obtained.

The impurity of the blood, the blackening of the copper pipes communicating with the filters, the perceptible disengagement of sulphurous acid produced toward the end of the operation, have led me in the first place, to examine whether the presence of sulphur in the syrup might not be the cause of the phenomena observed. The experiments described in my note have led me to results which may be given in the following propositions.

The syrups clarified with infected blood, the albumen of which has begun to decompose, communicate to the charcoal properties which repeated revivifications render extremely evident and annoying.

Charcoal in which have accumulated compounds with a base of sulphur, injures the limpidity and color of the saccharine solution and tends to augment the quantity of molasses.

The employment of hydrochloric acid and the estimation of sulphur in the state of sulphuret of copper, enabled us to compare and judge *a priori* of the charcoals, which would give different results in manufacture, notwithstanding their apparent identity.

I come now to the examination of those means by which these serious inconveniences may be avoided. Their principles are derived from the very nature of the facts which I have just described.

Washing the charcoal with hydrochloric acid at 4° Baume, in an apparatus in which the rotation of the solid substance would be combined with the flowing of the liquid, would decompose the sulphurets by producing a disengagement of hydro-sulphuric acid. On a small scale this operation succeeds perfectly, the liquids charged with acid phosphate of lime, producing by the ulterior influence of milk of lime, a gelatinous precipitate of basic phosphate of lime, of great value in agriculture.

Washing with pure, tepid water, or water rendered slightly alkaline with carbonate of soda, will prevent the possibility of any acid remaining in the pores of the charcoal. Besides this method, which was very successful on a small scale, there is another which I would propose: namely, to eliminate as far as possible, in summer, all the revived charcoal, that is to say, to put as much new charcoal into the filters as would be possible with a due regard to economy. This new charcoal should not be mixed with what is in the filter, but placed in the lower part of it, so that the syrup, partly freed from the coloring matter by the charcoal at the top, but still impregnated with the decomposed blood, may be completely purified before passing into the vessels intended to receive it.

I would observe, in conclusion, that the experiments which are described in this memoir confirm what I have before announced, namely: 1st. That it is advisable to preserve the blood for refining during summer, by incorporating with it a calculated quantity of the fine charcoal intended for clarification; 2d. That the addition of small quantities of pulverized plaster sufficiently alters the new charcoal imported into France for the requirements of agriculture, and that it may thus be included in the category of manures, properly so called.—*Cronique Médicale*, 1867.

METHOD OF RELIEVING FACIAL AND DENTAL NEURALGIAS.

This method consists in turning into the meatus auditorius from four to ten drops (according to the age and sensibility of the patient) of the following fluid; then to close the opening of the ear by means of a little cotton, and to cause the patient to hold the head inclined for some minutes to the side opposite to the seat of the pain, so that the liquid may remain in the bottom of the ear. This preparation is thus made:

℞ Ext. opii.
Ext. belladonnæ.
Ext. stramonii, aa partem j.
Aq. pruni Virg: partes xlj.
Solve et cola.

Although this preparation may be only extemporaneous, it may nevertheless be preserved if care is taken to keep it cool, and pour on its surface from two to four drops of sweet almond oil.

It is very rare that with the use of this liquid relief is not obtained in a few minutes; indeed, the patient is almost always asleep in half an hour, whatever may have been the severity of the pains, and that without having been in the least danger.

Absorption takes place almost as rapidly as from a denuded surface, and it is therefore unnecessary to blister the patient when we wish to use narcotics, since they act almost as rapidly by the auditory passage.

If it should happen that, at the end of eight or ten minutes, the pain does not yield to the remedy, (which sometimes happens when the quantity used has been too small, or when we have to treat a neuralgia which has already required the use of narcotics in any way,) it is necessary then to use a second dose, at least equal to the first, but in the opposite ear, in order to obtain promptly that relief which is only too frequently momentary in facial neuralgias of long standing.

The preference which I give to this

aqueous solution over those which contain alcohol, such as laudanum and other narcotic tinctures, arises from having used both upon myself for several years for a facial neuralgia, and observing that the latter produce a sensation of quite acute pain at the moment of their use, and not being always as successful as the former, which causes neither heat nor smarting, and is more certain in its effects.—*Amer. Med. Monthly.*

NOTES UPON AMYLENE.

Immediately after the first experiments which were made in Vienna with the new anæsthetic material, amylene, Dr. Schauenstein obtained for examination some of the preparations employed, both of Parisian and Viennese manufacture. They all appeared to be mixtures of solutions having different boiling points, and the greater part of the solutions was volatile at 100°. The most volatile part of the distilled liquid presented a smell resembling chloroform, so that it seemed necessary to examine this pretended amylene for some proportion of chlorine. This experiment is performed in the following manner: The solution to be examined is mixed with about an equal volume of potash or soda ley free from chlorine, and a few drops of solution of nitrate of silver, and then heated with continual stirring up to the boiling point, in which operation the greatest care is taken that too sudden an evaporation does not occur to the solution to be examined. If now so much nitric acid, free from chlorine, is added, that the separated oxide of silver again comes into solution, then there remains (in case the fluid examined contains chlorine) the chloride of silver, in its well known insoluble flocculi, as an insoluble residua. A great number of organic combinations containing chlorine, in which this element cannot be discovered directly by solution, may in this manner be quickly and conveniently tested. The specimens of amylene

examined in this manner by Dr. Schauenstein all showed the presence of chlorine. The presumption, therefore, formerly existed that the amylene found in commerce was purposely mixed with chloroform, and it was possible, by referring to this addition, to explain the narcotic operation now and then observed, until there was exhibited an equal, or indeed a greater, proportion of chlorine in a boiling product of distillation prepared according to Balard's direction, than had been formerly found in the commercial article. The necessity now presented itself of obtaining positive conclusions upon the proportion of chlorine existing in amylene. Some amylene was freshly prepared, with especial care that all impurity from chlorine should be excluded. The chloride of zinc employed in the process was treated for several hours at 160°, and after cooling was brought to the test of ammonia, in order to discover by this means the accidental presence of free hydrochloric acid; but it was quite free from this acid. The amylene collected from every part of the product of distillation, which is volatile below the boiling point of water, was left to stand for twenty-four hours, frequently stirring with some fragments of caustic alkali broken into a coarse powder, and then rectified. Immediately this purified amylene exhibited a large proportion of chlorine.

The investigation of the commercial article had shown that no pure amylene, but only a volatile mixture containing chlorine compounds, had hitherto fallen into the hands of medical men; and the circumstance that even in amylene prepared with so much care, such a large proportion of chlorine is discovered, leads to the conclusion that in the method recommended by Balard, by distillation of amyl-alcohol with chloride of zinc, no pure amylene can be obtained. What remains upon the medical application of a preparation which shows itself to be a mixture of bodies difficult to separate from one another, and the purity of which cannot be tested, requires no further discussion; and as long as no method is discovered for the preparation

of actually pure amylene, and as long as no actual amylene is employed for experiments, all further trials with this body must be wanting in the most necessary foundation of a scientific experiment—namely, sound logic. — *Wochenblatt der Gesellschaft, June, 1857.*

HOW TO BE HEALTHY.

It is well said, by one who had thoroughly studied the subject, that the highest ambition of an ancient Greek was to be healthy, beautiful and rich. We cannot help thinking, says the Philadelphia Bulletin, that the Athenians, in this respect, were wiser than ourselves. Much as we boast of wonderful intelligence, we have not practically attained a method of life so comprehensive as that pursued, not only by philosophers, but the men of fashion about in Africa and Poloponesus. They placed health first and money-making last, while we reverse the order. Yet they were Pagans, and we Christians. Surely we should cry "sahmeh" to ourselves.

In reality, the principal objects sought by the ancient Greek, health and beauty, were but one and the same. For beauty cannot exist without health. The man who is constantly confined to the counting desk soon acquires an habitual stoop; the one who devotes his whole soul to money-making becomes wrinkled before his time. On the contrary, he who indulges in proper exercise and recreation, as, for example, a well-to-do farmer in healthy districts, carries an erect frame to the verge of seventy, and has a ruddy cheek even when an octogenarian. The first, by neglecting the laws of nature, not only destroys his own manly bearing, "but transmits a puny form and weakly constitution to his children." The last perpetuates a race of hardy sons and majestic daughters.

There is only one way to preserve his health, and that is to live moderately, take proper exercise, and be in the fresh air as much as possible. The man who is

always shut up in a close room, whether the apartment be a minister's study, a lawyer's office, a professor's laboratory, or merchant's gas-light store, is defying nature, and must sooner or later pay the penalty. If his avocation renders such confinement necessary during a portion of the year, he can avoid a premature breaking down of the constitution only by taking exercise during the vacation months. The waste of the stamina must be restored by frequent and full draughts of mountain and sea-beach air, by the pursuits of the sportsman, by travel, or other similar means. Every man who has felt the recuperative effects of a month of relaxation, knows from his own experience how genial its influence is; how it sends him back to business with a new flow of spirits; how it almost re-creates him, so to speak. Between the lad brought up to physical exercises in the invigorating open air, and one kept constantly at school or in the factory, there is an abyss of difference, which becomes more perceptible every year, as manhood approaches—the one expanded into stalwart, full-chested health, while the other is never more than a half-completed man.

The advantages of exercise are as great in females also; all that we have said about preserving health in man is as true in the opposite sex. But this is not the whole. The true foundation of beauty in woman is exercise in fresh air. No cosmetics are equal to these. The famous Dians of Poitiers, who maintained her loveliness till she was sixty, owed this extraordinary result, in her own opinion, to her daily bath, early rising, and her exercise in the saddle. English ladies of rank are celebrated the world over, for their splendid persons and brilliant complexions, and they are proverbial for their attention to walking and riding, and the hours spent daily out of doors. The sallow cheeks, stooping figures, susceptibility of cold and almost constant ill-health, which prevail among the American wives and daughters generally, are to be attributed almost entirely to their sedentary life and to the in-

firmity caused by the same life on the part of their parents. A woman can no more become beautiful, in the true sense of the term, or remain so, without healthful exercise in the open air, than a plant can thrive without light. If we put the latter into a cellar, it dies outright, or refuses to bloom. Shall we wilt our sisters, wives or daughters, by a similar deprivation of what is necessary to their harmonious development?

In another aspect, the care of health is a more important thing than is usually supposed. There is no doubt that, as between city and country, the population of the former suffers most from want of exercise and fresh air, and that consequently the stamina, so to speak, of a city population is inferior to that of a rural one. It is even said that in some cities, Paris for instance, few strict town-bred families last over a century, and that if the population was not continually recruited from the country, it would die out. It is an equally striking fact, and one that lies within the observation of all of us, that the most energetic merchants generally, in New York, Boston and Philadelphia, have been originally bred from the rural towns or counties, whose well-balanced, vigorous, enterprising minds enabled them to endure an amount of fatigue which the average of their city competitors could not rival.

The public weal, therefore, as well as the happiness of the individual, is concerned in this question of health. Yet we Americans almost ignore it, and practically neglect it entirely. The old Greeks had their gymnasia for physical exercise, which were as much State institutions as common schools are now. Were not the Greeks wiser, after all, than we are?—*S. C. Adv.*

NEW MEDICAL COLLEGE SCHEME

The Virginia Medical Journal, is advocating a union of the two medical schools of that State,—the Medical department of the University of Virginia, and the Medi-

cal College of Virginia, the former located with the rest of the University at Charlottesville, the latter in the city of Richmond. The editor would have the consolidated institution located at Richmond; would have it called the Medical Department of the University of Virginia; would have nine Professorships, viz.: of Anatomy, Physiology, Medical Pathology and Principles of Medicine, Clinical Medicine, including Infantile Diseases, Surgery, Materia Medica and Therapeutics, Obstetrics and Diseases of Woman, Chemistry and Toxicology, and of Medical Jurisprudence and Hygiene; would have the lectures continue nine months, three a day of an hour in length, and three examinations of half an hour; would have an "intermediate examination" when five months past, and a "written examination" at the end of the term; would have perpetual tickets issued at \$100 apiece, allowing the students to attend as long as they choose, admitting them to an examination for the degree of M. D., at the the end of the course, or at any examination thereafter as they shall choose.

This, he thinks, would be the most complete, the most economical, the most approved, and the most profitable course in the United States.

That a course after this model could be made very complete and very thorough, there is no doubt, and we confess we would like to see the Old Dominion leading off the other old States with such an institution.—*Peninsular Jour. of Medicine.*

OVARIUM DROPSY.

Dr. W. H. Mussey related an interesting case of Ovarium Dropsy, at a late meeting of the Academy of Medicine of this city:

The patient, aged fifty-five, has been under his care since 1852, about sixty months; in that time, she has been tapped, most always by himself, seventy-seven times: each tapping averaging about three and a half gallons of water, or about two hundred and seventy gallons in all. These

frequent tappings do not confine her to her room but a short time at each operation. Within a day or so after the tapping, the doctor frequently meets his patient in the street, or going through market.

This is not quite equal to a case related about a year since in the *London Lancet*. The patient died after five years suffering from dropsy, in which time she had been tapped one hundred and forty times, and it was estimated that more than three thousand pounds of water had been extracted.

Both cases, however are more remarkable than that of Mrs. Mary Page, who died about 125 years ago, and whose memory is still handed down by means of the somewhat singular inscription on her monument, which some one, curious in such matters, has preserved as follows:

"Here Lies Dame Mary Page,
Bellet of Sir Gregory Page, Bart.
She departed this life, March 4th, 1738,
In the 56th year of her age.
In 76 months she was tapped 66 times;
Had taken away 240 gallons of water.

Cincinnati Lancet and Observer.

THE SIMPLEST OPERATION FOR PHIMOSIS.

Mr. Walter, an American surgeon, has described "a new operation for phimosis," in the *Journal* for June 6th, which is based upon a principle analogous to the one which led me to communicate a paper with the above title, to the *Medical Times and Gazette*, Feb. 2 1856. As I cannot but deem that operation (which requires only a pair of probe-pointed scissors, and no assistant) superior, in all respects, to the one advocated by Mr. Walter, I shall with your permission, take the present opportunity of describing it with the greatest possible brevity.

Local anesthesia having been first induced (if deemed advisable) by the application of pounded ice for a minute or two, I introduce one blade of a pair of scissors (blunt pointed, yet cutting to the end) between the glands and prepuce on one side

of the penis, at a point midway between the mesial line anteriorly and the Frænum posteriorly. Both layers of the prepuce being divided to the extent of a quarter of an inch, a similar division is made at a similar point on the other side. The prepuce is now retraced to the extent allowed by the incisions. This retraction brings into view another layer of mucous lining, which is divided on both sides to the extent permitted by the lips of the first wounds. The entire prepuce may now be retracted, (and kept so,) a piece of wet lint wrapped around the penis, and the whole supported by a suspensory bandage. In a few days the wounds heal in a transverse linear cicatrix—no sutures having been used—leaving no trace of deformity, and a completely efficient prepuce.—*British Med. Journal.*

MORTALITY AFTER OPERATIONS IN PARIS.

Dr. W. A. McPheeters, of Natchez, in a letter to Dr. Cartwright from Paris, published in the *N. O. Medical Journal*, says, that in the Parisian Hospitals it is the exception rather than the rule for a patient to recover after an amputation of the leg. At first he was inclined to attribute this result to the enfeebled condition of hospital patients; but M. Nelaton, in a lecture on the subject, says, that equally fatal results occur in private practice. Nelaton accounts for the great mortality by some peculiarity in the atmosphere of Paris, which produces purulent absorption, for in the provinces of France, similar operations are performed with much better results.—*Virg. Med. Journal.*

WELL TARRED.—Prof. Paine of Philadelphia says:

"I have cured several bad cases of herpes or salt rheum by the use of tar-ointment applied externally, and tar-water taken internally."

Part 3.--Editorial.

CONCENTRATED MEDICINES.

When the sulphate of quinia was first prepared, and for years only a small portion, the medical profession was unwilling even to examine its claims over the crude bark, by actual use, saying that the bark had cured in their hands, and with that they were contented—forgetting, or rather disregarding the comfort of their patients, to say nothing about the advantage it might possess over the crude article. The community at large are every day becoming more opposed to the old-fashioned system of drugging. The enormous amounts of drastic and crude medicines which have been and still are prescribed by some physicians, is really horrible.

We will here insert an extract from the *Western Journal of Medicine* for 1843, page 471, edited at that time by Prof. Yandell and Drake. The article was furnished by the latter himself. Giving an account of his observations in Alabama, he writes as follows:

"A gentleman assured us that he had, under the direction of a physician, weighed out and administered to a fever patient, 1700 grains of calomel, and 2400 grains of aloes; and a physician informed us that he had given to a patient of the same class, 600 grains of a compound of equal parts of calomel, rhubarb, and aloes, for six successive days."

We will also give the following prescription, used by Dr. Lakey, formerly of this city, in the treatment of cholera. The orthodoxy of Dr. Lakey cannot be questioned when it is known that he was the President of the medical society of the city (old school).

R Calomel	1500 gra.
Opium	75 gra.
Ipecacuanha	200 gra.
Gum arabic and	
Castile soap,	q. s.
Make 100 pills.	

May 14, 1849.

Now is it strange that the bark should be discarded, and the active principle, quinine, alone take its place?

Recent discoveries in organic chemistry have demonstrated that the active principles of our entire vegetable *materia medica* may be obtained. This is now doing more toward answering the many objections to the drugging of patients than all other improvements made in the last fifty years.

That potency is actually necessary for the removal of the various obstructions which produce disease, both functional and organic, is a fact as well established as any other connected with the science of medicine. This being the case, then, why not rely upon such articles of the *materia medica*, as are separated from the crude and worthless portion of the plant, or whatever the agent may be. Those who have used quinine can never be induced to return to the use of the bark. The same may be said of all concentrated remedies, as far as tested. Even if the physician is disposed to do so, he meets with serious objections by the patient. What is the use of our having to swallow half an ounce of the crude material, while the whole of the real active medicinal principle is contained in a single grain, and that, too, is enough to accomplish the object for which the medicine is intended.

The Eclectic branch of the profession is taking the lead of Old Physic in this matter, and it is now a question whether she is to continue to lead or not in this great work of reform. We again recommend our readers to investigate for themselves. Dr. Ingalls, in an article in this *Journal* for September, 1856, makes the following remarks:

"I have taken the trouble to investigate the matter for myself, that I might ascertain the truth in regard to it. It seems that the manufacturers have isolated very many of the medicinal properties from our indigenous plants, and, in many cases, have combined them after isolation, presenting to the profession many very valuable preparations. * * * 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 satisfy ourselves in this particular, is to test them in practice. These remedies are more convenient for the practitioner, more 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."

LARYNGEAL, PHARYNGEAL, AND NASAL SHOWER SYRINGES.

We have received from L. WATSON, M. D. of Maine, the following description of the character and use of these new instruments:—

In the January number of the Journal, there is a description of Dr. Horace Green's method of treating pulmonary diseases by bronchial injections. Prof. Green deserves great credit for his successful labors in the treatment of laryngeal and pulmonary diseases by this method—so bold, and yet so safe and so efficient—as he has the honor of first employing such treatment in this country.

From what I know of this treatment, I am sure it should not be lightly esteemed; yet it is not my object to speak of the utility of this method of employing remedial agents—let those who have had more experience do that—but only to call attention to a set of instruments invented by Dr. Ira Warren, of Boston, Mass., for the treatment of diseases of the throat and

lungs, which he calls Laryngeal, Pharyngeal, and Nasal Shower Syringes. It seems to me these instruments have an advantage over the sponge-probang and the catheter and syringe used by Prof. Green. The laryngeal syringe (it is sufficient to describe but one), has a barrel and piston made of glass, and a tube of silver, curved and terminated by a globe about one-third of an inch in diameter, perforated with very minute holes, which cover a zone of a little more than one-fourth of an inch. I would prefer that it should be pierced with holes to its apex. This polished ball is easily passed over the epiglottis, and through the lips of the glottis, without producing irritation, and the operator is enabled to perform the last part of the operation "quickly," as Prof. Green suggests, since there is no other instrument to handle, as in the use of the catheter and syringe. The tube, as now bent, will reach only about two inches from the epiglottis, and consequently will not be long enough to be carried below or to the bifurcation, when thought necessary; and yet it is only required that the curve should be made longer, to meet this demand, if one or the other division shall need the application of the remedy more.

If you should use these instruments, I think you would readily substitute them for the probang, and even for Prof. Green's, to which I think they will be found much superior.

In using the pharyngeal syringe, I have often found it necessary to retouch parts with a sponge, not sufficiently washed with the syringe. In catarrh, I have found the nasal syringe very serviceable, but there are some cases little improved by anything. Indeed, it is much easier to tell on paper about curing disease, that it is to cure it, even with *Eclectic* treatment.

As I have not seen these syringes mentioned in your Journal, and as you are not willing, I know, that any valuable improvement shall be made in any department of medical science, and your readers remain ignorant of it, I make this notice.

EXTRACTS FROM CORRESPONDENCE, ETC.

Dr. J. A. McWilliams of Miss., says: "The cause of Eclecticism is prospering. I wish your laudable enterprise much success. I think I will be able to send to the E. M. Institute two or three students next session."

Dr. Williams is one of the real go-ahead men, and is every way worthy the confidence of the community, and the patronage he already so nobly enjoys. He has ever been one of the warm friends and supporters of the Eclectic Medical Institute.

Dr. N. L. Isgrigg, of Ind., is doing a fine practice. We had the pleasure of meeting him in consultation a few weeks since. We find that he has as much practice as he can possibly attend to. Dr. Isgrigg sent two students to the Institute the last session, and he is claimed by the Institute as one of its strong friends.

Dr. W. W. Richardson, of Tenn., gives cheering news of his success in practice, having quite succeeded in curing several cases of cancer, and other bad cases of chronic disease. Dr. R. is one of the progressives, and is laboring hard in his part of the vineyard for medical reform.

Dr. Jenks, of Ind., writes in reference to his experience in the treatment of hemorrhoids, that "two or three doses of Viola Pedata will cure nine cases out of ten. Try it. Dose, one teaspoonful of the powdered root in warm water, taken before going to bed."

CALOMEL VS. ANAPLASIS.—A. W. Chase, M. D., writes as follows:

"I have arrived safely at home, and am again in the University of Michigan, Medical Department; where we witnessed yesterday an anaplastic operation, by Prof. Gunn, to restore the lower lip, (of an English lady,) or rather a substitute for one feasted on by calomel some twelve years since, when only eight years of age; at which time she had what her mother called black fever, in England. She re-

covered from the fever, minis the lower lip, alveolar process, and lower teeth, one excepted, which was removed before the operation; which consisted in making a W-shaped incision from each angle of the mouth to the point of the chin, so as to leave the edges of that part of the lip left of full thickness for adhesion; dissecting out deeply the integument and fascia on the chin between the two incisions; then carrying another incision from each angle of the mouth, nearly at right angles with the two first, designing to go just below the curves of the facial arteries, over the lower borders of the inferior maxillary; however, they were both cut; after the ligation, the dissection was carried deeply down, rather below the base of the jaw; then the points at the angles of the mouth brought together by suture in the center, and also in the facial lines of incision, making a very respectable looking lip. The strain put upon the lower part, causes some corrugation at the lateral angles of the incisions; this, however, will undoubtedly subside, if the operation proves successful. But, in case of failure, how much she has to lose; her appearance was sufficiently distressing at first, but the death of the parts now dissected up, would make death truly desirable. I will let you know the final result of this operation.

"I should hardly consider this case worth reporting for the Journal, did I not know the interest you take in surgical operations, and were it not another, and a strong argument, against our and the people's enemy, Calomel. What a rapacious monster it is; not satisfying its appetite upon some part out of the common sight, but feasting upon the lips, cheeks, teeth, jaws, &c. &c., which go to make up the beauty and ornament of the human frame—the handiwork of God—not designed for such sacrilegious mutilations.

"When will the people learn to have nothing to do with it, or those who insist upon using it in almost every prescription. They are the sufferers, and nothing short of a determination on their part, will ever drive it out of the hands of physicians

who are trained up to believe it the Goliath of medicines. It is for destruction; take calomel from them, and they would feel like Sampson aborn of his locks; so they would be, so far as causing such disfigurements, suffering, misery, and death, as is caused by this fell destroyer."

Dr. E. H. Coover, of Penn., writes, Feb. 11, 1858: "The Eclectic Medical Journal always brings information which is gratifying to me and beneficial to those who place themselves under my care for medical aid."

Dr. R. C. Sprague, of Ills., writes, Feb. 27, 1858: "I consider the Journal invaluable, and cannot do without it. It should be in the hands of every physician. The cause of Eclecticism is progressing, and is fast becoming the system among the mass of the people of the 'Sucker State.'"

Dr. J. H. Vincent, of Ala., writes, Feb. 24, 1858: "The Eclectic Medical Journal has afforded me some medical knowledge which I should never have gained, if I had not read it."

Dr. A. Quivey, of New York, writes, March 4, 1858: "Enclosed please find four dollars for two copies of your Eclectic Medical Journal, which I have had the pleasure of perusing for the past year, and I can truly say that it is not surpassed by any journal of the kind with which I am acquainted; and upon its own merits I can most cheerfully commend it to the profession generally."

Dr. T. M. Lowry, of Ohio, writes, March 6, 1858: "Though not yet a practitioner of medicine, I cannot dispense with my old friend, the Journal. You may remember that I have attended one course of lectures in the Eclectic Medical Institute, spring session of 1855. I intend to be with you again as soon as circumstances will allow."

Dr. A. H. Thompson, of Ind., writes, March 8, 1858: "I must say I am well pleased with the Journal, and will not be without it. I have been a regular subscriber to it for six or seven years, and see no reason why I should discontinue it. I hope you are doing well for yourself, for I know you are doing much for the readers

of the Journal. Every medical man should take it and read it carefully, and he will be well paid for the time and money he expends for it. I am sure that I have obtained much valuable information in the healing art from it, and will say boldly that it is one of the first and best medical journals of its size that is published. This may appear somewhat surprising, coming from one who was educated a regular Allopath, but it has always been my motto to strive for the truth, and do all the good I can in the healing art. I am convinced that there is much to learn, and to be learned by investigation. I take the liberty to differ with some of my medical brethren in the manner of treating some of the diseases prevalent in this section of country, and I attribute much of my success in the treatment of these diseases to your valuable Journal. I hail all valuable discoveries and improvements in the treatment of disease, as good news and glad tidings."

Dr. W. F. Coombs, of Ky., writes, March 15, 1858: "Eclecticism is rising here. Both the Allopaths that were here when I located, are trying to sell out."

Dr. Jas. Caldwell, of N. H., writes, March 15, 1858: "I have succeeded in introducing many of our Eclectic remedies amongst the Allopathic physicians of this place, especially the concentrated tincture of veratrum viride. At their last monthly meeting, a report was read on the subject of the (to them) new remedies, which have been in use with Eclectic physicians for some years. They do not like to hear me tell of having used the veratrum viride for three years past, while they have just begun to learn of its positive effects."

Dr. J. Gana Miller, of Indiana, gives us the following case of the successful use of Eupatorium purpurium in hamaturia:

"L. B., aged 35, farmer, of costive habits and sallow complexion, having been afflicted for three years with a dull pain in the lumbar region, when hamaturia made its appearance. After having tried various remedies without any relief, he placed himself under my treatment, which

was in October last, having then been afflicted with the hemorrhage twelve months. Having prescribed the usual remedies recommended in this disease, without any perceptible alteration in the condition of my patient. I concluded to try *Eupatorium purpureum* in decoction, which entirely relieved him in three days, since which time he has been entirely free from every symptom of the disease. I mention this not as a specific in all cases, but that others, having similar cases, may give it a trial, and report their success for the benefit of the profession."

ECLECTIC MEDICAL SOCIETY OF OHIO.

We would remind our numerous readers in this State, that the annual meeting of the above society will be held on the second Wednesday in April, at the Eclectic Medical Institute, corner of Court and Plum streets, Cincinnati; at which time, it is desirable to have as large an attendance of our professional brethren throughout the State as possible. Quite a number have signified their intention to be present, and we would respectfully urge upon all the benefits to be derived from such a gathering.

NEW PUBLICATIONS.

NEWTON AND POWELL'S ECLECTIC PRACTICE.

A new and revised edition of this popular work is slowly passing through the press. It is not progressing as rapidly as we could wish, or as the demands of the profession require; but we cannot hasten its progress, as we wish to make it as complete as possible, bringing it down to date, so far as new remedies are concerned. We are testing some new concentrated medicines in our practice, and we want to embody the result in the forthcoming work. It is impossible for us at present to say,

with any degree of certainty, when it will be out. Orders are multiplying on our hands. We wish our friends to hold on until they see the work announced.

SCUDDER ON DISEASES OF WOMEN.

This new and valuable work is having a rapid sale. All who have not procured it, and who desire to keep pace with medical progress, should at once procure it.

A NEW WORK ON CONCENTRATED MEDICINES.

Dr. Keith, in conjunction with Dr. G. Coe, has in the course of preparation a work on Organic Chemistry, and the Medical Virtues of the Concentrated Remedies. We understand it is passing rapidly through the press, and will shortly be issued. From the plan of the book, we think it will be a valuable one for the profession.

PAINÉ'S EPITOME of the American Eclectic Practice of Medicine.

We learn from the author that the first edition of this work is nearly exhausted, and that another and much enlarged edition is in the course of publication. The work is highly prized by the profession, so far as they have become acquainted with it. It is having a very extensive sale. We copy a few of the notices which this work has received from the press:

The Eclectic practice of medicine is thoroughly American. It has its seat in this country, and it suits the genius of the American people. Rational in its principles, inculcating the doctrine that there is good in everything, the Eclectic practice seizes upon the best features of every system of medicine and rejects those which are bad. The Eclectic system is, in one sense, a reformed system; it teaches that there are remedies for every disease in the vegetable kingdom, and that the use of mineral poisons may be avoided with advantage in every case. Prof. Paine's Epitome of this practice sets forth clearly the doctrine of the Eclectic schools, their method of treating disease, and the particulars in which they differ from other systems. The symptomatic idiosyncrasies of disease, the proper method of diagnosis, and the

medicinal remedies which are necessary, are clearly set forth. This is a valuable book to the medical student, the physician, and even to the scholar and man of leisure who is non-professional.—*N. Y. Sunday Dispatch*.

We have received from the publisher, Wm. Paine, Professor of the principles and practice of medicine, in the Eclectic Medical College of Pennsylvania, a copy of a new and valuable book. It treats of the principles of the American Eclectic practice of medicine, and also gives a complete list of the remedies used by Allopathists, Homeopaths, Hydropaths, and contains an Eclectic Pharmacy and Glossary. It is designed for physicians, students, and popular reading. It is a work of much merit, and reflects great credit upon the author.—*Delaware County American*.

We have carefully examined Prof. Paine's epitome of the American Eclectic practice, and are now prepared to say that it is a volume possessing a decided merit. Prof. Paine has had a very large and successful practice, and he has availed himself of his practical knowledge in furnishing this practical work for the profession. We most cheerfully recommend it, and wish it a large sale.—*Middle States Medical Reformer*.

IN THE COURSE OF PUBLICATION, a new and greatly enlarged edition of Newton and Calkins' work on Thoracic Diseases, containing all the improvements in the Treatment of Pulmonary Consumption, and kindred diseases. Price, in cloth, \$2.75, in sheep, \$3.00. It will be for sale by the author, Philadelphia, and by his agents.

This work will form a volume of five hundred and twenty pages octavo. Prof. Paine speaks of it in the Philadelphia Eclectic Medical Journal as follows: "I have examined the manuscript of this work, and it is composed of a collection of facts not only new to the profession, but of great practical importance. The remedies consist mostly of the various applications of the concentrated preparations of the Eclectic Materia Medica. The volume will contain the results of the extensive experience of Prof. Calkins, rendering it very useful to the profession, and one of the most valuable works ever published upon that subject.

EDITORIAL EXCERPTA.

QUININE IN TYPHOID FEVER.—We had the opportunity of seeing a case of typhoid fever on January 14, at St. George's hospital, under Dr. Fuller's care, which was being treated by quinine. The patient was a little boy, eight years old, who was admitted with well-marked symptoms, but whose previous history was imperfect. He had a very distinct mulberry rash over his body. Ten grains of quinine were ordered the first day every two hours, and the change produced in the general symptoms was positively striking; the pulse came down, his skin was cool and moist, diarrhea ceased, and his tongue was moist. As this was the case, Dr. Fuller did not desire to push the large doses (he had taken three only), but continued the medicine in two-grain doses three times a day, with four ounces of wine, and the little fellow is going on well. This is the third case in which this plan of treatment has proved successful in Dr. Fuller's hands; it has been employed elsewhere with great benefit.—*London Lancet*, Jan., 1858.

This practice has been pursued by most of the Eclectic physicians for the last fifteen or twenty years, and was taught by Profs. Morrow and Jones at the Worthington school, from its very beginning.

PUNCTURE OF THE HEAD IN HYDROCEPHALUS.—This operation is resorted to with extreme rarity in London practice. On Tuesday last, Mr. Lawrence adopted it in a case of much interest. The patient was an infant, aged nine weeks, the subject of congenital hydrocephalus. Part of the bones of the skull were separate from each other, and their margins could be easily felt. The chief protuberance was backward, the forehead being very slightly enlarged. The symptoms had become urgent, the child being dull, and almost in coma, and its eyes fixed and motionless. A small trocar was used, and about eight ounces of clear serum removed. The operation was borne remarkably well, and

was productive of great immediate relief. No irritation whatever appeared to have been caused, nor was there any tendency to syncope. The mother was allowed to take the child home in the evening, and up to the time of its removal, all seemed to promise well. We shall advert to the final result at a future time. The fluid removed was albuminous, of sp. gr. 1009, very alkaline, and effervesced on the addition of acid.—*Med. Times and Gazette Jan. 2, 1858.*

We performed this operation in one case, and drew off three half pints of serum. The child was in a comatose condition at the time, having had convulsions for several days. It lived forty-eight hours after the operation, but was not restored to consciousness. We think it may have prolonged its life a few hours.

We think the following is worthy of trial, as we have used it in several cases with much success. If the profession will entirely abandon the use of mercury, there will be no use for any such remedies.

CHLORATE OF POTASH IN PTYALISM—The powers of chlorate of potash in arresting ptyalism, although now usually had recourse to by most of our hospital physicians, are still not so widely known as they deserve to be. Given in doses of a scruple every four hours to an adult, and in proportionate ones to younger patients, this salt will, in the course of a few days, mitigate in the most marked manner, all the distressing symptoms of this affection. The gums acquire firmness, and the flow of saliva diminishes. Although this point must not be regarded as settled, yet we know of no reason for believing that it exercises any influence in preventing the good effects of the mercurial upon the system generally. It probably merely cures the inflammation of the mouth. With regard to its potency in the latter direction, the results of careful experiments were recorded a few years ago, almost coincidentally, by English, French, and Swiss observers, all uniting in deeming that its efficacy was beyond the reach of the

slightest doubt. In ordinary cases, a week is sufficient for a complete cure; and its benefits are usually perceptible in the course of twenty-four hours.—*Med. Times and Gaz., Dec. 26, 1857.*

The following paste is valuable both as to form and reliability.

ACID SULPHATE OF ZINC PASTE—Among the new forms of caustic which the recent discussion respecting them has been the means of bringing into use, one of the most convenient appears to be the sulphate of zinc with sulphuric acid. The powdered salt is moistened with the concentrated acid, and applied in a paste form to the sore. It has been proposed, and successfully employed in one or two cases by Mr. Henry Thompson. A great recommendation is, that its ingredients are always at hand, and easily manipulated. Its efficiency also appears to be great, and the resulting cicatrix soft and good.—*Med. Times and Gaz., Jan. 2, 1858.*

MANIPULAR REDUCTION OF DISLOCATIONS OF THE FEMUR—A fortnight ago, no fewer than three cases of dislocation of the femur were admitted during one week into the London hospital. Pulleys were not used in any one, nor was it necessary to send for the surgeon under whose charge they nominally came. In the first, Mr. Forbes, the house surgeon on duty, informs us that he succeeded easily by simple extension with the hand; and in the other two, the plan by manipular rotation, to which we have so often adverted, was had recourse to. In both, an immediate and easy reduction was effected. All the cases were recent. The testimony concerning the superior advantages of this over the old and more violent methods, is now generally acknowledged. Not long ago, a lengthy report of numerous and most successful trials of it appeared in one of the American journals.—*Med. Times and Gaz., Dec. 26, 1857.*

This method of reduction, as a principle, belongs to those who are termed the "Sweet Family," in this country. Although

not physicians, they all practice it, and in fact they first introduced it. It is now being adopted by many of our best surgeons, as well as being taught in all the Eclectic schools in this country.

We extract from the London Lancet the following article. It will show how this subject is viewed by the editor of that journal. We are not opposed to female medical education, provided they attend female medical schools, and not those with the men.

PARTICULAR PHYSIC.—The pretensions of women to become members of the medical profession, might furnish a misogynist with apt illustration of the perverseness of the sex. As it is the one profession they are obviously unsuited for, it is the only one on which they have made an organized attack. If a fair field for simple intellectual labor be required, there is law and literature open to them. If the gift of speech so bountifully bestowed on the gentler sex, be the attainment that wants room for development, there is the bar and the church. The ladies of the bar, with artificial flowers in their wigs, gowns expanded in modern fashion, and pleading with all the eloquence of *Portia*, would be dangerous rivals to practicing barristers, especially when their natural aptitude for wearing ermine is considered.

But the profession of medicine is, and must ever be, closed against women. If they have not the discernment to perceive the reason, we feel called on to plainly state it. Continuous and regular attendance to daily duties are absolutely required from every conscientious person undertaking the care of the sick. With women this is impossible. Giving them credit for intellectual power, decision of character, and endurance of mental labor, equal to that of the male sex, we cannot set aside the physical disqualifications, entailed by their duties as wives and mothers. A woman *enunciata* is not fit to be intrusted with the life of a fellow creature, nor is it well for herself or the child yet unborn, that she be exposed to the revolting scenes

which a medical man has to brave. When the fullness of her time has come, she is wholly incapacitated for a month; and then her duties to her offspring render it impossible that she can devote herself to other cares and other studies; or

"With lenient arts extend a mother's breath,
Make languor smile, or smooth the bed of death,"

Her occupation is thenceforth of her home, homely. All this is the natural lot of woman, as it is her highest glory that this sequence of events should occur and recur *da capo* to the end of the chapter.

We have chosen the simple pre-ordained law of nature to refute these foolish virgins who pretend to have studied physiology, and, in defiance of its teachings, to attempt to thrust themselves into the profession. Of course, any arguments about predetermined spinsterhood, and registered vestal vows, are simply absurd. The stories of immured nuns, the history of "*Heloise*," and the legend of the "*Princess*," all point the same moral. We now especially notice the subject, as an attempt is being made to establish a bazaar in London for assisting the funds of a hospital in New York, which is officered by female doctors, with Miss Blackwell at their head. It has been reproachfully urged, that English women are so mal-treated and subservient, that no hospital can be here established; so the "free sisters who weave their threads with bones," have been driven to America. Having thus heaped ashes on our heads, by selecting another country wherein to flesh their maiden scalpels, our British good nature is somewhat coolly appealed to for the purpose of keeping the new hospital going, and thus perpetuating the agonies of self-reproach that we ought to endure.

It is a pity that wise and earnest women do not strive to guide in the right direction the misdirected energy of these aspirants to the ranks of a profession for which they are physically disqualified by the Power that adjusted the laws of animal life. It should be remarked, that all these women who, *de facto*, offer to unsex them-

selves by assuming positions incompatible with the performance of their duties as wives and mothers, only aim at being hospital officials. We have not heard of one exposing herself to the wear and tear of the hard work of a country practice. It is like the angling ladies, who require some one to put on the bait, and take off the fish, and hold an umbrella over them to keep off the sun, and then triumphantly entitle themselves expert fisherwomen.—*London Lancet*, Jan. 9, 1858.

UNUSUAL DISLOCATION OF THE FEMUR.—

An opportunity for examining a rare form of dislocation of the femur occurred the other day at the London hospital. A moderately stout man, aged 50, had been admitted under Mr. Luke's care, after having fallen into a dry dock. A dislocation of the left femur was easily diagnosed, but the symptoms were peculiar, inasmuch as the limb was lengthened one inch, without either inversion or eversion; yet the head of the bone could be easily felt, and was thought to be in the ischiatic notch. By manipular movements, reduction was easily effected about an hour after the accident. The man subsequently died from the effects of broken ribs. At the autopsy, Mr. Forbes, the House Surgeon, before dissecting the parts, again dislocated the bone. This was done with ease, and it was clear that the original form of dislocation had been reproduced, as the bone could not be made to assume any other position. The head of the bone proved to be displaced neither into the ischiatic notch nor the thyroid hole, but midway between the two, immediately beneath the lower border of the acetabulum. The gemellus inferior and the quadratus femoris had been torn, the ligamentum teres had been wholly detached, and there was a laceration in the lower part of the capsular ligament. These irregular forms of dislocation of the femur appear, judging from the recent experience of our metropolitan hospitals, to be far from infrequent. The fact is, the head of the femur may rest anywhere outside the brim of its acetabulum, and does not by

any means necessarily slip into one or other of the positions which has been allotted to it under such circumstances in surgical classifications. It is an important feature in the plan of treatment by manipulation, that an accurate diagnosis, as to exact position, is by no means necessary to successful reduction.—*Med. Times and Gaz.* Jan. 2, 1858.

A DISGRACE TO HIS SPECIES.—A friend has just related to us a curious fact in natural history respecting a dog. In North Attleboro' in this State, there is kept in a manufacturing establishment, a large mastiff who takes as much comfort in a quid of tobacco as does the most inveterate lover of the weed. So habituated has he become to its use, that he must have it, and will sit all day in the center of the shop chewing away with appetite and a good relish. He became thus like a man, by playing with "old sogers," as the ends of cigars are professionally termed. In such play he would occasionally find a "soger" in his mouth, until at length a taste was formed for the tobacco which has since increased, and now he is what he is. We believe this to be the only instance on record, of any animal but man, and one species of worm using the weed from the pure love of it.—*Boston Cabinet*.

We insert this article for the benefit of all lovers of the old "sogers."

FOOD OF PARIS.—The Parisians are returning to the Roman type of luxury in their diet. They have become enamored of snails (*escargots*). To such an extent has the consumption of snails increased, that it threatens seriously to injure the oyster trade. A whole side of the new fish-market is devoted to these delicacies amongst shell-fish, the rest being frogs (*ecriasses*). Paris, last year, used to eat 6,000 baskets of oysters per diem—that is, 78,000 of these molluscs; it now consumes but 52,000, or 4,000 baskets. These figures are obtained from the octroi returns, and are therefore reliable.—*Lon. Lancet*.

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

MAY, 1858.

NUMBER 5.

Part 1--Original Communications.

MERCURIALS.—No. 5.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic
Medical Institute.

DOES CALOMEL BECOME A CORROSIVE IRRITANT?

Though calomel is less irritating and corrosive than the bichloride of mercury or corrosive sublimate, still it possesses these qualities, and for these reasons is often applied as an escharotic to chancres and other ulcers. A chemical change may be requisite in order to render it escharotic, but whether this be the case or not is immaterial, since such results are found to follow its topical use. It not unfrequently causes enteric inflammation and an erosion of the mucous membrane of the bowels, when exhibited in diseases not primarily located there. Such being the case, to what cause shall we ascribe these results, unless it be to the corrosive action of this remedy?

If such consequences follow its exhibition only after undergoing conversion into corrosive sublimate in the system, it affords an argument against its use none the less cogent. If calomel is inert so long as it retains the character of the protochloride of mercury, then it is a worthless

drug in the system in that form. If it is rendered active only by a chemical change, that proves the uncertainty of its action. If the human system must become a chemical laboratory every time calomel is given, in order to elaborate out of it a suitable remedy to cure, it shows it to be unreliable. As it is evident that no such changes can take place unless favorable conditions exist, and as precisely the same states of the system but seldom present themselves, the needed chemical changes cannot be expected at all times when desired. And again, if that chemical change does occur, the result is but the formation in the system of that fearful poison, corrosive sublimate, the effects of which many have had ample cause to dread.

But, to return to its effects. Calomel is given, and violent corrosive effects follow. Now, did it remain in the system in the chemical form in which it was taken, or are these effects dependent upon the conversion of the protochloride into the bichloride of mercury? It matters not which inflicts the injury. If calomel so readily acquires an additional equivalent of chlorine, by which corrosive sublimate is manufactured, its liability to injure the system is far greater than the use of the corrosive sublimate. While the former is supposed to be comparatively safe, the latter is known to be a virulent poison. The former is therefore given with but little caution, while the latter is administered with far more care. The violent inflammation and corrosion of the mouth,

followed by gangrene, sloughing and death, afford ample evidence of its corrosive character, whether changed or unchanged, and who can doubt that it produces similar effects upon the alimentary canal? Indeed, we know this to be the case, and the effects on the patient to whom Prof. Morehead gave it, as noticed in a former article, afford ample proof of the fact. He gave it for simple fever, no enteric disorder existing, and suddenly, violent gastro-intestinal inflammation and erosion occurred, followed by death. *Post-mortem examination* revealed the results detailed. But a single dose of calomel administered by an aged and experienced physician destroyed this patient, admitting the testimony of Dr. Morehead to be true. He emphatically declared it to be a case of poisoning, depending upon the chemical change already named. In its converted character, its affinity for albumen, fibrin, and other constituents of the tissues, rendered it a corrosive disorganizing agent. Pereira says he has often seen it given for the removal of various inflammatory affections, when the disease would "suddenly vanish and enteritis develop itself, which passed rapidly into gangrene, and destroyed the patient." If it so readily forms the corrosive sublimate, as is affirmed by various writers, we need have no difficulty in accounting for numerous fatal cases of mortification of the bowels, as is affirmed by Dr. Pereira.

An important inquiry for the physician, (who is said to be the hand-maid of nature,) is to learn whether corrosive irritants act agreeably to the laws of physiology, or whether their action differs so widely from the laws of health that they are necessarily incompatible with the laws of life, whether in a state of health or disease. Are they not antagonists to life, whether in its normal or abnormal, its physiological or its pathological state?

Does he who labors under a burning fever, or under a violent grade of inflammation, require a corrosive irritant or stimulant to establish a *new* morbid action, to supersede, displace, subvert, or counter-

balance that which already exists? Do the efforts of nature point to violent inflammation of the mouth and salivary glands—to ulceration and mortification of the mouth, or to irritation or corrosion of the bowels, as her means of cure when undisturbed by the use of drugs? No sane man will contend that such violent and unnatural agents, or the conditions which arise from their use, are compatible with health, or appropriate means for the cure of disease. Do not the facts adduced, prove the unfitness of the mercurials as therapeutic agents? And do they not prove themselves to be a disease-creating class of remedies?

Lest my opposition to the use of mercurials, and the position here taken, (though long advocated) be regarded as capricious, I will embody the doctrines of able chemists, and give copious extracts from the writings of many authors of the highest reputation in the ranks of Allopathy, including chemists, physiologists, pathologists, and practicing physicians.

I trust the authorities given will quiet the wavering, silence skeptics, and strengthen and confirm all reformers, and the liberal minded men in the medical profession, in their opposition to the use of mercurials.

A late writer, and an experienced chemist and physician, asserts that metallic mercury unites either with one or with two equivalents of chlorine—that hydrochloric acid exists in the stomach, not only free, but combined with sodium, and that one equivalent of mercury, when taken into the stomach, may unite with *one* equivalent of the chlorine and form calomel, or with *two* equivalents, and form corrosive sublimate, which destroys the living tissues by virtue of its caustic properties—that chlorine is constantly present in the stomach, and that its affinity for mercury is strong—that after the formation of the caustic bichloride in the human system, it eats up the very organs which assisted in its formation, by a chemical union with the fibrin, albumen, and gelatin, which form a large part of the animal compound—that if calomel be the mercurial first

given, it soon changes into corrosive sublimate—that this new compound is not only liable to act upon the stomach and bowels, and disorganize them, but that it is absorbed, and while mingled with the blood destroys its red and white corpuscles, inducing an exsanguineous state of the system, prostration from deficient nutrition, and a general depravation of both solids and fluids—that it induces and perpetuates an erythema or irritation, exhausting thereby the functions of the capillary system, often producing ulcers or some other permanent lesion of structure—that metallic mercury or calomel may become deposited in the various organs of the body, and there remain for years, when some adventitious circumstance may favor the union of chlorine with the mercurial present, causing a rapid formation of corrosive sublimate in the system, pyæmia or mercurial poisoning, and perhaps death, though not a single dose had been taken for years; its action is often cumulative; in short, it acts as a caustic poison—that it causes a disintegration, or destruction of the tissues by destroying the albumen, fibrin and gelatin—that by lurking in the system, it acts as an insidious poison, and as a concealed foe, undermining and exhausting the vital powers, by deteriorating fluids and solids, and by the persistent and often excessive irritation which it occasions.

I will next introduce the testimony of able American and European writers, to corroborate the views already expressed. I think it settles the question in favor of a radical reform in medicinal agents proper to be employed, by evidence that cannot be controverted, while it furnishes arguments against the use of mercurials which are overwhelming.

How does calomel become soluble, or into what new compounds are its elements transformed in the *primæ viæ*? is a question of peculiar interest to every scientific physician. That no insoluble medicine can act, except mechanically upon a living organism, is a truth not to be doubted. Calomel is insoluble in every known menstruum, and, therefore, as such, can have

no therapeutical effect. Its chemical constitution is therefore changed in the *primæ viæ*. By a few of the older chemists it was claimed that it was changed while in the stomach into free hydrochloric acid and oxide of mercury, according to the following formula: ClHg plus $\text{HO}=\text{HgO}$ plus ClH . But this theory is met by two grave objections. First; the above double decomposition would not take place; and secondly, if it did, the oxide of mercury is quite as insoluble as the chloride. Other no less distinguished chemists claim to have proven by experiment, that calomel may be, and often is, converted into corrosive sublimate during its passages through the alimentary canal: and the opinion of the writer is, that the action of calomel, when administered internally, invariably depends upon this change. Calomel is a chemical compound, consisting of one equivalent of chlorine and one equivalent of mercury. To illustrate the change that takes place in the system when calomel is given, let us suppose two equivalents to be used,—one equivalent parts with its chlorine, which unites with the other equivalent of calomel, forming the bichloride of mercury, or corrosive sublimate; while the mercury, that has parted with its chlorine, returns to the metallic state. To the modern chemist the following formula will be more expressive than any possible description. $\text{QCl Hg}=\text{Cl}_2 \text{ Hg}$ plus Hg .

The following article, from the able pen of M. Mialhe, is to the point, and fully confirms the position which I have heretofore taken:

"ON THE TRANSFORMATION OF CALOMEL INTO
CORROSIVE SUBLIMATE.

"I have the honor to communicate to the Society of Pharmacy, the summary of some experiments which I have made on the transformation of calomel into corrosive sublimate, experiments which I was suddenly forced to interrupt. The point from which I started with my researches, was the following fact, reported by Vogel. A physician prescribed for a child twelve

papers, each containing five grains of sal ammoniac, five grains of sugar, and half a grain of calomel. The child having died after taking several of the powders, the apothecary was accused of having committed an error in compounding the prescription. Luckily for our colleague, the accusation which hung over him was of short duration. Peter Koffer having quickly proven that, in presence of sal ammoniac and of water, calomel is partially changed into corrosive sublimate. This fact, of which I have ascertained the exactness, has always appeared to me very remarkable, and well worthy of fixing the attention of physicians and physiologists. It would not be so, if the assertion of one of the most distinguished professors of our school were founded in fact. This professor asserts to have proven, by means of experiment, that the chemical change of proto-chloride of mercury into deuto-chloride, does not take place under the circumstances stated by the German chemist. I shall not attempt to point out whence is the source of error into which our learned colleague has fallen. I shall at present content myself with publishing the conclusions which result from my experiments.

"1. The proto-chloride of mercury, in presence of hydro-chlorate of ammonia, or of the chlorides of sodium or potassium, and of pure distilled water, is changed partly into deuto-chloride of mercury, and into metallic mercury. This change takes place at the temperature of the human body, and even at common temperatures, and demands but few moments of contact to be effective. It is sufficient, for example, to be convinced of this fact, to allow calomel to remain a few minutes in the mouth; a mercurial taste of sufficient intensity will not be slow in exhibiting itself. This taste is the result of the mutual reaction of the chloride of mercury, and the alkaline chlorides in the saliva.

"2. It is to the change of calomel into corrosive sublimate and metallic mercury, under the influence of sea salt and the salts of ammonia, which we know to exist in the liquids of the alimentary canal, that

we must attribute the pathological phenomena of mercurial salivations, from the administration of calomel. What proves that this is really the case, is, that when the proto-chloride of mercury does not purge, but is retained for a long time in the digestive tube, it excites an unusual secretion from the salivary glands, and this on account of the large quantity of corrosive sublimate which is produced. The same phenomena happens after the long continued use of the protochloride of mercury, and from the same cause.

"3. As the quantity of corrosive sublimate formed can only be proportional to the amount of alkaline chlorides which are contained in the viscera, those persons who eat large quantities of common salt, everything else being equal, should be more susceptible than others, when under a mercurial course of medicine.

"4. The anti-syphilitic properties are communicated to it, either in whole or in part, by the sublimate and the mercury to which its chemical decomposition gives rise. It is, without doubt, the same as regards its anthelmintic virtues; it is by producing poisonous effects on the ascarides, by means of the two agents mentioned, that the mercurial chloride relieves us from these importunate guests.

"5. All that has been said of the medicinal action of calomel, may likewise be predicted of the protiodide of mercury, which under the same circumstances, is converted into deutiodide."—*Jour. de Pharm.—American Journal of Pharmacy*. Republished in "*The Western Journal of Med. and Surg.*" edited by Drs. Drake and Yandell. Vol. II., p. 307.

The hydrochloric acid and chlorides of sodium, potassium, ammonium, &c., of the gastric juice, are amply sufficient for this change. According to Liebig, Lehman, and others who have given this subject much attention, the amount of hydrochloric acid and chlorides in the gastric fluids is very variable. This fact is valuable, because in it we see the reason why calomel is so uncertain in its action. The following remarks on this question are taken

from the U. S. Dispensatory, page 988.

"Calomel should not be given at the same time with nitromuriatic acid, for fear of generating corrosive sublimate. One of the authors (of the U. S. Dispensatory) has been informed of a case in which death, with symptoms of violent gastrointestinal irritation followed their simultaneous use. Agreeable to the experiments of Deschamps, calomel is decomposed by bitter almonds and by hydrocyanic acid. In the former case, corrosive sublimate, bichloruret of mercury, and muriate of ammonia are formed; in the latter, corrosive sublimate and bichloruret only. Hence, this writer considers it very dangerous to associate calomel with bitter almonds or hydrocyanic acid in prescription. This conclusion has been confirmed by M. Mialhe, and M. Prenallop, and more recently it has been shown by Dr. E. Riegel, that cherry laurel water has the power of converting calomel into corrosive sublimate. According to M. Mialhe, calomel is in part converted into corrosive sublimate and metallic mercury, by muriate of ammonia, and by the chlorides of sodium and potassium, even at the temperature of the body; and hence he believes that the conversion may take place in the primæ viæ. Popular belief coincides with M. Mialhe's views, in regard to the power of common salt of increasing the activity of calomel. More recently, M. Mialhe has extended his observations, and now believes that all the preparations of mercury yield a certain quantity of corrosive sublimate, by reacting with solutions of the chlorides of potassium, sodium, and ammonium. The deutoxide, and similarly constituted compounds, are most prone to this change. Even metallic mercury digested with the chlorides named, is partly converted under the influence of the air, into corrosive sublimate."

The following case from the *Western Med. Journal*, edited by Drs. Drake and Yandell, (Vol. IV., p. 256, new series,) is, we believe, entirely confirmatory of the position we have taken. It is entitled, "A Case in which Calomel Excited the

Symptoms of Poisoning by Corrosive Sublimate.—Dr. Ashmead related the case of a patient under his care, to whom an ordinary dose of calomel was given as a purgative, and followed by a dose of magnesia, who, soon after taking the calomel, was seized with symptoms similar to those resulting from poisoning with corrosive sublimate. He was treated by the usual antidotes and remedies indicated in such cases, and recovered. There was no reason to suspect that the calomel given in this case was an impure article, or that there was any idiosyncrasy of constitution, as the patient had previously taken calomel without any unpleasant symptoms following."—*Trans. Col. Phys. Phila.*

VERATRUM VIRIDE IN FEVERS.

BY DR. HARVEY HARRISON.

In speaking of this medicine, I feel at a loss for language to express my confidence in it. In typhoid fever I consider it almost a specific. My manner of using it is as follows: In a case of typhoid fever, if the stomach appears to be loaded with bile, I give an emetic of lobelia and ipecacuanha. As soon as this is over and the stomach settled, I commence with the veratrum tincture, in doses of three or four drops every hour. I dilute it in a tea spoon full of cold water, and continue to give it day and night. This dose is for adults, and it may be varied to suit children or persons of any age. About six or eight hours after commencing the veratrum tincture, I give a moderate dose of anti-bilious physic, but continue the drops all the time, except the patient inclines to sleep in the latter part of the night; I then let it stop for two or three hours, but resume them again as soon as it is day. In my hands, as a general thing, in from twenty-four to forty-eight hours, the fever is broken, and the patient mending.

I believe tincture of veratrum viride

ought to be given in its most simple form, and but very little of any other medicine given while it is used. In this form of fever there are frequently other fevers blended with it; such as lung fever, intermitting fevers, &c. Where the case is marked by intermissions, I give a small portion of quinine every two or three hours, during the intermissions. External applications for cold feet and hands, and pain in the side, will suggest themselves to any physician. In lung fevers, warm fomentations to the chest will be indicated.

I have been practicing medicine in Darke county, Ohio, for the last eight or ten years, and consequently have had considerable opportunity of treating fever of almost every description; and among all of the remedies that I have ever used, the *veratrum viride* stands at the head. I have had a number of cases which had been treated by old school physicians, and which they called typhoid fever, and in four or five days, with the help of *veratrum viride*, I had them on their feet again, or mending. Now they are compelled to acknowledge that they were mistaken, or that typhoid fever can be cured. When I first commenced using the *veratrum viride* tincture, I used it according to the directions given in the Journal, which directs larger doses and three hours apart. When given in this manner, it inclines to sicken the stomach too much. Given in smaller doses, one hour apart, it very seldom has this effect. If it does I lessen the dose.

In inflammatory rheumatism, I have never had it fail—given as above directed—of giving entire relief in forty eight hours.

I have found, in treating fevers, that it is not a good plan to give an active cathartic while the system is under a high excitement by fever; but cleanse the stomach with an emetic, and then give the *veratrum viride* tincture, to cool down the excitement, which it will do in six or eight hours, and the physis will operate like a charm. My favorite cathartic is prepared as follows:

Podophylin,	1 part.
Leptandrin,	1 do,
Sanguinarin,	$\frac{1}{2}$ do,
Gamboge,	$\frac{1}{2}$ do,
Socotrine Aloes,	$1\frac{1}{2}$ do,
Capsicum,	$\frac{1}{2}$ do,
Castile Soap,	$\frac{1}{2}$ do,

These articles should be well mixed together and wet with a little thin starch, and made into pills of four grains each. Two or three is a dose for an adult; or it may be given in the form of a powder, in the same proportion. In autumnal bilious fevers it seems to be necessary to give a little more physis. But I believe we should always be careful to give it when the system is the clearest of excitement by fever. We can cool down the fever, by giving the *veratrum*, in about six or eight hours.

Now, I am fully convinced that the tincture of *veratrum viride* is the best febrifuge and sedative medicine in use, and I believe it is safe. I also believe that it possesses the very best tonic properties. In proof of this position, I will give a case.

During last summer, I was called to a case of ague (tertian type), and getting a history of the case, I learned that it had been treated by a calomel doctor, and that it had changed to every day, very bad; but in a few days after he quit the case, it changed to every other day again. In this condition I prescribed the anti-bilious pills above named, and followed them with a course of tonics and diaphoretics as follows, viz: Quinine and leptandrin equal parts, in 3-grain powders, given every two hours, with what I considered suitable diaphoretics. This course changed it to every day again. I now ordered the *veratrum viride* as above directed, and in thirty-six hours the chills and fever were stopped, and the patient was up and lively.

In chronic cases of liver affections, I use the *veratrum viride* in addition to other hepatic medicines, with decided benefit. Now I feel certain that there is not that attention paid to *veratrum viride* that should be. In a bad case of fever, a physician always feels a backwardness to drop what he knows to be good, and to take hold of something that he has not

tried; or at least this was my feeling when I first commenced using this medicine. And when I did commence, I mixed it in with other medicines, so that I could not perceive so plainly its good effects. About the first of last December, being very hardly pressed in a case of lung fever, I determined to lay aside my old favorites, and give the *veratrum viride* a full and fair trial in the manner above named, and the result was, that the fever gave way in a very short time, and the patient recovered rapidly. With the experience which I have had in using this medicine, I feel like urging on my Eclectic brethren, to take hold of the subject and test the matter for themselves, and then report their success and opinion.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

After an unavoidable and unexpected delay, I again resume the consideration of this instructive and highly important scientific theme. I fear our author will ascribe this delay to my negligence. Not so, my dear sir. Causes over which I had no control have occasioned it. Pardon my apparent neglect for this time, and I promise you that your valuable production on Eclecticism and practical medicine, shall receive all that consideration and careful attention, which its superlative richness, as a specimen of science and philosophy, merits.

The next and perhaps the last of the great neurological regions, which the writer may deem it advisable to consider, is one of great extent, of great physiological, pathological, and neurological importance. Perhaps none of the discoveries of our neurologist involve greater consequences, and certainly, so far as the physiology and pathology of this extensive region are concerned, none exceed, if indeed equal, it in point of interest. The name selected for it by our author cannot fail to strike the

reader as significant and highly appropriate. None could be more expressive. All must approve of the selection, and all will readily perceive its vast and comprehensive meaning. The region in question is that of

"RELAXATION."

This region is bounded below by the "Region of Insanity," which is indicated by dotted lines drawn across the abdomen of one of our author's naked women. The line commences below the anterior superior spinous process of the ilium, and gradually rises as it extends forward about one-third of the distance across the abdomen, when it forms a gentle curvilinear or crescentic line, the inclination dipping downward until it meets its fellow of the opposite side in the central perpendicular line, or *linea alba*, just above the pubic bone. It appears to be bounded on the left by the "Combative and Destructive Region," and on the right by the "Region of Crime and Selfishness." Its superior boundary is indicated by a curvilinear line, with its arch downward as low as the *scrobiculus cordis*, or lower extremity of the sternum, in order to make room for the "Region of Virtue," which extends from the clavicle and top of the sternum to the diaphragm, or the point just named. The "Region of Intelligence," and the "Region of Virtue," both occupy the same space above this line, while the "Seat of the Soul" extends from near the crown of the head to the crescentic line already indicated. The exact and nice curvature of this line (encroaching, as it does, upon the abdomen,) appears to be wisely ordered by the great author of these "brilliant discoveries," for the following reasons: *First*, to amplify the "Region of Virtue." Nothing could be more injurious to a benevolent and moral woman, than to contract her thorax, and thus diminish the territory of "Virtue." Man has no such region in the chest. The more capacious the chest, the more extensive must be the field of "Virtue." In other words, as increase of magnitude gives additional power, as our author elsewhere informs us, the greater

the "Region of Virtue," the more marked are its effects, the more predominating must be its sway.

Second: this line is made to fall, by our author, as low as the diaphragm, in order not to cramp or circumscribe the "Region of Intelligence." Again our author discovered that increase of measure must give an increased amount of intelligence. He foresaw the propriety and consummate wisdom indicated by his geography of the chest, should he appropriate the entire thorax as the repository and habitation of "Intelligence." This same territory our author declares is the common tenement of these two great regions of virtue and knowledge. Both, it seems, dwell together in the same magnificent apartment.

Third: this great common habitation for "Virtue" and "Intelligence," seems also to be occupied in part by the "Soul." The thorax is added, by our author, to the head, to amplify the territory of the pervading soul. It affords it more space in which to exercise its functions. Is it not wondrous indeed that our author knew just where to fix the boundaries for the play of "Virtue," "Intelligence," and the "Soul?" Within this same region he has located numerous other neurological organs, as "Religion," "Benevolence," "Patience," "Hope," "Philanthropy," "Mortality," "Social," "Intellect," "Love," "Ideal," "Somnolence," "Modesty," and "Reverence." His geography of the neurological organs of the chest is truly marvelous. The perpendicular, angular, oblong, square, cubic, horizontal, oblique, quadrangular and triangular forms and positions of these organs, must stand forth as so many indisputable evidences of the genius, intuitive knowledge and philosophical greatness, of our great author of Anthropology. Who but Joseph R. Buchanan could have so overlapped, crossed, dove-tailed, matched, and made to fit with such marvelous exactness, so many different and mere ideal or fancied organs, all varying in shape, size, position, location, &c., &c.? He has consummated the great task.

But why this digression?—why has the writer wandered from the "Region of Relaxation," to neighboring fields of neurological science? Their richness and highly tempting character has caused this digression. The profundity of this philosopher and man of science, evidenced by fixing so many organs with the nicety and mathematical exactness manifested, so as to resist the attacks of skeptics, is indeed wonderful.

The reader will perceive, by looking at the geography of neurology, as delineated upon the surface of one of our author's naked women, that the region under consideration embraces very nearly the entire extent of the abdomen. The dotted lines indicate that it extends from the diaphragm downward to the hypogastrium, or near the pubes. Within this neurological region our author has discovered several neurological organs, some of which appear to be single, others double. "Sensibility," "Disease," "Respiration," "Alimentive," and "Calorific," are the organs named on the abdomen of one of his females. The text reads thus (See p. 369):

"The region of Relaxation and Indolence, the source of debility and languor, is located upon the abdominal surface, below Disease. The connection of these functions with the abdominal viscera, is obvious in the fact that excessive eating produces an indolent, dull and languid condition."

The reader will observe the process of chymification, chylicification, chyloferous absorption, peristaltic motion, together with important secretions, are constantly going on in this region, and disorder is exceedingly liable to occur in some of the viscera within it, and hence our author has wisely located an organ of "Disease" upon the surface.

If the reader will look upon the naked abdomen of one of our author's female figures, and observe the dotted lines indicating the exact boundary of "Relaxation," and then examine the text, he cannot fail to see another direct and positive contradiction in it. After exhibiting his plat of

the abdomen, showing that the "Region of Relaxation" extends from the diaphragm to near the pubic region, our author then locates two organs of "Disease," in a crescentic line, some inches below the diaphragm. He then affirms in the text that "*the region of Relaxation and Indolence, the source of debility and languor, is located upon the abdominal surface, below Disease.*" Is it not contradictory to first positively declare the entire abdominal surface the "Region of Relaxation," and so make it on his female abdominal map, and afterward declare the same region is some six inches below the diaphragm, or below "Disease?"

To reverse the proposition, is it not contradictory and grossly absurd to declare the "Region of Relaxation" is a small space between the diaphragm and naval, or "below Disease," after having first affirmed the whole surface of the abdomen to be the "Region of Relaxation?" Can two conflicting and contradictory propositions both be true? Must not one be false? These contradictions are really troublesome. I wish they were less frequent. They put me to much inconvenience to rectify them for our author, and to apologize for his errors. Their occurrence in a standard work on Eclecticism is rather serious. His labors prevented the requisite care in the preparation of a great text-book. I shall adhere to our author's first proposition—viz: that the whole abdomen is the "Region of Relaxation," and proceed to prove the truth of it. I shall omit further notice of the little organ of "Relaxation," believing its introduction inadvertent, or that it crept into the text by mistake. It does not fall to the lot of a great man, philosopher though he be, to always maintain consistency and avoid contradictions, especially in the investigation of neurology.

We shall first attempt to prove the sagacity and scientific acumen of our author, in the selection and adaptation of the very expressive term, "Region of Relaxation," as applied to the anatomical and physiological conditions of the entire abdominal region; and in the second place, we shall

attempt to establish the same facts by its frequent pathological conditions.

Its anatomical and physiological arrangement is one of comparative *relaxation*. The organs of the abdomen are not enclosed in a bony structure like those of the thorax. The most extensive boundary of the abdomen consists in a broad sheet or expanse of flaccid muscles, a delicate membrane and the skin. The muscles are the transversalis abdominis, rectus abdominis, pyramidal, and external and internal oblique, which form the front and lateral coverings of the entire chylipoetic viscera.

They are connected above both to the floating and true ribs. The latter are supplied each with a lengthy elastic cartilage, while the muscular expanse is united with its fellow of the opposite side, along the *linea alba*. Their length, breadth, and extensive yielding attachments, show at once their flaccid character, and prove them to be anatomically and physiologically the seat, of at least a state of alternate contraction and relaxation. They have but little volume, there being an extensive sheet of their muscle and membrane stretched across the broad surface of the entire abdominal region, as a support and protection to the organs within.

This entire muscular expanse is incessantly subject to contraction and relaxation. It is influenced by the empty or distended state of the stomach and bowels, whether by food or flatus, it matters not. Tension and relaxation follow the generation and escape of gas. Its condition is modified by each inspiration and expiration. Its attachments to a fixed bony structure at one extremity does not give it firmness, or any great degree of resistance, the other being attached to a floating cartilaginous structure, or to corresponding muscular and membranous expanse. If we recur to the abdominal viscera, they also lack fixedness. That great viscus, the liver, is suspended by attachments to an elastic curtain, with a large extent of its border also attached to the ribs, and hence is subject to constant motion as it contracts

and expands in the act of respiration. The stomach, pancreas, spleen, and thirty-six feet of intestinal canal are in like manner suspended mainly by yielding, elastic, muscular and ligamentous tissues. They are more or less confined according to their distended or empty condition, but for the most part, all the viscera are pendulous, changing their positions as the attitudes of the body change. Even the bladder and uterus are constantly subject to variations as to position, and therefore the writer sees no objection to including the hypogastric and pubic regions within the neurological "*Region of Relaxation*."

The reader has now seen that the flabby and yielding condition of the anterior and lateral walls of the abdomen, with the pendulous state and great mobility of the enclosed viscera, are both anatomically and physiologically conditions of relaxation. This proposition, I think no one will question. The normal condition of this entire region, then, must be one of *relaxation*. This, then, affords another proof of the sagacity, and deep penetration of our philosophic author.

If the truth of the proposition is established, that the natural condition of the entire abdominal region is one of relaxation, with what force must our author's new discovery strike the reader, when applied to the pathological conditions of the abdomen?

If we have succeeded in proving the self-evident proposition of our author, that the normal condition of the abdominal parietes, together with the enclosed viscera, is one of "*Relaxation*," we think all must admit the peculiar significance of his name, as applied to the structures embraced. If appropriate to their normal state, then how much more striking its application when extended to their pathological conditions?

I shall now proceed to notice some of the pathological conditions of the same structures, which I think cannot fail to convince any one of the wisdom and accuracy of our philosopher's nomenclature and discovery.

The parietes of the abdomen are liable to extreme weakness and great relaxation. Long fasting may cause it; likewise exhausting disease of whatever character. These parts, together with every other portion of the animal economy, may become weakened and extremely relaxed from the long duration of any severe disease. Then is not the abdomen truly a "*Region of Relaxation*"? But why have not other anatomists, physiologists and physicians, who were the predecessors of our philosopher, made this wondrous discovery? Not being endowed with philosophic minds, and the genius of intuition, like our great Anthropologist, how could one expect such superhuman wisdom and scientific discoveries from their weak minds? Many of the disorders of the bowels, are emphatically cases of "*Relaxation*." The helpless infant, during dentition, is often seriously affected with intestinal "*Relaxation*." Crude and improper diet is a frequent source of "*Relaxation*." In cholera infantum, the abdomen is the "*Region of Relaxation*." The accuracy and comprehensive meaning of our author's nomenclature, is also illustrated in other cases of "*Relaxation*" of the bowels, as in ordinary diarrhea, dysentery, cholera morbus, tabes mesenterica, the purging that occurs in the advanced stages of typhoid, typhus, and other forms of fever, tubercular consumption, &c., and especially in that strongly marked disease, Asiatic cholera. No one can question the stern fact that there are pathological examples of strongly marked "*Relaxation*." The name is appropriate; the common name by which these conditions are known, shows their correspondence to the significant name of our author. They are pathological states attended with the important phenomenon of "*Relaxation*;" while the parts involved constitute our author's neurological organ, or neurological "*Region of Relaxation*." The correspondence between his name and the pathological conditions, are striking. No one dare deny the adaptation of his name to these varied conditions of the abdomen.

Then, as the parietes of the abdomen, and the organs which they enclose, are, when in their normal state, pendulous and subject to many changes, as the position varies, and as many of its pathological states are equally expressive, what name so appropriate for the parts concerned, as that of the "Region of Relaxation?" An examination of the natural and pathological conditions of these parts, evinces the unexampled sagacity of our author, in the adaptation of his expressive name. Its truthfulness is self-evident, and the wonder is, that some other anatomist, physiologist, pathologist, physician or philosopher, had not made the same discovery long ago. Fate seems to have unlocked her ample stores of reserved neurological science, to this bright, particular star in the firmament of Anthropology. For his intuitive genius was reserved this marvelous discovery. His right, there was none, there is none, and there never will be one to dispute. To him belongs the glory; he has won the laurel that bedecks his brow; he is entitled to an award from the medical profession at large, but more especially from Eclectics for pointing out to them on his favorite map, (the naked abdomen of some fancied beauty,) the "Region of Relaxation." *Vive le Bagatelle.*

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI, AND ITS ETHICAL PECULIARITIES.

BY PROF. G. W. L. BICKLEY.

CHAPTER V. (CONTINUED.)

ABSTRACT OF JUDGE HOADLEY'S ARGUMENT.

If your Honors please: I do not regret the time that has been occupied in the progress of this case, in the examination of witnesses and the inspection of records, for in the decision to be rendered is involved not merely the fate of a useful public institution, but the destiny of every corporation, whether banking or collegiate,

in the State of Ohio, the stock of which is not yet all subscribed. If the claims set up by the defendant are sustained, then the interests of all stockholders may be disregarded, and investments depended on by widows and orphans for their daily bread, may be rendered worthless by the vote of any temporary board of trustees; for the stock lies, in that case, wholly at the mercy of those whose bounden duty should be to preserve and protect its interests. The real owners of corporations of this kind are the stockholders, and not the boards of trustees, and it is their right to control the actions of the latter. I shall discuss this case upon the supposition that the institution actually belongs to the stockholders, and that the trustees are their agents merely.

I desire to call the attention of your honors to the true position and character of this institution. I am prepared to show that it was not, in any respect, an eleemosinary corporation. It is an incorporated institution, whose building is located upon a valuable corner lot in the very heart of a flourishing and a rapidly increasing city. Its property was purchased in 1846, at a time when its value was insignificant in comparison with the present moment. Its stockholders knew that this would be the result, and they entered into it as a legitimate commercial speculation. This is proved also by the guarantee made by the faculty and board of trustees to the stockholders, that money invested in stock should yield its owners from six to ten per cent per annum. Ten per cent was generally received by the stockholders, and therefore it was a good investment, in a commercial point of view. The by-laws of the Institute bind all professors to the acceptance of this arrangement. It was stipulated by those by-laws, that the treasurer of the board of trustees should annually receive from the faculty twenty per cent. on all tuition fees, so as to enable the trustees to declare a dividend of at least six per cent. per annum, and if possible, ten per cent. If twenty per cent. of the tuition fees did not serve to pay six per

cent. on all stock issued, then the faculty were compelled to make up the deficiency; and if twenty per cent. of the tuition fees exceeded ten per cent. on the stock, the excess was to be refunded to the faculty for division among themselves. [Judge H. here read the resolutions from the records, which established this agreement.] Now does this not show that the holding of stock was based on the idea of a commercial speculation? It has been shown that one-third of the entire amount of stock was held by Dr. L. E. Jones, notwithstanding he was an outsider. He depended on getting the dividends on his stock in cash, according to the stipulated agreement between the board of trustees and the faculty, which last body held their seats in the college under this clearly understood arrangement, and this was the reason why he protested against the extraordinary course of the faculty in appropriating the tuition fees, and offering him stock for his dividends. Every dollar of increase in the stock must, as a matter of necessity, lessen the value of his stocks, and make the faculty less able to pay the accustomed and stipulated dividends thereon. In examining this case, we must therefore apply the same rules as pertain in reference to bank corporations. If the charter or any by-law of the trustees fixes the place of holding elections, there the meetings must be held. If no place has been thus fixed, we must look to general rules of law to determine the proper place at which the meetings of the stockholders should be held. In this case the statute is silent; the charter specifies only the time, not the place, and no such place was fixed by usage. The testimony shows that meetings had been held at Dr. Morrow's house, at the faculty room in the Institute building, at Dr. L. E. Jones' house, and at Dr. Newton's office; and if usage fixed on any place, it was at the office of the treasurer, where the stock and transfer books were kept. They could not meet in the room used at the election of 1855, and which had been previously used as a faculty room, in the basement of the Institute, as it ap-

pears that room was rented to Mr. Thorp for an enlargement of his drug store, and that the faculty were then in the habit of meeting at Dr. Sherwood's office, he exchanging with them the use of his office for the use of the furniture belonging to the faculty room. In this room of Dr. Sherwood's the faculty had met on Saturday night before the election, and if no collusion had been contemplated, and they been acting in good faith, does it not seem probable that they would have held the election there also? It is shown in testimony that the hall of the Institute was occupied on Monday by the students, and that the lectures were going on in it. I think I can show to your honors that the little ante-room in which the election was held by the minority of the stockholders, was inappropriate and in no way suited to the purpose, even though the lectures had not been going on, and it must be apparent that the noise and confusion of the lecture room must have been by no means pleasant to the voters. The whole number of persons that voted at the two places (Dr. Newton's office and the ante-room) was *twenty-eight*. Recollect that their own witnesses testify that this ante-room was not over 8 by 10 feet, and hence contained at most only 80 square feet. Your honors will perceive that from the physical requirements of the 28 voters, they could not have been packed in that little room, and as the best feelings did not exist between the parties, it is not to be supposed that such crowding would have been agreeable to either. It will be remembered that the opposite party objected to go to Dr. Newton's office because feelings of delicacy of both parties would have been violated. But gentlemen who could imagine that Dr. Newton would meet the faculty at Dr. Sherwood's office, there to be expelled from his office of treasurer, ought not, in all conscience, to talk about feelings of delicacy! Dr. Newton was the treasurer of the board of trustees, and as no other officer had called together the stockholders, he advertised in the daily papers for a meeting to be held at the treasurer's office,

where they had met on former occasions; all of which showed a determination to act in good faith and in obedience to law. Hence, so far as propriety of place, and conduct in calling the meeting, are concerned, we come before the court with decided advantages, yet we are willing to waive them, and stand on the same ground as the defendants. If Dr. Sherwood could go to Dr. Newton's office to get the treasurer's books, could he not have gone there to vote with equal propriety, especially as the demand for the books and the election were simultaneous. The election was going on at Dr. Newton's office when Dr. Sherwood and Dr. Cleaveland went there for the books. Their admission of having seen the call for the meeting in the daily papers, proves that they knew that the election was then going on; that the election would be held there, even before Dr. Newton was removed by them. It is clear that a majority of the stockholders had a right to say *where* the election should be held; it is also clear that a *majority* voted at Dr. Newton's office. Had the faculty room in the college edifice been open, then the majority might possibly have selected it, but the evidence shows that it was rented out to Mr. Thorp. It not being in their power, therefore, to use that room, Dr. Newton's office was selected, and due notice was given of the fact.

But how was it with the proceedings of the opposite party, under whose action Dr. Sherwood claims to hold his office? Secrecy was the prominent feature; no notice was given; every thing indicates a conspiracy of the majority of the faculty, representing a minority of stock, to cut off the majority of stockholders and the minority of the faculty from participating with them. Dr. Newton's office was selected by a majority because the election could not be held in the hall of the Institute without disturbing the lectures.

If the court is of the opinion that the \$7,000 of stock issued on Saturday night, on notes payable in five years, was a legal issue, then we submit; my clients will not ask further to be heard by this or any

other court. We ask for no advantages arising out of technicalities; we ask only a decision, so that students may know whether they are really attending the Eclectic Medical Institute or not. We desire to waive all advantages of form. The question we wish to have decided is, where, in fact, did a majority of the stock reside?—in the hands of those who met in pursuance of an open, public notice, at Dr. R. S. Newton's office, or in the hands of the small number of conspirators who secretly met at the ante-room of the college. I care not to assume that Dr. Newton's office was the only place where an election was held on the 7th of April, 1856, but I desire to find out where the majority of stock was represented. If I show that the majority voted at Dr. Newton's office, then I contend that the board of trustees elected at that place was in fact the legal and properly constituted board. And just here I desire to brush away the fine feathers with which Judge Warden decorated the case, by counting the *legal* votes which were cast at both places. I am willing to count the votes in any way that the gentleman may desire—either to admit the illegal votes on either side, or cast them out on both—and I can show that a large majority, in either case, were cast at Dr. Newton's office.

There are rules in law to govern voting, and the court sits here to remedy all errors which may have occurred. [Judge H. here read a portion of the act of incorporation.] Now the law shows that *owners* of stock must vote it either in person or by proxy. But Dr. Buchanan, who seems to have a multiplicity of debts, had hypothecated all of his stock, except \$500, to his creditors, and upon all such hypothecated stock he has voted, as though the persons for whom he voted actually owned the stock, and were entitled by law to give a proxy for its vote. His testimony shows \$1,000 of his stock had been pledged to Boone and Mrs. Wakefield, in sums of \$500 each, and that he held their proxies, and had, at previous elections, voted on them; that before the election of 1856, he paid the debts due them, and re-pledged

these shares to one Ely, taking his proxy, but that at the election of 1856 he voted not on the proxy of Ely, but, concealing his interest, the vote was cast in the names and on the proxies of Boone and Mrs. Wakefield. The reason was that on Ely's proxy he could cast only thirty votes, but the other proxies commanded fifty votes. The law forbids all such transactions as fraudulent. Dr. Buchanan was the real owner of the stock, and he alone could cast the vote on it, and was legally entitled to but one vote for every five shares.

There is a by-law, passed in 1852, declaring that no certificate shall be valid until it has been countersigned by the treasurer of the board of trustees. [Judge H. here read the by-law.] Independent of this, the law of the land makes it imperative on the owners of stock to vote either in person or by proxy. In Connecticut, it was held, at an early day, that votes might be cast by proxy, if authorized by charter or a by-law of the corporation; but in New Jersey a different decision was made: there proxy votes are illegal unless authorized by the charter. Chancellor Kent thought that it was not a proper mode of voting, unless authorized by express law; that it could not be sanctioned by a by-law. [Judge H. here referred to Angell and Ames on Corporations.] Therefore, the divided and pledged stock of Dr. Buchanan and all others of both parties, was nugatory. Such division gave them no right to increase the legitimate vote authorized by the charter, viz: 25 votes for the first 25 shares, and one vote for each five shares thereafter.

There were over \$11,000 of stock voted at Newton's office, represented by 191 legal votes, cast by the owners in person—votes about which no questions can be raised—and only about \$7,700 of genuine stock was voted at the ante-room of the Institute, represented by 86 votes about which no questions can be raised. This is the result of rejecting all divided and proxy votes.

And now, is not the question naturally suggested, shall the owners of property hold and control it, or shall they be delib-

erately robbed of it? for this was a robbery and nothing else.

I must here further strip Judge Warden's argument of its fine plumage. It is not true that the controversy was between the friends and the enemies of the Institute, for Drs. Jones and Baldrige were its earliest friends in this city, and each had labored to build up the school long before any one of the opposite party were in any way connected with it, and Dr. Newton had been in it longer than any one of them, with the single exception of Dr. Buchanan—almost every one of them having only recently become connected with the school. Now I ask who were its friends, if not those who helped to build the edifice, and who had advanced their money to sustain the Institute? Drs. Jones and Baldrige had done this, and not one of their opponents can claim this credit. The truth is, they were determined to control the whole institution, irrespective of the rights of the stockholders, and to accomplish this, they applied to Dr. Jones to get the use of his stock on which to vote. He saw the danger, and refused to co-operate with them. Dr. King's testimony reveals the whole scheme—how it was to be worked, and the object to be attained.

It appears that when asked why an increase of stock was necessary, these gentlemen hold up the scare-crow of the Grandin debt. They admit that the sale of a part of the lot had been the settled policy, but now they say that they needed the lot to build on, and hence they issued this fraudulent stock on the promissory notes of Geo. S. Jenkins and others, payable five years after date, upon which to raise money in order to pay the Grandin debt. The testimony of Dr. King strips the scheme of the conspirators, showing that they were striving to get the control of the institution, and nothing else. To show that this was the case, we have only to bear in mind the fact that Dr. Jones was coaxed to operate with them, and that when he refused to lend his assistance to them, they threatened to "throw the whole thing into liquidation, and blow it to pow-

der." Does this show a zealous friendship for the school? Does it not rather show a determination to build themselves up even at the sacrifice of the rights of the majority of those who held stock in the Institute? Dr. Jones relied upon the six per cent. guaranteed to him for his market money, or to increase his income, and as they did not offer to pay him in cash, but to secure him by a mortgage on the lot and property of the Institute, he could not feel that the transaction would be a safe one, because he had no faith in their ability to manage the Institute?

Finding that Dr. L. E. Jones could neither be bought up nor frightened into acquiescence, they then determined to carry into effect the conspiracy that had been formed, and hence Dr. Sherwood posted to Columbus to rope in Dr. I. G. Jones, whose note and subscription for stock he procured in advance. Then we see Dr. Cleaveland approaching one of his patients, Mr. Geo. S. Jenkins, a gentleman who swears to his own insolvency, with a proposition to become a stockholder in the Institute. When Mr. Jenkins refused, then Dr. Cleaveland offered to guarantee that he should not be called on for the payment of the note he was asked to execute. Others of their party approached Mr. McFadden, offering a similar guarantee to him. Dr. Buchanan went to Dr. I. Wilson with a similar proposition—to take his note, issue stock for it, and guarantee him against its payment. Samuel B. Keys also gives his note for \$500, upon which stock was issued, as it is said, because he was a friend of the Institute. Now does any one believe that Samuel B. Keys, a merchant, and Messrs. Jenkins and McFadden, also merchants, were better friends to the Institute than Drs. Newton and Jones, who owned nearly or quite two-thirds of the entire stock of the Institute? The idea is preposterous. I repeat, the whole transaction was a scheme, a regularly concocted scheme of the conspirators, to defraud the stockholders. Every thing was prepared before the faculty meeting of the 5th of April, for we find

Dr. King going into that meeting with the copied certificates of stock, attempted facsimiles of the printed blanks, partly signed and filled up. The scheme and the act were fraudulent. If they could increase the amount of stock, why could they not decrease it? If they could create, they had an equal right to destroy. Then the same power which originated this stock, could, after it had accomplished the object of its creation at the election, cancel it, and release the parties from the necessity of paying for it. If this doctrine be held, and they should get control of the institution, their power to rob Jones and Newton, and others, is perfect. To sustain so preposterous a doctrine in this case, is to furnish means to destroy the very existence of all corporations in our State.

It is a well established law that corporations can not create stock unless the charter specifies it. Even then the trustees cannot issue new stock; they have no power to enlarge the capital stock, or to increase the issue. This belongs of right to the stockholders alone. For the increase of stock is not part of the management of the corporation, but a radical change in its constitution; and the trustees, whose duty ordinarily is fulfilled by keeping the corporation at work within the scope of the charter, cannot, without express power delegated, increase stock. There is no such power delegated in this case, and it is a dangerous one wherever it may have been delegated. With the issue of new stock, a radical change in the interests of stockholders is contemplated, and the law makes it necessary that every stockholder should have due notice of the contemplated issue, and an opportunity to share in its benefits. For the power to increase stock is a valuable privilege in the ownership of which, as much as of any other property of the corporation, every stockholder participates; and the issue of stock to other parties than the original stockholders, in the proportions of their several interests, is, if not done by consent of the latter, a serious injury to them. Therefore, it was wisely decided by the Supreme Court of

Massachusetts, in the case of Gray vs. Portland Bank, cited by my colleague, that in case of an increase of stock, every previous stockholder had a right to his share of the new stock, and if deprived of it by the proper representatives of the corporation and the stockholders, an action for damages would lie against the corporation. Of course an attempt to do this, by an agent of the corporation, (as here the faculty), would bind no one, but be simply void.

If the court please, in this case it was not the trustees, but the faculty, which assumed the prerogatives of the stockholders, and proceeded to issue \$7,000 worth of new stock, in violation of all law and of the charter of the Institute, by a sale on credit to irresponsible parties. My associate has shown how they went back among the early records of the college, and endeavored to trump up a precedent to give a semblance of authority to the issue which they contemplated. Admitting that an early board of trustees did issue, or cause to be issued, notes, payable in five and ten years, for the purpose of complying with the conditions of the charter, which required them to possess \$10,000 worth of property before they could issue diplomas, is it to be claimed that because a wrong has been committed at one time by a corporate body, the corporation may base subsequent acts on such wrong, and continue the perpetration of the same for all future time with impunity? Certainly such an erroneous principle is not now to be established. In that case there were no stockholders to be *wronged* by such issue, and in this case there were, so that no precedent can be drawn from that illegal act. More than this, the testimony shows that the notes thus issued failed to be accredited by the proper legal officer, and that not one dollar of stock was ever issued on those notes. Not a dollar has ever been issued for any notes; no issue has ever been made, except for money, property or labor. The Morrow stock referred to in the testimony was but a purchase and re-issue of the original stock.

They issued this Morrow stock just as they issued stock for money paid for improvements, and for interest on the Grandin debt. These were not credit transactions, mere kites, but value was actually received before the stock was issued.

I shall go on to examine the facts which show that a fraud was contemplated, and I adduce as an evidence of such contemplated fraud, the mode which was adopted by the conspirators. They went back, as I said before, among the old records, to hunt for a precedent. They found the first issue of notes payable in five and ten years, authorized by the trustees, and assuming to act on it, they proceeded to accomplish the great wrong of which we complain. Your honors will bear in mind that this faculty was but the finance committee of the board of trustees, representing a large minority of the actual stock of the Institute. When they thought they could buy Dr. Jones' stock, then the vacant lot was regarded as the means of paying Grandin. Failing in the purchase from Dr. Jones, they abandoned the idea of paying the Grandin debt by sale of the vacant lot, and resolved on this issue of fraudulent stock. If there was no fraud intended—if they acted in good faith—why these secret movements and circuitous modes used to cover up and smooth over the act? I think I can illustrate my idea: A certain Irishman who had been employed as a street sweeper, or scavenger, was standing on the sidewalk, when he saw a patent street-sweeping machine pass. He looked anxiously at it, thought how it had deprived him of work—taken the bread out of his children's mouths—and as a mode of expressing both his contempt and his triumph over it, he said, "Ah! be jabbers, you old spalpeen, *you can't vote.*" So with the Grandin lot: it couldn't vote. Hence they must have Jones' stock, or issue new stock on which they could vote. Judge Probasco says that the notes would bring in \$700 per annum, but he seems to have forgotten that the Grandin debt is long since past due, and the mortgage may be foreclosed any day. And the testimony shows

that not a single one of the notes on which the stock was issued, could be sold in market, so as to raise the money to extricate the property from Grandin's grasp. On these notes there is no valid security; besides, they have five years to run. Mr. Henshaw selected the best note in the parcel, (that of Samuel B. Keys,) and says it could not be sold at all.

The whole scheme was a sham to cover up their acts. If the parties had kept in their own names the stock issued to them, they could each have voted only 25 votes for the first 25 shares, and one vote for each five shares over; but by dividing it up among children twelve years old, and servant girls, they got, as they supposed, a vote for each share. If this was not the case and the intention, why did Dr. Sherwood have \$600 of his stock issued to a servant girl? and Jenkins divide his in parcels of 25 shares each with his wife and little girls? and McFadden his with his wife, his partner and their clerk? But I am willing to admit that all such divisions, on both sides, were illegal; I ask you, though, to notice that these divisions were made to members of their own families, whom they could control. The whole thing was a palpable fraud, look at it in what way you will. Take the case of Dr. Buchanan. He obtains Garth's proxy a week before any stock is transferred to Garth. He pretends to pledge stock with Boone and Mrs Wakefield, which he subsequently pledges to Ely, and then uses proxies from Boone and Mrs. Wakefield to vote on the same stock, notwithstanding it was pledged to Ely, as he admits. Why did he not vote on Ely's proxy? Simply because then he could have cast only 30 votes on the 50 shares; but by using Boone and Wakefield's proxies, he cast 50 votes.

The question for your consideration is, which party is the legal party? Every witness shows that the whole object of the division was to carry the election. Dr. Sherwood says it was not merely to carry the election, but to prevent the Institute's falling into the hands of its enemies. [Judge H. here read from Sherwood's affi-

davit] Now, Dr. Jones owns one third of the entire stock, and he and Newton own a large majority of its stock, yet Sherwood in this affidavit says that Drs. Newton and Jones were the enemies of the Institute! They tried every way to control the election, but failing in that, then they tried to deliberately rob from Newton, Jones, and other stockholders, their rights, interests, and powers. The scheme, from beginning to end, was nothing more nor less than downright, deliberate, premeditated fraud.

Believing that you have the facts in the case, I submit it for your decision.

DECISION OF THE COURT.

The State of Ohio, on the
relation of R. S. NEWTON,
versus
WM. SHERWOOD. } *Quo Warranto.*

This cause came on to be heard upon the information, the plea, and upon testimony adduced by both parties, and the intervention of a jury having been waived, and the premises submitted to the Court upon argument of the counsel, the Court find that upon the 7th day of April, 1856, the said Newton was duly elected by the Board of Trustees of the Eclectic Medical Institute of Cincinnati, Treasurer of said Board, for the term of one year from said day, and until his successor should be elected and qualified, and has ever since attempted, and still desires to discharge the duties thereof. Said Eclectic Medical Institute being a body corporate by the laws of the State of Ohio. And the Court further find that on said day, the defendant, Sherwood, did usurp and intrude into, and that he has ever since usurped and intruded into, and still doth usurp and intrude into the said office of Treasurer of the Board of Trustees of said Institute.

Therefore it is by the Court considered that the defendant, Sherwood, be ousted and altogether excluded from said office of Treasurer of the Board of Trustees of the Eclectic Medical Institute of Cincinnati, and that said Newton be authorized to enter upon the execution thereof, and that the relator recover his costs in this behalf

expended against the defendant, said costs to be paid within ten days from the entry of this judgment, otherwise execution to issue therefor.

The State of Ohio,
Hamilton County, } SS.

I, Thomas Spooner, Clerk of the District Court of the State of Ohio, in and for the said county, do hereby certify that the foregoing is a true and full transcript of the record of the proceedings and judgment of the said Court, in the above named case, on the docket of the said Court, No. 1240, wherein the State of Ohio, on the relation of Robert S. Newton, was plaintiff, and William Sherwood was defendant, as the same appears recorded, vol. 10, page 524, of the records of same Court now remaining in my office.

In witness of which, I hereunto set my hand, and affix the seal of [L. S.] the said Court, at Cincinnati, this first day of December, A. D., 1856.

THOMAS SPOONER,
Clerk District Court, Hamilton Co., O.

PROCEEDINGS OF THE FIFTH QUARTERLY MEETING OF UNION ECLECTIC MEDICAL SOCIETY.

OLIVE BRANCH, O., Jan. 9, 1858.

The Society met, pursuant to adjournment, in the Baptist church, Dr. Ingalls, President, in the chair.

The minutes of the last meeting were read and corrected. Other matters of interest of a preliminary character, were attended to, after which the names of Drs. Nicholson and Elston, were added as members of the Society.

The President then informed the convention that he had secured the services of Prof. R. S. Newton, as speaker, who would deliver an address in the evening.

REPORTS OF CASES AND DISCUSSIONS.

Dr. Elston reported his treatment of several cases of variola.

The first case cited was that of a little girl, aged 12 years. He covered the face with oiled silk, to exclude the air and light; gave no medicine except warm teas, to encourage the eruption; then punctured the pustules to prevent pitting. Washed the whole surface with soap suds, and when the pustules arrived at perfection, again punctured them, which prevented secondary fever and the troublesome itching which is so annoying to the patient. Thinks cathartics are injurious in this and any other eruptive disease, as they are inclined to irritate the bowels, and invite the eruption from the surface.

Dr. Nicholson thinks the confluent variety is produced by depletive treatment, which should not be employed. The patient should be kept quiet, and the room at an equal temperature.

Dr. Ingalls reported an interesting case of pustules different from those usually found in variola, assuming a conical form without any depression in the center. The treatment consisted in the usual means employed by Eclectics.

Dr. Nicholson reported a case of tonsillitis, where the tonsils required lancing, which gave immediate relief.

Dr. Ingalls reported a case of tonsillitis, and treatment. The patient had been treated by the usual routine of Allopathy, without success. Was called Sunday evening, Dec. 13th. Found the patient restless, with high fever; had been sick three days, bowels constive, great difficulty of deglutition. Treatment consisted as follows:

Rt Aëtic acid, ʒvij
Tinc. sanguinaria, ʒj
Oil capsicum, gtt. viij. M.

Use as a gargle. This detached the thick, tough, viscid mucus, and relieved the parts. As a diaphoretic and relaxant, gave the following:

Rt Con. fluid ext. lobelia seed, gtt. x
Asclepin, gr. iij
Gelsemin, gr. ss. M.

Which was given every two hours through the night.

Gave the following cathartic:

R Colocynthin, gr. ij
Jalapin, gr. ij
Podophyllin, gr. ʒ. M.

Returned the next morning; found the patient relieved. The cathartic operated finely. The patient had perspired freely, and rested part of the night. Found an intermission in the fever. Gave the following antiperiodic:

R Quinine, gr. xv
Fruin, gr. vj. M.

Make 3 powders. Gave one every three hours for nine hours.

Returned on the 15th, and found the patient walking around the house convalescent.

Dr. Martin stated that he generally bathed the throat with some stimulating friment. Had used the following with good success:

R Lard, lb. ss.
Gum camphor, ʒij
Oil origanum, ʒij. M.
Bathe the throat and neck.

Dr. Blythe concurred in the above.

Dr. Nicholson sometimes gave emetics. Had found benefit from the use of spirits turpentine.

Dr. Blythe reported a case of gonorrhoea. The treatment consisted as follows:

R Cubebs pulv.
Bal. Copaiba,
Magnesia, aa. ʒss. M.

Gave three doses per day. In connection used tinc. gelseminum, as the patient could bear.

Dr. Martin thinks cathartics and injections are all that are necessary in cases of this character. Generally uses sweet spirit nitra.

Dr. Blythe stated that, in syphilis, he would add opium to the prescription referred to in gonorrhoea.

Dr. Nicholson reported a case of syphilis treated by him, by the use of Iris versicolor, in a pulverized form. Applied to the chancre pulv. Sanguinaria canadensis. Kept the parts washed clean. In Gonorrhoea, would use the above, and inject cold water. Did not like the use of astringents.

Dr. Blythe stated he had treated successfully a case of syphilis with cathartics and opium alone.

Dr. Marsh reported a case successfully treated by him, which had been under treatment at the hospital in Louisville, Ky. The case was one of great severity. The treatment consisted as follows:

R Podophyllin, gr. x.
Leptandrin, gr. xx
Juglandin, gr. x
Sanguinarin, gr. x. M.

Divide into ten powders; give one every three hours, until free catharsis is produced. Directed the patient to bathe night and morning, adding soda to the water sufficient to make it almy under the fingers. As a constitutional treatment, gave the following:

R Comp. syrup stillingia, ʒviij
Iodide Potass. ʒij. M.

Take ʒj three times per day. The result was—varying the treatment to meet the indications—the case was discharged cured.

Dr. Blythe made some remarks on the treatment of goiter, or bronchocela. Used the following as a local application:

R Ext. iris versicolor,
Potassa iodide,
Iodine,
Lard. M. Apply locally.

Dr. Nicholson recommended the irritating plaster, as it had proved very beneficial in his hands.

Dr. Ingalls related a case of chronic laryngitis, successfully treated by the following course:

R Tinc. sanguinaria canadensis,
Tinc. ictodes foetida,
Merrill's bronch. elixir, aa. M.

Give ʒj four times per day.

Dr. Martin made some remarks on remittent fever. He placed his main reliance on quinine in large doses.

Dr. Blythe made remarks on the tinc. veratrum viride. Thought it contra-indicated in gastritis and enteritis. Thinks it a valuable expectorant. It seems to act as an arterial sedative, thus controlling the circulation. He does not think it has any effect in removing the fever; has no doubt that it will lessen the pulse, and would not like to do without it in the treatment of fevers.

Dr. Blythe reported a case of pneumonia,

successfully treated by giving an emetic; then using the tinct. veratrum viride.

Dr. Martin generally used the veratrum with some mucilage to prevent irritation of the stomach; also thinks it an excellent remedy in meningitis.

Dra. Elstun, Marsh, Martin and Nicholson, reported several very interesting cases of difficult labor. Dr. Martin, one case of placenta prævia, with successful results.

Dr. Blythe reported a case of amaurosis, treated with success, as follows:

R Sanguinaria,
Bayberry,
Cayenne. Use as a snuff daily.

Gave Leptandrin (Hill's) to keep the bowels in a soluble condition.

Dr. Nicholson reported a case of nasal polypus, treated by ligature and sanguinaria pulv.

The following Committees were then appointed by the President, who will report on the subjects allotted them at the next meeting of the Society, to be held at Olive Branch, on the second Saturday in July.

On Surgery—J. H. Day, M. D.

On Practice—J. S. Martin, M. D.

On Dysentery—B. Blythe, M. D.

On Obstetrics—R. Elstun, M. D.

Progress of Eclecticism—H. C. Nicholson, M. D.

On motion of Dr. Martin, the Society adjourned to 7 o'clock this evening.

EVENING SESSION, 7 O'CLOCK, P. M.

House called to order by the President, who then introduced Prof. R. S. Newton, of Cincinnati, who addressed a large and attentive audience, that seemed to appreciate the subject, so ably set forth by the speaker, and which was happily illustrated as the fundamental doctrines of Eclecticism.

On motion, a vote of thanks was tendered to Prof. Newton for his very interesting and eloquent address.

On motion, the Society adjourned, and will convene at Olive Branch, on the second Saturday in July, 1858.

W. M. INGALLS, *President*.

R. MARSH, *Secretary*.

Part 2—Progress of Medical Science

REPORT ON FLUID EXTRACTS.

Read before the N. Y. Academy of Medicine, December, 1857.

BY SAMUEL ROTTOM, M. D.

The Academy of Medicine referred to their Section on Materia Medica a large number of Fluid Extracts, and the Section of Materia Medica, after discussing them at some length, referred them to me. As a committee of that Section, I reported to them, but, for want of time, they could not give the matter that consideration which it seemed to require.

The Section have requested me to read the report before the Academy of Medicine at large, as merely the report of their committee, as they consider the views herein presented too important to be hastily passed over by them.

There having been so many of these extracts referred to me, it has necessarily taken a long time to arrive at any report; and many of them have, in consequence, been left untried. I shall, therefore, only speak of those which have been tested either therapeutically or by analysis.

According to Prof. Wood's definition, "Fluid Extracts (Extracta Fluida,) are highly concentrated solutions of the active constituents of medicines, or the active constituents themselves, extracted in the fluid state."

Of these extracts referred to me, the "Fluid Extract Veratrum Viride" was first examined. I commenced by using 5 drops at a dose, at intervals of half an hour. This producing no effect, I increased the dose to 10 and to 20 at like intervals; and I also took 30 drops myself, without any effect. I then submitted it to analysis, and found a large amount of feculant and inert matter, with about ten grains only of alkaloid, resinoid, and oleo-resin combined in 2½ ounces.

Four ounces of "Fluid Extract of Jalap" were next submitted to analysis. The dose of this was said to be a teaspoonful, which should be equivalent to half a drachm of jalap powder, or the 4 fluid ounces of the extract should represent 2 ounces of Jalap root, or 960 grains.

Mr. Brande obtained from Jalap 15 per cent. of resin, and the average yield is 10 per cent; this should yield, therefore, at 10 per cent, 96 grains; but the whole 4 fluid ounces of this extract did not yield a single grain of Jalapin. In 4 fluid ounces of the "Fluid Extract of Jalap," of another manufacturer, purchased by me for the purpose of analysis, I found 5 grains only of Jalapin.

I next tried the "Fluid Extract of Cannabis Indica." Dose said to be "10 to 20 drops, cautiously increased." I commenced by giving a patient 30 minims; it produced no effect, and between 12½ and 8 P. M., this patient took 3½ ounces, without the slightest perceptible effect. On the following night I took, within an hour, the remaining half ounce; it produced no more effect than a teaspoonful of lager beer would have done. As between my patient and myself, we dispatched the whole of this beverage, I had none left for analysis.

I wish to impress upon your memories, that "Fluid Extracts are highly concentrated solutions of the active constituents of medicines." (Wood.)

I used 2 fluid ounces of the "Fluid Extract of Ergot" upon a patient troubled with menorrhagia, without producing any uterine pains; it was given in four equal doses, at intervals of half an hour.

I have found the "Fluid Extract of Rhubarb" a mild aperient in doses of a tablespoonful—the dose recommended being from one to two teaspoonfuls; and the "Fluid Extract of Senna" a mild cathartic, in doses of two tablespoonfuls—the dose being from one to three teaspoonfuls.

Ipecac. act. acted as an emetic in a child, in doses of two teaspoonfuls. Dose directed, from 15 to 30 drops.

I submitted next 30 fluid drachms of

"Fluid Extract of Red Peruvian Bark," and the same quantity of the "Fluid Extract of Calisaya Bark," and at the same time with these I submitted to analysis 30 fluid drachms of the "Fluid Extract of Red Peruvian Bark" prepared by another manufacturer, and presented to me by Dr. Gouley. The only formula for Fluid Extract of bark in the United States Dispensatory, is that recommended by Mr. Alfred B. Taylor, of Philadelphia, and the fluid extract, or inspissated infusion of the London Pharmacopœia (*Infusum Cinchonæ Spissatum*.) In Taylor's formula, a fluid drachm of the extract represents a drachm of the bark. Of the London extract, excluding all loss, 20 minims should represent a drachm of the bark. Prof. G. B. Wood, good authority on all these matters, condemns the use of any bark for pharmaceutical purposes that does not contain two per cent. of alkaloids, and they generally do contain between 3 and 4 per cent.

In 30 fluid drachms of Mr. Taylor's extract, at the lowest estimate, 2 per cent., there should be, therefore, 36 grains of alkaloids, and in the London extract 108 grains. In the 30 fluid drachms of the extract presented to me by Dr. Gouley, there were three grains of impure alkaloids; and in 30 fluid drachms of the extract of Red Bark, under consideration, there were 15 grains; and in the same amount of their extract of Calisaya Bark, there were 10 grains; and in 15 fluid drachms of the same maker's extract of Calisaya Bark, obtained by me subsequently from the chairman of our Section, I obtained also 10 grains of alkaloids, but this was from the bottom of the bottle.

Truly, gentlemen, I may now ask, are "Fluid Extracts highly concentrated solutions of the active constituents of medicines?"

Perhaps some gentlemen here may think that, by these remarks, I intend to impugn the honesty of the manufacturers of these preparations. Such is far from my design, as I shall show hereafter. I mean but to find fault with the preparations themselves,

and their methods of manufacture, and point out where the error lies.

Plants presenting all the appearance of being possessed of full remedial value, are oftentimes found on analysis to be nearly or quite deficient in any proximate principles. This is a well-known fact, and is spoken of by every author on *Materia Medica*; and yet, in spite of this fact, a given amount by weight, of a substance differing in its proximate principles in every different sample that is presented, is directed to be prepared with a given amount of menstruum, to form a certain quantity of tincture, fluid or solid extract. So well is this understood, that for several preparations, Prof. G. B. Wood gives such precautions: "But one caution is here peculiarly important, namely, that when it becomes necessary during the use of these large doses to change the parcel of the medicine, never to use the new parcel so freely as the one last employed, lest it might prove to be much stronger, and thus endanger serious results." And yet Prof. Wood, in spite of this knowledge, directs tinctures, extracts, &c., to be made by weight and measure, with ingredients that he knows to differ in therapeutic and chemical value, and oftentimes to be utterly valueless.

Are these gentlemen, then, who follow his directions, dishonest? No! they only, like Prof. Wood, have not yet seen things in their proper light.

Who among us can take advantage of Prof. Wood's caution? We write prescriptions, and one day it is prepared by one druggist, and another day by another; one time, the physician is told his medicine is inefficient, and another time he is called in haste, to relieve the danger that has arisen from an over-dose. Both apothecaries have prepared their medicine under the directions of Prof. Wood's Dispensatory, but they are as unlike as winter and summer.

We know that plants, transplanted from their natural soil to one uncongenial to their development, cease to produce an active principle at all, or the active princi-

ple is changed in its character. This is a well-known fact with the soda plant, which near the sea produces *soda*, but if transplanted inland it produces *potash* instead. And yet a pound of this plant would be directed, if medicinal, to make a given quantity of extract. The dandelion root, when cultivated in our gardens, almost ceases to produce an active principle, but is largely increased in starch, sugar and gummy matters. How many plants are there that differ in their character if grown in the North, while they are indigenous in the South. Climate, temperature, soil and moisture make great changes in the constituents of all plants.

A gentleman informed me sometime since, that during a very wet season in the East Indies, he produced much more than an average amount of opium, but that the opium contained but a mere trace of morphia. I recollect a unit brought several years ago by a manufacturer in this city, to recover the value of a large quantity of opium, from which he could obtain scarcely any morphia; and yet 10 ounces of this opium may be used, and in this instance was used, to make a gallon of laudanum. The *Cannabis Indica* yields its exudation only in the warm, moist valleys of India; upon the hills the same plant is totally deficient in active principle. Who has not found the leaf of the *digitalis* so extremely variable in strength, that it has almost lost its place in the Dispensatory?

Who can tell at what period of the growth of a plant to gather, for medicinal use, its leaves, root or bark? I have tried many experiments with *hyosciamus* leaf, and have gathered from the same plant leaves, when it was early in its growth, when it was in flower, and again when it was in seed. They all possessed different therapeutical effects. I have tried also *conium* and *scopolite* with like results. I could say much, did time allow, on this one subject, for it is full of interest; and when this matter is reconsidered, I will endeavor to present to you many facts of great interest.

Plants by keeping become stale, and differ much in their therapeutic effects,

from those which are fresher. In fact, plants, commencing from the time when organic activity ceases, are liable to a chemical, destructive decomposition, whereby the proximate principles, by the reaction of the nutritive constituents, and by the external agency of air and moisture, are decomposed and dissipated, or enter into new combinations.

The methods of preparing fluid extracts from those medicinal plants whose active principle is soluble only in alcohol, give, to say the least, very inelegant preparations; for if the active principles are extracted by alcohol, the menstruum is distilled off, and the fluid extract, if it contains the virtues of the plant, must contain it only in suspension, not in solution, and is liable at any moment to decomposition, and it must frequently be thrown aside as sediment; or if that in the upper portion of the vial which contains it, has been used without being shaken, the lower part may contain all the active principles, and may be given in dangerous, and even fatal doses. The same principle holds good also with those whose active principle is soluble in water, for when it comes to be evaporated down, the water already highly charged with more soluble compounds, as the sugar, starch, gum, &c., refuses to hold more than a given amount in solution; it is therefore precipitated, and is liable to the same objections as before mentioned. And these watery extracts, as they contain more of the nutritive substances of the plant, are rapidly decomposed, and in their decomposition destroy, or render inert, the medicinal principle.

Many of the fluid extracts, which, if made, should be made with strong alcohol, are prepared with diluted alcohol only, and hence fail in extracting many of the therapeutic constituents of plants; and others, if capable of extraction with diluted alcohol, are not retained in solution when extracted, and even those soluble in water are precipitated upon the evaporation of the water.

Aside from the facts of analysis, there are reasons, *a priori*, why fluid extracts

cannot be relied upon to possess uniform therapeutic strength. Even admitting that the plants from which they are prepared are medicinally perfect, it can be shown that the therapeutic constituents are exposed to the same liability to decomposition in the prepared form that they were in the plant. In the preparation of fluid extracts, but little separation is effected of the nutritive from the therapeutic constituents. It is by the reaction of the nutritive substances, aided by air and moisture, that the medicinal substances are decomposed in the plant. This reaction will as readily take place in the extract as in the plant. The usually small quantity of alcohol present being insufficient to resist putrefactive tendency, and even of itself constituting an additional disintegrating agent. The nutritive substances, during the life of the plant, undergo certain transformations, which approximate more and more toward a higher degree of organization; but when the plant dies, there is a change, a retrogressive chemical action, which effects the decomposition of substances already formed. This decomposition results in the reduction of these substances into their elements, when they are either dissipated or enter into new combinations. In extracts, either solid or fluid, the resin and resinoid and neutral principles are liable to complete destruction, while the alkaloids are either held in solution by the acids formed, or form insoluble salts with combining principles; or if the decomposition proceed far, they are reduced into their original elements, and are thus completely lost, and the period required to complete this change varies from weeks to many months.

The objections to these fluid extracts, and extracts of all descriptions, then, are that they are not and cannot be uniform in their strength, because the plants from which they are taken possess different amounts of therapeutic properties; that they are liable, equally with the plant from which they are compounded, to destructive alterations; that each new parcel or preparation must be tested separately

before its therapeutic value can be known; in short, that they possess no positive value.

It is only within your time, Mr. President, that the alkaloids were discovered, giving, as in these principles, *positive* characters; and the requirements of the healing art loudly demand that all agents for the cure of diseases become like positive in their character.

In morphia we have an agent that is positive in its character; but who has used laudanum from a dozen different samples, and found it of the same relative strength? Who has not been disappointed in the sedative effects he wished to produce, and from the variable strength of the agent produced stimulations where he has looked for sedation?

What has been done in extracting the morphia, the active principle from the opium, may be done with every other vegetable remedy! Nay, sir—it *must be done!* for by this means, and this alone, can a physician know with certainty how much of a medicine he is giving.

Of the therapeutic effects of medicines there may be disputes, but in their pharmaceutical preparations there need not, in this age of chemical advancement, be any room left for cavil; for chemical analysis can at all times settle such disputes, and guide us rightly in the path of discovery.

Do not understand me to say, that I think the alkaloids, and the alkaloids only, to contain the whole therapeutic constituents of plants; this I do not assert to be the case, for many plants have different therapeutic effects from their alkaloids, and do contain several principles which give them their medicinal effects. I merely mean, that the active constituents of plants, whatever they may be, should be so isolated from the nutritive principles as to prevent them from deteriorating, or changing in their character; and as they vary in amount in different specimens, they must be isolated, so that we may know what amount of active principle we are using, and without the necessity of testing our medicines, know the exact amount to administer.

Since the time of Hippocrates, physicians have been as tenacious of their opinions as we are at this day; and yet, in spite of opposition, truth has gradually gained ground; and there have been as many brilliant discoveries made in medicine as in any other of the arts and sciences; but the day has come—because the requirements of mankind demand it—that all medicinal agents shall be made as positive in their character as quinia, morphia, strychnia, or veratris; and our descendants will wonder how we succeeded in curing diseases with such *imperfect remedies*, and will laugh at our pharmaceutical preparations, as we now laugh at the herbal of old Culpepper, arranged under the influence of the planets.

I have labored hard, Mr. President, for many years, in my humble way, to bring about this improvement, for I have long felt the inaccuracies of the present system, and have tried to remove them. The labors you have thought fit to put upon me have forced out these truths, for I know and feel they are truths, and like all other truths that are of interest to humanity, they will spread like light.—*American Medical Monthly*, March, 1858.

EFFECTS OF FEAR.

A Parisian physician, during his visits made in a hired fly, had received a bottle of real Jamaica rum, as a sample, but found, after returning home, that he had left it in the carriage. He went to the office, and informed the manager that he had left a virulent poison in one of the carriages, and desired him to prevent any of the coachmen from drinking it. Hardly had he got back, when he was summoned in great haste, to three of these worthies, who were suffering from the most horrible colic, and great was his difficulty in persuading them that they had only stolen some most excellent rum.

AMENORRHOEA.

BY JOHN G. RICE, M. D.

Amenorrhœa, or suppression of the catamenial discharge, may usually be attributed to mental emotions, and to the application of cold. The effect of cold on the uterus, during menstruation, is a matter of familiar experience, and it is to this influence that the derangement of the menstrual secretions is perhaps the most frequently imputed.

Symptoms.—The symptoms of amenorrhœa are both inflammatory and spasmodic, according to the state of the person's constitution, so affected. In young females of full habit, with a red face, fleshy and robust, suppression of the catamenia produces inflammation of the uterus, whence arises fever, with hot and dry skin, full and rapid pulse, cephalalgia, vertigo, anorexia, pain in the hypogastric region, which pain is increased by pressure. In this case, the attack is of an inflammatory nature. On the other hand, in women of a delicate habit, with an irritable nervous system, we have spasmodic action; or neuralgia of the uterus, accompanied by sharp shooting pains in the region of that organ. The patient complains of chilly sensations, with cold extremities, the pulse in this variety maintains its normal degree of action, very little if any pain in the head; pressure over the pubic region does not increase the pain. If the disease becomes *chronic*, there will be *œdema* of the extremities, anorexia, palpitation of the heart, constipation of the bowels, and a general atonic condition of the whole system. This variety, if not speedily removed, terminates either in *ascites* or in *phthisis pulmonalis*.

Treatment.—In the inflammatory variety an active cathartic should be the first thing administered. For this purpose—

℞ Podophyllin compos, gr. xx
Aqua font, ʒj. M.

Sweeten to suit the taste, and take the whole for a dose, and if this does not operate in four hours, repeat the same. After

giving the cathartic, the body should be sponged off with weak ley or saleratus water. This is to be done under proper covering in order to protect the patient from the surrounding atmosphere; also resort to the pediluvium, to which add pulv. sinapis, q. s. Next give the patient tinc. serpentaria compos. f3j, in a wine-glassful of warm catnip tea, as a diaphoretic, every two hours, until copious diaphoresis is produced; or, if you prefer, use Beach's diaphoretic powder, tincture aconite, &c. After which—

℞ Senecin, macrotin, aa. gr. x
Caulophyllin, gr. v. M.

Trit. div. in powd. xx; take one every four hours, according to circumstances. Should these means fail, resort to tonics, as populin, hydrastin, myricin, helonin, &c., either alone or in combination, or in the form of a syrup or wine tincture, and the catamenia will appear at the next proper time.

In the spasmodic variety, administer antispasmodics, as

℞ Lobelin, scutellarin, aa. gr. v.
Sach. alb., gr. xx. M.

Div. in powd. xij; take one every hour or two, according to the severity of the spasms, or use an infusion of lobelia herb, or tinc. lobelia, and as a cathartic, resort to Beach's anti-dyspeptic pills, and follow up with the tincture serpentaria compos. (of the Eclectic Dispensatory), should the pains still continue severe.

℞ Dioscorin, gr. ij
Sacch. alb. gr. xx. M. and trit.

Div. in chart. x; take one every half hour or hour, as indicated. Or,

℞ Tina opii, f3ss
Aqua tepid, ʒiv. M.

Let this be injected up the rectum, having an assistant to retain it as long as possible by means of a napkin applied to the part. Or,

℞ Mistura asafetida, ʒss
Aqua tepid, ʒiv. M.

Inject as before.

Where the disease has become *chronic*, administer alteratives in connection with a strong tonic, as syr. sarsaparilla, syr. helonias dioica, Vallet's ferruginous mass, fer-

rum per hydrogen, tinc. ferri mur., &c. &c. And when nature is about to perform her functions, aid her with senecin, macroftin, or ole. hedeomæ. If there are any symptoms of phthisis pulmonalis,

R Tinc. lobelia, 3j
Simp. syr. 3iv. M.

Take a teaspoonful every two hours. Generally these symptoms will subside with the cure of the disease, that is, if they be dependent upon amenorrhœa. If the extremities are œdematous, administer diuretics, as aithæa, eupatorium purpu., euonymus, atropurpureus, cucu. citr., &c., in infusion. In connection with some one of these, tinc. digitalis, gtt. vj, three times a day for ten days, then order ext. eupatorin gr. iss, daily, until the swelling subsides, then continue with tonica and chalybeates.

The best tonic that I know of, to be used in all uterine diseases, and one which I have not known to fail in producing the desired effects, is the following, viz:

R Pulv. liriiodendron,
Trillium pendulum,
Helonias dioica, aa. fss.
Rhus strigosus folia,
Vaccinium resinosum, aa. ℥j.
Buxus sempervirens, fss.
Cinnamom., 3iv.
Pulv. myrtilica moschata, 3ij.
Dil. alcohol, Oxxiv.

Tincture ten days, filter, then add sacch. alb., q. s. to make a syrup.

Dose: a tablespoonful three times a day.

—*Eclectic Med. Jour. of Phila.*

ORGANIC CHEMISTRY.

No field of scientific labor, at the present day, is more productive of substantial benefits to the medical profession than this. The vast and inexhaustible resources of the vegetable kingdom are fast being opened up by the skillful manipulations of progressive investigations, and its therapeutic wealth made the means of bringing health and happiness to the sick and suffering. Not that its great utility has been heretofore overlooked, for through ages

past this great organic fountain of remedial balm has showered its streams of healing upon the human race, dispelling the dark clouds of gloom alike from the lowly cot and stately palace, and irradiating the somber scenes with joy and sunshine; yet, in our own time, have we reason to appreciate advantages not hitherto enjoyed. With the discovery of the vegetable alkaloids in 1816, commenced a new era in pharmaceutical science, since which period progress and improvement have been the order of the day. But it is only within a few years, that great and important developments have been made, changing the entire aspect of modern pharmacy. We refer to the concentration of the active principles of plants.

We have neither time nor space to give a history of these agents, but the reader will find them fully described in a work upon "Concentrated Organic Medicine," now in course of preparation, by Grover Coe, of New York. We can only say that their importance should be fully understood by every practitioner.

Messrs. Keith & Co. have spared no pains nor expense in perfecting the facilities of their laboratory. Every thing necessary to the manipulations and processes of manufacture is amply provided. The increased demand for concentrated medicines of their manufacture, has called for enlargements of their apparatus, from time to time, until their stills and other apparatus have become herculean in proportions. At the time of our visit to their establishment, they had one copper percolator in operation of sufficient capacity to contain thirty-five hundred pounds of crude roots. It is not unusual for them to have from six to eight tons of one single crude article in their laboratory at one time.

Regardless of expense, Messrs. Keith & Co. have secured the services of thoroughly educated and practical chemists to aid them in their enterprise. Much of their success and prosperity is due to the efficient aid rendered by their able superintendent, Adolph Behr, A. M., a graduate of the most celebrated schools of Germany

and Bavaria, and for two years previous to his engagement at this laboratory, a pupil and assistant of Liebig. His connection with this establishment has proved a most desirable acquisition. Possessing talents of no common order, and endowed by nature with the instincts and attributes of a gentleman, the severe discipline of the European schools has conferred upon him the finished acquirements of the scholar. Analytical and practical, he was quick to discern and rectify the errors of organic chemical science, and to institute and perfect processes at once definite, scientific, and reliable.—*Phila. Eccl. Med. Jour.*

CONCENTRATED MEDICINES.

The introduction of these remedies into the Eclectic practice has been most salutary. It enables us to successfully treat a large number of diseases which were incurable with crude medicines; besides, they render our practice both convenient and agreeable. These remedies are all prepared in a highly concentrated form, and are designed to represent the medical virtues of the crude article from which they are prepared.

But before these medicines can be successfully used in the treatment of a great majority of cases, it becomes necessary to prepare them in such a manner as to obviate their local action upon the stomach and bowels. This can be done by trituration and dilution. The articles best adapted to this purpose are the sugar of milk, pure white sugar, simple syrup, and glycerine. The powdered remedies are best prepared by triturating ten grains of the medicine with one hundred grains of sugar; and the soft resinoids and oleo-resins, &c., with glycerine or simple syrup. In cases where there is inflammation of the mucous membrane of the stomach or bowels, pure pulverized gum arabic may be used in the place of the sugar or glycerine.

The advantages derived from trituration and dilution, are others besides obviating

the local effects of the remedies. As medicines which are thoroughly triturated or diluted, produce a much greater medicinal influence upon diseased organic tissues, than when administered in their crude state—as, for instance, podophyllin, when thoroughly triturated, manifests more than twice the medicinal influence characteristic of the remedy in its crude state; that is, one-half grain of podophyllin triturated, is equal in strength to one grain of the crude article. So with other concentrated remedies. Besides this increase of strength which is developed by trituration and dilution, the remedy is much sooner introduced into the circulation, thereby producing an immediate change upon the diseased parts. Tinctures of these articles are easily formed by adding a proper quantity of glycerine or dilute alcohol, and a convenient syrup by adding the triturated articles to simple syrup.—*Phila. Eclectic Med. Jour.*

THE REMAINS OF A MASTODON FOUND ON LONG ISLAND.

To the Editor of the N. Y. Times:

I noticed, a few days since, in your columns, an account of the remains of some huge animal, found near Jamaica, L. I. Feeling interested on the subject of natural history, I paid a visit to the spot where they were exhumed.

On my arrival at Jamaica, at the hotel where I stopped, I was shown a tooth, which had been presented to the proprietor, and on examination I recognized at once its identity with several which are now in my possession, belonging to the Anatomical Museum of this city, and is of the species classified by Cuvier as the *Mastodon*, vulgarly termed the Mammoth, being the most extraordinary animal that ever existed—of the most gigantic size and dimensions, and supposed to be antediluvian.

From this town, I paid a visit to Beasley's Pond, about two miles distant, where one hundred men are engaged in excava-

tions for a reservoir to supply the city of Brooklyn with pure water. One of the workmen informed me that a number of fossil bones, including the teeth and a great portion of the crania, had been discovered, but the greater part of the bones had been covered over with the soil which had been dug up. I was therefore disappointed in obtaining the specimens I had anticipated, but I had unquestionable evidence that they belonged to the Mastodon.

There have been only two specimens, or skeletons, of the mammoth found in our country, but numerous bones, in various sections, many of which are now in the museum at Washington. The skeleton of one was dug up near Newburg, in this State, about sixteen feet below the surface, by Rembrandt Peal, and deposited in his museum in Philadelphia, some fifty years since. When this museum was broken up, I purchased the skeleton, and had it mounted in the Anatomical Museum, when located in the Bowery, in this city.

Having received intelligence that the French Government desired to purchase a skeleton of the Mastodon, when I went to Europe I had it transported to Paris, where I had it mounted in the Elysium Garden, near the Palais Royale. This was regarded by the *savans* of France as the greatest curiosity in the world. It would have been purchased by Louis Philippe, for the Government, had he not abdicated the throne a short time previous to its arrival. Subsequently I had it transported to London, where I again repeated the very difficult task of remounting it, and where it now remains a monument of antiquity and natural curiosity.

This specimen should have been retained by our Government for the National Museum. I sent a petition to that effect, but failed in accomplishing the object in view.

This communication, I presume, will not be uninteresting to the lovers of science or natural history, and further information can be obtained at the Anatomical Museum, No. 414 Broadway.

Yours respectfully,

W. BEACH, M. D.,

No. 34 West Forty-first street.

ON THE USE OF CHLOROFORM IN PUERPERAL INSANITY.

BY MR. WATERS,

Surgeon to the Liverpool Dispensary.

There are cases in which, from the continued restlessness and obstinate refusal of the patient to take any thing whatever, opium cannot be administered; and again, there are other cases in which, although administered, it produces no good result, but seems rather to increase the mental excitement. In cases of this kind, the long-continued restlessness, insomnia, and abstinence from food, produce a state of exhaustion which, if not relieved by the introduction of nourishment into the system, and by rest, will soon terminate fatally. In cases such as these, Mr. Waters is of opinion that chloroform will be of great value, and he adduces the following cases in corroboration of this opinion.

CASE 1.—O. D. E., æt 24, of full habit and nervous temperament, was admitted into the the Liverpool Royal Hospital as a patient.

Six weeks prior to admission, she was confined with a girl. She continued well for three weeks, and at the end of that period began to exhibit symptoms of a deranged state of mind. She had been of active habits, but had confined herself almost entirely to household duties. There had been no previous attack. Treatment had been adopted at her own home for a short time, and for three days before admission, she had been put under restraint; during this period she had been very violent, and had refused food.

When admitted into the Asylum, she labored under alternate depression and excitement; there was an almost entire absorption in religious matters, and great irritability of temper. She was very restless and sleepless, and required constant watching to prevent her committing violence. She refused all food, and objected to every thing intended for her comfort. There was nothing remarkable about her physical condition. She was tall and well

made. One of the mammae showed symptoms of incipient inflammation; the pulse was quick, and the tongue furred.

A saline aperient was ordered, and belladonna lotion to the breast.

She continued in the condition above described for four days. She refused all food, had no sleep, and was very much excited. There was, however, no heat of the scalp. She was ordered effervescing draughts, with one-third of a grain of morphia, every three hours; and a blister was put to the nape of the neck. On the evening of the fifth day, in consequence of her excited condition, a powerful opiate was ordered for her, but no good result was produced. On the sixth day, there was no improvement; symptoms of exhaustion were coming on, and she was getting emaciated from want of food, which she still refused. She had had but very little sleep, although she had taken the morphia regularly. She was put under chloroform, and an enema of beef-tea was administered while she was under its influence. The morphia was omitted. She slept for several hours after the exhibition of the chloroform, and when she awoke was much more quiet, and remained so for two days, during which she took her food. At the end of that time, she again refused food, and had a partial return of her previous symptoms; and as these did not subside, she was again put under chloroform on the tenth day, and another enema of beef-tea was given; the same result followed as before, only to a more marked extent. She now sensibly improved, and on the twenty-first day, eleven days after the second exhibition of the chloroform, I find the following note: "Greatly improved, eats and sleeps well, answers questions for the first time." This favorable state of affairs continued up to the forty-fourth day; on that day she became restless and excited, and chloroform was again exhibited. After that date she had no further relapse. She steadily improved, both mentally and physically, and was discharged well after having been under treatment in the asylum nearly four months. I have lately

learned that she continued well after her discharge, and has since given birth to a child, no symptoms of mania having been developed.

CASE 2.—A. M. S., æt. 26, of spare habit and nervous temperament, was admitted into the Asylum on ———.

A little more than three weeks prior to admission she gave birth to a boy—her fourth child. There was nothing remarkable about the labor, except that it was attended with some amount of hemorrhage. All her previous confinements had been good, and she had always made a good recovery; but during the latter part of her last pregnancy, her health had been unsatisfactory. She became low spirited and desponding, and fell into a low physical condition generally; she took no exercise, and suffered much from constipation of the bowels. She went on well after her confinement—except that she had but little milk—up to about ten days prior to admission—viz., about a fortnight after the birth of the child. Symptoms of a somewhat hysterical nature seem to have come on at that time, and she said she was going out of her mind. Three days before admission, she became violent and excited in manner, and incoherent in speech. It was stated on her admission that she had had no regular sleep for ten days, and had taken but little food. Her general habits were said to be sedentary and temperate.

When admitted into the Asylum, she was very restless, and could not be kept quiet for a moment. She was constantly talking in a very incoherent manner; she fancied she was subjected to shocks of electricity, and that she was beyond the hope of salvation. There was no peculiar physical conformation about her; she was thin, of moderate stature, and rather intelligent looking; the pulse was rapid and feeble. She was kept quiet, and constantly watched for three days; but, as the symptoms did not mend, and she had had no sleep, she was put under the influence of chloroform for a short time. She slept but little after it, and on the following day was very restless. She was ordered a

brisk cathartic. She was more quiet after the bowels had acted freely; but the next day the restlessness and want of sleep returned. Chloroform was again exhibited at night. It produced but little effect, and the case now began to assume a serious aspect, for the patient was getting worn out, from the fact that she took but little food, and had but little sleep. In order to prevent her from sinking for want of nourishment, an enema of beef-tea was administered under chloroform. She retained the injection, and slept for the first time an hour and a half. It was repeated on the following day under chloroform, when she slept for three hours; this was on the eleventh day after admission. She now began to take food, and to pass her motions, of a healthy character, regularly. On the twelfth day chloroform was again exhibited at night; but it produced no sleep; and, consequently, on the following night she had thirty minims of Battley's solution. She slept, after taking the draught, for five hours, and was much more quiet the next day. The medicine was repeated, but it produced no sleep, and the restlessness returned, and she again refused food. The enema of beef-tea was repeated under chloroform. For the next few days she remained tolerably quiet—slept for a few hours every night after chloroform, and took some food. On the sixteenth day she had a brisk cathartic of croton oil, which seemed to be attended with benefit. On the eighteenth day the chloroform was omitted, and tincture of henbane was tried—administered every four hours; but it produced no sleep; and forty minims of Battley were tried with the same result. On the twenty-first day she suddenly improved; she had been restless during the day, but in the evening she retired to bed of her own accord, and slept. From this day she began to improve in her physical condition; but for some time there was no marked improvement mentally. She continued under treatment for upward of seven months, and was then discharged. At that time, her general health was good, the catamenia had re-

turned, and the mind was becoming gradually restored.

I have lately learned that the patient, after her discharge, perfectly recovered her mental faculties.

CASE 3.—A female, *æt.* 23, of spare habit and nervous temperament, was admitted into the Asylum on——.

About nine weeks before admission she gave birth to a boy. No history of the confinement could be obtained, but it was stated that for nine months previous to that event she was so ill as to be obliged to keep her bed. No account, however, was given as to what she suffered from. About a week before admission, symptoms of insanity first appeared. She became very violent at times, and threatened to throw herself from the windows of her house. She was placed under treatment, but no benefit took place. She suffered from fits of a paroxysmal character, with lucid intervals. After her admission into the Asylum she became exceedingly violent at times; she had a recurrence of fits of an epileptoid character; she was very restless, and would not answer when spoken to. She labored under the delusion that her blood was boiling, and that she had wheels in her inside. In physical condition she was low, being much emaciated—to such an extent, even, that the pulsations of the abdominal aorta could be distinctly felt on placing the hand on the surface of the abdomen.

On the second day of her admission the fits continued, and she refused to take food; she passed a quiet night. From this date up to the twenty-eighth day, there was but little improvement. On account of her restlessness and want of sleep, she was frequently put under chloroform at night, almost always with the result of giving her a quiet night. At times she refused food, and enemata of beef-tea were administered. Morphia was tried on one or two occasions to procure rest, but without effect. She required constant watching, and was kept in the padded room; She had a great tendency to injure herself, and if an opportunity were allowed her,

she would knock her limbs and head against the walls, and on two or three occasions, she thrust her head through panes of glass. Frequently she would refuse food for an entire day, and on the next eat every thing placed before her. She was allowed any thing she would take; but she continued up to this period much emaciated. She went on with but little alteration for two months, the chloroform being occasionally administered, and also the beef-tea enemata. She subsequently began to improve, and at the end of the seventh month she was discharged, at the request of her friends, nearly well.

I have lately learned that, after her discharge, she perfectly recovered, and continues well.—*Ranking's Abstract*.

LIQUOR LICENSE

One of the baldest hypocricies of this age of sham and show, one of its completest stultifications, is exhibited in the legal permission of the sale of intoxicating drinks. Our city authorities, our judges, our lawyers, our legislators, are, in the main, a time-serving, fawning, unmanly race: knowing the right, they fear to enforce it, and prostitute their high intelligence to the meanest of all purposes, party aggrandizement.

Speaking of the degenerative influences now affecting mankind, *The British and Foreign Medico-Chirurgical Journal*, of January, says: "One of the most widespread of these degenerative influences is the habitual use of alcoholic fluids, constituting one of the most common causes of physical and mental disorder. Much of the anxiety and crime which men suffer is due to this lamentable propensity, and that which is detrimental to the individual, must become so to the race. That man must be blind, indeed, and morally perverted, who could pass a single day and night in a great metropolis, and not feel himself a well-satisfied witness of this, humanity's great and most disgraceful

shame. There is scarcely a more sad and depressing aspect under which a member of the Christian State can contemplate its government, than that which represents it as not tolerating, but absolutely fostering, houses for the sale of fermented fluids. Not sad and depressing alone, because of the evil and misery which result, but humiliating—because of the enormity of the hypocrisy, the intensity of the sham, which, on the one hand, providing laws and magistrates which meet and minister to the crime which drunkenness produces, on the other hand, draws its revenues from its very source, and does so much in a way to increase such revenue, that it becomes not toleration only, but cordial support."

Such is the testimony which educated medicine bears uniformly against the habitual use of alcoholic drinks, and against their authorized sale. Those who advocate opposite views, do so from sheer ignorance of the question, or because they are already sufficiently predisposed to indulgences themselves, and they fear to inaugurate measures which may possibly cause them some self-denial.—*Hall's Journal of Health*.

DISULPHATE OF QUININE IN DYSURIA AND RETENTION.

Dr. Serres, of Dax (France), quotes eleven cases of his own practice where he succeeded in removing the dysuria, or conquered the retention, by giving disulphate of quinine, in doses varying from eight to ten grains every half hour. In retention, urinae began to flow after the second or third dose, and no instrument was used in the cases mentioned. It would also appear that the quinine did not produce any unpleasant symptoms. How does the alkaloid act in these instances? Probably by allaying spasm. One case is recorded where several strictures had existed for a long time, and the quinine was, nevertheless, successfully administered.—*Lancet*, January 23, 1858.

EXPERIMENTS WITH BIBRON'S ANTIDOTE TO THE POISON OF THE RATTLE-SNAKE.

BY LOUIS DE VESKY.

In the January number of the *American Journal of the Medical Sciences*, Dr. William A. Hammond, U. S. Army, gives the details of several cases of infection from rattle-snake poison, in which Bibron's antidote was employed. The nature of the antidote and its history are given, and need not therefore be dwelt upon here.

The present paper, containing also the results of cases of poisoning from rattle-snake bite, in which this remedy was used, is contributed with the hope that a knowledge of its influence in obviating the ill effects which so generally follow the wounds made by this venomous reptile may be more extensively known throughout the country.

Whilst at Contra Costa, on my way to Fort Tejon, in California, a young boy was bitten by a rattle-snake. In a short time the wounded limb (the leg) was much swollen, and there was a good deal of pain in the part; his parents, refusing my services, sent for a physician. His remedies, however, were unavailing; the boy was completely prostrated, and the bitten limb and even the body were much swollen. The next morning, all hopes of recovery having been abandoned, I was requested to prescribe for him. I immediately gave him ten drops of the bromine mixture, diluted with a little alcohol and water, and four hours afterward repeated the dose. Very soon after the first dose amendment commenced, and progressed rapidly after the second dose. Toward evening all swelling, pain, &c., had disappeared, and the next morning the boy was as well as if nothing had happened.

In the vicinity of this fort, rattlesnakes are found of very large size, and desirous of further testing the powers of the antidote, I procured three dogs and subjected them to a series of experiments with it,

after causing them to be bitten by the snakes.

The first dog (a small but powerful animal) was bitten twice, in a very short period, in the throat; the characteristic symptoms which usually follow infection of this kind soon supervened. I gave him ten drops of the mixture, and he almost immediately began to improve. The next morning he was well, but the swelling did not entirely disappear for two days.

The other two dogs yielded similar results, one dose of the antidote was always sufficient, except with the *crotalus lucifer*, which inflicted wounds of more than ordinary severity. Two or three doses, and even some alcohol, were generally necessary in bites from this species.

In all, I performed seventeen experiments on the three dogs, with seventeen different serpents, and invariably with a successful result. In the course of the investigations I found that dogs which had taken several doses of the bromine mixture, were for sometime afterward incapable of being infected by the poison of the rattlesnake.

I am sure experience will demonstrate the bromine mixture to be an effectual antidote to wounds from the rattlesnake—the most poisonous member of our fauna.—*American Jour. of the Medical Sciences.*

GLUTTONY.

We are told of some Roman ruler, that he loved eating so well, that he often took an emetic soon after a dinner, in order to have the pleasure of a second repast. Some modern animals manage the thing rather differently, they eat a considerable time after they are full; then, like a gorged equimaux or anaconda, lie down in utter stupor, and sleep it off. This, perhaps, proves that when a man is full he may make himself fuller: such a thing, at least is possible in physics.

If a vessel is filled to its brim with warm water, it would seem to be impos-

ble to put anything more in it; but, three ounces of sugar may be gradually introduced, then two ounces of the bitartrate of potash, then nine drachms of green vitriol, six drachms of nitre, six drachms of smelling-salts, two drachms and a half of alum, and a drachm and a half of borax; and still the vessel will not run over: the bulk will be the same, but the weight will be greater.

There is also a moral fuller than full. A man has enough money for all moderate purposes, and he is comparatively happy; and anon, he sets about accumulating a great deal more, and makes himself miserable. To the glutton and the miser, therefore, we say: *when you have enough, stop!*—*Half's Journal of Health.*

MILK SICKNESS—ITS CAUSE AND CURE.

As this disease is oftentimes fatal and widespread in some sections of our country, any effectual remedy for it must be a great boon to suffering humanity. A correspondent of the *Prairie Farmer* asserts that its cause is the presence of cobalt in the soil of the pastures on which the cattle feed whose milk is said to produce the sickness. The remedy which he states has been successfully employed for it, is sulphuric acid, but he gives no directions as to its use. We believe he is mistaken regarding cobalt in the soil, but he may be correct as to the remedy.

About five drops of sulphuric acid in a pint of water sweetened with a little white sugar, makes a pleasant and tart drink, which has been found very effective in curing dysentery, and it may be equally good for milk-sickness. Very dilute sulphuric acid is no more dangerous than lemon juice in a beverage, therefore it may be safely tried for the above disease. If there is cobalt in the soil of the meadows where the above sickness prevails, it can be easily detected by stirring some of the soil in clear, soft hot water, allowing

the sediment to settle, pouring off the clear solution and using a re-agent, such as ammonia, which will form a blue precipitate (if not used in excess) with the cobalt.—*Scientific American.*

WHAT IS QUININE?—AN EXERCISE FOR ROUTINE DOCTORS.

We propose occasionally to give a few cases in our practice that will illustrate a principle by which other cases of disease may be treated, with some rational hope of benefit.

The question has often been asked, What is the true action of Quinine? One says it is a tonic; a very obscure term, by the way, for we can not conceive of any thing that can give permanent tone, but air, sleep, and food. Another says it is a stimulant; this we think is a more rational view of its action in reference to some of its symptoms; it increases the circulation and produces evidences of its first action on the blood-vessels and brain, making the pulse beat faster, and the ears to ring, which, we take it, must be from more blood going to the brain. In ague and fever, and all diseases which have a distinct remission of fever, (and they comprise a great portion of all functional attacks,) it is given, and confidently anticipated that it will check the attack; it is therefore called an anti-periodic. That it is a stimulant derives force from the now universally admitted fact, that the old-fashioned way of giving it hourly, between the intervals of an ague, grain by grain, is now abandoned, and six, eight, and often twenty and thirty grains given at once, with vastly increased permanency of cure. Quinine is one of the very few medicines which a philosophical physician can use with some show of reason, because there is great uniformity in its results. The following is a marked case to show its action in ague of a lightly malignant grade; by the way, we may as well state here, that the malignancy of ague, or, in other words,

its high grade of symptoms, admits of estimate quite as rational as the strength of wine or brandy, and we have no doubt the remedy must be graduated accordingly.

During the month of August, a few years since, we were requested to see the child of Mr. Y——, an English gentleman, residing at West-Hoboken, a place noted for the high grade of its fall fevers; this concentrated miasma being undoubtedly owing to a large swamp lying west of the village, which could be easily drained by making a small cut through the rocky heights into the salt marsh below. The family attendant had agreed to meet me at his own specified hour, but on my arrival he was not there. Accordingly, as the distance would not allow another visit, I examined the patient at the father's request. A child of some six or eight years, in good flesh, was lying quite insensible, with full pulse and fixed pupils. He had fallen down whilst at play, fatigued, and was put to bed, three days previously, and with very partial wakeful intervals, only taking a little drink, had remained thus ever since; the skin and lips were moist and natural. On inquiry, I found that several very severe cases of ague were existing near by, and that the child had complained of chilliness for several days. I advised eight grains of quinine to be given at once, if the doctor should approve on his next visit, and took my leave. It was done that evening, and in one hour the child arose in bed, and looking round about, asked his mother how long he had slept, and "if it wasn't breakfast time?" There was no further attack.

Quere? what would have been the effect if the child had been leeches copiously on the back of the neck or head, and freely purged? When we commenced practice, twenty-five years since, it would have been unsafe to any man's reputation to have done otherwise; if the child died with the symptoms he had, after the administration of eight grains of quinine at one dose, we should have been pronounced the absolute cause of his death. He would have been said to have congestion of the brain, which

leeches and purging would have cured; and we stimulated the heart to such increased action, by an awful dose of quinine, that we ruptured the blood-vessels of the brain, and produced apoplexy! Brethren, all of ye, and especially our seniors, is not this a capital case to chew the quid of reflection upon?—*N. Y. Scalpel.*

THE EYES AND SPECTACLES.

MESSRS. EDITORS—On page 235, this volume, *Scientific American*, I observe that one of your correspondents has discovered that he is "long-sighted with his left eye, and short-sighted with his right eye, and asks if this is a common occurrence?" I would say that it is not a common occurrence, although I have met with some twenty or thirty instances of it. In the winter of 1831, a lady between forty and fifty years of age, came to my jewelry store in Burlington, Vt., where, after some hours' trial, I succeeded in suiting her eyes, by fitting a convex glass of twelve inches focal distance from one eye, and a concave glass, No. 12, from the other eye, when the lady declared that she could see with both eyes alike. A gentleman in this city now wears his spectacles with a convex glass of some twelve to fifteen inches focal distance for one eye, but uses no glass for the other eye. These were all caused by nature, not by accident. To determine whether the eyes are "mates," take a pair of convex spectacles—if long-sighted—and look upon fine print, and observe whether each takes in the same number of lines, and if the same appear to be straight. If short-sighted, take a pair of concave glasses, and look at a brick wall across the street, and observe as above. The difference between the two eyes, if any, will at once be noticed.

R. FITZGERALD.

New Haven, Ct. April, 1858.

[*Scientific American.*]

MEDICAL MANNERS; ADVICE TO YOUNG MEN.

There is a great want in our medical colleges, namely, a professor of good manners. If a young man ever expects to succeed in polite life, he must clearly recognize the necessity of conducting himself as a gentleman. We have very little space, therefore we must be brief in the few hints we propose to give.

When you enter a room, never offer your hand; if that is to be a part of the ceremony of recognition, wait till your friend offers his; he is to welcome you to his house; you are not receiving him.

Never offer an ungloved hand to a lady who is not ill; physicians' hands are often looked upon with suspicion; besides some people's hands are cold or always perspiring.

Never sit in her chair; if you have any perception, you can always tell it; to take that chair is an insult to her.

Never sit in an easy chair, or even an arm-chair, if you wish to deport yourself elegantly; if you are fatigued when you go home, lie down on a sofa or couch, which you should always have in your office. If you are watching at the bedside, it is another matter; then you become for the time as a brother, and may be treated as such.

Never spit or apply a tooth-pick, or make an audible noise of any kind with your tongue, except articulate speech, in presence of any person; if you will do such things, polite people will always consider you a very low fellow.

Never cut, brush, pick or trim your finger nails in presence of any one, not even your servant, for fear you may forget yourself and do it in presence of a stranger; which, if he or she be a polite person, must classify you with vulgar people.

Never take up any article from a table, whether one of taste, however trifling, or a surgical instrument in your friend's office, to examine it; if your opinion is desired, it will be presented to you; if not, take no

notice of it, unless it be evidently placed there for admiration, and not to be touched; then you may notice it politely if you are intimate; if not, say nothing about it. Books are exceptions to this rule; they are supposed to be placed there to be read if waiting; use them carefully, and replace precisely whence you took them.

Never tilt back your chair; it conveys evidence of being ill at ease; it requires effort, and is never done by well-bred people.

Never go in presence of a lady if you smoke or chew tobacco; it makes you smell bad, and is horribly offensive to most well-bred people. Never use any kind of perfume; if you do, people will have cause to think you labor under some disease which requires concealment.

Never wear jewelry of any kind, unless you would be a fop.

Never go out of your house till you have thoroughly made your toilet. Keep your hands from your head and beard; if you have occasion, apply your handkerchief, and immediately after its use put it in your pocket; it is not an object of display, and is not supposed to be agreeable when flirted about.

Never approach a lady near enough to touch her dress with your feet; never place one leg over the other. If you wish to feel the pulse, or make any physical examination, do it with strict attention to delicacy and gentleness, and after you have done, remove your chair a short distance.

Never give a patient, or any one else, your breath, or receive his or hers if possible; you can easily avert your head and avoid it.

Clean your feet, and knock at the door, when entering the meanest hovel of the most wretched patient; always remove your hat on entering, especially the apartments of colored people, for they are usually very polite, and it degrades your profession to be inferior to them in civility.

Never allow the slightest interference of a stranger in your operations or prescriptions; it is the business of the nurse and attendants to obey, not to direct.

Never argue or start any subject of dispute, medical or religious; you are not supposed the spiritual, but the medical adviser; and if your patient will argue on medical matters, the impoliteness is not on your side; if he persists, you can avoid it by taking your leave.¹

Never pay an unnecessary visit; if your visits are those of friendship, let it be so understood.

Always send in your bill, even if you are the family attendant, a fortnight at farthest after attendance, whilst the memory of the services is fresh; it saves hard feelings at the settlement, for people are very apt to forget the trouble they gave you when they see your bill.

If a patient ask your opinion of another physician during your attendance, he means one of two things; either to propose a consultation with you, or he is contemplating your discharge, and wants you to commit an offense by speaking lightly of the man about whom he is questioning you; behave like a *man*—give the absent his actual due of merit to the letter; if you know him to be a quack or a scoundrel, decline politely an answer, and say you do not wish to meet him, but will cheerfully retire in his favor. Never start any objection, unless you feel it a sacred duty, in reference to your patient's safety; then you may calmly speak the truth, and let him make another proposition; as a general rule you will find it necessary to retire, but you have done your duty. Any inquiry at other times than those of illness, must be politely answered with as much favor to the absent as possible. If he be not an educated and regular practitioner of scientific medicine, give your views distinctly; you will only be annoyed by such patients; if they desire quackery, they will have it; their own pride of opinion is at stake, and if you oppose them, they become enemies and slander you.

If you esteem the friendship of a medical or surgical friend of consequence to yourself, and you make a call on him, don't, for heaven's sake, bore him; get up and leave his office immediately on the

entrance of a person on business. If you are invited to remain, never open your mouth to ask a question or make a remark, unless your friend addresses you. If you speak to the patient on the subject of his disease, or volunteer any advice, you should expect immediate reproof; it is the height of rudeness and impropriety.

Never invite a friend to witness an operation or to see a patient, unless you have asked it as a favor, beforehand; and do not be surprised if he should decline, particularly if you are not supposed to be his equal in reputation, and the patient be one of consequence; you may not in his opinion be capable of managing the case; and if he goes, he incurs the responsibility of the visit without the fee; that is selfish and unfair in you. If you invite him to consult, and the patient has not desired it, you ought to pay the fee, unless it is understood to be a favor to you; then you ought not to do it often, unless you are his equal and in the habit of returning the favor.—*Scalpel*.

NEW PUBLICATION.

EPITOME OF THE AMERICAN ECLECTIC PRACTICE OF MEDICINE. By WM. PAINE, M. D., Professor of the Principles and Practice of Medicine and Pathology in the Eclectic Medical College of Pennsylvania.

This little book falls into our hands as a fresh birth from the cradle of American Medical Reform. Its appearance is most opportune. It supplies the vacuum that has existed ever since the dawn of Medical Reform. As a companion, as a book of reference, the practitioner, as well as the student, will not, at present, find its equal. Its author, Prof. Wm. Paine, is a man of extended experience, acute judgment, a diligent student, and a sound and perfect logician. The reputation, the known and acknowledged abilities of the author, should be sufficient recommendation to the public for the success of his hand-book of Practice.

His notions are new, bold, energetic and

persevering in the pursuit of knowledge. So are his ideas—new, clear, and conclusive—advanced in the very face of medical dogmatism, open to censure or to praise. Each new theory advanced, each new fact brought to light, carries with it that depth of thought, of study, of energetic perseverance peculiar to himself.

His article upon fevers, in particular, presents an elaborate and extended view of the subject. The ideas there are new, concise and irrefutable. His arguments are based upon sound physiological reasonings.

The books generally, now-a-days, upon this subject, are but the mere reprints of olden works, and carry with them that dogmatism which is, and ever has been, peculiar to the Allopathic profession; but not so with Paine's work. It is new. In a word, it is original. Whilst it takes a cursory review of the older theories, and refutes their various arguments, it comes out enveloped in new garments from the fount of intellectual science and physiological researches.

It is a reform upon the past and the present. Whilst it acknowledges the abilities of the older writers, it exposes their errors and removes the black and thickening clouds of mental fanaticism and ignorance that have ever hung over the student, threatening to burst, and in a moment envelop him in one huge mass of medical corruption.

Though the treatment is best adapted to the South and West, yet with some slight modifications, it is applicable to all quarters of America, and in the hands of a judicious practitioner, he can take upon himself the motto, "There is no such word as fail."

The Epitome also contains the definitions of various terms used in medicine, some of which I have never been able to receive a satisfactory answer to, from our best lexicographers. Of these, one is "Disease." At the bottom of page 41, the author says: "The human system is an extensive organic chemical laboratory, in which is manufactured germ cells, epithe-

lium, mucus, muscle, nerves, brain, gastric juice, saliva, chyme, chyle, blood, lymph, tears, hair, nails, cuticle, cartilage, bone, &c. The object of this extensive manufactory is to furnish material for the constant demand made by the human body, that it may maintain its integrity and perpetuity. This constant demand arises from the fact that not only all the inorganic, but organic elements, which come in contact with the human organism, tend to unite with it and form new compounds, structures and forces, thereby disturbing the natural relations and dependencies of the human organism upon its organic elements, causing disintegration and destruction of the old tissue, which is supplied by these newly manufactured products. Any excess or deficiency in the supply is disease."

This illustration has no equal—at least, I have never found it. Most authors tell us disease is the "opposite to health." Ask them what health is, and they answer, "opposite to disease," and so on *ad infinitum*. This alone is worth triple the price of the work, and I consider no medical library complete without its presence. It should not only be found with the student and practitioner, but a place should be given it in every family, as it is well adapted to domestic practice. This little work is indeed *multum in parvo*.

I understand the author is now preparing the manuscript for a large and complete work on the Reformed Practice. If the Epitome be deserving of so much praise, what may we look for from the unabridged?—*N. Y. Sunday Mercury*.

ANALYSIS OF LAGER BIER.

We have rather been severely handled by some of the lager bier press, for our article on that precious beverage; indeed, we begin to doubt if it is as productive of good temper as its votaries claim. Dr. A. H. Anders, who sells Iodine water, thus portentiously opens upon us in a pamphlet

of seventeen pages, the last being an advertisement of his commodity:

"We have an emphatic illustration of this fact in the article entitled 'The Lager Bier Mania,' published in a Medical Journal known as The Scalpel. It is one overflowing with bombastic phraseology, and eminently calculated in style and substance to play into the hands of temperance agitators; but is one wholly beneath the consideration of those educated minds for whose perusal its pages are professedly adapted. The article in question, however, demands our attention, because it has been copied into a variety of other respectable journals, accompanied by, or minus, appropriate comments, just as those journals happened to sympathize with, or entertain views hostile to the tenets of total abstinence. The circulators of this libel we pass by in silence, agreeably to the rule we have suggested; but the premises of the libeler himself, we propose to examine critically, calmly, and without prejudice. We propose to do it by an analysis of lager bier itself."

Then follows the analysis, which must have been conducted on a liberal scale, as we observe in the long list of good things extracted from it, "Malt meal twelve ounces! saccharine matter, (quere molasses,) ten ounces! Alcohol, or (!) Essence of Hops, thirty-two ounces!!!" Pretty well for innocent lager! Dr. A. Continues in a burst of generous enthusiasm:

"Nothing else that is brewed or extracted, can favorably rival lager bier. As an original production it is superior to all competition. Let us, then, since simple substances stand no chance, scrutinize a combination. Albumen, malt-meal, and sugar combined, would much resemble a good pudding; carbonic acid, alcohol, sugar and water are not unlike champagne; gum, oil, ammonia and iron, with some other ingredients, might produce a kind of mince-pie; lupulin, juniper, balm and tannin might serve as comedians, waiters, musicians, and the other necessities of a Lucullian festival, so that Sir Stomach might suitably enjoy all presented to him on such

an occasion. A better comparison, as regards the chemical relation of substances, we are at a loss to introduce to lager bier. Whoever can improve upon it is invited to regale us with his suggestions upon this subject."

Nobody will try after that, to improve upon Dr. A.'s lager, or his description. Perhaps there may be some connection between the peculiarly excellent quality of the liquid patronized by the writer, and the eloquence of his style, and the following:

"We ingenuously confess in advance, that we only indulge, as appetite or fancy dictate, in from two to five glasses of lager bier per day. We feel at liberty, therefore, to censure the extravagant in bier-drinking quite as much as we should the victims of any other species of intemperance."

A writer in that valuable journal, Hunt's Merchant's Magazine, enumerates the following articles with which lager bier is adulterated; his specimen was still richer than Dr. Anders's: "Gentian, flag-root, mayworth, wormwood, quassia, catechu, heath broom, the common garden box, pounded oyster-shells, egg-shells, chalk, marble dust, whitening, sugar, molasses, beans, liquorice, caraway seeds, alspice, ginger, pepper, mustard, grains of paradise, salt, *coccus indicus*, (poison,) opium, tobacco, henbane, hemlock, oil of vitriol, sulphate of copper, copperas, alum, strychnine, snake wood, augustura bark, and the St. Ignatius bean." There is a compound worse than the witches' broth in Macbeth. Think of it, ye beer-drinkers.—*Scalpel*.

VACCINATION WITH A MAGNETIZED NEEDLE.

Prof. Beka states that since 1856, hundreds of children have been thus vaccinated, with scarcely any failures occurring. The point of the needle is well saturated with the magnetic fluid before practising the vaccinations, which are then performed in the usual manner, a single magnetization serving for many vaccinations.

MISCELLANY.

From a supply of California exchanges we have condensed and clipped the following items, which will be found more or less interesting:

A PRETTY SPECIMEN.—The Mountain Messenger says that a specimen was picked up in the Pehanen claim, at Gibsonville a few days since, which is valued at \$1,300.

The deepest shaft in California is upon the quartz lode of Hayward & Robinson, at Sutter Creek, and is three hundred and fifteen feet deep. The quality of the rock has improved as the shaft has gone down, and now pays \$20 per tun. This shows the inexhaustible wealth of the veins of gold-bearing quartz.

THE MINES.—At Coon Hollow, near Placerville, an old citizen, on visiting the mine, expressed his opinion that it was giving out. The miners invited him to take a panful of the tunnel dirt and wash it out, for the purpose of getting gold enough to make a ring for his lady. He did so, and to his complete astonishment the panful of dirt yielded four ounces and sixteen pennyweights!

At Volcano, Amador County, on Saturday there was exhibited a cigar-box almost filled with gold. There were twenty-two pounds of the precious metal—worth near \$4,000—the product of only twenty-five tons of quartz, a quantity of rock which would be crushed by a first-class mill in twenty-four or thirty-six hours. It was from the lode a mile above Contreras. The rock was taken as it came, without selection, and there is any quantity of the same sort left. It is unnecessary to say that the proprietors have a sure thing of all the money they want.

The American Hill Quartz Mills, in Nevada county, were taking out at the rate of \$5,000 per day. The Italian quartz mine, near Sonora, is rich; one piece of quartz was taken out, supposed to contain fifty ounces of gold. Out of two pans of rotten quartz and dirt they realize \$2,000.

WONDERS OF MOTHER EARTH.—The Artesian well at Stockton has been sunk to the depth of one thousand and two feet. At a depth of two hundred and forty feet, a red-wood stump was found, and a stream of water ascended to within three feet of the surface; the water is eleven feet above the surface of the plain, and nine feet above the established grade of the city; and it is probable that, if the pipes were properly connected and made perfectly tight, it would rise several feet higher. The quantity of water is about five hundred thousand gallons in twenty-four hours.

There have been an unusually large number of "big chunks" taken out lately; one weighing seventy-three ounces, and worth \$1,300, in Tuolumne County. The Allison Quartz Mill at Grass Valley yielded \$60,000 last month. A great many expensive and extensive mining enterprises have been planned for the summer. At Oroville, the Feather River is to be lifted out of its bed for three miles, by flumes, which will cost \$500,000. At Big Oak Flat, Tuolumne County, an aqueduct two thousand feet long, and a portion of it two hundred and thirty feet high above the ground, is to be built. We presume from the statements in the papers, that about a hundred quartz-mills will be built, and not less than two hundred miles of mining ditches will be made this year.

Dr. Goldsborough, a practicing physician, of Denton Md., was stabbed a few days since, and died soon afterward. The quarrel which terminated so sorrowfully, originated about the pronunciation of a word.

DISCOVERY IN ELECTRICITY.—Dr. C. G. Page, of Washington, has discovered that positive electricity will extinguish the flame of a lamp, and negative electricity will increase it. When the flame of about two inches height is charged positively from a powerful machine, it is rapidly shortened to total extinction. When the flame is charged negatively, it is immediately enlarged, a portion of it being impelled down around the wick tube for the

distance of an inch, and a portion also elongated above. This discovery, it is thought, may serve to throw some light upon the many unsolved caprices of lightning.

The Russelville (Ky.) Herald, records a singular accident. John Miller and his brother, both young men, were plowing when a storm came on. They commenced unhitching their teams, and while John was standing between his horses, he and the animals were struck to the ground by lightning. The horses were instantly killed, and John was taken from under them in an apparently lifeless condition.

CURE FOR DRUNKENNESS.—An exchange recommends the following as an infallible cure for beastly intoxication:

Whenever a person is in a stupid and insensible state of intoxication, lay him out on his right side, elevate his left arm, and pour cold water down it slowly. Before a common pitcher full can be emptied, the man will walk perfectly sober.

OAKLAND COLLEGE.—We learn that Dr. A. T. Bowie, of Tensas parish, La., has been invited to address the literary societies of Oakland College, the coming commencement, in May next, and greatly rejoice to hear that he has accepted the invitation.

Dr. Bowie is a gentleman of the finest classical taste, as well as a vigorous and eloquent thinker, writer, and speaker. A rich intellectual treat may be expected.

FATAL ACCIDENT.—The Yazoo City Observer of the 11th learns that Dr. Wilson Yandell, of that county, accidentally shot himself near his house last Monday. It appears he was laboring under temporary insanity, caused by eating opium. About 3 o'clock A. M., he awoke, filled with the apprehension of a negro insurrection. Taking two guns with him, he crossed the river with a negro boy, in a dug-out. Leaving the boy in the boat, he went about a hundred yards, into a field. Soon

after, the negro heard the report of a gun, and his master calling out, "You needn't run—I have another gun." The gun fired again, and the boy, hearing nothing for some time, ran to the place where the gun fired, and found Dr. Y. dead, with a wound in the breast, and one gun lying across his body—the other a few feet distant from him. The Coroner held an inquest on the body, and the verdict of the jury was, "accidentally shot."

NAMES OF SURVIVING REVOLUTIONARY PENSIONERS.—It being nearly eighty years since the close of the War of the Revolution, it becomes a matter of interest and curiosity to know the names of the surviving relics of that great struggle, whose lives have been prolonged to such an unusual and extraordinary length. Through the politeness of Captain Joel Green, the United States Pension Agent in this city, we are enabled to give the names of those who drew pensions for services in the War of the Revolution in his district, which comprises about half of the State of Ohio, the counties of Kenton and Campbell, in Kentucky, and two adjacent counties in Indiana. In this large area of territory, comprising full one and a half millions of people, there are but *three* Revolutionary pensioners. The following are the names of these remnants of the days of 1776:

JONAS FRAZER, of Hamilton County.

JOHN STRAIT, of Gallia County.

WILLIAM JONES, of Clermont County.

Each of these veterans must be nearly one hundred years old. As an instance of how near at hand is the utter and total extinction in the United State of the last one of the Revolutionary veterans—who, only a few years ago, were comparatively quite numerous—we may mention that in 1853, when Mr. Green was appointed Pension Agent there were twenty-four Revolutionary veterans upon his list. All but three have since deceased. Soon, very soon, there will not be in this Union one single survivor of the war that ended in the establishment of our independence.—*Cincinnati Commercial*.

Part 3.—Editorial.

MAL-PRACTICE CASES.

This epidemic appears to be again on the increase, judging from the various notices of our exchanges. This is one of the evils that will ever annoy the medical profession, and we may as well make up our minds to endure it like good Christians—but fight it to the last. Our only alternative is either to abandon all persons suffering from surgical disease, or allow ourselves to be annoyed by suits; for now it appears that there are persons in every community who would willingly have a deformed limb, and even make it so, if there was any chance to recover a few thousand dollars from the attending physician. It is truly laughable to see how one of these malignant rascals, who wish to rob the physician of his hard earnings, becomes suddenly cured after he has failed to recover from the surgeon the thousands for which he sued.

In connection with this subject, we might remark that in a majority of these cases, we will find some broken down or unsuccessful and dishonorable man, calling himself a doctor, encouraging the individual to persevere in his efforts to gain a heavy verdict. It may be asked how is this obscure being, called a doctor, to be benefited in the matter? Simply by being called upon as an expert, which he manages to have done. This will bring him into notice by the prominence which the prosecution of a surgeon of professional eminence obtains in a community.

It is generally an easy matter to know who the adviser is, for in nine cases out of ten, this doctor takes charge of the plaintiff, promising to cure him, which, in many cases, is an easy matter, for as soon as he finds there is no chance to make money, lays aside his pretensions to being a cripple, and suddenly he is cured by the

very benevolent man who has caused him to incur the expense of a foolish and unjust prosecution. It is then claimed that this obscure individual has done for the unfortunate one what the defendant in the case, although a surgeon of the very first standing, had failed to accomplish. This is his card, and the public do not see the cheat, while he is at once benefited by the reputation of others.

No honorable, high-minded medical man will stoop to such contemptible meanness; only such as have no sense of honor or self-respect can be found to engage in this dirty business.

We are well acquainted with a physician in this State, who was sued for what was claimed a failure to treat successfully a broken arm. He defended for years, when at last the wonderfully crippled individual came to be examined in court, it was impossible to detect any difficulty whatever. He was at once made to leave the court room—a perfectly well man, too, notwithstanding he had been daily manifesting signs of being a cripple. He was cured at once by paying the cost of the suit. We know a similar case.

A writer in the April number of the Scalpel in referring to this subject says:

"CAN COUNTRY SURGEONS AFFORD TO BE HONEST?"

"Allow me to ask how, in case of 'compound fracture, involving knee or ankle-joints, with dislocation,' the country surgeon is to escape the maledictions of community, and a suit for mal-practice. It is clearly right to exclaim against 'indecision. and if the surgeon were left free to use his judgment, he is bound to, and no doubt would, practice amputation; but if he attempt to save the limb, and is attentive to the case, and the man die, 'the kind doctor did all for him that could be done,' and to amputate a mortified leg is safe for the physician if death to the patient. But if the surgeon be decided and conscientious, and remove the limb at once, he may expect that as soon as his patient can stump into court on his cork leg, a

suit, John Smith vs. Phillip Brown, M. D., will appear on the trial list, and a judgment for \$5,000 be entered for the plaintiff. Years after, fingers will be pointed with remarks, 'Smith may thank that butcher Brown for his cork leg.' 'If it had been my leg, I would have shot the d—n brute instead of suing him.' These are not suppositions; our court records show such results, and I have heard such remarks. Now I would ask, how it is possible for people to be treated well when safety and reputation lie on the side of mal-practice, and poverty and professional death on the side of correct treatment? Again—there are men who prefer a shortened limb, and a fat verdict, to a straight leg and a doctor's bill. It is no impossible thing to balk the doctor, and fleece him afterward. What you have said on page 238, *et seq.*, of your January number, will be useful to correct this evil, but can not something be done to secure to a surgeon a fair trial by men capable of judging, and throw the burden of proof where it properly belongs, on the complainant? In surgical cases in this region, the poor and ignorant are falling into the hands of men without scientific character and without pecuniary liability. If the wealthy and intelligent part of the people would have scientific surgeons, practically skillful, the necessity is laid on them so to arrange medical jurisprudence, that the laboring classes, among whom accidents occur most frequently, shall be treated by the same surgeons whom they employ for themselves, and to accomplish this, the surgeon must be protected in his reputation and his property. This cannot be secured before an unlearned jury of twelve men selected indiscriminately, and from which learned, and especially professional men, are almost always excluded. Let wealthy men in the country look to it."

[Take an indemnity bond, dear Doctor—that will do it.—ED. SCALPEL]

In Ohio it has been decided that neither a special verbal contract, although proven by competent witnesses, nor a written indemnity bond, is at all binding. We know this to be the opinion of our courts.

J. MARION SIMS, M. D., OF N. Y.

We have observed the career of this truly high-toned medical scholar and surgeon for years, with much interest, because he has been marking out for himself a path in which no other man before him has trod.

When his first paper, with illustrations of his peculiar observations, was published in the American Journal of Medical Sciences, at Philadelphia, edited by Dr. Hays, we thought the same matter, if published in the Eclectic Medical Journal, would bring it promptly before nearly three thousand medical men, the most of whom would not see Dr. Hays' Journal. With this view we wrote to the editor and publisher, offering, if they would send us a stereotyped copy of the illustrations, that we would gladly republish the article. To this we received an answer that the matter was "copy-righted;" as much as to say to us, you must not publish it, and so the matter stands.

Now who is the loser by such a narrow-minded view of this matter? Both Dr. Sims, and perhaps hundreds who might have been treated by his method. We have no personal acquaintance with Dr. S., only the deep interest we feel in the success of any independent thinker and practitioner prompts this notice.

We extract the following from the April number of Dr. Dixon's Scalpel:

"SILVER SUTURES IN SURGERY: Being the Anniversary Discourse before the New York Academy of Medicine. By J. Marion Sims, M. D., Surgeon to the Woman's Hospital. Published by order of the Academy.

"This is a beautiful and enthusiastic history of Dr. Sims' great invention, and earnest pursuit of his favorite branch. It does credit to his guileless and manly nature—a real outburst of professional zeal and love for humanity. He does himself the justice of exposing the miserable and contemptible attempt of Dr. Bozeman to rob him of his honors by a wretched and foolish addition, calculated to obscure and

hinder the progress of union after the wound is brought together. Dr. Sims' suture effects this with an accuracy of *graduated and equal pressure* entirely unattainable by any other suture known in surgery. It is a priceless boon to science, and capable, as we know by personal experience, of a wider range of application and more admirable results than any other single improvement ever made in surgery. John Hunter, were he here, would give it precedence as a great practical invention over all others. We rejoice to hear that Dr. Sims is sure to succeed in establishing his hospital on a firm and enduring basis. Long after he has passed away, both he and those noble women who have sustained him with their sound heads and warm hearts, will be held in the grateful memories of thousands of mothers and children who will have experienced its great blessings. It is a noble and Christ-like charity, and may Heaven smile upon and prosper it!"

We have not seen a copy of this report, but may hereafter, if it comes to hand, make extracts from it.

RESIGNATION OF PROF. A. CURTIS IN THE PHYSIO-MEDICAL COL- LEGE.

We learn from the April number of the *Physio-Medical Recorder*, that Prof. Curtis has taken his final leave of medical teaching. He has lectured twenty-one years in that college—has been, in reality, the college—and has done much in the field of medical reform. Had the policy of that school been more liberal, it would have done much more good than it has. It has always been one of the most bitter enemies to the cause of Eclectic reform, and while the latter has grown to a large body in the medical ranks, the former has now taken a position in which it may be said of it, "It is fast running out."

If Dr. Curtis, with all his iron will, money and influence, for twenty-one years,

could not sustain the one-idealism of Samuel Thomson, it is not to be supposed that any other man can.

Dr. Curtis has become connected with the Ohio Female College, where he will labor with great success to the institution, as he is every way qualified for the position.

THE OHIO MEDICAL COLLEGE AND THE COMMERCIAL HOSPITAL OF CINCINNATI.

We copy into this number of the *Journal* an article which appeared in one of our city papers, over the signature of "B," which was published in reply to some remarks of Prof. Graham, of the Ohio Medical College, on the connection between these two institutions. This is a subject which should receive immediate attention. Why should one medical institution enjoy privileges to the exclusion of others in the city, which are much more successful and useful? Upon two occasions have there been petitions sent from this city—in one instance signed by twelve hundred, and in the second by fourteen hundred citizens of Cincinnati—to the Legislature of the State, asking that this unjust and illiberal monopoly be broken up, by giving the Eclectic Medical Institute the same privileges with the Ohio Medical College. The old school party, however, by a small vote, accomplished the defeat of the measure. But we believe that, sooner or later, this will be done.

We would like to see an arrangement adopted something like this: Give one ward to the Eclectic branch of the profession, and one to the old school, changing every six months, and allowing equal privileges to all the medical students in the city. This would, by proper arrangement on the part of the Trustees, fully demonstrate the difference between the success of "Old Physic" and "Young America." This, however, is what our old school friends fear more than any thing else; while, on our part, we are always willing to contrast results.

The annual classes of the Eclectic Medical Institute have been greater than those of all the other medical colleges in the city combined, and for the last year much larger than the class of the Ohio and Miami Medical Colleges combined. Take from them this strong prop, (the exclusive privileges of the Commercial Hospital,) and their days may be said to be numbered.

—
TO JAMES GRAHAM, M. D.

There appeared in a recent number of a morning paper, an article addressed to the editor of the Enquirer, and signed by "James Graham, M. D." The object of the writer seems to have been to convince the editor of the great wrong he had committed in sustaining the City Council in its efforts to obtain control of an extensive charitable institution in the city. To what extent the editor has been convinced that monopolies are omnipotent and essential, is for him to say. The undersigned, however, cannot resist the duty imposed upon him, of correcting the mistakes of a brother who is, in the present instance, controlled by the instincts of fear. If those who may take an interest in the discussion of a question of deep and lasting interest to the city, will read the article of Dr. Graham before reading this, it will obviate the necessity of making quotations.

The Medical College of Ohio *did not* originate the Hospital. For both institutions we are indebted to the genius and energies of Dr. Drake. In a memorial presented to the Legislature nearly twenty years ago, Dr. Drake contended that it was not designed that the hospital should be limited to the control of any one institution, nor was such limitation in accordance with the vital requirements of the sick. Aided by Dr. Wm. Mount, one of the Trustees of the Medical College of Ohio, by Mr. J. J. Farn, then Speaker of the House of Representatives, and others, the Legislature were convinced of the correctness of his views, and conferred upon the guardians of the hospital power to admit another faculty. The Trustees, how-

ever, refused to admit them, knowing and feeling that the evils resulting from the acts of one irresponsible faculty, would be greatly increased by two engaged in a fierce rivalry. The act of the Legislature, however, established the principle, distinctly and unequivocally, that the government of the hospital belonged to the city authorities.

Is not the "third of a century" long enough for any set of men to draw personal advantages from a public institution, exclusive of all others of equal ability? One would think so, and especially in a government of equal privileges. Because an individual has retained office "during the third of a century," must his installation be construed as conferring perpetual power? If the amount of claim is to be determined by the length of attendance, then the present faculty should stand aside, for their hospital services have been nothing compared with outsiders. If the Professors derive no compensation, no advantages, for their services at the hospital, why all this ado, and abuse of the City Council?

Nearly every physician outside the college, and nearly every member of its present faculty, have openly declared that "the comfort, convenience, and cure of the sick poor, and the proper teaching of scientific medicine," would be greatly promoted by a separation of the college from the hospital. Dr. Graham will not quarrel with his colleagues when they tell him, as they have repeatedly told others, that they are in favor of the separation from *principle*, and have always said that it would promote the best and most lasting interests of all concerned.

The Trustees, "in selecting a faculty for the school, subject each applicant to a careful examination."! Examination!! When? Where? Not only is this not true, but they never mention hospital, when making selections. They turn out and put in from very different motives than those of fitness, and in open contempt of the people, through their legal representatives. The old Trustees of the township,

and the present Directors of the Infirmary, have been, and are, advocates of the contemplated change.

Capt. Charles Ross, always watchful over the interests of the hospital and the people, resigned his office because evils were constantly occurring under his eye without having legal power to correct them. More than this, the hospital would have been without medical attendants for weeks at a time, in consequence of college revolutions, and the sick would have suffered and died, if physicians had not *volunteered* their services.

An omission occurred in transcribing the original bill, which gives the Council a controlling power over the manner of appointments, and the correction has been made by the chairman of the committee on the revision of the charter. The charge that the directors are politicians, and would be governed by impure motives, because elected by the people, is a mere phantom unsustained by facts. They have always appointed physicians to the "out-door poor," and never has this charge been brought against them until now. Look at that other picture upon which is inscribed the names of John L. Vattier, Adam N. Riddle, and Wm. Mount, managers of the Medical College of Ohio. Are they politicians? Perhaps you do not know that the plan for obtaining power over the college and hospital originated among the so-called Miami Tribe. Perhaps you do not know that the nomination of Adam N. Riddle to the Senate depended upon a promise that he would assist in turning certain men out of the college, and putting certain other men in, and that he would war to the utter destruction of those who might rebel against his authority. Would the directors of the infirmary do any of these things? Would any set of men do these things, except those whose positions are free from responsibility, who are governed by any other feelings than those of rank partizanship? Be careful, then, how you call the directors of the infirmary political incompetents.

The gentleman would assume that the

managers of the college are immaculate—that its faculty are in no way given to "partizan zeal"—and that the little world outside the college is wholly ignorant of the qualifications of doctors. Well, well, these are innocent thoughts, and if they afford pleasure, cherish them. It is modest, too, to say that there is no skill in the city, except that now reflected by the faculty of the college. Alas, how self-important we are when self-interest is at stake. How vicious are the men who would question our right to perpetual power!

The directors of the infirmary have not "full privilege to sell tickets to the students of all schools." The college sells tickets to her students, and appropriates the money thus derived to her own use. This money belongs, in justice, to the hospital, and the Council should see that it is secured to her beyond all contingency.

If the college has become involved in a ruinous debt, whose fault is it? The hospital has had nothing to do with it, and should not be made responsible for its payment. Is the college willing to reciprocate favors, and assist, in money, in the erection of a new hospital? The bonds issued by the college are secured by a mortgage on its property. Will this property, when sold in 1860, not bring the present value of the bonds? It is, then, like all other speculations, to be looked to only by those engaged in it. The hospital must not be lost in the predicted, and perhaps inevitable ruin.

From the reasoning of the gentleman, it would seem, the college and faculty are one, and they desire the aid of the hospital in the payment of their debts. Suppose the outsiders should present and sustain a similar claim, how much of the hospital would there remain at the end of the present year? No, no; take not the charitable institutions of the city to pay individual debts. In the language of the editor of the Enquirer, "let the Medical College of Ohio pay her own debts," and the people will then cheerfully be taxed for the support of the hospital. B.—*Cin. Daily Times*.

ADVICE TO CONSUMPTIVES.

A writer in the *Scalpel*, signing himself, "H. H.," has a valuable article on the above subject. We extract the following paragraph:

"A celebrated impostor whom you have appropriately designated a vulture and a jackal, professes to cure consumption by inhalation, and boasts through the New York press that the deaths by consumption have materially decreased in that city since he began to minister to the consumptives. Place no confidence in his vaunted magic. Search for the true cause. Find out what hygiene has done; what a different course of treatment generally has effected; what honest newspapers and health magazines have done to assist in this diminution of death from consumption. Inquire whether the increased use of exercise and good food, and the decreasing fashion of cramming the sick with medicines, have not lent their aid.

"Temporary relief is not cure, though all such cases are counted cures by this unscrupulous character. The winds grow keen, do not let them drive you into the house. Dress warm, take exercise, even at the risk of getting your nose frozen. Subscribe to some good journal of health, and follow its dictates if you find them good; expose any errors if you find them, in their advice, and trust to nature's remedies above all quacks and patent medicines.

H. H."

The impostor referred to in the above, lately made a visit to Cincinnati. He had a fine run, which lasted for several days. He succeeded in making some money, and for a few days in making his dupes believe that they were improving in health; but suddenly the effects of the powerful anodynes which he used subsided, and his patients could realize their true situation. Some complained, some demanded the return of their money, others proclaimed publicly and at the hotel, to all others who proposed to consult this celebrated im-

poster, that he was such. Then he received an important telegraph dispatch, that he must return to New York. So one morning, at the usual hour for opening his office, his patients found that he had gone.

PUBLICATION NOTICES.

THE *SCALPEL*, Edited by E. H. Dixon, M.D., New York. Published quarterly at \$1 per annum.

The April number of this journal has been received, and, like all the others, it is filled full and running over with the very best matter for its readers. The *Scalpel* is not a medical journal, but one especially for the people. It handles medical men and their acts without gloves. It also explains fully the natural laws which regulate the human organism, the effect of their violation, and the means of restoring the system from the effects of this violation. We wish this journal was introduced into and read by every family in the United States. It would save a vast amount of human suffering, drugging, and doctor bills. Let every one of our readers subscribe for the "*Scalpel*."

DR. COX'S NEW WORK ON CONCENTRATED MEDICINES.

This is a volume of 400 pages, bound in cloth. Price \$2. It will be issued shortly. No doubt this will be the most valuable work of the kind ever published.

THORACIC DISEASES, by Prof. C. Newton. New edition by Prof. Calkins.

We learn from the Philadelphia Eclectic Medical Journal, that this work is now out. We will notice it further as soon as we receive a copy.

HALL'S JOURNAL OF HEALTH, published monthly, at \$1 per annum.

This is also a journal for the people. The April number is filled with valuable information.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
WINTER SESSION of 1857-8.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. S. FREEMAN.

CASE 495. Oct. 16, 1857.—Wm. George, *æt* 21. Dislocation of the bones of the face. A few months since, he fell from a loaded wagon; one wheel passed over his face, making a large flesh wound, and separating the nasal bones from the frontal, the maxillary from the malar bones, and crowding the lower part of the face downward, exposing the turbinated bones, the floor of the nose, and all those parts into the fauces. The face is very much elongated. The wound has not been closed. The loose parts can be lifted nearly into their natural position, but drop again upon being unsupported. The orbital processes of the superior maxillæ are also drawn down, leaving the eye-ball exposed, and presenting a protruded, goggled and ghastly appearance. The corneæ are slightly opaque, and conjunctiva injected, from their exposed condition. The pupils are contracted, with inclination to occlusion. Total blindness. I presume the optic nerve is affected from the unsupported eye dragging upon it.

Prognosis unfavorable. The integument extends into and covers the deep chasm of the wound. The patient is not willing to submit to an operation that can not insure a correction of the deformity, inasmuch as the chances are against the restoration of vision, even in an imperfect condition.

Treatment—To relieve irritated conjunctiva, *R* Con. tinc. veratrum viride gtt. x, tinc. gelseminum gtt. xx, water *℥j*. M. Use as a collyrium three times a day.

Oct. 27.—Conjunctiva less injected and sensitive. Scarified the more prominent blood vessels.

Oct. 30.—Eyes less sensitive. Discharged.

CASE 496. Oct. 15.—Catherine Kelly, *æt* 30. Fistula. Two months ago, a physician, in attempting to extract a tooth, broke it and somewhat injured the jaw. Soon afterward, a swelling developed itself over the region of the fractured tooth, and stiffness at the articulation was induced so the jaws could scarcely be separated. An abscess formed in the swelling, which opened and discharged about a table-spoonful of sanious pus. There now remains a fistulous opening leading to the fractured tooth, which discharges sanious pus upon the face at the ramus of the jaw. The fistula has a slightly bulbous projection externally. She had chills and fever last week. Appetite indifferent.

Treatment.—Inject the fistula once per day with *R* Sesq. carb. potass. *℥ss*, water *℥j*, M., for four days, and afterward once in two days. Apply over the fistula and the swelling a small plaster of Mayer's ointment.

Oct. 30.—Fistula not so sensitive, swelling less, discharge less, and the jaws not so stiff; patient improving much. Continue the treatment (injection once in two days.)

Nov. 15.—Parts nearly well. Use the injection once in four days. Scarcely any can be admitted into the opening. Discharged.

CASE 497. Oct. 15.—Wm. Quinn, *æt* 26. Slight peripneumonia. Has been affected two weeks; caused by cold. Has a cutting and aching pain in the region of the middle of the sixth and seventh ribs, left side; coughs much through the day; expectoration tenacious and of different colors, most in the morning. Some tenderness of the throat the last few days; uvula elongated; fauces and lateral half arches of the palate reddened; back part of the tongue inflamed, and papilla maxillæ enlarged, and tongue reddened on the edge; slightly dull sound on percussion over the middle of the left lung; tenderness upon pressure over the tenth dorsal spine; pulse 78 per minute, full and soft; skin natural.

Treatment.— \mathcal{R} Prunin \mathcal{J} ss. Make powders xv; take one four times per day. \mathcal{R} Spts. terebinth \mathcal{J} ij. Apply, with friction, over the region of the pain, morning and evening. Warm pediluvia at night. \mathcal{R} Tinc. iodine, water, aa. \mathcal{J} ss. M. Use with the probang, as a wash to the throat, once per day.

Oct. 20.—Pain scarcely noticeable; every symptom much improved. Continue the treatment for a few days, and if not entirely relieved, return. Omit the wash to the throat. Discharged.

CASE 498. Oct. 15.—Thos. McCarty, \mathcal{M} t. 46. Eczema, Commenced upon the leg below the knee twelve years ago; continued for a length of time, and then disappeared—returned three years ago. The eruption is of a reddish pink color, and extends from the knee to the ankle; it does not quite meet behind. It has appeared upon the neck and arm at different times. It disappears in the form of scales, leaving the skin slightly reddened. It neither itches much nor is troublesome.

Treatment.— \mathcal{R} Zinc chloride gr. v, water \mathcal{J} ij. M. Apply to the eruption morning and evening. \mathcal{R} Iod. potas. \mathcal{J} j, comp. syrup stillingia \mathcal{J} vj. M. Take a teaspoonful three times a day.

Oct. 30.—The eruption has disappeared. Discharged.

CASE 499. Oct. 27.—Frank Goodpasture, \mathcal{M} t. 9. Necrosis of the parietal bone. About six months ago, he fell from the third story window of a house, striking his head upon the ground, and fracturing the skull. He remained insensible for some days. After he recovered his sensibility, the brain continued much excited for some weeks, the excitement being more severe at different periods. Subsequently an abscess formed between the scalp and bone, involving the fractured fragment. This opened and discharged a quantity of yellow and slightly fetid pus, and has been discharging freely until date. Upon examining the part to-day for the first time, I find two openings through the scalp,

above and behind the ear, discharging pus and communicating with a sequestrum, rough and moveable. There are no symptoms of cerebral excitement. General health feeble.

Treatment.—Prof. Freeman produced anaesthesia with chloroform, and then made a crucial incision over the sequestrum, and extracted it. The fragment was nearly square, serrated and rough, two inches by two and a half in its diameters, composed mostly of the external table of the skull, with about one inch and a half square of the internal plate attached to it. The border of the bone granulated; the dura mater was exposed corresponding with the absence of the internal plate, and the whole of the exposed parts were bathed in pus. The brain could be readily seen pulsating under the dura mater. The borders of the fistulous openings were cut away, and the parts closed and retained by suture and adhesive straps.

Nov. 10.—Parts improving much; discharging only a proper amount of pus, and granulating rapidly. Continue the treatment. Keep a small aperture open, to allow the pus to escape.

Dec. 10.—Extracted a spicula of bone that had remained, and kept up a secretion of pus. Continue the adhesive straps; the sutures have been extracted some time since. There is an eruption upon the scalp at the border of the old fistula. Apply \mathcal{R} Oxalic acid \mathcal{J} ss, water \mathcal{J} ss, creosote gtt. xx, M., once a day.

Jan. 8.—Discharged cured. The pulsation of the brain can be seen through the cicatrix of the scalp.

THE SPRING SESSION.

The closing exercises of the Spring Session of the Eclectic Medical Institute will take place on Thursday evening, May 13th. The exercises will be very interesting, as there will be a large graduating class. There has been a good attendance this session. Can not our neighboring physicians make it convenient to be present?

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

JUNE, 1858.

NUMBER 6.

Part 1—Original Communications.

MERCURIALS.—No. 6.

BY L. R. JONES, M. D.,

Professor of Materia Medica in the Eclectic
Medical Institute.

5TH. PTYALISM IRRITATES AND EXHAUSTS UNNECESSARILY.

A popular, and indeed prevailing idea with the advocates of the use of mercurials, is that its sialagogue effects are desirable, and not only desirable but absolutely indispensable, in the cure of very many diseases, particularly those of a febrile character.

I regard this view of the use of mercury as a fatal error on the part of the Allopathic school of medicine. Its teachers bestow great effort upon this question, in their endeavors to instill into the minds of their pupils the great importance of this therapeutic measure. The pupil thus instructed, honestly believes no other means of medication will cure; and he thinks it hazardous for those opposing the use of mercury, and the doctrines which he has been taught, to attempt to treat grave forms of disease without salivating. By the rejection of mercurials in formidable diseases, he thinks the lives of patients must be jeopardized. This is by no means strange, since "As the twig is bent the tree's inclined."

WHOLE SERIES, VOL. XVII—16

Let us examine this question, and see whether it is true or fallacious.

I will first propound to the advocates of the use of calomel, a few questions, and ask for rational answers.

Is it possible that the extreme irritation and inflammation developed in the mouth and salivary glands, can act in accordance with nature in the cure of disease? Must not the irritation newly developed in the mouth, salivary glands, and elsewhere in the system, serve to augment that which already exists, by producing a still higher degree of constitutional disturbance? I am fully aware of the doctrine maintained, that two distinct diseases cannot exist in the system at the same time, and both continue to progress; that one must necessarily supercede or displace the other; and hence the fancied necessity for the development of ptyalism. I think I can adduce abundant proof to establish the fallacy of this doctrine; at least, so far as the simultaneous progress of the original disorder and the mercurial disease are concerned. Do not both progress together? Does not the patient often die from the severity of the original complaint, notwithstanding the mercurial action is intense? Is not the new irritation and consequent stimulation, when superadded to that already existing, calculated to wear out and exhaust the enfeebled powers of the patient more rapidly than the primary disease alone, when left to prey upon the system? Is it not a physiological law that the excessive excitation of the general system,

tends to wear it out and exhaust its normal powers? If one organ is unduly or excessively impressed by a given remedy, or by any morbid cause, is it not always at the expense of other organs?" This must necessarily be the case, as the nervous and vascular energies are withdrawn from other organs and concentrated upon that organ or part unduly acted upon by the excitant cause, whether it be some medicinal agent or something else. The ultimate tendency of an over excitation of a single organ, is to exhaust its powers and induce a state of atony or inactivity. It is believed that no medical man will deny the positions here taken, and, if not, how can he deny the application of this argument to the constitutional and local action of mercury? To act rationally, and maintain a show of fairness and consistency, he cannot deny the truth of the positions here taken. Again, does not ptyalism, or the abnormal flow of saliva, lessen the normal powers of the system? Is not the *vital force*, *vital principle*, the *vis vitæ*, or the *vis medicatrix naturæ* diminished, or even entirely destroyed by any excessive abnormal discharge, whether it be diabetes, diarrhea, perspiration, or salivation. Superadded to the exhausting effects of superexcitation, we have ptyalism also. Can the loss of several pounds of saliva daily, long continue without overpowering the vital force—that force which repels morbid impressions, and expels disease when actually developed? This proposition, it appears to me, is self-evident. We may as well talk of an indefinite drain of the blood by hemorrhage or venesection, as a means of cure, as loss of saliva.

Is there any sense or propriety in creating a local disease so formidable, in a part not affected, in order to remove some general disorder, that unaided nature will expel or overcome in most cases in a short time? If by the aid of an old lady, and by means of diaphoretic teas, the foot-bath, ablutions, salts, senna, the extract of butternut, &c., &c., most, if not all curable diseases, may be remedied without resort to corrosive minerals, is it not infinitely

better than to employ agents that produce a new disease, that is far more formidable, and far more destructive to life than that which they are given to remove?

In a great many cases, calomel fails to produce the desired constitutional effects, (ptyalism,) when exhibited for that purpose. Then are not its effects totally at variance with those desired, and must they not prove absolutely injurious? It is not inert, and can it be supposed to be lodged in the system, and there remain inactive, doing neither good nor harm? It is an agent which often disappoints the most judicious physicians in its operation. It is a slow and uncertain purge—it serves to derange the functions of every organ, and vitiate every secretion—it often irritates and corrodes the mucous surfaces when the physician is most anxious to avoid such results, and it often salivates when he least desires it; while it as often fails to produce ptyalism when he is most desirous to effect that object. Whenever ptyalism arises from its action, it irritates and disturbs the functions of the animal economy, and in every instance, as I verily believe, it unnecessarily exhausts them. Much more might be said against the induction of ptyalism, but it appears to me the arguments already adduced are sufficient to prove to the satisfaction of every unprejudiced mind, that such a condition is abnormal in itself, and that the agent which may or may not produce that result, contrary to the design of the physician who gives it, should be excluded from the list of therapeutical agents.

6TH. PTYALISM DOES NOT OCCUR UNTIL THE FEVER ABATES. IT DOES NOT CAUSE THE ABATEMENT OF THE FEVER, BUT FOLLOWS IT AS A CONSEQUENCE.

The leading object of the mercurialist in the production of salivation, is the subversion of the fever, on the principle of *supersession*—in other words, it is said that no two diseases can exist in the system at the same time—that one must run its course, while the other must either remain stationary or subside—that the new or ar-

tificial disease, (ptyalism,) displaces, supplants, or subverts the former, assuming the control or supreme sway in the system. The belief has been, and still prevails, that so soon as the constitutional effects of mercury are developed, the fever subsides, and the danger is averted. So great has been the faith of many physicians in the super-sedent efficacy of mercury, that they have made it the all-important object in the treatment of all febrile, as well as most other diseases. Salivation, with them, was the great object to be attained. Nothing can be more fallacious than its reputed curative powers. In many cases of fever which I have been called to treat, after the induction of salivation by Allopathic physicians, and in numerous cases of fever which have fallen by accident under my observation, the mercurial action followed as a consequence of the abatement of the fever; in other words, the abatement of the fever preceded the salivation. In many cases there seemed to be no modification of the primary fever, notwithstanding the sore mouth, fetid breath, and profuse flow of saliva. In those cases in which an abatement did occur, it did not take place at an earlier period than in other cases of precisely the same character, in the same localities, and at the same time, when no physician was called, no active medicine taken, and not so soon by many days, as when the Eclectic practice was adopted.

Should the inquiry be made, as to how I know that the fever abated at about the same time when no medicine was given, in the same classes of cases, that it did when ptyalism was induced, I would reply that, while practicing in malarial districts, on the tributaries of the Ohio river, I witnessed many instances of this kind. Many Germans reside in those sections of country. Their well-known aversion to doctor's bills, as well as their fear, and still greater aversion to "mercury" and mercurial doctors, prevented them from calling for the aid of the physician. In my practice among their neighbors, and in my visits to their houses to see transient persons, or those employed on their farms during the preva-

lence of bilious fever, and other endemic and epidemic forms of disease, I saw many of these cases.

I soon learned an important lesson. While I beheld these cases (many of them extremely bad), I looked forward with fearful apprehensions to their termination. I soon learned that medical men had placed too much confidence in drugs—that they, especially the younger members of the profession, were in the habit of reposing an unlimited and an unmerited reliance upon their remedies, and on the mercurial action in particular. I soon learned that nature—the "*vis medicatrix nature*"—was omnipotent in her efforts of self-relief. I learned that when aided by a kind nurse, many grave diseases were arrested in their onward march, and the patient in a state of convalescence, long before our mercurial advocates could effect what they deemed an all-important indication—ptyalism or salivation. By the time that object could be accomplished under the most favorable circumstances, the non-medicated patient found his fever gone, or rapidly passing off, and his health improving, while the salivated patient had in store for him, a painful, tedious, and as appeared to me, a far more precarious illness than those who took no medicine; and if nature triumphed over the mercurial ordeal, a slow recovery, with a ruined constitution, were the concomitants of after life. Many who escaped death, have not, to this day, ceased to experience the ill effects of the mercurial impression. Having witnessed many similar cases for some ten successive seasons, I think my conclusions, as to the benefits or disadvantages arising from salivation, are well founded. I intend not to do injustice to the practice of our opponents, and think I do not when I assert that, *ptyalism, in a large majority of cases, occurs only when the fever abates, and even then is not the cause of its abatement, but follows as a consequence of it.*

In the views here expressed, I am sustained not only by the observations of many of my Eclectic friends, but likewise

by many eminent Allopathic writers and practitioners; especially those who have practiced in the South, and had to grapple with those rapid and fearful febrile epidemics of yearly occurrence in those regions.

I will now present extracts from the writings of our opponents, confirmatory of the positions which I have taken.

Dr. Pereira, when referring to the use of calomel in fevers, and to the induction of pytalism to arrest their progress, says:

"Whether the recovery was the consequence of the mercurial action, or the salivation the result of the mitigation of the disorder, as Dr. Bancroft and Dr. Graves assert, cannot be positively proved." "Dr. Graves declares the use of mercury in fevers to be both injurious and unnecessary, unless inflammation of some organ be set up." Both Drs. Bancroft and Graves, as quoted by Dr. Pereira, maintain the doctrine for which I contend. Notwithstanding the doubt expressed by Dr. Pereira, as to the proof of the position of Drs. Bancroft and Graves, respecting the cause of the subsidence of the disorder, yet I fearlessly assert, if it is found to subside spontaneously, or by the aid of other means, in a great majority of cases, by the time the mercurial action usually manifests itself, it is strong, if not positive proof, that the salivation did not arrest the disease; and whether it followed as a consequence of its abatement or not, is an immaterial issue, since the primary question is, whether it arrested the existing malady or not.

As a further proof of my position, I will give extracts from the "*Remarks on Salivation in Fever*, by J. C. Cross, M. D., Professor in the Transylvania University, etc." Prof. Cross remarks that the synchronous occurrence of salivation, and an abatement of the fever, are viewed by many "in the relation of cause and effect." He then goes on to prove "how unwise and dangerous it is to rely on the constitutional influence of mercury as a curative means." He remarks as follows: "It is said that the mercurial and febrile actions are incompatible—that when the former

can be produced, the latter is subdued or superseded." In relation to this doctrine, he asserts that much personal observation, and the verbal reports of many physicians in the Mississippi Valley, prove that pytalism does not arrest the fever in that locality. The language of Dr. McCabe is given by Prof. Cross, in confirmation of his views. Dr. McCabe says: "The action of mercury on the system, does not supersede the action of fever," &c. In proof of the same views, Dr. Cross quotes the language of Dr. John E. Cook, in his "Essay on Epidemic Fevers," who remarks: "I know that many consider a patient safe in this state (pytalism), but sad experience has convinced me, long since, that the opinion is erroneous."

Prof. Cross reaffirms that when salivation and an abatement of the fever occur at about the same time, "the former is not the cause of the latter, but the reverse."

Says Prof. C.: "Though I practiced for several years in a region of country where fevers were very prevalent, and where salivation was confided in by the generality of the physicians, I cannot find, by a reference to my case-book, a single case of fever in which there was not an obvious abatement in the violence of the disease, for from twelve hours to three days before the occurrence of undoubted indications of the constitutional action of the mineral. The pulse declined in frequency, the fever abated, and the secretions returned before salivation took place, and frequently so great was the general improvement, that we ceased to desire it before it appeared. This is the result of the experience of many judicious practitioners."

Dr. McArthur states that the mercurial action in the mouth did not appear until the fever had evidently ceased; and Dr. Rush says mercury seldom salivated until the fever (yellow) intermitted or declined, and Dr. Johnson admits the same proposition.

Dr. C. again asserts, "if the order in which events take place, is any evidence of the relation in which they stand toward each other, surely the abatement of

the symptoms of fever should be regarded as the cause, and not the consequence of salivation. Thus it appears that the mercurial action does not *supersede*, as is alleged, but *succeeds* the action of fever. In the contest between life and death, the agency of the mercurial, if not prejudicial and dangerous, must be neutral; which, however, it is difficult either to imagine or believe.

"If it were true that the constitutional action of mercury superceded or destroyed the action of fever, it is manifest that it would be impossible for an individual fully under its characteristic effects to experience an attack or a relapse of fever. This however, does not accord with my experience."

Dr. C. goes on to state, "If mercurial superseded febrile action, and if the former could be generally superinduced, mortality from fever would soon cease to be a subject of complaint or regret. The former supposition we already know to be gratuitous, and the latter we shall soon have reason to consider quite as unsusceptible of successful defense."

Dr. Ives also remarks that it is impracticable to excite ptyalism before the violence of the disease has been subdued. Dr. Cross maintains that if cures follow ptyalism, it is fallacious to ascribe them to that cause. He again remarks: "The close observer has been able to ascertain that the abatement in the symptoms, has preceded the development of mercurial action, and consequently the salivation is rather an effect than a cause. This is the opinion of Bancroft, Sheppard, Jackson, Dickson, McArthur, Mortimer, and many other physicians."

I have thus given lengthy extracts from the writings of our opponents, in order that none shall say we have done injustice to their recorded testimony, in opposition to the use of mercurials as sialagogues in fevers. It will be remembered that the voluntary evidence of each of these distinguished Allopathic physicians against the use of mercury, was not left upon record for the benefit of their opponents, or

to afford the weapons with which to more successfully fight them, but as their deliberate convictions, forced upon them by observation and experience. None will say they are not competent judges, for some of them were professors in medical colleges,—some physicians of hospitals—others surgeons in the army or navy, while all were regarded as men of superior talent, and superior medical attainments. They are all advocates of the use of mercury, so their evidence is entitled to full credit, and goes to sustain the position which I long since had taken, concerning the action and uses of mercury in febrile diseases.

There can be no doubt that mercury, when it salivates, serves to irritate the system and exasperate the fever; nor can there be a doubt that it exhausts the recuperative powers in many cases, and produces a typhoid condition. The effort made to salivate, doubtless, often aggravates the fever, though ptyalism is not induced, and renders its subsequent course less tractable. In fever, a fearful struggle is going on between the vital powers and disease—between life and death—and when mercury is employed with a view to salivate, the odds are against the former, and in favor of the latter, for nature, instead of being aided, has two foes in the place of one with which to contend, the latter, or superadded foe, being in a multitude of instances, far more formidable than the first, and not unfrequently uncontrollable by the efforts of the most skillful physician. In the most trivial cases, and from minute doses, the most distressing and even fatal results follow. In proof of this I again quote from Pereira. He gives Dr. Farre's rules for the exhibition of mercury, with a note of Dr. F.'s.

"A patient of Mr. G.'s, of the Borough, desired him never to give her any mercury, as that drug was a poison to her whole family, to which he, without arguing the point, at once assented. In Mr. G.'s absence, the late Mr. C. was consulted as to some trifling disorder of the bowels, and not knowing the peculiarity of his patient's

constitution, prescribed two grains of calomel. The next morning the lady showed the prescription to Mr. C., saying she was sure she had taken mercury, as she felt it in her mouth. In a few hours pytalism ensued, in consequence of which she lost her teeth, her jaw exfoliated, and she ultimately, after a succession of ailments, died in about two years."

LIQUIDUM LIQUIDAMBAR STYRACIFLUE IN THE TREATMENT OF SPASMODIC ASTHMA.

BY CHAS. T. HART, M. D.

A knowledge of some agent that will act specifically and speedily in the cure of spasmodic asthma, has long been a desideratum in the medical profession. There is probably no disease more annoying or distressing to the patient, or which has so completely baffled the skill of the most experienced practitioners. Various and numerous are the remedies which have been employed in its treatment, but as yet none are known which may be relied upon to effect its complete eradication from the system. Our best antispasmodics, relaxants, nauseants, expectorants, etc., have been tried in vain. At one time, stramonium enjoyed considerable reputation, and hopes were entertained by many, that in it a certain and efficient cure was discovered; but further trial has proved it to be palliative only; and though, in a majority of cases, promptly relieving the paroxysms, yet it is inadequate to prevent their return. Indeed, the public now look upon the disease as incurable, and having learned some palliative measures, resort to them in times of their greatest distress, and cease to appeal to regular physicians with any hopes of permanent relief. It is extremely annoying to the profession thus to be unable to combat successfully this disorder, and the introduction of any article that will prove permanently curative, will be hailed as a valuable accession to the materia medica.

Such an agent, it is thought by some who have recently tried it, exists in the concrete juice of the Liquidambar Styraciflua, familiarly known as Sweet Gum. This article has been used in my neighborhood with wonderful success, in several cases of long-standing obstinate spasmodic asthma; and my object in making it the subject of these remarks, is to call attention particularly to it, that those who have the opportunity may thoroughly test its virtues.

The Liquidambar Styraciflua, as described in the Dispensary, "is a large and beautiful tree, with fine-grained wood, growing throughout the United States, in most woods from Connecticut and New Jersey southward; but found in greater abundance in the Southern and Middle States. In warm latitudes, when wounded in the summer, a balsamic juice flows from its trunk; it is of the consistence of thin honey, more or less transparent, of a yellowish white color, of a peculiar, agreeable, balsamic odor, and a bitter, warm, and acrid taste. It concretes into a soft, resinous mass, assuming a darker color, and is known as sweet gum, or "liquidambar." It is soluble in alcohol, oils, lard or fats. According to M. Bonastre, it contains a colorless volatile oil, a semi-concrete substance which rises in distillation, and is separated from the water by ether, a minute proportion of benzoic acid, a yellow coloring substance, an oleo-resin, and a peculiar principle insoluble in water and cold alcohol, for which he proposes the name of styracine. The proportion of benzoic acid is greatly increased by time." A minute description of the tree may be found in the Eclectic Dispensary.

Properties and Uses.—The properties of sweet gum have probably not been thoroughly tested, and its virtues in a great measure have been overlooked. Most writers upon materia medica make no mention of it whatever. It is briefly noticed in the appendix to the U. S. Dispensary, and Prof. Wood, in his late work, does not even allude to it. It is supposed to possess properties similar to the styrax officinale.

The sweet gum was once much esteemed and employed to some extent by European physicians, but has been little used in America, and is rarely to be found in the shops. Like other balsamic juices, it has been found to act principally upon mucous tissues, and hence has been recommended as a stimulating expectorant in coughs, chronic catarrh, bronchitis, and other pulmonary affections. It has also been employed in gonorrhœa, leucorrhœa, and gleet. It is said that, melted with equal parts of lard or tallow, it forms an elegant and valuable ointment, which has proved highly beneficial in hemorrhoids, ring-worm, psora, and many other cutaneous diseases, and also useful as a stimulating dressing to indolent ulcers. The leaves possess powerfully astringent properties, but I have never known them used internally with this view. When chewed, they speedily dry up "fever sores" on the lips and ulcerations of the mouth. In such cases they constitute a very popular remedy.

Recently this gum has attracted considerable attention in the treatment of asthma, and has been pronounced very valuable by those who have used it. I will report a case or two in which it performed wonderful cures.

Mr. B., aged about fifty-five, quite a prominent and influential citizen of his county, was, for many years, subject to oft-repeated attacks of spasmodic asthma. He exhausted all the remedies of his physicians and suggestions of friends, without deriving any benefit whatever. On the contrary, his affection seemed to increase yearly, and at length became truly distressing. He informed me that at some periods, for thirty nights in succession, he did not average two hours' sleep. Every pleasure of life was marred. He became reduced in flesh, depressed in spirits, and lost his mental energy. When in this condition, a gentleman of some experience in the healing art, though not a regular graduate, suggested the sweet gum, remarking that, as it proved serviceable in many pulmonary affections, it might benefit him.

Willing to try any thing that offered the least prospect of relief, he immediately procured the article, and commenced its use. He made a saturated tincture of the gum in the best quality of Scheidam Schnapps, and took about a tablespoonful three times a day. In a very short time, to his surprise, all symptoms of asthma entirely disappeared, and left him perfectly relieved. In a few months he regained his flesh and strength, and, to use his own language—"I am as strong as I ever was, my muscles are hardened, and I feel like a boy again." When I saw him last, one year had elapsed without a return of his disorder, and it was his firm conviction that he was permanently cured. His praises of the virtues of sweet gum are unbounded, and he does not fail to recommend it to every one he meets, whose lungs are in the least affected.

I could cite the case of a lady in the same neighborhood, who used it with like success, but it would be an unnecessary repetition. The disease may in time return, but if it can be completely removed for even a year, the gum may justly be considered a valuable agent, and is worth a trial in all such cases.

The article under consideration has not, in all probability, been justly estimated, as to its efficacy in the treatment of pulmonary diseases in general. I understand from a gentleman of Arkansas, that in his State, it has recently received considerable reputation as a remedial agent in consumption. He mentions several instances in which it completely cured up long-standing cases of this terrible disease. I have never seen the article administered with this view, but could enumerate many cases in which it has promptly put a stop to troublesome coughs. And here I can add some testimony to its virtues from personal experience. On recovering from a severe attack of measles in the spring of 1857, I took a violent cold, which fell upon my lungs. When the acute symptoms were subdued, I was annoyed with a distressing cough, and much soreness through my chest. After using various remedies with-

out any benefit, I finally resorted to the sweet gum, taking a small pill three or four times daily. In a few days, all cough and unpleasant symptoms were entirely removed, and my lungs left perfectly sound and healthy. In this case, it undoubtedly effected a prompt and speedy cure.

The *modus operandi* of the sweet gum, as a permanently curative means in the treatment of asthma, is, like the operations of many other agents, wrapped in obscurity. It may contain a principle which overcomes the morbid sensibility of the filaments of the pneumogastric nerve, upon which the spasmodic constriction of the bronchial ramifications generally depends. Be that as it may, we are content to have its effects, without knowing the precise mode in which it accomplishes them. The properties of most agents are ascertained by their empirical use; and if this article, upon further trial, sustains the reputation which it has already gained in some sections of the country, asthmatics and consumptives may justly hail with joy a knowledge of its virtues, and physicians congratulate themselves, that, with so safe and pleasant a remedy, they can successfully control the intractable asthma, and subdue that formidable disease, consumption.

IMPORTANCE OF CORRECT DIAGNOSIS—CASE OF CONSUMPTION.

BY J. B. CUTSHAW, M. D.

Permit me to report a case, in part my own, to show how easy it is for the medical man to err in diagnosing acute and chronic disease, particularly of the lungs.

About two years since, I was called to the house of Mr. C. to deliver his wife of her second child. After the lady was put to bed, and I was about to take my leave, Mr. C. requested me to examine his lungs. I accordingly did so—first by percussion, and could detect nothing wrong; but, by applying the ear, (which is the only true guide, and one by which I never yet have

been mistaken,) I could distinctly hear a crackling sound in the left lung, and considerable roughness in the right. That moment I made up my mind that there was a tubercular consumption of both lungs, and that the case was already a hopeless one. I did not hesitate a moment to tell him of his true situation. But I must say here, that I was almost confounded to find this man's lungs in such a situation, for all his acquaintances supposed him to be a healthy man. Being so positive in my decision, his friends almost lost confidence in me as a physician. His wife's sister, (an old maid,) being present when I told him he had the consumption, laughed outright, and said I mistook his case, I should have called it *hysterics*. She declared he was an old granny to think there was any thing the matter with his chest. He received the awful news with great calmness, and with implicit confidence that I was right in my diagnosis. The old maid kept up her derision, telling him he was hypochondriacal, and that his difficulty was imaginary. She reminds me of some of those ladies I saw last winter in Dr. Buchanan's school in Cincinnati, the afternoon I visited it.* The Professor of Obstetrics propounded some sixty or seventy questions to his class on that subject, and not one of those sagacious ladies had the wisdom or stamina to answer a single question.

So insidiously had this man's disease crept upon him, that when the news went out that he had the consumption, his neighbors and friends were completely surprised, for he had the appearance of a healthy man. He was full-chested, measuring about forty inches around the chest, twenty eight years of age, of a sanguine bilious temperament, and had worked on a farm till within a few days of the examination.

After I was through with the examination, he asked me if I could help him. I

* Our correspondent has reference to the bogus school, we presume, with which Dr. Buchanan has no connection further than the use of his name.—Ed.

told him I thought not. Knowing the result of such cases, I did not desire to treat him. I advised him to change his location, go south, or take a short sea voyage, go to Cuba, and call on a certain physician in New York, and get his opinion as to the disease of his lungs. My advice did not seem to suit him; he urged me hard to make him a prescription. I reluctantly consented to make him one that would last him two weeks, and told him if he did not receive any benefit within that time, it would be useless for me to try to help him. I gave him tonics, expectorants, and iodide of potassium for the two weeks. He then called upon me again, and wished me to try further. As I could see no improvement, I told him I would not. He said that would not do him, for he believed my medicine had helped him, and it would be inhuman in me if I did not try to cure him. I finally made another prescription similar to the first, adding a decoction of stillingia, but all to no purpose. In two weeks more he called for another prescription. I advised him to go east to his friends, and while in New York State, to call upon the gentleman I had named. He did not see proper to do so. I prescribed for him (in all) about six weeks. He then heard of a certain doctor, (who is now in the State's prison for being dishonest,) that could do wonders for tubercular lungs. He went and saw him. The doctor told him his lungs were not diseased—that they were as sound as his were—that his difficulty was truly a liver difficulty—and in six weeks he would have him well. O! what cheering news! It was food and drink for the patient's mind. It also tickled the imaginations of his friends; but the old maid continued without sympathy, not ceasing to make sport over this man's calamity. I thought to myself she would soon shed the tear of repentance. But she has proved to me that a tear from her would cure a cancer. Finally, the great liver prescription was procured, and shown to me for inspection. I told him it was all well enough if his was a liver difficulty, but I was satisfied it

was not; however, I was not his doctor now, and did not wish to dictate or prescribe. He took the medicine three weeks, and began to fail, and in two weeks more he became alarmed, and sent for me. I told him I could do nothing for him. "Well," he said, "if that is the case, I will go to New York, and get a prescription from the physician you recommend." I told him that it was too late—that he was too feeble now to take such a journey. He would not regard my advice. On arriving in the city, he met with a relative who accompanied him to the physician's office. The doctor, being busy at that time, took only a superficial view of his chest, but said, "My friend, you have got the consumption. Call again in half an hour, and I will examine your lungs." They withdrew from the office. This friend then asked him to go with him; he knew a doctor in the city who was noted for curing lung diseases. On examination, this doctor made up his mind that the patient's lungs were not affected—that his difficulty was extreme torpidity of the liver—and made his prescription expressly to stimulate that organ. This man is an Eclectic physician, and a gentleman; he, however, erred, but honestly, no doubt.

After his return home, he sent for me. (I lived but a short distance from him, and could call upon him at any time without much inconvenience.) When I arrived he handed me his new prescription, stating that his physician said he had no consumption. I told him the prescription would not do—that it would certainly prostrate him. He took one course of the medicine, and in two days I was sent for in haste. On arriving I found him in great distress in his left side and bowels. I ordered some black drops and a mush poultice to the side. He soon became quiet. I again told him that was not the medicine for his case, and took my leave. In a few days he commenced his new prescription again, and I was soon summoned in great haste. I found him suffering from acute pain in the left side. The first words he said to me were, "I have tried that medicine

again, and I shall die—if you can help me, do it quickly." I gave him a solution of morphia and ammonia by the stomach, and ordered a sharp irritating plaster to the side, which gave temporary relief.

He now said he believed he had the consumption, and wished me to attend him while he lived. I called daily to see him. In a few days I discovered a fluid collecting in the left side, which caused considerable uneasiness and symptoms of suffocation. I told him I was satisfied there was a large amount of fluid collected in the pleural cavity, and the only way to remove it would be to tap. That little word tap caused him to become very anxious to be tapped. I told him I was not willing to tap him, unless he would send for some physician who would agree with me as to the locality of the fluid. He accordingly sent some seven miles for an Allopathic physician who had practiced thirty years. When he came, and had examined the patient, he was inclined to think there was no fluid in the chest; the fluid that we heard and felt by applying the hand over the sixth, seventh, and eighth ribs, then shaking the chest, he thought was in the stomach. When he was in the sitting posture, the fluid could be detected from two to three inches above the diaphragm. The doctor gave the patient and his friends some encouragement in a prescription consisting of cod-liver oil, iron, and tar water. The patient asked me if I could not be mistaken in regard to the locality of the fluid. I told him I could not. "Then," said he, "I want you to tap me." I told him I would not, unless some physician would agree with me. They then sent, without my knowledge, some twelve miles for another old practitioner (Allopathic). We met, and he would not agree that there was any water in the chest, but thought there was pus in the lungs. He recommended iodide of potassium, acidulated bath, and tar-water, at this late stage of the disease.

The patient and his friends said with one voice, "Now, Doctor, you will have to give it up, wont you?" I told them that

my mind was not changed relative to the fluid or its location. "Then," said he, "I must be tapped." I informed him that there could be no permanent benefit derived from tapping. It might relieve him for the time, but I would not consent to do it, unless some physician would agree with me.

They next called a young physician, and after a short examination, he said there was fluid, easily detected, and a case that indicated tapping, but the patient could not expect any permanent benefit from it; it might prolong his life a few days. We then proceeded to tap him by cutting through the texture with a common thumb lancet; then, with a medium sized trocar, we introduced about one inch through the muscle, then withdrawing it from the canula, there was a discharge of about a quart of thick, transparent fluid. Withdrawing the canula, we placed a small piece of adhesive plaster over the orifice. The patient said he felt quite easy. The next day I called on him; he told me he had rested quite well during the night. I opened the orifice with the canula, and drew off about a pint of fluid. In three days the plaster came off, and there was a discharge of about a quart more. After that the discharge was small, but he spit up a large amount of frothy fluid—perhaps a quart a day. This last sputum was an exudation from the lungs. About three weeks after the tapping, this patient died with both lungs consumed.

I write this to show that our best practitioners were egregiously mistaken in this case. Physicians are as liable to err as other men. Some, however, are not willing to acknowledge it, even after the error has been detected.

After this patient declined taking the medicine he received of his physician in New York, he requested me to write him, stating his true situation, and that he was mistaken in his diagnosis. I did so. He answered that he might have been mistaken, as he did not spend sufficient time in the examination. He further stated that he was heartily sorry that he made such a

mistake. This shows that he was honest, and manifests a degree of good feeling for the patient, for which I respect him, and consider him a gentleman.

TREATMENT OF SCROFULA.

BY I. J. M. GORE, M. D.

Scrofula is a disease that prevails in the South to such an extent, that every addition to the treatment will be hailed by Southern practitioners with a hearty welcome. As I have had considerable experience in the treatment of it, and I think, quite flattering success, likewise, I will, for the benefit of young practitioners, give some of the principal forms of treatment that I have found successful. I have found several articles of the materia medica very efficient in the removal of this disease; such as Dr. King's compound syrup of stillingia, with iodine in some form—iodide of iron is preferable when associated with anæmia; but there are some other articles which, from their superior deobstruent powers, deserve a higher rank in the indigenous materia medica than they at present occupy; for instance, the black walnut and the tephrosia virginiana of Torrey and Gray (commonly called, in the South, catgut or Davis' shoe-string, turkey pea or goat's rue). The tephrosia is a remedy of superior power in correcting the secretions, and thereby removing obstructions, in this disease. I was first led to the use of this article by Dr. William L. Cleaveland, of Charleston, S. C., who informed me that he had used it in a great number of bad cases, upon the plantations about Charleston, among the slaves, where the disease prevails extensively, and he says that no single remedy has equal power in correcting that morbid state of the humors which exists in scrofula. I have never used it alone, but have always combined it with other alteratives, as black walnut leaves, white ash (*chionanthus*) root, yellow dock, stillingia, corydalis form., and yellow perilla. *Formulary.*—Take one pound of

these, and add enough proof spirits to cover them; let them stand three or four days, and then pour off the spirits, and boil the ingredients in water until you obtain the medicinal virtues; then evaporate this, with the tincture first obtained, to one gallon, and add sixteen or twenty pounds of sugar. Of this give from 3j to 3ss three times a day. Or take one pound of the tephrosia, one pound of *chionanthus virginiana*, one pound of the leaves or bark of the black walnut, one pound of the stillingia (fresh), and tincture as above; then exhaust the articles by boiling, and add the tincture first obtained; then filter through flannel, add the sugar, and evaporate to one gallon. Of this give 3ss three times a day; at the same time give the iodide of iron in quantities to suit the patient.

I am now using the syrup, made as above, in three very bad cases which had long resisted treatment; one is nearly well; the others I think I shall cure in a short time, as they improve rapidly. I treated a case some years since, in a negro child, which yielded to treatment in a few weeks. I treated a case last year in a lady, who had inherited a constitutional liability to scrofula, as her mother had had it, and several of her brothers then had it, as I learned, and I cured her in a short time.

I have often seen others try the iodine without the other remedies, and often fail, but I have never known the above combination to fail, where it was fairly tried. I do not say that it never will fail, as there are cases in which a healthy state can never be produced by any set of remedies. I am satisfied, however, that the above combinations will cure a great many inveterate cases, if they are correctly prepared and administered. There are a number of mild cases, which will yield to the tincture of black walnut and iodine or iodide of iron. The tephrosia, however, is a superior remedy, and may be found generally in the South, upon light gray, gravelly soil, and resembles the American senna in the leaf and bloom; the leaf is smaller and narrower; the bloom is smaller, but

of the same bright, yellow color; the root is about the size of a goose-quill, when well grown, long, and tapering very gradually, and is very strong—so much so as frequently to be used by the negroes as shoe-strings and for other purposes.

My reason for calling attention to this indigenous remedy is, that it grows here in great abundance, and can be procured without any expense, and with but little trouble. And I doubt the existence of a more potent remedy in the indigenous materia medica, than the tephrosia virginiana. Dr. W. L. Cleaveland, of South Carolina, who is an old Eclectic, assured me that he had cured many cases with this agent, serpentaria, and stillingia. I have never used it alone, but I find that it increases the value of the common stillingia syrup. I am fond of the indigenous remedies. Why should we go to Europe and Asia for medical plants, if we can get them in our own country? I believe the expression, "that there are medicinal articles in America to heal all our maladies." Then let us try them, and thus increase our native stock, until we can cure disease where it prevails.

ACETATE OF POTASSA.

DR. PROF. J. M. BOUDDER, M. D.

As many of our practitioners have not used this agent, I take this occasion to bring it to their notice, as one of the most efficient articles of the *Materia Medica*.

This preparation of potassa is formed by the union of acetic acid with carbonate of potassa; the carbonic acid in combination with the potassa being displaced, passes off in the gaseous form during effervescence. It is usually in white masses of a foliated, soft texture, shining, and becoming moist if exposed to the air.

Acetate of potassa may be correctly termed a *blood depurant*, its principle influence being exerted upon the kidneys, causing a greatly increased secretion of the solids of the urine, and consequent

elimination from the blood. "The kidneys," says Dr. Golding Bird, "in all classes of animals, by acting as blood depurants, are ever active in preserving life, by removing from the circulating mass, containing as it does, part of the sewerage of the body, certain matters, which, if retained, would produce not merely inconvenience, but death. Every animal develops in his own organism, during the process of metamorphosis of tissue, a series of nitrogenized substances, which are, if allowed to accumulate in the blood, as poisonous to it as the deadly secretion of the puff-adder is to a person into whose blood its fatal bite has conveyed it. Hence, although the influence of the skin, the lungs and the liver, in preserving the blood in a state fit for the nutrition of the body, is well recognized, and its importance admitted, we can hardly attribute sufficient consequence to the depurating influence of the kidneys." The amount of solids eliminated from the blood by the kidneys is, in man, 610 grs. in twenty-four hours, consisting principally of the *debris* of the decomposed or broken-down tissues of the body.

The question now arises, when we have a diseased state of the system, characterized by increased decomposition of the tissues, what agent can be given that will increase elimination through the kidneys? From the researches of Prof. Krahmer, it is shown that although vegetable diuretics will increase the amount of urine excreted, yet the *solids* are almost invariably diminished.

The following table gives the results of his observations upon the amount of urine secreted in twenty-four hours, after the administration of different diuretics:

Med. given.	Tot. Solids in Urine.	Organic Comp.	Inorganic Comp.
None,	2.40 oz.	1.28 oz.	1.12 oz.
Juniper,	2.12 "	0.94 "	1.18 "
Van. Turp.	1.94 "	1.11 "	0.83 "
Squill,	2.25 "	1.04 "	1.21 "
Digitalis,	2.45 "	1.26 "	1.17 "
Guaicum,	2.43 "	1.23 "	1.05 "
Colecium,	2.32 "	1.26 "	0.96 "

It will thus be seen that it would be folly to administer this, the most common class of diuretic agents, with the expectation of

removing any part of the morbid material circulating in the blood in many acute and chronic diseases. But we have access to a class of remedies which do greatly increase these solids, and these are the *soluble alkaline salts*, of which the agent that heads this article may be considered the type. Dr. Bird found that under the influence of three drachms of the acetate of potassa, the solids of the urine in 24 hours were increased 366 gra.; deducting the 180 gra. of the salt given, which is supposed to have all passed through the kidneys, there still was the amount of 190 gra. eliminated by the action of the remedy. In my practice, I have seen as high as 245 gra. of solids excreted as the result of the administration of three drachms of this agent. Now there can be no doubt but that some portion of the agent is excreted through other parts of the system, so that we should not deduct the entire weight of medicine given from the solids of the urine, in order to determine the increase. This, therefore, would be greater than we have already calculated.

As already stated, in many diseases we have an increased disintegration of the tissues, and an increased amount of decomposed nitrogenized material thrown into the blood, which must be removed, if we expect our patient to recover. The kidneys are the most efficient organs in its removal, and if we can stimulate them to increased action, as we can do by the administration of the soluble alkaline salts, we greatly assist the natural powers in the removal of the disease. The following cases will show the effects obtained from the administration of this agent.

Case 1.—E. G.—, *æt.* 27. Intermittent fever of eighteen months' duration; had taken quinine in large quantities, and arsenic in the form of Fowler's solution. Either would break it for the time being, but it would recur every seven or fourteen days. Applied to me August 10, 1857; had then paroxysms every day; had no appetite; pale, bloodless aspect; bowels constipated; tongue thickly coated, of a dirty yellow. Prescribed acetate of po-

tassa, \mathfrak{zj} . three times per day. The paroxysms continued to August 15th, when they ceased. At this time his tongue was clean, bowels regular, and appetite improving. Continued the medicine to August 20th, at which time he appeared to be entirely relieved. Has had no return of the chills to this date.

Case 2.—Harman A.—, *æt.* 19. Said by physician attending to have typhoid fever, but which I would call common intermittent; had continued eight days when I saw him, Oct. 4th, '57. Decided remissions in the morning. Tongue thickly coated yellow, with a slight tinge of brown; urine scanty and high-colored; pulse 130 in the evening, 110 in the morning; bowels constipated; skin dry and husky. Ordered the alkaline bath with brisk friction twice a day, and half a drachm of acetate of potassa every four hours. In half a tumbler-full of water, the water to be alternately warm and cold. 5th, feels better; skin softer; tongue clearing; urine greatly increased in quantity; bowels have not moved; pulse 120 in the evening. 6th, improving; bowels opened. 7th, tongue nearly clear; entirely free from fever in the morning; skin moist; pulse one hundred in the evening. The remedy was so continued to the 10th, when the patient was discharged cured.

Case 3.—C. M.—, *æt.* 18. Pneumonia; was taken Feb. 10th, '58. I was called on the 11th. Inflammation of the left lung; almost constant dry cough; respiration hurried; crepitant rhoncus heard over the entire lower half of the lung; pulse 120 in the morning, 130 at night; tongue thickly coated yellow. Pursued the usual Eclectic plan of treatment until the 15th, but obtained no benefit. The patient was never strong, and had had "weak lungs" from his childhood, as his parents informed me. He could not bear the nauseating influence of lobelia, as it produced extreme exhaustion. On the 15th I determined to change the treatment, as hepatization of a portion of the left lung had undoubtedly taken place, and I discovered the crepitant rhoncus in the lower lobe of the right

lung that morning, showing that something had to be done quickly if the patient was to recover. Prescribed acetate of potassa, in doses of grs. 40 every four hours, and tinc. xanthoxylum ʒij, hydrastin gr. viij. Mix, and give one teaspoonful every three hours. There was marked improvement in the patient in 24 hours. On the second day the tongue commenced clearing off, and on the fifth day the patient could sit up, and by the eighth day the lungs were entirely free.

Case 4.—E. W., æt. 4. Pneumonia. Child always weakly; was taken Jan. 18, 1858, with fever, dry, husky cough, etc. I was called the 20th. Inflammation of the right lung, with bronchitis; an almost constant hacking cough; tongue coated; bowels loose; urine scanty and high-colored. Prescribed usual treatment to 24th. Patient worse. Commenced the acetate of potassa in doses of grs. xv three times a day, with xanthoxylum and hydrastin every three hours. There was no noticeable change during the first day, but from that time the little patient rapidly improved, and was discharged, well, on the 2d of April.

I might give numerous other cases illustrating the action of this remedy, but I will merely mention that I have used it with much success, in *acute rheumatism*, in *chronic rheumatism*, *secondary syphilis*, *scrofula*, etc. Whenever there is evidence of a morbid material in the circulation, it may be used with advantage, and I would strongly recommend those who have not heretofore employed it, to give it a trial.

STATISTICS OF PRACTICE.

Report of Cases treated by Dr. J. W. C. Eaton, of Pulaski, Ind., from April 10th, 1857, to Jan. 1st, 1858.

DISEASES.	NO. CASES.	CURED.	DIED
Intermittent Fever,	100	100*	
Remittent "	13	13	
Typhoid "	7	6	†1
Puerperal "	2	2	
Pneumonia,	26	26	
" typhoid,‡	5	5	

Hæmoptysis,	3	3	
Hepatitis, acute,	1	1	
" chronic,	4	4	
Enteritis,	2	2	
Laryngitis, acute,	3	3	
Nephritis,	1	1	
Rheumatism, chronic,	3	3	
Erysipelas,	4	4	
Neuralgia,	5	5	
Gastrodynia,	4	4	
Goitre,	1	1	
Spermatorrhea,	1	1	
Poison (from unknown root),	1	1	
Scrofula,	1	1	
Nursing sore mouth,	9	9	
Consumption,	2		‡2
Dyspepsia,	3	3	
Hemiplegia,	1	1	
Paraplegia,	1		1
Abscess of neck,	1	1	
" head,	1	1	
" knee,	1	1	
Bite of rattle snake,	1	1	
Infantile spasms,	4	4	
Tabes mesenterica,	1	1	
Hypertrophy of spleen,	3	3	
" liver,	4	4	
Asthma,	1	1	
Cholera morbus,	6	6	
" infantum,	5	5	
Lumbago,	1	1	
Chorea,	1	1	
Gravel,	2	2	
Laryngismus stridulus,	1	1	
Cataract,	1	1	
White swelling,	1	(Benefited.)	
Fistula in ano (incomplete)	1	1	
Wound of breast,	2	2	
" ankle,	1	1	
" head,	1	1	
" foot,	1	1	
" hand,	1	1	
Obstetrics,‡	8	8	
Abortion,	1	1	
Phlegmasia dolens,	1	1	
Dysmenorrhœa,	2	2	
Menorrhagia,	3	3	
Amenorrhœa,	4	4	
Prolapsus uteri,	3	3	
Cases of minor importance,	80	80	
Total,	345	340	4

* Four were malignant.

† The fatal case was a very old lady.

‡ Both were pronounced incurable at the beginning. The treatment was only palliative.

§ Very severe. The patient, a little girl, fell a distance of sixteen feet, striking head first.

|| All were natural, and first presentations.

It will be seen from the above table, that there was in all, 345 cases treated, of

which 340 were cured, and only four deaths. The two cases of consumption, had both been under Allopathic treatment for a considerable length of time, previous to the time I was called. So that I have only lost two cases, where I was the first physician called.

When we take into consideration the fact, that a large number of these cases were from ten to twelve, and some of the worst as far as twenty miles from our office, the result, I think, to say the least of it, will compare very favorably with any *Allopathic* physician of my acquaintance. Whilst *Allopathic* physicians, in this vicinity, lose a large per cent of their cases of pneumonia, and those who do get well are confined to their beds from four to six weeks, and do not entirely regain their health for a considerable time longer, I have succeeded in curing every case in from four to nine days, and a majority enjoy better health than previous to the attack.

My treatment for intermittent fever, which has been very successful, is the following:

℞ Sul. quinine, gr. j.
Prus. iron aa. gr. ss. M.
Ipecac gr. ss. M.

For one powder, and give every two hours during the intermission. Or the following is rather a favorite prescription:

℞ Sul. quinine, gr. xv.
Tr. serpentaria comp. ʒj.
Simple Syrup, ʒj. M.

Dose, a teaspoonful every two hours, in the absence of fever. If there is much fever, I usually administer ipecac in as large doses, and as frequently as the stomach will bear without producing much nausea. I seldom give either emetics or cathartics, unless the stomach is very foul, or the bowels costive, and even then I seldom give cathartics until after the disease is arrested.

I have sometimes used the gelseminum, and think well of it, but the above treatment has always succeeded so well in my hands that I have had no occasion to change it.

For Pneumonia, I have found the fol-

lowing very valuable. In fact I do not recollect a single instance wherein it has failed.

If called during the febrile excitement, I usually give nauseants, until it subsides somewhat, when I give the compound tincture of serpentaria, in drachm doses, every two hours, until it produces profuse perspiration. After which it is continued at longer intervals. I generally aim to keep the patient sweating pretty freely for from twelve to fourteen hours. As soon as the fever subsides, quinine in some form should be given. Generally from 15 to 20 grains are sufficient. For an expectorant, I have found Dr. Beach's "Pulmonary Balsam," with more or less tr. lobelia added, to answer admirably.

The surface should be bathed freely and effectually, with the alkaline wash, whenever it becomes dry and hot. If the pain is severe, use mustard or apply cups over the chest.

It is remarkable how soon the patient becomes easy when perspiration is induced. Usually, after the first or second dose of the sweating medicine has been administered, the pain is lessened, the respiration becomes almost natural, and the patient falls into a quiet and comfortable sleep. After the violence of the symptoms has subsided, I usually administer an active hydragogue cathartic.

Pneumonia, in this part of the country, is always intermittent in its character, so that anti-periodics form an indispensable part of the treatment.

There were quite an unusual number of cases of stomatitis materni, or "nursing sore mouth" in this vicinity, during the past season. In fact, it appeared epidemic in its character, for there was scarcely a lady who had advanced six or eight months in pregnancy, or who had been recently confined, who was not more or less affected with it.

It was easily managed, although some of my old school friends lost some cases. We usually commenced the treatment by giving a mild emetic, followed by the old fashioned neutralising cordial, until it ope-

rated as a cathartic, after which it was administered in smaller doses three or four times a day. This, with alterative doses of podophyllin, constituted the internal treatment in recent cases.

But, in those of long standing, I found the use of the comp. syrup of stillingia and iodide of potassa to be of immense benefit.

The above treatment cured one lady who had had the disease for six months, and was taking medicine from an Allopath during the whole time without the least benefit, notwithstanding she was salivated, blistered, and had her mouth burned with nitrate of silver.

The past fall and winter, was the healthiest season that I have ever known in this part of the country.

Part 2—Progress of Medical Science

SCROFULOUS AFFECTION OF THE THROAT.

BY JOHN G. RICH, M. D.

Mrs. W., aged forty years, had a tooth extracted when she was eighteen years of age; owing to the carelessness of the physician, the tooth was broken off and the fangs left in the jaw, therefore, she resorted to a competent dentist, and had the remaining portions removed. Since which time the glands of the throat have been gradually enlarging, until the anterior portion of her neck was on a line with the anterior margin of the inferior maxillary bone and the upper portion of the sternum.

She had tried every means to obtain relief; had had the benefit of the "flower of Allopathy;" had been blistered, cupped and bled, but all to no purpose, and finally her physicians told her, if she wished to prolong her life, it was absolutely necessary for her to submit to an operation; this she positively refused to do. Therefore, to use her own expression, she sent to me as her last hope.

At this time her throat had become so very painful and so much swollen, both internally and externally, that deglutition was performed only with the greatest difficulty. There was anorexia, fever, cephalalgia, palpitation of the heart, and a general atonic condition of the whole system.

Treatment.—To regulate the action of the heart and lessen the fever, I gave tinct. aconite, grt. j., in cold water, every ten minutes, which soon produced the desired effect. At the same time, I gave a cathartic, viz:

R Podophyllin,	grs. ss.
Phytolaccin.	
Euonymin, aa.	gr. j.
Sacch. alb.	grs. xxx. M. T.

Divide in pulv., No. ij. To be taken three hours apart. This produced pretty free catharsis, and gave relief to her head. Then

R Coptis trifol.	
Rubus stringosus fol.	
Rhus glab., aa.	3ss.
Aqua bull.	Oj. M.

Ft. in garg.

The throat to be gargled with this every hour. Also,

R Ferri subcarb.	grs. xx.
Hydrastin,	grs. x. M.

Div. in pulv., No. xx.

One to be taken every night and morning. And, as a liniment, to bathe the throat externally.

R Ole. sassafras,	3j.
Tinct. iodin.,	3j.
Ole. origani,	3ij M.

Ft. in lotio.

The throat to be bathed with this three or four times a day; at the same time kept warm by means of flannel.

In five hours this patient was able to swallow solid food, which she had not done before for four years, and the next morning she was able to converse and eat without much difficulty.

Under the foregoing treatment she improved rapidly, and at the end of one week the swelling was reduced to the size of a small hen egg, all the other symptoms gradually subsided, and in four weeks I discharged her perfectly cured.

—*Phila. Ec. Med. Jour.*

THE URÆMIC CONVULSIONS OF PREGNANT, PARTURIENT, AND LYING-IN WOMEN.

[The following is the conclusion of Dr. Matthews Duncan's translation from Dr. Braum's work. See p. 1031.]

Differential Diagnosis of Uræmic Eclampsia and other affections of the Motor System of Nerves.

Uræmic eclampsia may be distinguished from all other convulsions which may arise from habitual epilepsy, hysteria, apoplexy, meningitis, thrombosis of the sinuses, typhus, poisons, anæmia, cholera, cholæmia, etc., by the following circumstances:

1. In uræmic eclampsia the urine is rich in albumen and cylindrical clots, deficient in uric acid and urea, and sometimes appears of a red color from blood globules, or from hæmaturia that has been set free; oedematous infiltrations of the face and of the extremities are seldom wanting, but often are only slight; considerable swelling of the spleen is never present except when the disease has been preceded by intermittent fever. The fits come on suddenly, without any nervous symptoms having been present for any length of time; sometimes they are anticipated by headache, giddiness, amblyopia, amaurosis, nausea, and vomiting. The fits are very acute, and return in short intervals of minutes or hours, often in one day. They often occur only once in a lifetime, and it is only rarely that they return in several successive pregnancies. Labor is generally induced by them after they have continued for several hours; they exercise a very injurious influence on the life of the fœtus, and are not unfrequently followed by puerperal diseases. Insensibility generally supervenes after the first few fits, and often returns with the commencement of cure, after a comatose condition may have continued for a few days. The symptoms of Bright's disease generally disappear after a few days, sometimes twelve days after delivery, or the cessation of the eclampsia.

If the disease ends in death, then generally in the post mortem examination we find oedema and anæmia of the brain, oedema of the lungs, and Brightian degeneration of the kidneys; death, therefore, is generally the effect of the uræmic condition of the blood, and it is only very seldom the consequence of a secondary apoplexy of the brain.

2. Cholæmic eclampsia arises from the blood being overcharged with the constituents of bile and the products of their decomposition, and is connected with acute atrophy of the liver (Rokitansky), icterus typhoides (Lebert), pyæmia and puerperal diseases of pregnancy, labor, and child-bed. It generally terminates fatally after continuing several hours or days.

Acute atrophy of the liver is recognized, during life, by the indications of a rapidly advancing diminution in bulk of the liver, (in consequence of parenchymatous inflammation, according to Bamberger and Wedl); after death, by microscopical evidence of destruction of the glandular tissue of the liver (Rokitansky, Budd).

Convulsions, icterus, and fever, are the ordinary group of symptoms of acute atrophy of the liver. But the same sometimes occur in typhus and puerperal disease; and therefore, in appreciating the various causes of cholæmic eclampsia, the greatest stress is to be laid on the evidently diminishing size of the liver, as discovered by percussion. Its appearance is very unexpected, because the premonitory symptoms are, from their insignificant character, generally overlooked. A slight icterus generally precedes it for some days, and then, on the occurrence of some slight baneful circumstance, complete insensibility comes on, or a lethargy which rapidly increases to insensibility; often also severe pain in the region of the liver, delirium, constant tossing about, violent shrieking and raving, convulsions, considerable acceleration of pulse, sometimes vomiting of blood and bloody stools. After a short time, deep coma generally comes on, or the patients pass from an apathetic and lethargic state into coma, single convulsive attacks at the

same time appearing. The pulse is generally very quick and small, sometimes slow, perspiration bursts out on the skin, and death quickly succeeds.

The liver becomes flatter and thinner in its antero-posterior diameter. Over the whole surface, where in health moderately strong tapping produced the completely dull sound of the liver, percussion now affords certainly a deadened sound, but not perfectly dull, and more or less tympanitic.

Manipulation of the region of the liver, even during the deepest sopor, causes contraction of the muscles of the face, groaning, and movements to ward off the pressure. Swelling of the spleen is generally present, but it is often not sufficiently great to be recognized with certainty during life. In the dead body we discover under the microscope, instead of the normal liver-cells among the ultimate vascular ramifications, and the connective tissue accompanying them, abundance of larger or smaller fat-drops, molecular masses, and nuclei probably belonging to the destroyed liver-cells. According to Wedl, crystals of hæmatoidin and brownish-black particles of hæmatin are also found.

Sometimes particular portions of the gland have their liver-cells still entire, but they are almost always in a state of fatty degeneration.

According to observations made by Spaeth, Bamberger, and myself, acute atrophy of the liver occurs scarcely once in 10,000 deliveries, but in our climate still more rarely apart from pregnancy, while we have found uræmic eclampsia occur once in every 500 deliveries. It is still unknown which elements of the bile, or what products of their decomposition, exercise the baneful influence on the nervous system. The formation of leucin and tyrosin—crystalline products of the decomposition of albuminous substances—may, according to Frerich's views, produce cholæmic eclampsia. Virchow, however, feels himself unable to grant this, because leucin and tyrosin are also found in typhus and exanthematous diseases, and may possibly be formed not till after death. Bamberger

thinks it more probable that cholæmic cerebral phenomena are produced by the acids of bile resin (taurocholic and glycocholic acid), and by the possible products of their decomposition, than by the biliary pigments.

The skin is of a light sulphur color; the urine contains a large quantity of the coloring matter of the bile, and the feces are generally colored with bile.

As is well known, the presence of biliary pigment in the urine is demonstrated by mixing it with nitric acid (the best for the purpose being what contains some nitrous acid). A green color is produced, which generally quickly passes into violet, blue, red and orange. Instead of nitric acid, a mixture of equal portions of nitric and sulphuric acids may be used, and in this way, with smaller amounts of biliary coloring matter, the reaction often comes out more distinctly.

When cholæmia and Bright's disease occur together, the following method may, according to Heller, be used with urica containing albumen: He puts a few grammes of muriatic acid into a cup-shaped glass, and passes into it, drop by drop, the urine to be examined, until the albumen begins to coagulate; then, keeping the fluids agitated, nitric acid is added, whereupon, if biliary pigment be present, a distinct green color appears. The acids of the bile (taurocholic and glycocholic acid) are almost never found in the urine in cholæmic eclampsia. This may be proved to any one by the negative results of Pettenkofer's test. Two or three drops of a solution of sugar (one part of sugar to four parts of water) are added to the urine, and then gradually pure concentrated sulphuric acid, up to five times the volume of the quantity of urine to be examined. Excessive heating of the mixture is to be avoided by plunging the test glass in a cool medium. When the acids of biliary resin are present, a purple color gradually appears, but often not till after some hours.

But as a decided reaction is only rarely produced in the urine as it is passed, it is in every case preferable to evaporate the

urine in a water-bath, and then produce the above-mentioned reaction with the alcoholic extract, which will, by its bitter taste, betray the presence of biliary acids.

3. Hysterical convulsions occur, during very painful deliveries, in women who, in the course of pregnancy, chiefly at the times menstruation might have occurred, suffer from the well-known hysterical affections, as spasms of the glottis, of the pharynx (*Globus hystericus*), dyspnoea, tendency to coughing, anaesthesia of the skin, etc. They are not accompanied by complete insensibility, and have no injurious influence on the life of the foetus, or of the mother. The urine is deficient in solid contents, but contains no albumen or cylindrical clots, and generally contains sugar (R. Wagner, Valentiner).

In the severest attacks, the psychical life is never affected so as to produce loss of consciousness and perception. A hysterical patient falls into a convulsive, tetanic, or cataleptic attack with a scream, and closes the eyes when a dazzling light is presented to them. In this way, these attacks may be clearly distinguished from epilepsy and eclampsia.

The paroxysms appear in shorter or longer intervals, sometimes during labor when the child's head is passing the os uteri or os vagina. They often stand in evident connection with the pains, and sometimes appear at irregular periods during pregnancy, or apart from it during the presence of the most different diseases of the uterus, or during attempts at replacing a retroverted gravid uterus (Romberg). In the intervals, a bodily and mental irritability and weakness are characteristics, but consciousness always persists. In hysterical convulsions, diseased conditions of the central organs of the nervous system, or indeed other palpable changes in the organism, can not be demonstrated.

The hysterical fits manifest themselves in a manner varying according to the period at which pregnancy has arrived. In the first four months of pregnancy, they have most likeness to ordinary hysterical fits—*globus hystericus*, oppression, difficulty of

breathing, bending backward of the body, convulsive motions of the limbs; or they may assume the milder forms of anguish and oppression in the chest, which find vent in involuntary weeping or laughing, or may increase to the ecstatic form of hysteria.

In the second half of pregnancy, hysterical convulsions appear on very slight irritations, for example, motions of the child causing pain while there is a state of hyperaesthesia of the internal surface of the womb; and permanent nervous diseases sometimes come on, as paraplegia, or paralysis of one or more of the extremities, which, however, do not disturb the pregnancy, and are often perfectly cured after delivery at the full time (Gendrin.)

4. Idiopathic epileptic convulsions are habitual, chronic, and often recur during pregnancy, with intervals of days or weeks, and rarely happen several times in one day; they do not interfere with the pregnancy, and have no injurious influence upon the life of the foetus, or the health of the mother in other respects.

Epileptic fits, even when they have occurred repeatedly during pregnancy, make their appearance only rarely during labor, and when they do so, cause no interruption to the advance and delivery of the child and placenta. The aura epileptica generally precedes these attacks, which are characterized by insensibility, and distinct consciousness generally soon returns after the fit.

All Brightian and uræmic symptoms are altogether wanting, except in a case of an epileptic being afterwards seized with Bright's disease. Hitherto, such complications have been very rarely observed.

Loss of consciousness, with persistence of reflex sensibility, continues from the beginning to the end of the paroxysm; for touching the eyelids causes motions of them, and sprinkling the face with cold water causes, during the fit, a starting of the whole body—phenomena not observed in uræmic eclampsia. The spasm of the pharynx, which is constantly present, hinders the respiration, and causes conges-

tion of the head, swelling of the veins, and a cyanotic appearance of the face. In consequence of the presence of trismus, trachelismus, and laryngismus, the saliva accumulates in the mouth, and passes out of it as foam. Attacks of this kind often terminate in deep sleep, sometimes without it, and in a few hours afterward the patients are very well. Epileptic cases are very little influenced by pregnancy, labor, or child-bed; and sometimes are ameliorated, sometimes aggravated, in the course of the function of reproduction. The chronic character is sufficient to distinguish epilepsy from the ordinary acute uræmic or apoplectic convulsions, if there be a similarity in the convulsive attacks.

Death very rarely occurs, during a paroxysm of epilepsy, from secondary asphyxia, rupture of a vessel in the brain or in the lungs, but mostly at a later period and unconnected with the fits. In the dead bodies of epileptics, no pathological changes are observed which can be regarded as having any constant relation to the disease.

5. Apoplectic or cerebral convulsions are characterized by these circumstances: that the spasms continue and endure; that with their sudden appearance and frequent (often in a few minutes) recurrence consciousness is destroyed, and the pulse becomes slow and hard; that paralysis of the facial muscles and of the extremities of one side (hemiplegia) and clonic spasms, come on in the paralyzed parts; that the comatose condition precedes the convulsions instead of following them, as in uræmic eclampsia; and that the breathing is much slower and quieter than in the intervals of uræmic attacks. Enlargement of the spleen is not met with. The symptoms of disease of the kidneys and of uræmia are absent; and the phosphates are sometimes found in the urine in great quantity. Apoplexy ends generally in idiocy or death.

During pregnancy, apoplexy of the brain occurs as seldom as during labor, so that no intimate connection between them can be established.

6. Convulsions originating in meningitis and encephalitis are distinguished by premonitory pain in the head, radiating to the shoulders; by the accompaniment of violent fever, great heat of skin, and the quick supervention of quiet or furious delirium; by absence of enlargement of the spleen; by remarkable increase of the phosphates, high specific gravity of the urine, its acid reaction, generally inconsiderable diminution of the chlorides; and by the absence of Brightian and uræmic symptoms.

These convulsions are sometimes followed by paralysis of the right side when the left half of the brain is affected, and *vice versa*.

Thrombosis of the longitudinal sinuses can scarcely be distinguished from encephalitis during life. (Mikschick).

7. In acute tuberculosis of the membranes of the brain, there is no albumen in the urine; it has a high specific gravity (1028-35), acid reaction; that is, little or no diminution of the chlorides, but there is a large quantity of urea, uric acid, uroerythrin, moderate increase of the alcoholic extract, and never any diminution of the quantity of phosphates.

Hearing and speaking are rarely interfered with. During the convulsions the pulse is frequent; during the coma, slow. The coma generally comes on after delirium. Cramps sometimes occur in the neighborhood of the neck, but they and the convulsions cease when the coma appears, and paralysis, especially of the urinary bladder and bowels, comes on.

Convulsions originating in typhus are known by fever, languor, confused headache, and loss of appetite preceding them for a longer or shorter time. A so-called papular typhus exanthem (Roseola) is generally to be found on the chest, and startings of the tendons are remarked. After the convulsive attacks, there does not come on a lethargic condition characterized by deep stertor, but a state of heaviness with occasional delirium. A more or less considerable enlargement of the spleen may be demonstrated by percussion,

which cannot be accounted for by the history of the case indicating a previous attack of intermittent fever. In the acid urine of typhus patients carbonate of ammonia is found. The reaction of the fresh urine is generally alkaline. The urea and uric acid are never increased, the uroerythrin is in small quantity or altogether wanting, the alcoholic extract is considerably increased, and the chlorides are diminished to a very remarkable degree. The smell is ammoniacal; the phosphates are in small quantity or altogether wanting. In the sediment is found much urate of ammonia, with a little triple phosphate. The specific gravity is low (1017). Traces of albumen are met with only in the most dangerous and protracted cases of typhus, according to the very numerous researches of Heller and Tomowitz.

9. Convulsions arising from anæmia are distinguished by the symptoms of the latter condition—waxy yellow color of face, the redness of the lips completely blanched, top-murmur in the vessels, coldness of skin, small thread-like quick pulse, small spleen, etc., as well as by the easily obtained history of the case. The convulsive motions of the extremities are in most cases only trifling; generally, indeed, the spasms affect only single muscles. Anæmic convulsions are justly regarded as a symptom of the last agony.

10. Eclampsia toxica, quickly supervening on eating, or introduction into the system otherwise, of mineral, vegetable, and animal poisons, has the greatest resemblance to uræmic eclampsia, but is distinguished from it by absence of all symptoms of diabetes albuminæ and uræmia, by pains in the region of the stomach and swelling of the same part, vomiting, gastritis, the chemical evidence of the existence of poison in the evacuations, and by various symptoms characteristic of the different kinds of poisoning.

a. Eclampsia saturnina (plumbismus) is distinguished by the gum having slate-grey markings, slow pulse, hard, dry, and icteric coloration of the skin, and absence of diabetes albuminæ (Grisolle, Tanquerel des Planches).

b. In eclampsia argyriæ (poisoning with nitrate of silver), intense colicky pains are absent.

c. In eclampsia mercurialis, the mercurial tremor is almost never wanting.

d. In stibismus and

e. Cuprismus cerebrospinalis, intestinal symptoms are almost always wanting, and cerebral symptoms occur, not at the end, but the beginning of the poisoning.

f. In arsenicismus cerebrospinalis, when the poison is applied to the stomach, vomiting always comes on. When it is absorbed through wounds of the skin, all symptoms of intestinal disorder are wanting, and it is then to be distinguished from narcotic poisoning only by chemical examination of the evacuations of the poisoned.

g. Oxalysmus cerebrospinalis can not be distinguished from strychnismus except by the interrupted pulsation of the heart.

h. Hydrocyanismus is known by the smell of bitter almonds diffused at every expiration.

i. Acute alcoholismus, appearing in the form of eclampsia in young individuals, in consequence of intoxication with spirituous drinks, is recognized by the history of the case, by the alcoholic smell of the expired air, by acid eructations, and by the absence of all the phenomena of albuminuria and uræmia.

j. Poisoning by strychnine and brucine is characterized by great susceptibility to terror through insignificant irritations (noise, light, draught, of air, touch), by the tetanic form of the spasms, by agitative movements of individual sets of muscles and of the eyes, by continued retention of consciousness, and by remarkable paralysis of nerves after the disappearance of the spasm.

k. Eclampsia from poisoning with picrotoxin, from the berries of menispermum cocculus, is characterized by tetanic attacks succeeded by spasms of the muscles for mastication, salivation, and peculiar clonic spasms of the limbs (swimming motions.)

l. Poisoning by hemlock (conicismus) has this peculiarity, that anæsthesia and

adynamia begin at the feet, which make the gait staggering, and afterward walking altogether impossible (from paralysis); then inability to utter articulate sounds, loss of sight, with great heaviness of the eyes, come on, while consciousness remains entire.

m. Nicotismus (poisoning by tobacco) is distinguished by sensations of choking, vomiting, diarrhea, convulsive trembling, unfrequent small pulse, pallor of the skin, which is covered with a cold sweat, salivation, and asphyxia.

n. Aconitismus manifests itself either by suddenly occurring paralysis, asphyxia, or syncope. The extremities are pale and ice-cold. Consciousness is long of disappearing—shortly before death.

o. Colchicismus resembles either a distinct gastro-enteritis or Asiatic cholera, and tetanic convulsions close the scene.

p. In atropismus (*Atropa belladonna*, *Datura stramonium*, *Hyosciamus niger*), the prominent symptoms are, extraordinary dryness of the mouth and throat, which are of a lively red color, completely suppressed secretion of saliva, dysphagia, pulsation of the vessels of the neck, pseudoplasia, diplopia, hallucinations, sardonic laughing, delirium, and madness, with tendency to get up and run away.

q. Convulsions from acute poisoning by phosphorus (*phosphorismus cerebrospinalis*) are distinguished from uræmic eclampsia by this circumstance, that the matters vomited, the fæces, the urine, the pulmonary exhalations, and the sweat, contain phosphorus, and glow in the dark.

r. The diagnosis of morphinismus is arrived at only by analysis of the evacuations from the body. But even in this way the object is not always gained.

s. In ergotismus convulsions the patient complains of suddenly appearing giddiness, blindness, trembling of the limbs, convulsive motions, tonic spasmodic contractions of the flexor muscles, choking, vain attempts to vomit, cramp-like tension of the abdomen, retention of urine and fæces. The pulse is small and contracted; the expression of the face is disfigured and

sallow. Death happens during insensibility and convulsions.

t. Botulismus (poisoning by sausages) is recognized by the occurrence of giddiness and stupefaction, dryness and livid coloration of the conjunctiva, angular arrangement of the edge of the pupila, pain in the eye-balls, and paralytic condition of the eye-lids. Comatose drowsiness, burning in the throat, difficulty in swallowing, obstinate constipation, exfoliation of the epidermis, asphyxia, or slight convulsions, precede death.

u. Echidnismus (poisoning by the bites of snakes) can scarcely be confounded with eclampsia puerperalis, as the anamnesis, the presence of a variously colored and very painful swelling, the form of the wound with one or two fine stings or scratches $\frac{1}{2}$ " to $\frac{1}{4}$ " distant from one another, languor, faintings, loss of strength, convulsive spasms of the face or other parts of the body, even irregular or epileptic convulsions, fearful cardiac anguish, with frequent intercurrent swoons, entire pulselessness, and almost invariably frequent vomiting of bilious mucous matters, prevent any doubt being had as to the correct diagnosis (Falck).

11. Chorea gravidarum (*Scelotyrbe*) appears as aimless spasmodic movements of single or several groups of muscles, and is distinguished from the general convulsions that we have described by this, that the violent convulsive motions are quite partial in the upper or lower extremities, and come on at a definite time of the day, the consciousness and reason are not in the least disturbed, the disease may continue for months, all the functions of the body go on undisturbed, and it is generally completely cured only after delivery at the full time or prematurely (Frank, Ingleby, Lever, Romberg, Scanzoni, Duncan).

12. Fainting fits (*dystocia lipothymica*) often appear during or shortly after delivery, oftener after losses of blood, more rarely from great force of pains, suffering, fright, too great heat or bad ventilation of the chamber, inhalation of carbonaceous fumes, or a long-continued noise. It is

characterized by sudden falling down, disappearance of consciousness, striking paleness of face, short duration, and the absence of all general or partial convulsions. Hence it is hardly possible to confound it with eclamptic coma.

Prognosis of Uræmic Eclampsia.

In eclampsia the prognosis must always indicate danger to life, since certainly hitherto 30 per cent. of the cases have proved fatal. From the nature of the influence exerted by the uræmic intoxication, the prognosis embraces several considerations, as, in reference to the convulsions of Bright's disease, and the subsequent conditions, as mania, hemiplegia, amaurosis, hemeralopia, and abnormal puerperal processes; in reference, also, to the life of the fœtus, and the influence of the disease in causing premature labor and abortion.

Uræmic eclampsia terminates more frequently in complete recovery or death, than in consequent long-protracted sickness. Its dangerous character depends on the following circumstances:

a. From its commencing during pregnancy, or at the beginning of labor, where the obstructions to the extraction of the fœtus, and consequent diminution of the volume of the uterus, presented by the cervix and os uteri, are still very great; and when, consequently, congestion of venous blood in the kidneys cannot be removed, as happens after earlier or later expulsion of the fœtus. For the fits completely cease after evacuation of the uterus in 37 per cent., become weaker in 31 per cent., and in 32 per cent. only continue of the same severity.

b. Upon the occurrence and continuance of complete unconsciousness, during the intervals of the paroxysms.

c. Upon extraordinary restlessness and exalted reflex sensibility in the intervals.

d. Upon deficiency or gradual weakening of the pains, or from their inefficiency in the period of dilatation.

e. Upon the pulse quickly rising in frequency, and on œdema of the lungs extending after every attack, and the dyspnoea produced by it.

f. Upon serous exudation in the brain, effusion into the ventricles, or apoplexy, with its consequent hemiplegia, coming on during the fits, in consequence of secondary hyperæmia of the meninges.

g. Upon extensive dropsical effusions.

But if the paroxysms become regularly less frequent and violent, if no secondary disease of the brain and lungs has been produced by the fits, if the pulse continues full and quiet, the prognosis assumes a more favorable aspect, especially when coma that has continued for several hours or days disappears, when abundant diuresis goes on, and the action of the heart approximates to its natural condition.

The mortality among the sufferers does not vary according as the eclampsia has come on early or for the first time at the end of pregnancy.

Unless the uræmia proves dangerous to life, the acute Bright's disease of pregnant women seldom has so unfavorable a course as the other forms of the disease.

The affection of the kidneys often passes off without causing any striking disturbances, and is not even suspected unless the urine has been examined chemically and microscopically.

Bright's disease often induces premature labor, when no other cause is present, and this happens approximately in 25 per cent. The process of parturition is very painful, and gives evidence of increased reflex sensibility, in cases of acute Bright's disease without uræmia.

It can be shown that during labor, in consequence of the increased mechanical obstruction, the albuminous contents of urine sometimes increase, and the exudation clots are found in great quantity. During child-bed, the albuminous contents always diminish, and often so quickly that after two or three days none can be discovered. After from six to ten days, if the child-bed patient continues to go on well, there is generally no trace of albumen to be discovered. If during child-bed the albuminuria continue for weeks, it arises either from the admixture of pus from an acute catarrh of the bladder, or from ne-

phritis metastatica, or from a far advanced destruction of the kidneys being present, and the Bright's disease being chronic.

The cylindrical clots are, in the first days of child-bed, passed in great quantities, but disappear from the urine sooner than the albumen, and are not found at all in simple catarrh of the bladder.

Diuresis increases from after delivery till the recovery. In this way the oedema is generally made to disappear rapidly, so that generally after eight days no trace of it can be discovered; and as the bloated condition of the face generally disappears with it, patients assume a very much changed and generally more pleasant expression of face. If the decrease or disappearance of the existing oedema takes place without improvement of the disease in the kidneys, no good prognosis can be given, because uræmic eclampsia sometimes comes on in the period of child-bed without it.

If the symptoms of Bright's disease, albuminuria, cylindrical clots, and oedema, are not gone several weeks after delivery, the disease assumes a chronic character; but, even in these unfavorable circumstances, a cure is effected, although after a prolonged illness, more frequently than in Bright's disease arising from other causes.

The prognosis of the evil consequences of uræmic eclampsia is generally less unfavorable. The mania, sometimes occurring after awaking from the comatose condition, generally admits of a favorable prognosis, if it be not confounded with the delirium, which is a symptom, in many cases, of puerperal pyæmia. The mania seldom lasts more than three days, generally ends in complete recovery, is almost never followed by a continued derangement of mind, and commonly assumes a cheerful character. (Helm, the Author, Litzmann and others..)

The amaurosis of pregnancy is dangerous, because it is often followed by eclampsia, and blindness after delivery often lasts for several months.

After hemeralopia evil results are rarely observed.

Hemiplegia is among the saddest occurrences, because it indicates that extravasation of blood in the brain has already taken place.

Morbid puerperal processes after eclampsia are to be the more dreaded, because, while in Bright's disease, in general, exudations into the pleura, peritoneum, and lungs are apt to take place, in cases of eclampsia the most dangerous puerperal diseases are easily induced, especially if an epidemic of zymotic diseases prevails.

The life of the fœtus is endangered as long as it is nourished by the uræmic blood of the mother. If it has sustained no injury during labor, and if it is mature and viable, little fear need be entertained for the suckling's life; for the possibility of the hereditary transmission of eclampsia, uræmia, and Bright's disease of the kidney to a suckling, has not yet been demonstrated, and only Simpson has found albuminuria in a suckling born of an eclamptic mother.

Metorrhagia is very dangerous from the hydræmia which is generally present after uræmic eclampsia, but it occurs only very rarely, if the conduct of the labor has been carefully attended to.

The dangers of eclampsia are greatly increased by complications with diseases of the heart and lungs, rupture of the uterus, etc. The prognosis in other kinds of eclampsia is the same as when pregnancy has not occurred. Cholæmic, apoplectic, toxic, and anæmic eclampsias, are very often fatal; hysteric and epileptic attacks, and chorea, almost never so.

[TO BE CONTINUED.]

CHLOROSIS.

BY JOSEPH SITES, M. D.

As chlorosis is one of those peculiar diseases which young females frequently labor under, I deem it requisite to make a few remarks appertaining to the disease and the treatment requisite to overcome it.

Girls subject to this disease are those o

weak and delicate constitutions, When they arrive at the proper age, the menstrual flow should take place, but does not for a want of the proper development of the organs. Nor will they until a course of medication is adopted, calculated to improve the general health and increase the constitutional vigor. At the time this is about to be established, it will give stimulus to the local organs, increasing their development, and as soon as this is effected, the catamenia will make its appearance. Among the ordinary symptoms of chlorosis are these:—

First.—Non-appearance of the secretions when the girl has arrived at the age of fourteen to sixteen, differences in regard to time, depending on the constitution.

Second.—An impaired condition of the digestive organs, loss of appetite, and a torpid condition of the liver.

Third.—Constipation of the bowels, but when moved the evacuations are of a clay color, urine sometimes scanty and high colored; with the above symptoms the girl will have no disposition to take exercise.

Treatment.—If the tongue is much furled, we recommend the following emetic:

R. Pulv. sanguinaria Canad.
Pulv. lobelia, fol.
Ipecacuanha, aa. Trit.

Of this give five grains every fifteen minutes in a wine-glassful of warm ginger tea. As a usual thing it requires but a second dose of this compound to produce the desired effect. To remove the torpid condition of the liver, administer from three to four of Beach's anti-dyspeptic pills. These may be given every other day or every third day, according to circumstances. They will correct the action of the liver, and aid in removing the disposition to constipation. To strengthen the digestive organs, Thompson's spice bitters will prove very beneficial, given in doses of from twenty to twenty-five grains three times a day in a wine-glassful of cold water, sweetened to suit the taste. In conjunction with this tonic, we also recommend tinct. ferri mur.; give from ten to fifteen

drop doses in a wine-glassful of cold water, without sweetening, in the middle of the forenoon and at night on going to bed. This will enrich the blood, increasing the red corpuscles.

Much advantage may be derived from *electricity*, by placing one pole of the battery over the sacrum, and passing the other over the pubic region, and from one ilium to the other; by using the battery in this way, it will give a stimulus to the *uterus* and *ovaries*.

Gentle exercise in the open air should be practiced every day, when the weather permits, either walking or riding on horseback. The diet should be of easy digestion, but very nutritious, such as soft boiled eggs, oysters, boiled rice, beef tea and mutton soup, &c. In conjunction with this treatment we cannot too strongly recommend *sponging the body* once a day with cold water, with the addition of rock salt. It will be requisite to persevere with this treatment for two or three months when a change will be observed in the general constitution, the patient will present a more healthy appearance, the yellow tinge of the skin will disappear, owing to a more healthy condition of the liver. The digestion will be good, with an improved appetite. When these conditions present themselves the girl may experience some fullness in the head, with a little weight and shooting pain in the pelvic region, which indicates that nature is about to perform her functions. This should be aided by placing the feet in hot mustard water, and by administering from eight to ten drops of ol. tanacetii once every twenty-four hours or

R. Macrotin, gr. j.
Senecio, gr. ss. M. Trit.

This may be given in a little cold water or syrup. If the last named symptoms continue for forty-eight hours and the catamenia does not appear, it may become requisite to introduce a metallic catheter into the uterus with a view to excite it to action.

I have treated a large number of cases of this disease, and when the treatment

has been persevered in I do not recollect of a single failure. It has been my mode of treatment for this disease for the last twelve or thirteen years.—*Eclectic Medical Journal of Philadelphia.*

CASE OF POISONING BY THE VAPOR OF COKE: WITH REMARKS.

BY W. F. WADE, M. D.

Thos. Stevens, a well developed lad, aged 13, was admitted into the General Hospital, Birmingham, under Dr. Fletcher, on Sunday, 25th March 1855, at 2 o'clock P. M., under the following circumstances. About an hour previous to his admission, he had been discovered in a small room in Floodgate street, in bed, between his father and an elder brother aged 20, both of whom were dead. The size of the room was 430½ cubic feet; it contained a small stove, in which were the remains of a coke fire, quite extinguished. There was a hole in the wall, the size of one brick, communicating with a chimney of notoriously bad draught. I have not been able to ascertain whether the chimney of the stove had been properly fitted to this hole; but it is very probable that it had not, as the stove was usually taken out of the room in the day time. The boy, when discovered, was apparently in a quiet sleep, as were also his father and brother. He was removed into a neighboring house, where he was immediately attended to by Mr. Badger of Brooms Grove street, to whose prompt attention he is in a great measure indebted for his recovery. When first seen by Mr. Badger, he was (as I am informed by that gentleman) apparently asleep, with a moderately good pulse, and no appearance of congestion of the face or lips. Mr. Badger immediately dashed him with cold water, upon which he opened his eyes and stared about him, so that every one around thought he would presently speak. He swallowed some gruel, a little brandy, and aromatic spirits of am-

monia; some of these he vomited again. Instead, however, of becoming more conscious, he became again quite insensible, and was brought to the hospital, in somewhat less than an hour after his discovery.

On admission he appeared almost insensate; the face pale and cold; lips of a pale pink color, their edges in two or three places slightly excoeriated; limbs flaccid; pulse imperceptible, save an occasional feeble wave; heart's action scarcely perceptible; respiration quiet and unembarrassed, but very shallow; no stertor; lower part of the chest much dilated, as in emphysema of the lung; the middle intercostal and suprasternal spaces drawn in during respiration; belly much distended by tympanitis, and hard; pupils normal, perhaps rather contracted; eyes turned upward and inward, as in sleep. If left to himself, his respirations appeared to become shallower and shallower, as if about to cease completely. Dashing him on the face and chest with cold water roused his respiratory powers; but the effect was transient, and the process had to be frequently repeated. His pulse evidently increased in force and constancy when his breathing was more vigorous. Pressing forcibly and suddenly on the epigastrium induced inspiration; but as he was sick directly after one of these operations, I desisted from them; and, on making an effort to open his mouth, to rake the egesta out of his fauces, I found that his jaws were firmly fixed; I, however, forced them open, and got out some food which was lodged on the back of the tongue; so seriously impeding his breathing that, if it had not been promptly removed, it would probably have proved fatal. In the very act of vomiting his pupils became widely dilated, and remained so afterward. When he had been in the hospital about a quarter of an hour, I gave him a drachm of sulphuric æther, as an injection *per rectum*; it did not seem to produce any other effect than that of removing the tympanitis, which it did completely and permanently. He was also cupped to a small amount over the back and chest, without produ-

cing any obvious result. About an hour after his admission, I placed his feet and legs in mustard and water; this produced intense rigidity of the whole body, and his feet and legs became much redder and decidedly warmer afterward. This rigidity persisted more or less for several hours, alternating with tetanic convulsions. The indication for treatment was evidently to maintain his respiration till the poison should be eliminated; this was best done by constantly pinching him, and occasionally holding strong ammonia under his nose. About three hours after admission, I applied a large blister to his back, having previously administered an injection of three ounces of wine and four ounces of beef-tea; this latter was again repeated about 9 o'clock P. M. About half-past 9 (i.e., seven and a half hours after admission), he uttered a slight groan; and on being asked, in a loud voice, "where it hurt him," he said, "My back." This was in allusion to the blister, which was then rising. It was, however, necessary to still keep irritating him by pinches from time to time, as there was a tendency to deep sleep, bordering on coma, during which the respirations became shallow and slow; and it was not till half-past five the next morning that I thought it safe to leave him. At nine the next morning, he was sensible, though still dull and heavy; his tongue was covered with a thick white fur, except at the tip and edges, which were red and dry, with enlarged papillæ. During the night he occasionally asked for drink, and appeared thirsty, but vomited everything except cold water. He passed water in bed about two hours after admission, and again twice during the night. The consecutive fever increased during the second day; and on the third day his urine was albuminous, and in the evening bloody. On the fourth day, the albumen and fever had nearly disappeared, under the influence of salines and rest. He, however, retained little or no recollection of the events which occurred on the day previous to the occurrence, being totally oblivious of the fact of his having received

his wages on that (Saturday) afternoon.

Remarks.—Poisoning by the vapor of burning coke has not, so far as I am aware, been hitherto noticed; but from the fact that good coke is approximately pure carbon, prepared from coal instead of from wood, as well as from the history of the foregoing case, there is no reason to believe that any material difference exists between the symptoms of poisoning by coal charcoal and wood charcoal vapors. Coke, however, not unfrequently contains sulphur, the sulphureous acid gas, arising from the combustion of which, is an extremely energetic irritant poison, acting especially on the air passages. The gases resulting from the combustion of charcoal are carbonic acid and carbonic oxide (Guerard), carburetted hydrogen (Orfila), and probably a pyrogeous acid (Hunefeld), whose nature is not accurately determined. These gases vary in relative amount, somewhat in proportion to the vigor of the ignition. As the fire had gone out in the present instance, it is clear that the victims had suffered from the combination of all these poisons.

These gases, though when undiluted they induce death by spasmodic closure of the glottis, and so act as a negative poison by the exclusion of oxygen, yet, when diluted with air, may be readily inspired, and then act as a positive sedative poison. This has been shown in different ways, and by different persons, but by none more distinctly than by Rolando, who, having found that the common land tortoise was not injured by the simple occlusion of one lung, contrived that one of these animals should breathe pure air by one lung, and carbonic acid gas by the other, and in a few hours it died.

In the elder brother, who died, the lungs were in a state of the most intense engorgement, they did not collapse when the chest was opened, and when cut into, resembled liver more than lung. The brain also was congested in an extreme degree, the right side of the heart full of fluid black blood, and the left side empty. There were no serous effusions in any of

the cavities, and no emphysema of the lungs. The countenances of both father and son were placid and pale; the body of the former was not opened. I am indebted to Mr. Badger for all the foregoing information.

It is worth notice, that the room in which these three persons were sleeping, contained only 430½ cubic feet, and was devoid of ventilation; whereas (according to Dr. Carpenter) the best authorities consider 800 cubic feet the minimum healthy allowance necessary for each individual, unless precautions be taken to insure free ventilation.

It is an extraordinary interesting fact that this boy alone should have been found alive, while he lay between his father and brother. The two latter were, I am told, somewhat more elevated upon their pillows; but there could not have been more than a foot difference between their respective altitudes; and Dr. Taylor's experiments render it extremely improbable that this could have affected the diffusion of the gas. The father, however, was a notorious drunkard, and was drunk when he went to bed; the elder son had been playing cards in a public house till late the night before; and though it is not known that he was intoxicated, yet the inference of his having been drinking is highly reasonable; this, at all events, affords an explanation of the different termination of their cases to that of the younger son, who had not been drinking; for it has been ascertained, that the inhibition of alcoholic fluids much diminishes the extrication of carbonic acid, and this diminution continues till all the alcohol has passed off, when an unusual amount of carbonic acid is excreted, showing that the excrementitious carbon has been retained in the system, and not eliminated by another channel; and thus the father and elder brother not only imbibed carbon from the air, but had also a powerful obstacle to its elimination. I cannot undertake to say what difference (if any) is made by youth in these cases, neither can I offer any explanation of the differences

which have been observed in the appearance of the face, which is sometimes livid, and the veins turgid, while in other cases (as the present one) no livor is present. The sudden and permanent dilation of the pupils in the act of vomiting, I have recently noticed in a case of intoxication where an emetic was administered.

The ether injection was employed with the view of stimulating the left side of the heart, it being at first difficult to realize the fact that the deficiency of the pulse was altogether owing to obstructed pulmonary circulation, while the face and lips were so pale; but that this was so, there can be, of course, no doubt; and to relieve it, if possible, I applied the cupping glasses, but little blood could be obtained. Pinching, as a stimulant in narcotic poisoning, I had before had experience of, in the case of a little boy between three and four years of age, who had taken morphia, and whom it would have been impossible to walk about, but by keeping him continually crying for several hours, I was able satisfactorily to assure myself that he was not becoming comatose, and he recovered. The cold dashing, though very effective at first, became gradually less so, and it had, besides, the great disadvantage of lowering the external temperature, and so promoting internal congestion. Though the application of vapor of ammonia to the nares stimulated him for the time, yet its first effect was to produce a spasm of the respiratory muscles and glottis, and this interfered with free respiration. It was found, after a certain time, that the respirations became, after each pinch, quick and shallow; for it has been shown by Dr. Hutchinson that the resistance of the parietes of the chest to the entrance of air into the lung rapidly increases in a direct ratio to the quantity inspired; so that, supposing it were desirable to inspire 100 cubic inches of air, it would require much less muscular effort to do so by two respirations of 50 cubic inches each than by one of 100; hence, there may be two causes for increased rapidity of breathing, one increased obstruction to entrance of

air, as in croup or progressive pneumonia, the other, diminished vital and muscular power, as in fevers. There was no reason to suppose that the former existed here; and, to diminish the latter one, recourse was had to the injection of wine and beef tea, and with satisfactory results.

On several occasions there seemed, from the rattles in the throat, to be a small collection of mucus in the larynx; but the sensibility was so low, that this did not induce coughing, hence it was needful to have recourse to some expedient. It is well known that the normal act of coughing consists of three parts: first, full inspiration; secondly closure of the glottis; and thirdly, sudden opening of the glottis, and a violent expiratory effort; these steps were imitated as closely as possible; first by producing a full inspiration by a sharp pinch; secondly, by pressing on the trachea, so as to prevent the exit of air for a short time, when the finger being suddenly withdrawn, a gush of air followed, and the mucus was expelled; at a later period, when the sensibility was somewhat restored, rubbing on the larynx induced cough. I had previously had an opportunity of adopting a similar method in a case of aneurism of the aorta which had produced paralysis of the muscles of the larynx, by pressing on the recurrent nerve; the man had considerable bronchitis, and great difficulty in getting up the mucus, from the imperfect closure of the glottis; by pressing his finger on the larynx, after taking a full inspiration, and suddenly withdrawing it, expectoration was much facilitated.

The blister was applied with the double intention of a general stimulant, and of acting more directly on the lungs, to relieve present congestion, and also to prevent excessive subsequent secretion into the bronchial tubes.

I have alluded to the resemblance of the shape and motion of the chest to those seen in emphysema of the lung, and I have no doubt that collapse of the lung, and probably emphysema, did actually exist in this case.

To those who are conversant with Dr.

Gairdner's views on the causations of these pathological conditions, and bear in mind Dr. Reid's experiment on section of the pneumogastrics, the possibility of these conditions occurring in this case, and their causes will be obvious; more especially if we consider the chance of there having been sulphurous acid gas present in the air, and its well known power of producing spasm of the glottis; and I have recently seen them in an otherwise healthy man, who had been drowned.

Another very interesting phenomena was observed; after the boy had been in the hospital about an hour his pulse failed, becoming exceedingly irregular, and almost absent, his breathing having become obstructed by vomiting; after a little time, I noticed that the pulse was entirely absent during inspiration, whilst during expiration, three or four beats in quick succession were observed; this continued for at least twenty minutes, during the whole of which time I had my hand on his pulse. This depended partly on the flow of blood through the lungs following immediately on the inspiration, and partly, probably, on the obstacle presented to the exit of any blood from the chest by its suction power, whilst the lungs were unable to expand freely, owing to the insufficient entrance of air, and their partial collapse. It is known that the venous pulse is much more distinct during expiration than inspiration, when, indeed, it is frequently quite imperceptible. The fact of consecutive fever is very interesting; it appears, when the blood is, from any cause, thrown entirely upon the internal organs, and there stagnates, as in the cold stage of ague and in Asiatic cholera, that if life is sufficiently prolonged reaction occurs, which reaction is, in some degree, proportionate to the preceding stagnation. The occurrence of albuminuria during the secondary fever is analogous to that which occurs in cholera.—*Association Medical Journal*, Nov. 2, 1855.

THE VITAL POINT.

The vital point is about the size of the head of a pin. It is a little spot formed of the grey substance of the nerves. The vital spot is situated at the point of junction between the cerebral marrow and the spinal marrow. The physiologist, Larry, is said to have been the first discoverer of this point, probably because he was the earliest observer who has recorded his observations in books. Sudden death from what has been popularly called breaking the neck, seems, however, to have induced medical men from very remote times, to suspect the existence of some such point.

Rough men have often inflicted instant death upon children by lifting them up by the head. Caged birds, in escaping from their cages, sometimes dash their beaks against the glass of windows, and kill themselves instantly by breaking their necks. The bullfinch of a friend of mine, escaping from his cage during the love season, dashed against a pane of glass and expired instantly. On examining the bird, I found it had ruptured the vital point. The guardians of lighthouses describe how, during nights of storm and hurricane, they are continually hearing sea-birds dashing themselves against the strong glass of their beacons and then falling mysteriously down dead.

Larry says, "This place is found in little animals between the second and third, and fourth vertebræ; and between the first and second vertebræ of the neck, and between the second and third in animals of greater bulk." Legallois describes the spot exactly: "Respiration does not depend upon the whole brain, but really upon a very limited spot upon the medulla oblongata, which is situated a small distance from the occipital hole, and toward the origin of the pneumogastric nerves, or 8th pair." Legallois arrived at this discovery, which determines the function of the medulla oblongata, and reveals the central point of the nervous system, by cutting successive slices of the brain until the section of the

origin of the eighth pair of nerves stopped the respiratory movements.

M. Flourens has added minute precision to the exactitude of the invaluable discovery of his predecessors. The vital point, he says, is situated five millimeters under the origin of the pneumogastric nerves upon the brain of a dog. The vital point is situated three millimeters under the origin of the pneumogastric nerve upon the brain of a rabbit. The bifurcation of the bulb or medulla oblongata, forming a V, the vital knot is located at the point of the V. It is a grey corneous point. This grey pin's head like spot is the keystone of the fabric of life. The ancients imagined the Fatal Sisters with the distaff, the spindle and the scissors, presiding successfully over the thread of life; and the moderns have revealed a junction of the nervous fibres which a small gimlet can scoop out easily, changing thereby, in an instant, life into death.

This great fact is easily demonstrated.

"I often," says M. Flourens, "make the experiments by transverse sections.

"If the section passes above the point, the respiratory movements of the chest persist.

"If the section passes behind the point of junction of the pyramids, the respiratory movements of the face, the movement of the nostrils and yawning persist.

"If the section passes upon the point of the V of the grey substance inscribed upon the V of the junction of the pyramids or pin's nib, the respiratory movements of the chest and face are abolished instantly and altogether.

"I often perform the experiments in another way.

"I use a little cutting punch scarcely a millimeter in diameter.

"I plunge this cutting punch into the prolonged marrow, taking great care to adjust the instrument to the V of the grey substance. I thus suddenly isolate the vital point, and the respiratory movements of both the chest and face are suddenly abolished."

The study of the vital point clears up many dark puzzles.

I need not point out how it explains the cases of sudden death from what is called breaking the neck. The hangman who understands his business adjusts the knot so as to dislocate the vertebrae, and tear the vital junction asunder. The knowledge of this point is very important to coroners and their juries, and all persons having occasion to distinguish between suicides and murders.

When the root of the pneumogastric nerves are torn, death is instantaneous; and this rupture requires marvelously little to accomplish it. Suicides are mistaken for murders by persons who do not know how easily suicides can kill themselves with their feet resting, or with their bodies lying upon the ground. Nothing more is needful than force enough to tear the breadth of a pin's head of nervous fiber. The hangman's work is commonly spoke of as an asphyxia, which it only is when bunglingly done. I once knew a benevolent clergyman who, having been a surgeon before he entered the church, and knowing the secret of hanging, showed his affection for a penitent culprit condemned to death for a small offence, by attending him upon the scaffold, and by himself adjusting the knot of the rope in the way needful to secure the instant rupture of the point of life.

The functions of the vital spot, while explaining the suddenness of many deaths which are constantly deemed mysterious and suspicious, explain also the prolongation of life for considerable periods, sometimes after the most fatal and frightful wounds. What I have said about the vital point explains what used to be when I was there, and perhaps still is, one of the standing wonders of London. There used to be several eating-houses in the city famous for turtle-soup, and, of course, there are plenty of them still. But at the doors of the houses which exhibited the wonder there might be seen lying upon a layer of sawdust, at the bottom of a basket, the living head and neck of a turtle,

the flesh of which was said to be already made into soup, and served up to gastronomers inside. The head was undoubtedly alive. The eyes were alive and moving. They seemed dimly, vaguely and feebly to ask from the spectators, if not an explanation of the phenomenon, why and wherefore the head had been served in this way. Persons hardy enough to put their fingers into the mouth were assured of the vivacity of the severed head by receiving a good pinch. I, for one, am guiltless of having ever eaten any of the soup; nevertheless I am still haunted by those reproaching eyes, although I am sure I could exclaim, "Thou canst not say I did it."

The physiologists long since reversed the wonder of the London cooks. The cooks displayed heads alive and bodies soup, and the savans displayed heads dead and bodies alive. Redi cut off the head of a turtle which survived 23 days. Flourens had some salamanders which lived several months without their heads. Legallois says birds have been known to walk and run with their heads off.

The explanations are very simple. The vital point is close to the head in all reptiles, and especially in the batrachian reptiles; and the London cooks, when cutting off the head, cut off the vital point with it. The physiologists do just the reverse. When the physiologists sever the heads of frogs, turtles, or salamanders, with the view to show the reptiles living without their heads, they are careful, by cutting above the vital point, to keep it attached to the body.

One more explanation and I have done. The newspaper correspondents who wrote home accounts of the battle of the Alma, challenged physiologists to explain how a soldier, the length of whose head from the front to the back had been traversed by a bullet, was able to walk down a hill to wash his head in the river. Similar facts have long been well known. Men have lived many years, well, sane, and healthy, after their skulls have been cleft to a considerable depth on one side.

The records of physiology are full of marvelous survivals after the most terrible wounds; and their number will be increased continually as the spread of science diminishes fear and increases courage among mankind. Hope will more and more help the healing art, when it is known how nature triumphs over the most dismal disasters which leave unscathed the vital point—that all-important but well protected pin's head point, where alone the prick of a pin is death.—*Household Words*.

CANNABIS INDICA.

The attention of the profession has been called to this article during the last few years by various publications in the medical journals, and more recently by Dr. John Bell, of Derby, N. H., who published in the Boston Medical and Surgical Journal, vol. lvi, No. xi, an interesting history of its effect upon himself.

The true *Cannabis Indica* is imported from India; that grown in England, from trial, is proved to possess little, if any, of the narcotic properties of Indian Hemp. It is also cultivated largely in parts of Europe and Asia. From the Indian variety exclusively is the best medicine obtained—the heat of climate of Hindostan favoring the perfect development of the plant.

In Hindostan, Persia, and indeed among all nations professing the Mohammedan faith, it has long been used as one of the many substitutes for the alcoholic liquors interdicted by the author of that religion. Alone, it is the ready agent of a pleasing intoxication. The dried tops, (Gungah,) are often mixed with opium and tobacco and smoked. They prepare a mixture of powdered gungah, various condiments and milk, which they drink as a certain intoxicating beverage. Other compounds are also prepared, adapted to the intoxicating delirium desired.

Its effect upon the natives of the East.

who familiarly use it instead of intoxicating spirits, is sometimes a heavy, lazy state of agreeable reverie from which the individual may be easily aroused to discharge any simple duty; sometimes a cheerful, active state of inebriation, causing him to dance, sing, laugh, provoking the venereal appetite, and increasing the desire for food; sometimes a quarrelsome drunkenness, leading to acts of violence. Sleep usually supervenes in three hours. This passes off with no other symptom than slight vertigo; but the frequent use of it is said to brutalize the intellect.

Its physiological effects are stated by Dr. Pereira as follows:

It operates as a *phrenic*, in moderate doses, producing exhilaration, inebriation, with phantasma and more or less confusion of intellect, followed by sleep; in large doses, causing stupor: hence it may be called an exhilarant, inebriant, phantasmatic, hypnotic or soporific, and stupeficient or narcotic. It acts as an *anæsthetic*. It relieves pain, and is therefore employed as an anodyne. Mr. Donovan found that under its influence, his sense of touch and feeling became gradually obtuse, until at length he lost all feeling, unless he pinched himself severely.

Dr. Christison states he felt a pleasant numbness of his limbs after its use.

It relieves spasms, and therefore is employed as an anti-spasmodic. In large doses it produces a cataleptic condition, in which the muscles are moderately contracted, but flexible and pliant, and the limbs retain any position or attitude in which they may be placed. It does not appear to affect the secretions much. It neither excites nausea nor lessens the appetite. It neither causes dryness of the tongue nor constipation of the bowels. It does not appear to check or otherwise affect the bronchial secretions.

Medical Uses.—It is chiefly employed for its hypnotic, anodyne, and anti-spasmodic properties; also for its mental influence as a phrenic and nervine. Compared with opium, it is less certain than that agent, but has, however, several ad-

vantages—it does not constipate the bowels—lessen the appetite—create nausea—produce dryness of the tongue—check pulmonary secretions, or produce headache.

As a *hypnotic*, it has been used with advantage with *spirit drinkers*, and has produced sleep when large doses of morphia had failed. In hysterical patients, and also in cases of chorea, it has been employed to produce sleep, when the use of opium was objectionable. Dr. Clendenning speaks favorably of its soporific influence in pulmonary affections and low fever. It has the great advantage over opium of neither repressing the secretions nor lessening the appetite for food.

As an *anodyne*, it is used in acute and sub-acute rheumatism; in gout and in neuralgia.

As an *anti-spasmodic*, it has been employed in tetanus, hydrophobia, malignant cholera, chorea, and infantile convulsions, with marked relief in many instances.

As a *phrenic*, or medicinal agent, affecting the mental functions, it has been employed with much success. Dr. Clendenning speaks favorably of its use as a nervous stimulant in removing languor and anxiety, and raising the pulse and spirits, and many cases are mentioned of its beneficial effect in mental depression, as well as marked cases of insanity. (*See Dr. Wright's Letter.*)

Dr. Corrigan believes that the action of Cannabis is primarily on the motor nerves; its influence, he inclines to think, being transmitted along these to the sensorium and nerves of sensation. Its advantages as a sedative—he affirms that even in over doses it does not produce the dry tongue or the derangement of the digestive organs which is apt to follow the use of opium. He administered it with great success in chorea.

Dr. O'Shaughnessy used it with various success in acute and chronic rheumatism. In a case of *hydrophobia*, the soothing influence of the remedy was very great. In *cholera*, he considered its agency to be very promising, and deserving the attention of

the profession: since which, very many physicians have fully confirmed its value in that disease. Dr. Ley prescribed it with advantage in various spasmodic diseases: chorea, sciatica, &c.—has confidence in its power to produce relaxation of the muscles, heavy sleep, and during its action abatement of pain. Dr. Lynch used it in cases of neuralgia, epidemic neuralgia of the head, but especially of the jaw. Dr. Moran used it with advantage in mania. Dr. Connelly used it in recurrent mania; generally with good effect.

Dr. Churchill speaks favorably of its checking uterine hemorrhagic discharges, from his own experience, as well as from that of others; and also its unqualified benefit in menorrhagia.

The effect produced by Indian hemp in its different forms, varies like that of opium, both in kind and degree, with the race of men who use it, and with the individual to whom it is administered. The evidence in its favor is such, though it may fall far short of the character given it by many who value it highly, as to make it a valuable addition to our medicinal agents, and deserving of a thorough trial.

The preparations of Indian hemp are solid extract, one ounce bottles, solid extract, one-half and one grain pills, and fluid extract.

With much pleasure I report an interesting trial of the Cannabis Indica in a case of insanity. The patient, a lady, became deeply interested in a religious excitement in her neighborhood, which continued for several weeks, when the protracted state of high mental excitement resulted in insanity, and she was sent to an insane asylum. After treatment for four months, she returned to her family with little, if any, improvement. Her case was considered almost hopeless, and her permanent residence in the asylum decided upon. I determined to bleed her, and did so three times; three days intervening each bleeding. I also inserted a seton; this she pulled out: a little improvement was perceptible. At this state of the case, ordi-

nary treatment failing, it occurred to me to try your *Cannabis indica*, and I commenced by giving one-and-one-half grains three times a day, when mental composure was soon perceptible. I then increased the dose to three grains three times a day, and continued this treatment until she had taken, in all, two-and-one-half drachms, and was sufficiently restored to resume her household duties. I directed the continuance of the remedy in smaller doses, thereby keeping the system under its influence. I believe her now to be fully recovered, and feel that it is a case that should be known to the profession, as there is scarcely a medical practitioner who does not meet with similar circumstances in his ride. In this article he will find a remedy, in my judgment, for a majority of cases.—*Journal of Materia Medica.*

CANNABIS INDICA.—An obstinate case of insanity, which was supposed to have its origin in metastasis of chronic peritonitis, was recently cured in Memphis, by the use of Tilden's extract of *Cannabis Indica*, or Indian hemp. It was given in doses of four grains three times a day, for ten successive days, with scarcely any perceptible effect, except a progressive improvement in mental composure and liability to sleep. Upon a return to the same condition, large doses caused a kind of intoxication, and the quantity was reduced to two grains only at night; but this had not to be continued long, as an entire restoration soon followed. After several months of uninterrupted insanity, the patient, a man twenty-two years of age, appears to have wholly recovered.—*Memphis Medical Recorder.*

CONSOLIDATION.—The *Peninsular Journal of Medicine* and the *Medical Independent*, have been consolidated under the title of the *Peninsular Journal and Medical Independent*. This consolidated Journal is to be under the editorial direction of Profs. Gunn and Palmer, who are to have associated with them Mr. Stearnes as pharmaceutical editor.

THE EXPECTANT TREATMENT OF DISEASE.

Abstract from the Records of the Manchester Medical Association. March 8^d, 1858. Dr. W. W. Brown read the following paper:

On the Expectant Treatment of Disease.—It may be truly said that this is a method of treating disease, and may be defined as that plan of treatment which we adopt when, in our judgment, the patient requires only a strict regulation of his diet and regimen, and in which we wait for the vital power of the constitution to resume its normal way, unaided by drugs of any kind. It is that mode which every physician is in duty bound to adopt, whenever, in his judgment, it will result in the greatest good to the patient. In all cases in which we are called upon to investigate, whether at our place of business, or at the bed-side of the patient, if we are convinced that a proper regard to diet, regimen, &c., is all that is required, we should so direct the patient. If we are in doubt whether the *vis medicatrix naturæ*, or, in other words, the recuperative powers of the constitution are adequate to the restoration of healthy action, by dieting, rest, or exercise, as the case may require, it is well to try this course at first for a limited period, though not in the least to endanger the well being of our patient. It is better for the patient to recover by the efforts of his own vital power, unaided by our remedies, if that power be sufficient to produce the effect as speedily, and as perfectly as when assisted by medicine; for every patient we are called to visit, differs in some respects from every other we have previously seen. He is sure to have some striking peculiarity of physical and mental constitution, which distinguishes him from all others, therefore we are never able to predict precisely what effort our remedy, however mild that remedy may be, will have upon the patient. This being the case, whenever we administer medicine we run more or less risk of injuring the patient, and I am honestly led to believe, that many cases of protracted illness, which may, in

some instances terminate fatally, are caused by *one dose* of medicine prescribed by us, with the purest and most honest motives.

By this I would be understood to say that we should ever bear in mind that the less medicine we prescribe for our patients the better, if the quantity be sufficient to render the proper assistance to the vital powers of the constitution in removing the unhealthy action from the system.

We find all grades of abnormal action from the slightest aberration from a state of perfect health, to the gravest disease, and to graduate our treatment in precise accordance with the amount of disease, should be with us, the grand desideratum.

In the present state of the popular knowledge regarding the science of medicine, we labor under great difficulties, for most persons have the impression that they must be dosed for every little deviation from a state of health, and that health will return in consequence of the effect of the medicine taken, regardless of diet and regimen.

Therefore, unless we prescribe medicine, they have no confidence in our labors and conclude that we are of little consequence to them as we only tell them of what they could have done as well without our advice, and hence we are entitled to no credit and much less any compensation for our trouble. This state of things has led the physician to administer *placebos* and while the patient is recovering under the vital powers of his own organism, he is taught to believe he owes his recovery to the potent doses of nothing administered by our hand.

It is of great importance to our patient as well as to ourselves, to have a correct opinion formed as to the requirements of his case. Should the expectant or placebo treatment be adopted in acute cases, which are rapid in their progress and often insidious in their approach, we should with great certainty lose our patient or neglect the proper treatment until too late. Then how responsible our position! To be dosing with active drugs when unnecessary, or to neglect them when required, is

equally wrong. Therefore careful and nice discrimination is always important, even in the least severe cases that come under our consideration.

It is not my object in these hasty remarks to designate what cases may be safely treated on the expectant plan, for that is impossible and must be left to the judgment of the physician. Every new case that comes before us, is like a new theorem in mathematics and requires a new calculation. In the ordinary inflammatory and febrile attacks we see all grades of abnormal action, from what we call a slight cold, up to those acute and malignant grades of disease which suddenly remove our patient, unless actively treated at the onset. In other cases we have the diversity where cold has nothing to do in causing the disease, but where the cause is connected with hepatic, gastric or abdominal derangement, arising from miasm or irregularity of diet or exercise. Then again, we have the epidemic self-limited diseases in all their multifarious grades of severity, from the slightest deviation from a healthy condition, up to the most malignant and alarming cases. Hence, it is evident that each case requires thought as well as action. That a great majority of cases which we are called upon to investigate, may be treated on the non-medicine plan is most certain, and hence the success of that most ridiculous system or variety of charlatanism—the one more completely founded in error than all others with which we have to contend. Of course I refer to Homœopathy. Under their treatment the patient believes his recovery to be owing to the medicine he takes, equally as firmly as, when under our care, while taking our placebos or our active drugs in large doses. Hence it becomes us, in order to compete successfully with this phase of quackery, to make our *placebos* as small and palatable as possible for all cases that legitimately come under the expectant treatment, reserving our active remedies for cases that must be treated with medicine. It is self-evident that the entire success of that system of quackery is derived from the ca

capacity of the vital powers to throw off disease; that is, if they act honestly and reject our doses as well as doctrines of diseased action.

From these considerations the question naturally arises, how far we are in duty bound to endeavor to enlighten the public mind on this subject. It is true that cases requiring no medicine need our attention as much as any others, for when our services are withdrawn the patient immediately returns to his ordinary mode of living, feeling that all restraint is removed from him. Therefore he needs our attendance as much as when medicines are required, and in order to do him good we must watch him. I am, notwithstanding, of the opinion that we should aim at the enlightenment of the minds of the people, even if it operate to our pecuniary disadvantage, though others may think differently on this most important subject. All well informed patients would most gladly receive our teachings, and with them our services would be as eagerly sought when they are suffering from indisposition, but the number of such, compared with the whole, is so small that were our teachings extended to all, the result would operate to the injury of the mass as well as to ourselves, for they would neglect to employ us, trusting to their own knowledge which we had previously imparted to them, and not being able to judge in their own cases, would neglect to send for us when our services could not be dispensed with without great risk to their own well being. Then what shall we do? Shall we keep a lookout to draw down as closely over the faces of the people the veil of ignorance, as our predecessors have ever done, and thus labor to keep the science of medicine shrouded in mystery? Or shall we proclaim boldly to our neighbor the great truths embodied in the laws that govern his physical organization?

The subject of the foregoing paper was then discussed by the members present.

DR. BUCK:—Expressed his confidence in the powers of nature in disease, and thought that confidence was increased by

his observation in surgical cases; has no less confidence in medicine than heretofore, but has no doubt that medicines are often used needlessly and injuriously; thinks the whole truth should be told patients as to the needlessness of medicine in many cases, and the powers of nature; is aware that many people will not be satisfied unless medicated, but believes they may be educated to know better.

DR. WHEAT:—Was educated to believe that nature cures disease, but has confidence in the aid and assistance afforded by medicine; he knows that patients will recover under opposite systems of treatment, whether mineral, vegetable, Homoeopathic, or with no medicine at all; believes that it is best to be perfectly honest, and if medicines are not needed, give none.

DR. HUBBARD:—Expressed his undiminished confidence in the powers of medicine, in the treatment of disease, but never gave it unless needed; believed in talking to all people candidly, and without any deception as to their disease, or the need of medicine in their cure; thinks people should be impressed with the fact that medicines are not essential for their recovery from many diseases, and that it is not right to attribute to the medicines taken the recovery, which is a natural termination of most cases of disease; has as much faith now as ever in blood-letting, blisters, and active medication, but does not use them as often as formerly, probably because the cases where they are not absolutely needed are better understood, and we have learned to trust more to nature, regimen, and good nursing, and less to drugs.

DR. MORSE:—Dislikes all deceptions in practice; never uses placebos; trusts to nature almost entirely; has never used much active medicine in his practice.

DR. CROSBY:—Deals openly with his patients, but is aware of the temptation to use some medicine in slight diseases, for fear they may assume a graver aspect; thinks we should explain to the friends of the patient the needlessness of medicine in most cases.

Dr. Brown:—Thinks some patients are not to be managed except by administering some sort of medicine, even when not needed; but thinks we should deal openly with all people who have sense enough to understand what we tell them.

Dr. Nelson:—Remarked that his rule was, where he was well acquainted with the family he found it easy to convince the patient, when there was no serious illness, that no medicine was necessary; but when the mind of the patient was in a deranged state, he found it necessary to prescribe some simple medicine, also in many diseases of children, viz: measles and mumps, it was necessary to prepare a mild mixture to be taken regularly to prevent the anxious parent from overdosing with domestic medicines, always insisting on a thorough regimen.

Dr. Davis:—Believes that very many cases of functional diseases require no medicine; that the *vis medicatrix naturæ* is sufficient; that upon this power of nature, and the superstitions of the people, Homœopathy is supported in its wicked delusions; finds many families who are best managed without placebos when medicines are not necessary—others will not be satisfied unless something is prescribed; believes that children suffer much from over-medication; thinks people may be taught much in relation to the real necessity of medicine.

Veratrum Viride.

Dr. Wheat reported upon the use of the *veratrum viride* as an agent for reducing arterial excitement, had used it satisfactorily in pneumonia, scarlet and typhoid fever; is certain that it has the power of reducing the pulse.

Drs. Crosby and Buck had used it in their practice, and were pleased with its effects.—*N. H. Med. Jour.*

PERSIAN CIVILIZATION.

Some time ago the Court of Persia sent a special embassy of a scientific nature to Paris, for the purpose of acquiring information and experience of the various sci-

entific and industrial processes and improvements successfully in operation in France. They made themselves familiar with the various methods pursued in many of the useful arts, and acquired such a knowledge of machinery, as, with the aid of the models they will take home with them, will enable them to introduce many species of French manufacture into their own country. And the French make every thing, and what they do make they make well. The party, we observe, left Marseilles for Constantinople, on the 15th of April, carrying with them much practical information, and a considerable amount of machinery of various descriptions. They took also musical instruments and arms, and the pattern of an entire new costume for the Persian army. Of the commission three members still remain in Paris, to make still further inspection of the processes of French art, and to perfect themselves in a few special branches of philosophical and medical science. Thus is Persia preparing to advance to a higher and more influential position among the nations of the earth, of whom she was once the proudest and most accomplished. And by this stroke of political sagacity, she may yet attain to her ancient grandeur and rank.—*Exchange.*

MEDICAL ETHICS.

Some curious developments have just been made in relation to what is called "Medical Ethics," and "Professional Etiquette," which do not exactly accord with common sense and the popular views of the question involved in the discussion alluded to. The case is interesting enough "to make a note on." It arose last week in the National Medical Association then in session at Washington. It seems that Dr. McClintock, of Philadelphia, in good standing and reputation in the profession, and a member of the Association, some while since fell into a state of physical decline, and was unable to attend to the

regular duties of his practice. Having a family to support, in his discouragement he resolved, with the advice of some of his friends, to enter into a speculation with certain persons, and to put up in the usual saleable form of "patent medicines," some of his own successful prescriptions, which were to bear his name, and be sold for the mutual account of the combining parties. This was deemed an offence by his brethren of the Association, and he fell under its censure, and was expelled for unprofessional conduct. The doctor went on with his speculation, but how it succeeded we do not see stated.

It appears, however, that Dr. McClintock became weary of or disappointed with it, or in some way disgusted with it, and his health continuing feeble, he gave it up. In this predicament, out of practice, and out of favor with the body of his medical brethren, and disgraced in the Association, repentant for his hasty misstep, and anxious to enter again the regular walk of his profession, some of his friends procured for him the nomination to the post of physician to the Blockley Almshouse; being recommended thereto by his personal and family friend, Dr. David M. Reese, a physician of repute, and a member of the Medical Association. Here Dr. McClintock entirely leaves the case; its whole interest turning upon the point that Dr. Reese, occupying the position he did, had recommended the repudiated McClintock to an office of professional respectability. For this offense, in which it also appears he was joined by Dr. Bryan, another member of the association, Dr. Reese has been under censure and reproach for nearly a year. He has frequently and vehemently maintained the rectitude of his course, warmly defending himself from the charges and reproaches that have been from time to time and with much bitterness, heaped upon him. At the late session of the Association, it was determined on the part of some of the high-strung and punctilious M. D's to make the doctor "face the music" and apologize for his indiscretion.

The apology the doctor agreed to make, and accordingly submitted the following:

"To the Officers and Members of the American Medical Association.—The undersigned, one of the Vice-Presidents of the American Medical Association, having, during the interval since our last annual meeting, certified to the professional fitness for the charge of the Blockley Hospital, at Philadelphia, of an individual who had been expelled from this body for a violation of our code of ethics, after consultation with the other officers, and yielding to the advice of other personal friends, desires to say to the Association now assembled,

"1st. That in giving said certificate, he was prompted solely by motives of sympathy and humanity to a fallen brother, who had been a personal friend prior to his offense; and that he did not realize, acting under the impulse of the moment, that his individual act could be construed by the profession as indicating hostility to his brethren.

"2d. That while his own mind is clear, his certificate contained only the truth, and that, under his peculiar relations to the party concerned, he could not withhold his certificate of medical qualification, consistent with conscience and duty, yet he is ready to concede that he had no abstract right to relieve the party from the censure of the association until this body had restored him to his fellowship.

"3d. That, so far from intending any disrespect for the Association, or to its act of discipline, the undersigned had publicly sustained and defended both. He, therefore, disclaims the inference from his certificate that he intended to recommend to a high professional office a man whom the Association had excluded, and thereby nullify the action of this body.

"And finally, with these statements and disclaimers, the undersigned, while retaining his own opinion of the rectitude of his motives, and of his duty, under the peculiar circumstances of the case, is nevertheless prepared to defer to the judgment of those whom he knows to be his friends,

that he erred in doing what he had no right to do, in view of his official position in the association, and is hence called upon to offer this explanation and apology to his brethren. DAVID M. REESE."

And now the exciting question arose, should this be regarded and received as "sufficient and satisfactory?" Some looked upon it in this light, but "others they said nay;" Dr. Reese must be more explicit; he must express his "regrets" for his conduct. The doctor was willing to make his apology satisfactory, if it was not so; but why was it not? Members insisted that he should insert the word "regret." This would heal the offended honor of the Society. The doctor at first declined; said the apology implied a regret, and he "would not be dictated to by any gentleman, though a prison stood on one side and a stake on the other." A sharp debate ensued, when the doctor at last agreed to add to his apology that "he regretted he had incurred the displeasure of his brethren." This would not do at all. The gale was gathering to a tempest. The doctor must regret his conduct, which he finally felt compelled to do in the following words, which were received with loud applause, and on motion were declared "an ample and satisfactory apology:"

"The undersigned regrets that he certified to the professional qualifications for Blockley's Hospital, Philadelphia, of an expelled member of this body, and hereby offers his apology for his departure from the ethical code."

We do not think the public will sympathize with the nice views of honor entertained by the Association. Nor do we look upon Dr. Reese's conduct as consistent, commendable, or manly. He was bullied into doing that which his own private sentiments and his independent judgment did not approve. As he himself says, what he had done in behalf of Dr. McClintock "was prompted solely by motives of sympathy and humanity to a fallen brother, his personal friend." These surely are not motives to regret; not sentiments

that merit the disapprobation of a philanthropic society. They were generous and praiseworthy; and the world would have honored the doctor for standing manfully by them to the last, in defiance of the over-sensitive scruples of mere conventional and slavish etiquette. His present position is an unenviable one. He gave a personal, suffering friend, who deserved his sympathy, a certificate which he declares "contained only the truth," and which was "consistent with conscience and duty;" and yet, under persuasion of a few irascible, professionally jealous gentlemen, he consents to have it recorded against him that he *regretted* having done so. The Doctor's humanity and compassion should have been made of purer and more lasting stuff. The recommendation he gave his friend, on his own showing, and by common consent, was *deserved*. It was an act of a good and generous impulse, and he should have defended it as zealously and cordially as he had performed it. He is truly great who, in question of right, virtue or duty, sets himself above ridicule or censure, come from whom it may.—*Cincinnati Daily Times*.

MEDICAL GRADUATES IN 1858.

University of Pennsylvania,	145
College of Physicians and Surgeons (N. Y.),	53
Medical College of Georgia,	61
Jefferson Medical College,	209
Pennsylvania Medical College,	25
New York Medical College,	33
University of the City of New York,	127

Dr. J. J. ANDERSON, of Ohio, says that a man took by mistake over one ounce of tincture of gelsemium, and that it produced vertigo, and palsy of the muscles of the face, &c., but was soon relieved by an emetic of lobelia and sanguinaria.

Part 3.—Editorial.

RELIABLE MEDICINES.

At the present time the practitioners of medicine are interested as much in having genuine and reliable medicines, to use in treating the various forms of disease, as any other subject pertaining to the practice of the healing art. The province of the druggist or manufacturer, is to produce the agents in all their purity, at a price which will justify them in so preparing the articles; while the province of the physician is to prescribe the medicines, trusting, in most instances, entirely to the honesty of the manufacturer, until their action upon the human system has been determined. We say, let the profession willingly pay a good price for manufacturing; for whenever the manufacturer is not paid a fair profit, he will make cheap medicines, and poor medicines, and the profession will have nothing to rely upon. For one, we say, avoid all cheap medicine manufactories; for no man in this money-making age is willing to prepare medicine for nothing. Our manufacturers heretofore have either made enormous profits, or their statements in regard to the cost of some of our concentrated remedies have been incorrect. Let us have the very best medicines, and at the same time, let the profession be willing to support our manufacturers by paying a reasonable price for the same.

EDITORIAL CHANGE.

PROF. SANFORD B. HUNT, of the Buffalo Medical College, and editor of the Buffalo Medical Journal, has retired entirely from the medical profession, and dissolved his connection with both the College and the Journal. The latter will hereafter be edited and published by Austin Flint, M. D. Dr. Hunt is now editing one of the daily

papers of Buffalo. If the Doctor makes himself as good an editor for the daily press as he did for the medical profession, the proprietors may consider themselves fortunate in securing his services. The Buffalo Medical Journal is one of the best in the country, and no doubt Dr. Flint will sustain its high character.

CASE OF PLACENTITIS.

Prof. J. M. Scudder has given us the following case:

"Mrs. S., a German lady, aged 35, at the fifth month of gestation, received a fall, striking the lower part of the abdomen, immediately above the os pubis, against a projecting piece of a board. At this point a deep-seated soreness continued for some four or five days. From this time for three weeks the lady had frequent pain in the uterine region, and in the back, want of appetite, and slight febrile reaction in the afternoons. There was also, during this time, a constant discharge of blood from the vagina, and in the four days preceding abortion, a discharge of a small quantity of pus.

"I was called in the evening of April 15th, at 10 o'clock, owing to the severe character of the pains. On examination, I found the os undilated, though there was a constant and considerable discharge of blood. The lady informed me that she had felt the foetal movements for some six weeks previously; but they had ceased for the last three days. I ordered a sinapiam to the lumbar region, and five-grain doses of diaphoretic powder, every two hours, with directions to call me if the pains become stronger, or the hemorrhage increased. At three o'clock, I was again called, and found, on examination, the os dilated to the size of half a dollar. The placenta was attached near the os, and a small portion presented at the opening. The third pain from that time expelled the foetus and placenta. The lady made a good recovery.

"On examining the placenta, very apparent marks of inflammation were present. About one half of it was indurated, and presented several prominent white masses of almost cartilaginous hardness; in the other half there was a large abscess, the contiguous portion of the placental tissue being infiltrated with purulent fluid. The fœtus was perfect, though lean and pale, and presented the appearance of having lived up to within a short time previous to the abortion. J. M. S."

HEROIC TREATMENT.—ILLNESS AND DEATH OF GEORGE WASHINGTON.

The following article has been published in the various medical journals of both this country and Europe, from the period of its date down to the present. The *italics* are ours.

From "The Times," a newspaper printed in Alexandria, Va., December, 1799.

Messrs J. & D. Westcott:—Presuming that some account of the late illness and death of General Washington will be generally interesting, and particularly so to the professors and practitioners of medicine throughout America, we request you to publish the following statement.

JAMES CRAIG.

ELISHA C. DICK.

"Some time in the night of Friday the 13th inst., having been exposed to rain on the preceding day, General Washington was attacked with an inflammatory affection of the upper part of the windpipe, called, in technical language, cynanche trachealis. The disease commenced with a violent ague, accompanied with some pain in the upper and fore part of the throat, a sense of stricture in the same part, a cough, and a difficult rather than a painful deglutition, which was soon succeeded by fever and laborious and quick respiration. The necessity of blood-letting suggesting itself to the general, he procured a bleeder in the neighborhood, who

took from his arm, in the night, *twelve or fourteen ounces of blood*. He would not by any means be prevailed upon by the family to send for the attending physician till the following morning, who arrived at Mount Vernon at about 11 o'clock on Saturday.

"Discovering the case to be highly alarming, and foreseeing the fatal tendency of the disease, two consulting physicians were immediately sent for, who arrived—one at half after three, the other at four o'clock in the afternoon. In the interim were employed *two copious bleedings; a blister was applied to the part affected, two moderate doses of calomel were given, and an injection was administered, which operated on the lower intestines*—but all without any perceptible advantage; the respiration becoming still more difficult and distressing.

"Upon the arrival of the first of the consulting physicians, it was agreed, as there were yet no signs of accumulation in the bronchial vessels of the lungs, to try the result of another bleeding, when about thirty-two ounces of blood were drawn, without the smallest apparent alleviation of the disease. Vapors of vinegar and water were frequently inhaled, ten grains of calomel were given, succeeded by repeated doses of emetic tartar, amounting in all to five or six grains, with no other effect than a copious discharge from the bowels.

"The powers of life seemed now manifestly yielding to the force of the disorder. Blisters were applied to the extremities, together with a cataplasm of bran and vinegar to the throat. Speaking, which was painful from the beginning, now became almost impracticable; respiration grew more and more contracted and imperfect, till half after 11 o'clock on Saturday night, when, retaining the full possession of his intellect, he expired without a struggle.

"He was fully impressed at the beginning of his complaint, as well as through every succeeding stage of it, that its conclusion would be mortal, submitting to the several exertions made for his recovery rather as a duty than from any expectations of their

efficacy. He considered the operations of death upon his system as coeval with the disease; and several hours before his decease, after repeated efforts to be understood, succeeded in expressing a desire that he might be permitted to die without interruption.

"During the short period of his illness he economized his time in the arrangement of such few concerns as required his attention, with the utmost serenity, and anticipated his approaching dissolution with every demonstration of that equanimity for which his whole life had been so uniformly and singularly conspicuous.

"JAMES CRAIK, *Attending Physician.*

"ELISHA C. DICK, *Consulting Physician.*

"P. S.—The signature of Dr. Gustavus Brown, of Port Tobacco, who attended as consulting physician, on account of the remoteness of his residence from the place, has not been procured to the foregoing statement."

The foregoing is the strongest commentary that can be made upon the old school treatment. Is it possible that any human being could live after being thus treated, to say nothing about the disease—and all, too, within the short space of twenty-four hours. He was first bled 14 ounces; and then at 3½ and 4 o'clock, two copious bleedings more, and to judge from the succeeding moderate bleeding, it is reasonable to put these two at 32 ounces each, being 64 ounces, which was immediately followed by another loss of 32 ounces, making in all, *one hundred and ten ounces* of blood taken in a few hours, in addition to the administration of thirty grains of calomel, six grains of tartar emetic, blisters, cataplasms, &c. After all this, his physicians say, "*The powers of life seemed manifestly yielding to the force of the disease.*" They should have said to the force of the treatment.

No wonder this great and good man, who had passed through the battles of his country, and up to that time, his system had endured all the toils and fatigues of those struggles which gave to this country

the glory it now possesses, lost confidence in his physicians, and "for several hours before his decease, after repeated efforts to be understood, succeeded in expressing a desire that he might be permitted to die without interruption."

In order that it may not be said that the old school profession do not admit this to be the treatment in his case, we will refer the reader to a late number of the Virginia Medical Journal, and the April number of the New Hampshire Journal of Medicine.

We have presumed to give it as our candid opinion, that this treatment would of itself, if applied at this day, kill nineteen out of every twenty persons upon whom it was used. We would like to have our old school editors give us their opinion of this treatment. Can any one inform us why they bled the patient the fourth time, "*as there was yet no signs of accumulation in the bronchial vessels of the lungs.*"

We will, in future numbers of the Journal, give the treatment of Presidents Harrison and Taylor, both of whom were treated by the same school of medicine, and died while filling their office at Washington city. In regard to the treatment in their cases, we will say in advance, that if such a course of treatment would cure persons in Washington, it certainly would fail in this climate.

EXTRACTS FROM CORRESPONDENCE.

We make the following extracts from a letter written by Dr. Wohlgenuth, of Illinois, one of our strong men in the profession. We wish that all our physicians would speak out as he does.

"Allow me to say that the Eclectic Medical Journal always meets with a warm reception here. You will allow me further to say, that I many times look back with pleasure and much satisfaction, on the time spent in the Eclectic Medical Institute, in 1854, as a graduate, and one who has been battling in the cause of Eclecti-

cism for the last twelve years. I admired, and ever shall, its able corps of Professors as teachers and gentlemen. True, a stormy sea has passed over it; some of its then professors are no more within its halls. I am glad, however, that a calm has succeeded the storm, and that those vacant places have been filled with gifted and competent men. May it so continue harmonious, and all strive for the accomplishment of one end, and ere many years pass, Eclecticism will stand triumphant. Here, in the far West, Eclecticism is taking the field; old hunkers, with their usual proscriptiveness and selfishness, have to knock under, and ere long they will be driven back, and know not from whence they came. True, the Eclectic physicians (and many there are within the State of Illinois) have no medical associations in the State; there is no co-operation, each one is working in the field allotted to him, working out his own destiny. I unhesitatingly say that much good could be done in our great Prairie State, where we have the facilities of railroads, studded all along their lines with villages, towns and cities, with quite a number of Eclectic physicians distributed among them, could we take the proper steps necessary to forming county and state Eclectic medical associations; could we come together and see what is our strength; could we co-operate harmoniously, and say to the many, 'United we stand; divided we fall.' We see other States going ahead gloriously with this enterprise; why should we stand back? What do Eclectic physicians say, in general, in the State of Illinois? Who will make the move?"

CALOMEL vs. ANAPLASIS. — Dr. A. W. Chase, of Michigan, writes:

"In my communication to the Journal, in the case of 'Calomel vs. Anaplasia,' I promised to give you the result of the operation. I now state that it was successful so far as securing or preventing the constant drooling from the mouth, which was the object of the operation; but one stitch, at one angle of the mouth gave way by

sloughing. Prof. Gunn assured her that another slight operation would fully overcome that difficulty, but she declined any further services, expressing satisfaction with the operation, as its main objects were obtained. Thus it will be seen that only the cause of the operation can be regretted by well wishers of the general health and public good of society."

VIOLA PEDATA — Dr. G. W. Jenks, of Indiana, writes:

"I notice in the last number of the Journal, under the head of 'Extracts from Correspondence,' a brief account of the curative properties of *viola pedata* in hemorrhoids, which I did not suppose you would make public, but as you have seen fit to do so, please allow me, through the medium of the Journal, to call the attention of its readers more particularly to this valuable agent; for a botanical description, &c., I refer you to the Dispensatory. I have now been using this article more or less in my practice for three or four years. I first employed it in hemorrhoids only, but afterward I used it in all cases of inflammation of the mucous membrane. In inflammation and irritation of the stomach and bowels, I find it to be superior to all other remedies. I use it in leucorrhœa as a mild laxative and tonic. In gonorrhœa I consider it unusually appropriate; it allays inflammation, acts gently on the bowels, and is healing to the mucous membrane. I have also used it in ophthalmia, as a poultice, in cases of active inflammation of the eye. Owing to the difficulty of procuring a fresh article, and not having the facilities for pulverizing it, I have not called the attention of the profession to it publicly before. I should like to hear from those who may see cause to try it. May not a concentrated preparation be made from the fresh root, retaining all its virtues? The diseases in which it may be used are, diarrhœa, dysentery, flux, leucorrhœa, gonorrhœa, hemorrhoids, and all diseases of the mucous membrane attended with inflammation. I will add, in conclusion, that I never saw any emetic proper-

ties exhibited in its administration, even in large doses, as attributed to it by the Dispensary."

ECLECTIC MEDICAL INSTITUTE.

The closing exercises of the Spring Session of the Eclectic Medical Institute of Cincinnati, were held in the Melodeon Hall, on Thursday evening, May 13th, 1858. As usual, the occasion called together a numerous and highly respectable audience.

The Rev. J. L. G. McKown, the popular and eloquent pastor of Union Chapel Methodist Episcopal Church, opened the exercises by a fervent and appropriate prayer; after which, Prof. R. S. Newton, the Treasurer of the Institute, made a report of its condition, from which it appears that, during the session just closed, there were forty-five matriculants, a considerable portion of whom were second and third course students, and practitioners of some years' experience. He stated that the Faculty felt justly proud of the graduating class, feeling confident it was composed of gentlemen who would do honor to their chosen profession.

The number of gentlemen who had passed the ordeal of a rigid examination, and whom the Faculty considered entitled to graduation, was thirty; and they also recommended eight practitioners of worth and experience, as recipients of the honorary degree.

The number of matriculants during the Winter and Spring courses was 154; the number of regular graduates during these sessions was 57—honorary graduates 13.

At the close of this report, W. F. Hurlburt, Esq., Vice President of the Institute, conferred the degree of Doctor of Medicine on the following named gentlemen.

JOHN PRYOR ALLISON, Mississippi.

HOSEA BETHEL BROWN, Miss.

WILLIAM T. BRANSTRUP, Penn.

JULIEN ELIEZER CURTIS, Ohio.

JOSHUA B. CUTSHAW, Michigan.

JOHN DARBY, Missouri.

ROBERT HERRIN DAVIS, Kentucky.

WILLIAM LEWIS DAMRON, Virginia.

HENRY DOUGLAS, Texas.

MARSHALL LUCIUS FIELDER, Ala.

JONATHAN M. FLOOD, Indiana.

WILLIAM GOLDIN, Alabama.

CHARLES THOMAS HART, Georgia.

JOHN PRYOR HARRIMAN, Virginia.

CHARLES HOCKETT, Ohio.

NATHAN LYNN ISGRIGG, Indiana.

MATTHEW HENRY LYNN, Illinois.

JOSEPH PHILIP MARTIN, Penn.

JOHN A. MCCREARY, Alabama.

JAMES M. MCCULLY, Tenn.

JAMES H. MCCULLOUGH, Penn.

GEORGE ELISHA PARSONS, Indiana.

VALENTINE REICHARD, Maryland.

JAMES LEE REAT, Illinois.

DE WITT C. SHOCKLEY, Louisiana.

ORANGE SCOTT TEMPLETON, Vermont.

RYLAND TUCK, Missouri.

ELISHA S. WARNER, Penn.

JOHN THOMAS WRIGHT, Indiana.

DANIEL HILLIARD WERTS, S. Carolina.

Honorary Graduates.

HENRY H. BLANCHARD, Tenn.

JOHN W. BRANSTRUP, Penn.

NELSON C. DANIELS, Ohio.

JAMES L. DICKSON, Texas.

ANSEL GERRISH, Indiana.

WILLIAM S. ROGERS, Texas.

FELIX G. SITTON, Georgia.

— STEVENSON, Kentucky.

After the degree was conferred, the graduating class was addressed by Dr. C. T. Hart, one of their number, in one of the most eloquent and fervid valedictory addresses we had ever the pleasure of listening to, which was enthusiastically received and approbated both by the class and the intelligent audience present.

The exercises were closed by Prof. G. W. L. Bickley, on behalf of the Faculty, by one of his usual warm and lucid impromptu addresses.

The Liberty Silver Cornet Band discoursed some of their best music, which tended greatly to promote the harmony and good feeling realized on the occasion.

Thus closed two more successful and harmonious sessions of the Institute.

After the exercises at the Melodeon hall closed, the members of the Faculty, and the entire class present, with a number of practitioners present from a distance, adjourned to the domicile of Prof. Newton, where they partook of a collation provided for the occasion. While there was nothing to inebriate, or excite the passions, it was truly a "feast of reason and a flow of soul," a re-union that will be long remembered by all present.

NEW BOOKS.

NEWTON & POWELL'S ECLECTIC PRACTICE OF MEDICINE, New and Revised Edition.

It gives us pleasure to be able to state to our readers that the first volume of the new and revised edition of this popular and valuable work is in the hands of the binder, and will be out in two weeks. It is a handsome octavo volume of over 600 pages, price \$3.

The present volume contains three of the four books into which the former edition was divided, viz:

Book I. Physiological consideration in relation to parents, and the treatment of children.

Book II. The natural history, pathology and treatment of the various forms of disease incidental to infancy and childhood.

Book III. Of the functions and pathological relations of the cerebellum, and of the human temperaments for the elucidation of disease.

Book II. has been thoroughly revised, and many valuable additions made to the treatment of the various diseases peculiar to children, which is the main feature of this volume. All the new remedies and appliances that have been discovered and tested since the publication of the first edition have been carefully inserted in their proper places.

There is no presumption in saying that it is the best work on the diseases of children now extant.

The enterprising publishers have spared no pains in the getting up of the work.

Those practitioners who have been waiting so long for its appearance, can forward their orders, enclosing the cash, to Messrs. Rickey, Mallory, Webb & Co., No. 145 Main street, or J. G. Henshall, 110 Sixth street, or to the editor of the E. M. Journal, No. 90 Seventh street, Cincinnati.

THORACIC DISEASES; their Pathology, Diagnosis, and Treatment. By MARSHALL CALKINS, A.M., M.D., late Professor of Anatomy and Physiology in the Eclectic Medical College of Pennsylvania; Professor of the Institutes and Practice of Surgery in the same institution. Together with the Posthumous Writings of CALVIN NEWTON, A.M., M.D., late President and Professor of Pathology in the Worcester Medical Institution; and a Biographical Sketch of the Life and Character of Professor Calvin Newton. Second edition, revised and enlarged. Philadelphia: H. Cowperthwait & Co., 1858. pp. 545. Cloth, price \$2.75.

We have received the new and improved edition of this valuable work, which is greatly superior, in every respect, to the former one. Prof. Calkins has made many valuable additions, especially in the pathology and treatment of the various thoracic diseases. He has also added a long list of diseases not treated of in the first edition; among which may be mentioned the diseases of the upper air passages. The chapter on "Treatment for Pathological Conditions," is elaborate and full, as are also the articles on erysipelatous inflammation, ulceration, cancer, gangrene, &c. That our readers may form some opinion of the character of the work, we will here make an extract from the chapter on "Treatment of Inflammation," pages 475-81.

"The indications for the treatment of inflammation are modified by the character and stage of the inflammation, by the age, temperament, climate, and habits of life, and peculiarities of attack. In the first stage, we seek to control the circulation of the blood, to regulate the action of the heart, by veratrum viride, lobelia, aco-

nite, hæmastasis, the application of hydropathic appliances, rubefacients, poultices, sinapisms, fomentations and counter-irritants. We seek to restore cutaneous circulation by diaphoretics, the warm or vapor bath or wet sheet; the secretions of the liver, by podophyllin, iridin, leptandrin, euonymin, phytolaccin, and apocynin. To reduce the size of diluted vessels, we use astringents, cold water, ice, tannin, geranin, matico, etc.; to excite circulation, we use rest, position, capsicum, xanthoxilin, carb. ammonia, guaiacum, etc.

"The *veratrum viride* is among the most powerful remedies to arrest sthenic inflammation. It is a direct sedative, reducing the frequency and force of the pulse. So far as I have used it, I have found it to well answer the indications. There is a wide difference in the article as prepared by different manufacturers, and therefore, there is need of the exercise of caution in selecting the remedy. Prof. Paine, who has used it extensively, considers it an admirable substitute for venesection. It is too prostrating to be used in cases of asthenic inflammation, or where there is great debility or obstruction to cardiac or pulmonary circulation. It may be used in the concentrated form or in tincture. Another remedy that has gained a wide reputation for the cure of inflammation, is aconite, which is not so prostrating as *veratrum*, and may, therefore, be used in cases in which asthenia is more apparent. It is a powerful sedative, producing copious perspiration, a slow pulse, and allaying nervous irritability. Another remedy of considerable power in allaying inflammation, is *gelsemium*. This remedy possesses sedative properties, relaxing the system, inducing diaphoresis, and controlling the circulation of the blood. It is thought to produce debility of the muscular tissue of the heart, which continues for some time after its administration has ceased. In congestive fevers, or in local congestion, it is contra-indicated, tending to coincide with diseased action, and thus to increase the disease. It is used in alternation with quinine, which tends to prevent the recur-

rence of the fever, the symptoms of which have been subdued by the *gelsemium*. This remedy does not cause emesis nor catharsis, but dimness of vision, and difficulty in moving the eyelids. As a remedy for sthenic inflammation, it is a valuable acquisition to our means of cure.

"*Lobelia inflata* is another remedy which possesses great power in controlling inflammatory action. When given in nauseating doses it produces copious diaphoresis, lessens the frequency of the pulse, allays nervous irritability and spasm, and does not debilitate the system, the strength rapidly returning on the cessation of its use. When it is desirable not to produce emesis, this remedy should be used in combination with acetic or citric acid and *hyosciamus*, so as to overcome its tendency to produce vomiting by neutralizing its alkaline principle, and by tranquilizing the system. Although very penetrating in its effects, when given in full doses, it does not overcome the contractility of the heart so much in proportion to its diaphoretic and constitutional effect, as *veratrum*, aconite, and *gelsemium*. In small doses it seems to increase the nervous energies, producing an increased activity of the mental faculties, and the volume and fullness of the pulse. When an emetic is indicated in symptomatic fevers, or in chronic inflammation, there is no remedy in the *materia medica* that can compare with this, in its power to cleanse the stomach of morbid matter, and at the same time to equalize the circulation of the blood, and restore secretion and excretion throughout the body.

"The *wet sheet* is another valuable appliance in symptomatic fever or in sthenic inflammation. It should be applied to the bare body, the temperature being relatively high or low to that of the surface at the time of application. It should be covered with blankets closely tucked around the body, so as to confine the vapor to the surface. This should be continued until copious perspiration ensues, especially if there seems to be an accumulation of morbid matter in the blood, and the skin

is dry. There should be no fear of continued perspiration, so long as the patient is supplied with fluids, gruels, or water. Dr. Wm. B. Carpenter very reasonably remarks: 'That perspiration, however abundant, has in itself no weakening effect, except by diminishing the quantity of water in the blood, (which is readily supplied by absorption from the stomach,) appears from the fact, that if persons exposed to a very high temperature, make no bodily exertion, they do not experience any loss of vigor, if copiously supplied with cold water. In fact, such exposure may be made to conduce very decidedly to the invigoration of the system.' * * *

"The hand bath is a convenient and effectual mode of applying water, and is a substitute for other kinds of baths. A quart of water of the proper temperature is dashed over the body, upon the breast and spine, and followed with brisk friction with coarse towels. This is often very useful in chronic inflammation, in order to give activity to the nervous system, and tonicity to the blood-vessels. The *douche bath* is another powerful means of making an impression, in increasing sensibility of parts partially paralyzed or indurated. It consists in the falling of a stream or jet of water with force upon the affected part. This is often useful in arousing patients from unconsciousness, as in hysteria, or in convulsions, or in asphyxia.

"The vapor bath is an admirable way of applying heat and moisture to the body, being more useful in chronic or asthenic inflammation than in the acute or sthenic variety. There are no means within the reach of the physician more potent than this in the production of capillary circulation, upon which depends the success of almost every curative appliance. In practice, both public and private, this is too much neglected by the profession. The manner of applying it is modified by almost every physician, the object being, in all cases, to bring the vapor in contact with the surface a sufficient time to produce perspiration, and a general glow of heat

throughout the body. When a great degree of stimulation is needed, the alcohol vapor bath is preferable. This consists in burning alcohol in a lamp, or in a cup or saucer under a chair in which the patient is seated, enclosed in a blanket to retain the vapor. The feet should be immersed during the application in warm water, and an assistant should be near to prevent the contact of the clothes with the blaze of the alcohol. The duration of the bath should be from fifteen to thirty minutes, or until the patient feels fatigued. He should then be wrapped in warm blankets, and drink diaphoretic teas, with a view to favor perspiration.

"Various kinds of medicated baths are in use for the purpose of reducing inflammatory action. These can be easily administered by putting the medical agent into the boiling water; the vapor then becomes medicated.

"Alkaline and acid baths are also useful whenever it is desirable to produce alkalinity and acidity of the blood, or to remove certain morbid products from the skin. The alkaline bath is highly esteemed by Eclectic physicians, as among the most valuable therapeutic agents."

* * * * *

"Diuretics are a very important class of remedies to remove excess of serum from the blood, or the oedema which is a common sequence of inflammation. Among our most valuable agents of this class appropriate for the diseases of the chest, are apocynin, eupurpurin galium, althea, and iodide of potassium. There are various other remedies in common use for this class of diseases, such as the squill, digitalis, etc. The bitartrate of potassa, nitrate of potassa, citrate of potassa, and acetate of ammonia, tartaric acid, etc., all tend to have a beneficial effect in this way.

"In the first stage of inflammation these agents should be used to prevent the effusion of serum, and in the last stage to excite the action of the absorbents to take up the water of oedematous tissues.

"Among other useful agents, diaphoretics stand pre-eminent in the treatment of

pulmonary affections. All the sedatives alluded to are more or less diaphoretic in their tendency, and do good by virtue of this property. Aaclepin is not excelled as a remedy of this class, being peculiarly adapted to arrest pulmonic inflammations. The corollorrhiza or crawley likewise has some reputation as a diaphoretic.

"Purgatives are often valuable means in the cure of inflammation. They tend to remove the morbid secretions from the intestinal canal, and when properly administered, equalize the circulation of the blood. Among the most valuable cathartics, are podophyllin and jalapin. In serous inflammation and hepatic derangement, the former is an excellent remedy. The latter is a more active hydragogue, useful when it is desirable to remove the fluid part of the blood, and promote the absorption of fluids from the shut cavities of the body. The comp. powder of jalap and senna is likewise a valuable purgative remedy, and may be beneficially administered, where a general purgative is indicated. Purgatives, however, should not be used indiscriminately for the removal of inflammation. They often become the means of increasing, rather than of relieving it. In gastritis and enteritis, they are decidedly objectionable, and are seldom useful in the treatment of asthenic inflammation."

In conclusion, we can confidently recommend the work as the best on the subject on which it treats, that has been published, and sincerely hope that it may have a very extensive sale.

In Cincinnati, it can be obtained from J. G. Henahall, No. 110 Sixth street.

SCUDDER ON THE DISEASES OF WOMEN.

This valuable Eclectic work is having a rapid sale, and its merits should cause it to have a place in every library. The diseases of which it treats are among the most common, and sometimes the hardest to manage; and those too, which give, if successfully treated, the greatest reputation to the practitioner. In this work we have a clear description of the diseases,

and the most successful treatment, and we cheerfully recommend the work as a reliable guide to the practitioner.

Prof. Friend, of New York, one of our most successful physicians, says, in a letter to the author: "I have examined it with care, and take pleasure in commending it to our profession. In style, mechanical execution, and matter, it reflects great credit on its author, and is in every way worthy of the patronage of the practitioner and the student of medicine. Aside from the mention of two or three agents, I regard the treatment laid down in the work as *SAFE*, and adapted to meet the various forms of disease for which it is recommended."

The Eclectic Medical Journal of Philadelphia says: "We wish this work of Prof. Scudder's a large sale, as its merits deserve. It makes a very favorable appearance when compared with the little preliminary works formerly published upon reform medicine, in this country, plainly showing that the course of progressive medicine is onward and upward."

MICROSCOPES.—Messrs. J. and W. Grunow & Co., of New Haven, Conn., have published an "Illustrated Scientific and Descriptive Catalogue of Achromatic Microscopes," manufactured by them.

MARRIED:

On May 18th, 1858, at the residence of the bride's father, by the Rev. N. West, pastor of the Central Presbyterian Church, J. P. Allison, M. D., of Fulton, Missa, and Miss Mary W. Clive, of Cincinnati, O.

DIED:

On the 1st day of August, 1857, at Manchester, Indiana, of disease of the liver, Edward Wolley, M. D., a graduate of the Eclectic Medical Institute.

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

JULY, 1858.

NUMBER 7.

Part 1.—Original Communications.

MERCURIALS.—No. 7.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

7TH. MERCURY WILL NOT SALIVATE IN HIGH FEBRILE OR INFLAMMATORY ACTION, NOR CAN CHILDREN BE SALIVATED.

It is admitted by the friends of the mercurial practice, that ptyalism cannot readily be established in cases of high febrile or inflammatory excitement, while it is a fact equally well known, that children under a certain age cannot often be salivated. I have already referred to several cases which came under my own observation, in which children were badly salivated, and lost their lives as the consequence. These were instances of what was technically termed dry salivation, and do not invalidate the general rule involved in my seventh proposition, which appears as the caption of the present article.

There are persons also, who from idiosyncrasy cannot be salivated. In these cases no medical man can determine the result until he administers the drug, and waits to witness its action. Then, if mercury is given to salivate these classes of patients, and if impossible to induce that impression, is not the treatment unscientific, irrational and barbarous? Why torture the patients by giving them a corrosive irritant to produce a certain effect, when at the same time it is known to the physician that it is not possible to produce it? There is no display of science in its exhibition; it is irrational to give an agent which it is well known in advance will not produce the specific effect for which it is given—it is barbarous to irritate and corrode the organs of the sick, exasperate the disease, and thereby thwart nature in her efforts to cure, when it is known that the remedy is far from being inert, or remaining inactive in the system, although it fails to produce the result most desired. I have witnessed many fatal cases in which mercury was given to salivate, but failing to produce a copious flow of saliva, violent inflammation of the mouth, salivary glands and adjacent parts followed, and finally mortification, sloughing and death.

Now, if ptyalism is indispensable to the cure of the fever, and still cannot be effected or induced in those of a high grade or concentrated form, what hope can the physician hold out to cheer and encourage these classes of his patients? None—the gloom depicted upon his own countenance must foretell his patient he views his case as hopeless. Authors declare ptyalism next to impossible, though mercury be employed freely both internally and externally, in concentrated or malignant fevers; nor can it be readily induced in high inflammatory action. The same writers assert it to be next to impossible to salivate

the patients by giving them a corrosive irritant to produce a certain effect, when at the same time it is known to the physician that it is not possible to produce it? There is no display of science in its exhibition; it is irrational to give an agent which it is well known in advance will not produce the specific effect for which it is given—it is barbarous to irritate and corrode the organs of the sick, exasperate the disease, and thereby thwart nature in her efforts to cure, when it is known that the remedy is far from being inert, or remaining inactive in the system, although it fails to produce the result most desired. I have witnessed many fatal cases in which mercury was given to salivate, but failing to produce a copious flow of saliva, violent inflammation of the mouth, salivary glands and adjacent parts followed, and finally mortification, sloughing and death.

young children, and patients possessed of certain peculiarities of constitution.

In disease attended with a high grade of excitement, the vascular activity or morbid erythiasm interrupts the absorption of the mercurial. This condition being present, the judicious and honest physician, it appears to me, should at once inform his patient that he knows of no remedy but mercury, and that it fails to afford relief in all such cases. He should tell him that salivation is his only reliable means of cure in the mild forms of fever, but in those of great severity, the mercury, from non-absorption or from some other cause, fails to produce this desirable impression, and therefore he can hold out no prospect of relief. Such a physician should abandon these respective classes of patients at once, for it would be the height of nonsense for him to gorge his hopeless subject with an agent in which he had no confidence. If he conceives salivation to be the only means of cure, and is conscious in advance from the great excitement present, that he cannot induce it, then is it not folly to attempt the treatment with the agent indicated? In my preceding article, I gave the authority of Prof. Cross and others, in confirmation of my position, respecting the curative effects of mercury in fever. I will now proceed to give additional proof, by giving further extracts from the writings of our opponents, showing how fallacious is the practice, based upon the hypothesis that *ptyalism* or *salivation* is an all-important means to subdue and cure fever, and yet not attainable in the more formidable grades of that disease, according to their own showing.

Pereira says: "The great indisposition of the system, in fever, to take on the mercurial action, is frequently a most annoying circumstance. It may sometimes be overcome by the employment of mercurials both externally and internally."

Prof. Cross says: "In the more malignant and concentrated forms, salivation cannot be produced." He further remarks that no adequate reason can be alleged for relying upon it in cases that are intensely violent.

Mr. Sheppard says: "Experience proves that all attempts to excite the specific action of mercury, in a system laboring under a high degree of fever (yellow), are perfectly unavailing, until the fever be moderated by other means."

Dr. Jackson says: "It is a common observation, that where salivation actually takes place in continued fevers, it seldom shows itself till the violence of the symptoms have evidently abated."

Dr. McArthur says: "Many cases of protracted fever have occurred at this hospital, where the mercurial plan was omitted some days before there was any sign of convalescence, but the mercurial action in the mouth did not appear until the fever evidently ceased."

Dr. Cross says, were he to argue from experience, he should say that while in the milder cases of fever, *ptyalism* could be produced without difficulty, "in the more concentrated, obstructions exist, that are very often absolutely insurmountable." He further says: "If patients laboring under malignant fever cannot be salivated, it is wantonly cruel to sacrifice human life in an idle attempt to do that which experience has proved to be impracticable."

Dr. McArthur says: "In no instance, in the worst cases that terminated in death, however protracted the fever might have been, could the mouth be affected."

Dr. Christolm, author of the mercurial practice in fever, says: "That there are circumstances in which, however, the utmost difficulty is experienced in obtaining this effect (salivation) from calomel, and others in which the candid practitioner must acknowledge its insufficiency."

Dr. Dickson thinks it fruitless to attempt to salivate in the first stages of concentrated yellow fever.

Mr. Bagle says it sometimes happens, "that the largest doses will not produce salivation, and in such cases, the event is invariably fatal."

Dr. Ives says it is impracticable to excite *ptyalism* before the violence of the fever has been subdued.

Dr. Croes says if the observations of the physicians just referred to are reliable, in mild cases it is available, but, "over those that are malignant or concentrated, it can exert no curative control, and this for the simple reason, that in such cases to produce the constitutional influence of mercury is impracticable." He thinks the attempt absurd, and inquires if we are to ascribe the cures to pyalism when they follow the saturation of the system with mercury. He says for several reasons, he thinks not, for the mercurial action does not appear to be able to supersede the febrile; "for in many instances, the disease has run on to a fatal termination, notwithstanding the full development of its characteristic effects."

Dr. David Grant asserts that all who were treated by mercury (yellow fever) died, and that there were even more victims to the mercury than to the fever.

Prof. Croes says: "When we therefore reflect, in connection with this fact, that there is a large proportion of cases of fever, in which it is utterly impossible to induce salivation, and which must necessarily prove fatal when reliance is placed in it, and those that recover after having been salivated, exhibit manifest indications of improvement before salivation is developed, we must conclude that it is highly preposterous and absurd to attempt the saturation of the system in any case of fever, whether mild or malignant. In the former, it is useless and inefficacious, while in the latter its production is impracticable."

Prof. C. says the mercurialist urges "in defense of his practice, that those cases of fever in which salivation cannot be produced, are necessarily incurable. This is not only a gratuitous but a dangerous assumption. The failures which, in such fearful numbers, follow the practice of the mercurialist, only prove that they are necessarily fatal, if an attempt is made to salivate. His experience gives him no authority to speak of what would be the result of other modes of treatment. Because he cannot cure bad cases of fever, he not

only gravely assumes that it cannot be done by others, but would discourage further enterprises on the subject, by persuading us to rest satisfied with the accuracy of his conclusions."

"While the mercurialist contends for the success of his practice, in the milder cases, he explains the failure of it in the more malignant, by ascribing it to the concentration of the disease. Be it so. Let him distinguish the former from the latter, if he can; and if he will, let him limit his treatment to those cases in which he has a reasonable prospect of success. But how does he know that his inability to produce salivation in certain cases, is owing to the intensity of the disease? Because his patients die without being salivated? Certainly not. The result only shows the inadequacy of the means employed, while it is only probable that salivation did not ensue because of the violence of the disease, for there are other causes which may have been the barrier."

"From these statements, and they might be multiplied to any extent, it is obvious that, however much efficacy may be ascribed to salivation in moderate, it requires too much time to produce it to derive any advantage from it in malignant fever, and therefore it should not be attempted. The comparative results of different modes of treatment are certainly opposed to the saturation of the system with mercury. We shall find that no treatment of fever can be more unsuccessful than that which consists in efforts to produce salivation."

"Constitutional peculiarity is in many instances an insuperable obstacle to the saturation of the system with mercury. Such persons are liable to be attacked by fever. Does fever increase their susceptibility? If it has any effect, it is said to diminish it. Then, in the hands of the mercurialist, they are inevitably doomed to death. It is almost impossible to salivate children under a certain age. They are, however, liable to fever, and to them the mercurialist can hold out no hope."

"There are, therefore, three classes of individuals who have nothing to expect but

death from the mercurialist: First, those laboring under malignant fever; secondly, those adults who, from constitutional peculiarity, cannot be salivated; and thirdly, children under a certain age.

"It may be properly urged against salivation, that some individuals are remarkably soon brought under the constitutional action of mercury; and when that happens, even in mild cases, it does more harm than good. This is stated by others; and I have found that when fever patients are salivated early, and from a small quantity of mercury, that the excessive vascular excitement produced, and typhoid tendency given to the disease, were sources of more uneasiness and apprehension than the disease itself; and I have no doubt that I have seen patients die under these circumstances, who, but for the salivation, would have recovered. It is stated by Dr. Cartwright, that he has seen as many patients die, whose mouths became sore early by one or two doses of calomel, as he ever saw recover. It must be known to every Southern physician, that those salivations which result from only a few grains of calomel, are very apt to be excessive, and to be consequently a very formidable objection to the practice of salivation in a class of diseases so very rapid in their progress, and dangerous in their tendency, as the fevers with which they have to contend."

"The time required to impregnate the system, is a very serious, not to say insuperable objection to the constitutional action of mercury. This is very rarely accomplished in three days, and seldom before the fifth or seventh day. Now, within this latter period, the result of the case may be generally foreseen. Indeed, if a manifest impression has not been made in from three to five days, on the fevers of the Southern States, the result will generally prove unfortunate, whatever may be the character of the treatment. Dr. Shepard says, in the rapid and dangerous cases of yellow fever, (and the same remark applies to other high and malignant forms of fever,) there is not sufficient time

for the action of the remedy; before the disease is either cured by more efficacious means, and salivation worse than useless, or in the less controllable forms, the patient is irrecoverably lost."

"With the facts above adduced, placed before the practitioner, I cannot consider it probable that even the infatuated will longer regard the constitutional action of mercury as essential to the cure of fever. If he does, and perseveres in the prosecution of a practice against which so many unanswerable arguments may be urged, he will certainly take upon himself a most weighty responsibility. If he will examine the recorded experience of the profession, in regard to fever, he will find that it is not only not essential, but is much less successful, even in the milder forms of the disease, than other modes of treatment. If he relies on salivation he is not certain, after he has produced it, that his patient will recover, for many have died after it has been fully developed. If he trusts to it exclusively, he will find that, in very intense cases—in a class of persons who present a constitutional insusceptibility—and in the immense class of children under a certain age, that it will be absolutely impossible to excite salivation, *all of whom are, of course, necessarily doomed to certain destruction.* The infatuated mercurialist can, therefore, hope to cure only those cases of fever which can be cured much sooner, more safely, and certainly, by other modes of practice than by salivation. Indeed, the question might be raised, with great propriety—are not the efforts made to excite salivation, even in those cases in which it appears to prove successful, rather calculated to exasperate than to moderate fever?"

"Nor are we disposed to enlarge on the miseries commonly entailed on those who, it is said, have been cured of fever by the constitutional action of mercury. It is sufficient to say, that few individuals have recovered from a severe attack of fever, after having their systems saturated with mercury, without being indebted to it for a much impaired, if not a totally wrecked constitution."

The testimony offered in the numerous extracts, derived from many different authors and writers of much eminence in the profession, all go to corroborate my position and my observations. The evidence of Eberle, Harrison, Dunglison, Pariah, Rayl, and many others may be cited to confirm every important question at issue. It is preposterous in the extreme to administer mercury in the milder forms of fever, with a view to salivate, and equally so in those cases in which it is well known that result cannot be induced. The reasonable and conclusive deduction drawn from the evidence adduced as to the points now in question, is that mercury is not only useless, but pernicious and ought not to be used.

SEMEIOLOGY.

BY PROF. J. M. SOUDDER, M. D.

As the diagnosis of disease principally depends upon the symptoms present, the study of semeiology becomes a matter of the first importance to the physician. When we speak of symptoms or signs of disease, we understand them to apply to anything by which the presence of disease may be made known. We should, however, make a distinction between *signs* and *symptoms*; the first relating to those properties of the body, or of its secretions or excretions, which may be determined by any of the senses of the observer; whilst the second are those phenomena manifested by the action of the whole, or any part of the organism. Thus the form, color, size, consistence, weight, heat or odor, may be said to be physical signs or evidence of its condition, either in health or disease. So, also, the same signs applied to a particular organ or part, will give us an almost certain means of diagnosing its condition. But, in order to make these signs available, it is necessary to know, first the anatomical structure of the part, its form, size, color, &c., and second, its physiologi-

cal action. Thus, to a person who does not understand the structure and physical action of the different parts constituting the body, these signs which are of so much importance to the well-informed physician, are not available in forming a diagnosis. But there are certain of these signs which may be apparent to any; thus, in a comparison of parts which are naturally symmetrical, we can easily distinguish any considerable change in size, form, color, &c.

Symptoms, as already stated, are those phenomena produced either from a proper performance of all the functions of the body, constituting the symptoms of health, or from an improper performance of them; constituting the symptoms of disease. Thus, a proper degree of innervation, will cause a muscle to contract in obedience to the will; a great increase will cause spasms. A proper action of the excito-motory system of nerves carries on the functions of different parts of the body without the cognizance of the will (a symptom of health), an increased action produces spasms or convulsions, a decrease, paralysis (symptoms of disease). Symptoms, however, do not always constitute disease, and in proof of this we would refer the reader to the very common disease *hysteria*, in which we find urgent symptoms of local disease developed in different parts of the body, without there being any diseased action present. So, too, the patient may assume the symptoms of disease to answer his own purposes, and if the physician depended upon two or three symptoms to form his diagnosis, he would often be led astray.

The rule, then, should be, to arrange the symptoms in groups, never forming an opinion from one or two, but taking them all together, make them point to the existing disease. Or, we may obtain the same result by exclusion, throwing out all the symptoms that are common to several diseases, until we have only those remaining which are manifested by a special form of disease.

I will now present in a condensed form, the most prominent signs and symptoms

of disease, with their pathological causes, with the hope that it may prove advantageous, at least, to the young practitioner.

ATTITUDE.—The first thing that will strike the eye of the physician on entering the sick chamber, is the attitude or position of the patient. Thus there may be an unusual degree of languor, flaccidity of the muscles, and very little expression in the countenance, indicating either the invasion of a low type of acute disease, or a want of hopefulness in a chronic one. Or the bearing may be unnaturally bold and assured, as in sthenic fever, acute delirium or insanity. The position of the body in bed, often furnishes a symptom of much value; thus, if the patient lies in an easy and natural position, and can readily and easily change this for another, we would be almost confident of a favorable result; but if the patient lies constantly upon the back, especially if there is an inclination to slide toward the foot of the bed, it is a symptom of extreme weakness, or of loss of motion, or of some disease in which motion produces great pain. The body will be somewhat flexed, with the thighs drawn up, in colic and all inflammatory diseases of the abdominal cavity, this position taking off the tension of the abdominal muscles. A sitting posture, with inability to lie down, is a prominent symptom of certain affections of the thoracic viscera, which interfere with respiration, as phthisis pulmonalis, hydrothorax, emphysema, and asthma, and also disease of the heart and arch of the aorta. In this position the head is usually inclined forward, the thighs partially flexed upon the abdomen, the hands grasping some firm object to fix the shoulders so as to allow the respiratory muscles to act to greater advantage. In laryngeal or tracheal disease, or when these organs are compressed by a tumor, the head is usually thrown back, no matter what the position of the body may be. Persistence in the same position, is usually a symptom of organic disease of the brain. Restlessness, jactitation, or constant change of position, occurs at the invasion of acute inflammations, the idiopathic fevers, and

in many affections of children; when observed toward the close of a disease, it becomes a symptom of speedy dissolution.

PHYSIOGNOMY.—The countenance presents numerous changes in disease, which are of no importance in forming a diagnosis; yet there are some which are always characteristic. Among these we may enumerate, first, the *facies stupida*, a dull or stupid expression of the countenance, particularly of the eyes, which is nearly always indicative of a typhoid condition of the system, and depression of the nervous centers. Second, the *facies vultuosa*, characterized by a fulness and redness of the face, prominence of the eyes, injection of the conjunctiva, and distention of the eyelids and lips; this is observed in cerebral congestion, cardiac hypertrophy, and in some stages of typhoid fever. Third, the *contracted* or *pinched* countenance is the opposite of the one just described, the features appearing to have shrunk away, and the skin to set closely to the bones of the face. In this, the color is always pale, or of a livid hue. It is seen in acute affections of the serous membranes. Fourth, the *facies hipocratica*; it is thus described by Hippocrates: "The nose is sharp, the eyebrows knitted, the eyes sunken and hollow, the ears cold, contracted, and thin, and the lobes shriveled, or of a greenish lived, or leaden hue." It occurs in chronic disease immediately before death, and in acute disease which has been long protracted.

Six groups of physiognomical rugæ are distinguished by Dr. Siebert, which afford some assistance in forming a diagnosis. The *R. transversa*, situate in the forehead, and formed by the contraction of the occipito-frontalis muscle, express excessive pain arising externally. The *R. oculo-frontalis*, extending from the forehead vertically to the seat of the nose, express distress, anxiety, anguish, and severe internal pain. They also indicate in acute diseases an imperfect or false crisis, an impending efflorescence, and often a fatal termination. In severe headache, both the classes of rugæ just mentioned are observed. When

the former join the latter abruptly in a disease, paralysis is impending or commencing. The *linea oculo-zygomatica*, extending from the inner angle of the eye, somewhat below the cheek bone, indicates in children a cerebral or nervous affection; in adults, disorder or abuse of the generative organs. The *linea nasalis* begins at the upper border of the alæ nasi, and extends more or less curved to the outer margin of the orbicularis oris; it is strongly marked in phthisis and atrophy. The inferior portion of this line indicates gastric disease; the upper portion marks an affection of the upper part of the alimentary canal. The *linea labialis* extends from the angle of the mouth, and is lost in the lower part of the face; in children it generally marks a thoracic affection, which renders respiration laborious or painful. The *linea collateralis nasi* passes downward in a semicircular direction toward the chin, and externally toward the *linea nasalis*, buccalis, or labialis; it generally indicates chronic or obstinate disease of the thoracic or abdominal viscera.

In children the white ring surrounding the mouth, the swelled upper lip, retracted cheeks, and marked *linea nasalis*, are among the most certain symptoms of worms. The transient flushing of the face, and dark purplish lines under the eyes, are common symptoms of menstruation, and when well marked, of some irregularity in this function. The face is pale and waxy in anemia, yellowish in jaundice, of a citron tint in cancerous affections, and of a dingy light yellow in the inhabitants of malarious districts. A bluish leaden hue is present in asphyxia, Asiatic cholera and cyanosis; it is also met with, though more of a slate-color, in those who have long taken nitrate of silver internally.

THE EYES.—The expression of the eyes gives us important assistance in forming a correct diagnosis in some affections, as they are in such immediate relation to the brain, and having such an intimate connection with the basilar portion of it, which

is more often affected by disease (sympathetically) than any other.

Strabismus, or squinting, when not habitual, indicates an affection of the basilar portion of the brain, as in acute hydrocephalus of children, or great gastric irritation, especially from worms.

A staring look—the eyes fixed upon one object, from which it is hard to draw the attention—is always a strong indication of delirium. *A languid look*, the eyes lacking lustre, suddenly setting in, indicates great sinking of the vital powers, though it may be observed after violent and protracted vomiting.

Diplopia, or double seeing, and *hemipopia*, or half seeing, in acute affections, is indicative of softening or effusion within the meninges of the brain. In health it may be caused by debility of the retina, and is then a precursor of amaurosis. It may also be caused by gastric irritation, and is frequently only a hysterical or hypochondriacal symptom.

Musce volitantes, the seeing of objects which have no existence, as floating specks, sparks, flashes of light, dark waving lines, etc., when the person is in good health, is a strong symptom of amaurosis. In acute disease it is symptomatic of inflammation of the brain. It is sometimes a symptom in long-standing dyspepsia.

Dilatation of the pupil of the eye is a symptom of cerebral congestion, though care should be used to inquire whether any agents have been employed that would cause it, as belladonna, stramonium, etc. *Contraction* of the pupil is a prominent symptom of inflammation of the brain; but dilatation and contraction depend in a measure upon the intensity of the light. The physician, when examining the eyes, should, when there is great dilatation, have the patient so placed that a strong light will fall upon them; if they do not then contract, we should consider it a symptom. So in contraction, the room should be darkened, so as to admit no more light than will be sufficient for the examination; if the pupil then returns to its natural size, we would not be justi-

fied in considering it a symptom of disease.

Exaltation of vision, or great sensibility of the eye to light, when not caused by ophthalmia, is a symptom of inflammation of the brain and its meninges, or some acute nervous affection. This sense is diminished in many diseases, and totally abolished in some affections of the eye and brain. [To be continued.]

VALEDICTORY ADDRESS.

Delivered in behalf of the Graduating Class of the Eclectic Medical Institute of Cincinnati, May 13, 1858.

BY CHARLES T. HART, M. D.

LADIES AND GENTLEMEN:—You have assembled this evening to witness the honors of this Institute conferred upon the gentlemen who have been adjudged competent to receive them. To you these exercises are of no special import; but to us, who have just received our degrees, they are replete with the deepest interest. On this occasion, we reap the rich reward of months and years of toil. Animated by the foreshadowings of this event, we have marched steadily onward, up the rugged steeps of science. Cheered by the anticipated pleasures of this moment, we have investigated, with unwearied diligence, the cause, the course, and cure of all the "ills that flesh is heir to." With this object in view, we left our homes and friends, with all their endearments and pleasant associations, and have taken our abode among strangers in a distant city. For many months have we performed the arduous duties of a student's life; have set attentive listeners during the usual course of fourteen hundred lectures; have passed the ordeal of an examination; have been pronounced by our Faculty competent to discharge the responsible duties of physicians, and this night have received our degrees of Doctors of Medicine.

Is it wonderful that our hearts should beat with joy, and our bosoms swell with

rapture in feeling that our task is done, and in viewing the prospect that now lies before us? Ere to-morrow's sun shall have dipped behind the waters of the broad Pacific, many of us will be hurrying onward to the embrace of loved ones at home. To-night is broken the thralldom and irksome routine of college life; to-night we receive the right hand of fellowship, and are welcomed as brothers to that band of noble spirits who are doing battle in the cause of suffering humanity; to-night, after much labor and toil, we have reached the eminence on which once stood the immortal Cullen, Harvey, Hall, and a host of others, and see stretched before us the same broad ocean that once met their enraptured view, and from whose waters they drew treasures that have enriched humanity, and caused their names to be inscribed upon the "scroll of immortality;" and we know that those same depths still hold gems of science, pearls of priceless worth, which we by searching may discover. Such reflections and visions render this night a period in our histories abounding in present happiness, bright hopes and glorious anticipations.

But a shade of sadness steals over these happy thoughts, when a voice whispers words of parting and dissevered ties. Intimately associated, as we have been for the past eight months, and moving harmoniously onward in the pursuit of a common object, the most brotherly feelings have sprung up between us, and we have come to regard each other as members of a common family. But now the hour of separation has come. To-morrow's light shall witness our parting, perhaps to meet no more for ever. The familiar faces that have greeted us day by day shall be seen no more on earth. Our close attachments and friendly intercourse must now be broken, while each, yielding to the stern decrees of fate, departs to act his piece on life's theater. Moreover, with the close of these exercises, the agreeable relations of pupils to teachers will cease to exist between us and our worthy Faculty. To them we have become attached by the

strong tie of sympathy and friendship. They are, and ever will remain, cherished objects of our affection. And though 'tis true we long

"—to hear the watch dog's honest bark,
Bay deep-mouthed welcome as we draw near home,"

Yet, as the hour approaches which shall separate us for ever from our companions, our professors, our alma mater, we feel that strong ties bind us to them; and it is with profound regret we bid them all a long farewell.

Nor is it without a pang of sorrow, ladies and gentlemen, that we leave your beautiful Cincinnati, teeming with its active throng of busy citizens, and marching with rapid strides to greatness, wealth and importance. You may be justly proud of your noble city. An infant in years, she is a giant in size. The rapidity of her growth is unprecedented. A little more than half a century ago, the hoot of the unsocial owl and the stealthy tread of the beast of prey, could be heard where now echo from morn till night, the din of manufacturing, the jargon of mingled tongues, and the bustle, hum and confusion of a busy people. But a few years have passed since the swarthy savage rested his weary limbs under the shade of the wide-spreading forest trees, which stood where lofty spires now pierce the clouds, and magnificent edifices groan beneath the weight of wealth drawn from every clime. Italy may boast of the beauty of her Florence, the city of Dante and Galileo; of her Rome, once the mistress of the world, whose senate chambers echoed the stirring eloquence of a Cicero; Greece may justly contemplate with pride the former grandeur and magnificence of her lovely Athens, once the center of learning and refinement, now sacred to poetry and song, consecrated by the sage teachings of a Socrates and Aristotle, and immortalized by the divine philosophy of her Plato, the soul-thrilling appeals of her Demosthenes; England, France and other nations may glory in their mighty emporiums—but America, and America alone, can show great cities

suddenly springing into existence, amidst her forests, as if called up by the magician's wand; prominent among which stands the Queen City of the West, forming an important link in the national chain which binds North and South, East and West, together in unity of interest and mutual dependence. Her march is onward. Fed by the produce of a country of incomputable wealth and richness, she is destined to remain as she is, the first city of the "mighty West." Her importance is acknowledged throughout our whole country. From hence is sent to us the "staff of life," the bread and meat which forms the bone and sinew of our yeomanry; while in turn, upon the soil of my own native Georgia, is raised the material which clothes your "outer man," adorns the persons, and adds a charm to your "maidens fair." We leave your city with regret. The civility, urbanity, and hospitality of your inhabitants have won our admiration, while the beauty and fascinations of your lovely damsels, claim the humble homage of our hearts; and we shall go hence speaking in terms of highest commendation of your beautiful city, and kindly memory will often linger with fond delight over scenes of pleasure we have here witnessed.

Gentlemen of the Faculty—Allow me, as the representative of the graduating class, to return our warmest thanks for the interest you have manifested in our behalf, and for the fidelity with which you have discharged the arduous duties of your position. We appreciate the difficulties under which you have labored, admire the gallantry with which you have overcome every obstacle; and now that the Eclectic Medical Institute is placed upon as proud and firm a basis as any school in our broad land; as now, through your untiring exertion, Eclecticism is rapidly advancing and gaining the confidence of the public mind, we glory with you in the signal triumphs you have won, and shall ever breathe your praises as those justly deserve, who devote their energies and sacrifice their interests to the glorious cause of scientific reform. Nor shall we lose an

opportunity, by word or practice, to repel the base insinuations of those who, fearing our advance, labor to impress the public mind with the belief that Eclecticism is quackery, and that here the fundamental elements and pure science of medicine are ignored. We will strive to show to them and the public, by our knowledge and skill, that no school possesses greater facilities for imparting a thorough and practical medical education; that our worthy anatomist has no superior and few equals in his department, and has spared no pains in lecturing on the subject, and impressing upon our minds the name and location of every tissue in the human organism; that our physiology and chemistry are the same, our surgery more successful, our pathology more correct, while our *materia medica* embraces all they know and many valued agents beside, which their sullen prejudice and blinded vanity condemn as useless, because discovered by us. We go hence with lively impressions of the necessity of maintaining the honor and dignity of our peculiar creed.

With a due appreciation of your politeness and gentlemanly deportment toward us while under your teaching, let me, in bidding you a final adieu, tender again my thanks and assurances of profound esteem. Under your control, may our loved *alma mater* ever shine the brightest star in the galaxy of Western schools, and may each one of you long live to fill with distinction and honor the positions you now hold.

Gentlemen of the Graduating Class—In taking my final leave of you, allow me to offer a word of admonition and encouragement. Our pilgrimage as medical students is ended. Having attained the object for which we assembled in this city, we are now about to depart to our respective homes, and offer our services to the public. In the parchment which each one of you has received, you have a guarantee that you are qualified to discharge the duties which you have assumed. To your care will be entrusted the lives and dearest interests of your friends and neighbors. It is indeed a solemn thought! And here

the question must suggest itself to every mind, Am I prepared? Let him who doubts lose no time in increasing his stock of knowledge. But it is well for all to doubt, for then you will be stimulated to continued application, deep research, and profound thought.

If there be any among you who thinks, because the degree of Doctor has been conferred upon him, he knows all, and ceases further application, let me tell him, it is worse than madness; let me beg him not to listen to the syren tongue of self-conceit that would flatter him into a belief of his own omniscience, for it will blast his reputation, steal his bread, and lay the blood of innocence upon his conscience. Our studies have just begun. We have only entered the vast labyrinth of medical science. Guided by the clue which has been placed in our hands, let us explore its intricate mazes and hidden chambers, seeking carefully for the treasures they still contain. All is not yet discovered. Disease, in a hundred phases, still defies the skill of the most experienced. But disease, in its Protean form, has its remedy, either buried in the minerals of our earth, or blooming into life and beauty in the expanding flower. Then search the arcana of nature, and reveal her hidden powers of cure. Find an agent that will allay the pain and quell the smartings of disease, and you will confer upon humanity a priceless boon, and gain a name imperishable as time, and a reverence more to be envied than the blind homage paid by deluded thousands to the memory of the author of the Koran.

No profession, gentlemen, is co-equal with medicine in dignity and importance, or the opportunities it presents of truly benefiting mankind. Dating its origin back to the days of *Æsculapius*, it has, through revolving cycles of years, accumulated within its limits all the learning of all the sciences. It is truly the learned profession. Many are the noble intellects which have contributed to its mass of lore; and though the mortal bodies of many of these have long since mouldered into dust,

it will still be your daily privilege to hold communion with them in the writings which they have left, and to watch the corruptions of their genius, which are still visible above the horizon of the scientific world. Nature, with all her beauties and mysteries, will be your study, and the alleviation of pain your special mission.

"Tis yours to bring bright hope, to lift those sunk in gloom,

To call the dying back to life,
To snatch youth, love and beauty from the tomb,
To save the father, child and wife."

But, gentlemen, in entering upon your profession, you must not expect a life of ease and comfort. A public servant, you will emphatically be—subject to the beck and call of any and every one. Driven by a necessity as stern as fate, go you must, regardless of weather, time or inclination. You will be exposed to tempests, snows and heat—to contagions and infections. You will see disease in all its loathsome and disgusting forms—witness sorrows, afflictions and griefs, and deal with death in all its terrors. It will be your duty to administer comfort and hope as well at the pallet of misery and want, as by the bedside of wealth and splendor. But let not such prospects deter you. Actuated by a pure desire of doing good—stimulated by the consciousness of a noble purpose—press onward in your mission of mercy. And when you shall have run your course upon this earth, and come to surrender your existence to Him who gave it, though your departing spirit may not be cheered by the reflection that posterity will rear some grand mausoleum to record your mighty deeds; that an infatuated populace will deify your person and worship you as a god; though poetry may not sing your valorous achievements, nor eloquence lend her God-like tongue to breathe your praises—yet, in that trying hour, if you have done your duty, your sinking spirit will be sustained by more cheering thoughts than by visions of the gaudy pageantry, solemn requiems, and splendid monuments which record the pride of the ambitious great. Every thought of a deed of kind-

ness done, pain relieved, or sorrow comforted, will be a sweet flower added to the wreath of consolation that shall encircle your brow, lending its fragrance to assuage the pain and dispel the terrors of the dark passage to the tomb. And in looking back upon the world you are about to leave,

"With keenest pride you may survey in living men,
Eternal monuments of skill,
Knowing if man doth e'er a God-like act, 'tis when
His science conquers mortal ill."

Nor will the dark waters of Lethe roll over your memory, and you die "unwept, unhonored and unsung." The tears of that fond mother whose babe you once snatched from the jaws of death, will be a sacred libation to your memory. The good and true will proclaim your virtues, which will find a responsive echo in the breasts of the afflicted you once relieved; while the sacred fire of gratitude will burn upon the altar of the hearts of those to whom, in life, you have administered comfort and hope. Thus will your last moments be peaceful, while bereaved hearts and cherished affections will be your sacred memorial.

In conclusion, gentlemen, let me say that each one of you has my earnest wishes for his continued prosperity and complete success. May every aspiration and cherished desire of your hearts be realized, and may you long live bright ornaments to society and shining lights in the cause you have espoused. In going forth to the world, remember that the interests of Eclecticism, our Institute, our reputation and humanity, all call loudly upon us to gird our loins for vigorous exertion. Much is to be done; opposition and persecution you must expect. Unfortunately for the world, there are certain classes of our brethren who hate, ridicule, and oppose the principles which we endorse. Hence the necessity for us to lay aside all sectional feelings and prejudices, and uniting in solid phalanx, offer mutual protection to each other, and battle manfully for our common cause. Armed with the tempered steel of Eclecticism, be not ashamed or

afraid to unfurl your banner boldly to the breeze, knowing that ere long, despite all opposition, it will wave in triumph throughout the length and the breadth of our glorious land. We shall soon separate, to meet no more. As a parting boon, I beg of you, that amid other scenes, whether of prosperity or adversity, if your thoughts chance to revert to the events of this evening, you will remember that my last appeal to you is, in all the walks of life, keep justice and honor in view, and "let all the ends thou aim'st at be thy country's, thy God's and truth's."

My task is ended. It only remains for me, Professors, Brothers, once more, to bid you, farewell.

REPORT OF TWO CASES.

BY DR. A. B. FRYEER.

I. CONGENITAL GASTRIC IRRITATION.—In the month of March, 1857, I was summoned to the house of Mr. S., for the purpose of examining, and relieving, if possible, his little afflicted son, a fine, healthy-looking little fellow, about eleven years old, with flushed face, full cheeks, sanguine temperament.

His parents informed me that a few days after his birth he was suddenly taken with a violent paroxysm of gastric irritation, ejecting from the stomach every thing taken in the form of medicine, food or drink. After a continuance of three days, the stomach became tranquilized, and the child assumed a healthy appearance for about three months, when the affection returned, and has continued to return, at intervals of three months, ever since. He has no acute pain whatever during the paroxysm, though he becomes immensely reduced in the short space of three days. He also resumes his health and vigor with incredible rapidity, looking, in a few days after the attack, as though he had never been sick in his life.

Treatment.—After administering some of our most reliable anti-emetics without any

favorable result, it occurred to my mind, that a thorough application of the douche-bath might have a favorable influence, as I was satisfied it originated from derangement of the gastric nerves. The boy was laid on his back, and the epigastrium exposed to a continuous stream of water falling six feet, for several minutes. This was several times repeated, at short intervals. The spell passed off in a day or so after this application, and has never since returned. He has enjoyed undisturbed health now for about fifteen months, and I am of the opinion the disease will return no more.

II. STRICTURE AND PARALYSIS OF THE ESOPHAGUS.—E. S. J., aged 30, was taken with pneumonia, in the month of January, 1857. He unfortunately fell into the hands of an Allopath, who carried him through the usual depletory and mercurial course, from which he partially recovered after several months' confinement, leaving him with a stricture of the esophagus, located near the inferior extremity, with paralysis of the superior extremity of the same organ, which rendered deglutition very difficult all the time, and not unfrequently impossible. In this deplorable condition, he presented himself to me, on the 7th of June, 1857, for treatment. Prognosis, of course, unfavorable.

Treatment.—Postulated the spinal column thoroughly with the irritating plaster, beginning at the first cervical vertebra, and extending down to the last dorsal. This counter drain was kept up for near a month; the alkaline bath used every night. The bowels were kept regular by the use of enemas, and regular exercise on horse-back enjoined.

June 20th,—Thinks he is improving a little. Some pain in the region of the right lung—relieved by the external application of the tincture of iodine, morning and night, for several days. Such has been the difficulty of swallowing, that it is impossible to give medicine inwardly with much effect. I however gave tincture belladonna in drachm doses, three times a day, for the purpose of relaxing the stricture, and have

applied stimulating liniment freely to the neck and chest.

Aug. 6.—No improvement. I have abandoned the case.

Mr. J. is yet alive (April, 1858); he goes as long as two or three days, sometimes, without being able to swallow any thing. His case is truly one of the utmost distress imaginable. If any of my brethren in the profession have met with such a case as is above described, and have treated it successfully, they would confer a favor on suffering humanity, by giving their treatment immediately in the *E. M. Journal*. The probang has also been freely used in his case.

VERATRUM VIRIDE.

BY J. M. ROK, M. D.

As the only true method of ascertaining the real value of any medicinal agent is by actual experiment, and as my experience with this article does not agree with that of some others, and especially with that of Dr. H. Harrison, given in the May number of the *E. M. Journal*, I have thought a few words might not be out of place. I have used the veratrum for two or three years, in typhoid fever, pneumonia, croup, and other inflammatory diseases, and I should hardly know how to treat such diseases without it; but so far from its "breaking" typhoid fever "in from twenty-four to forty-eight hours," I think it less beneficial in this than in almost any other inflammatory disease. It is true that it will completely control the circulation, and consequently the fever; but as the arterial excitement and fever are only symptoms and not the disease, they may be controlled, and still the disease not be "broken!" The circulation seems to be less affected in this disease than in almost any other of equal severity; at least it is a very uncertain symptom, and this is why veratrum does less good in this than in other diseases. If I should "break" up typhoid fever with veratrum or any other

medicine in "twenty-four or forty-eight hours," I should seriously suspect my diagnosis. I have lost few, if any patients with typhoid fever, but it generally runs from one to three weeks, in spite of veratrum and all other medicines. I have kept patients under the influence of veratrum for two weeks, and still they had typhoid fever. I consider the veratrum decidedly the best agent for controlling the action of the heart, that I have ever used, and for this reason it has a very beneficial effect in all active inflammatory diseases; but as typhoid fever is not a disease of high arterial excitement, at least in Michigan, I think it far from being a specific, though undoubtedly a very important agent in its treatment. I use the con. tinc. of B. Keith & Co., New York.

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

NEUROLOGICAL ABDOMEN OF THE HEAD.

But few are aware that the head possesses any organs analogous in function or physical organization to any portion of the abdomen. In this, as in many analogous cases, it seems the world has been mistaken. This mystery, with a multitude of others, would have still remained unknown and hidden from the philosophers, physiologists, and anatomists of the nineteenth century, had it not been for one far-seeing sage—an intuitive genius and philosopher of rare, yea, unequalled powers. In the caption to this article, the reader will at once infer the discovery of another important neurological organ, and in this he will not be mistaken, for it is scarcely less brilliant than those already considered.

Our author informs us that he has discovered that the *cranium* contains bowels, or some organs in the skull upon which he can act, or which may be acted on, thereby causing *purgings*. As this physio-

logical function usually depends upon the existence of bowels for its accomplishment, the reader is left to infer that our author has actually discovered these needful organs of defecation in the brain. Through which of the *foramina* of the skull purging takes place, does not appear from the text; it is presumed, however, that it must be through the *foramen magnum*, following the analogy of the *other* or *lower* abdomen.

The text may be found on page 369. It reads thus: "The organs which control the alimentary canal, have their locations upon the abdomen, in a crescentic line, extending from the lower portion of the ribs to a position between the umbilicus and groin. Manipulations along this line produce the same peristaltic acceleration as upon the same region of the head."

How important is this information to the practical physician! Let all read it and wonder!!

What organs control the alimentary canal? Does the skin—the muscles—or peritoneal membrane constitute these crescentic neurological purgative organs? Our author says they exist in the shape described. He furthermore says, "Manipulations along this line produce the same peristaltic acceleration as upon the same region of the head."

Do these purgative neurological organs of our author exist in these circular stripes of the abdominal parietes, in the entire abdominal walls, or in the bowels themselves, they being nature's own channels of defecation? Will "manipulations" along these crescentic lines, any more than over the superior or inferior surfaces of the abdomen, excite the peristaltic action of the bowels? Is not the intestinal canal a continuous tube, and does not each of its parts contribute its due proportion in the act of defecation? Are not all parts of this tube alike stimulated by frictions upon the surface? Is it scientific or grossly absurd to talk of manipulating along two narrow strips of the abdomen to excite the peristaltic action of the bowels, thus crossing the track of the intesti-

nal tube a hundred times, instead of following its numerous convolutions, and operating alike over every part of them? Are not the sources of peristaltic action inherent alike in every part of the bowels? Is not the whole intestinal tube endowed with its own peculiar sensibility? Then what sense is there in the grave assertion, that two crescentic lines on the surface control their peristaltic action?

Had our author informed his readers, that the whole intestinal tube was *one continuous neurological organ*, endowed with a high degree of sensibility, and that external appliances, or internal irritants, often produced "peristaltic acceleration," finite beings, and the medical profession generally, might have seen some reason in his proposition, and better understood our sarcognomist; but as it is presented to our view, it seems very much like vapory humbuggery. Perhaps some young anthropologist may comprehend this mysterious species of Eclecticism. But the beauty, gist, and scientific marvel of the whole matter is, that manipulations about the navel should act upon the bowels in the same manner as when made "*upon the same region of the head*;" that is, when extended from the lower ribs of the head, to a point between the navel and the groin of the head. The language of the text admits of no other interpretation, for he gravely asserts that the "*same peristaltic acceleration*" follows when he rubs the *same region* of the bowels, that occurs when he rubs "*upon the same region of the head*." The irresistible conclusion, then, is, that our author has found ribs, a navel, groins and guts in the skull, for he positively declares the "*same region*" exists in both head and belly. If the reader judges from the text, he is left to infer that our author, the great anthropologist of the nineteenth century, has practiced medicine for many years, and uniformly, and with certainty, found he could purge his patients by rubbing their bellies, as well as "*upon the same region (belly) of the head*." He certainly has adopted the practice—tested its efficacy—found it successful, or he would not declare

"the same peristaltic acceleration" did absolutely follow his manipulations upon these remote and dissimilar parts of the human body. Dr. Jos. R. Buchanan would not—he could not lend his influence to deceive his pupils—young anthropologists—nor would he inculcate falsehood—wild theory—silly speculation—no, not he; therefore we are bound to believe he has practiced in accordance with his published word and text-book on Eclecticism. No other inference can be drawn from the text—no other deduction flows from his language. But who would—who could have believed the brain and abdomen analogous—yea, identical in sensation and "peristaltic acceleration?" who could have believed that our scientific and practical Eclectic, Ex-Professor Buchanan, could have rubbed upon the same parts of the head (belly), and upon the same parts of the abdomen, and produced the same results in both cases—to wit, defecation or purging? I would humbly inquire of our Ex-Professor of practical Eclecticism, if these manipulations of his, either upon the head or belly are reliable as purgatives in obstinate constipation, apoplexy, and other urgent cases; and whether this practice has proved uniformly successful in his hands? What a pity it is that press of business, and haste to furnish young neurologists with a text-book, (our author's Eclecticism,) prevented him from giving the true location of the peristaltic organs within the abdomen of the head. Science has doubtless lost much by this omission. It is not yet too late to correct it, and let every lover of science implore our author to do it. We earnestly desire that he, as the greatest of all the great pioneers in the cause of philosophy, philanthropy and science, will inform us where he places his fingers upon the cranium of man to excite its bowels, or his bowels, and cause defecation.

It may be presuming too much to ask a philosopher and a great scholar for this information, yet, knowing no great man would so boldly assert a proposition of universal interest, without having tested it

and proved its truth, and being prompted by a laudable desire to acquire demonstrable knowledge, I venture to ask him what kind of manipulations upon the head he has found most effective, and the precise points where he has made them, and the class of subjects or patients upon whom made, who have been purged by them. Will our author condescend to give the information sought? Our neurologist evidently thinks nothing of locating a neurological belly in the brain, and affixing thereunto neurological organs of purgation; nor does he falter when truth and science command the creation of organs of mentality on the buttocks, back, pubic region, &c., as is proved by his progeny of organs, "Hate," "Crime and Selfishness," "Combative and Destructive," "Insanity," and many others.

Who knows but what the manipulations of young, careless, and inexperienced anthropologists upon the neurological organs of defecation of the head, may not have caused diarrhea, dysentery, cholera morbus, Asiatic cholera, and many other formidable diseases? Let physicians be cautious how they manipulate upon the skull, especially if it be empty, or but partially filled, lest they produce a dangerous peristaltic acceleration of its bowels, by acting upon Dr. Buchanan's neurological purgative organs of the brain. What can be more brilliant than these discoveries of our author? He has no competition in the new field of science in the wide world—let nations wonder! *Vive la Bagatelle!*

"RESPIRATION."—Another of the "brilliant discoveries" of ex-Prof. Buchanan consists in the detection of the new neurological organ of "Respiration," which he has located on either side of Peggy's navel. Its length, breadth, depth, &c., are not given. The copper has been again tossed, and ever true to the purposes for which it is used, it decided the existence of two neurological organs, by this name, on either side of the navel. Should the copper not be used, by drawing cuts or by some other equally precise and reliable mode of determining the existence of neurological or-

gans, their existence, names and location, might be ascertained with equal certainty. But here let me ask, has this circumscribed spot about the umbilicus any thing more to do in controlling, modifying, promoting or performing respiration, than any other spot of equal size on the surface of the abdomen? That the abdominal parietes co-operate with the respiratory muscles of the chest, in the act of respiration, is not disputed, but does not each and every square inch of its surface alike aid in the performance of that function? Is it not both silly and ridiculous, to attribute an exclusive function of the kind to a little spot, or transverse section of the abdominal muscles, its skin or peritoneal membrane? If neurology, or neurological sarcognomy, be true—if an exact science—why is there no definite size affixed to the organs? Can our author point them out? and if so, can you, Eclectics, handle them as the anatomist handles and carefully examines the lungs, stomach, and each separate muscle?

"SENSITIVENESS."—The text affirms that "along the margin of the ribs, we have Irritability, Fear, Melancholy, Disease and Sensitiveness, and just above the latter lie Ideality and Imagination." (See Anthropology, page 388.)

The organ of "Sensitiveness" is located across the epigastrium, within the great "Region of Relaxation," and immediately below the seat of the "Soul," and the "Region of Virtue and Intelligence." The reader can see the name of the organ written, as stated, across the epigastric region of Peggy, but its boundaries, as usual, are undefinable. It being an imaginary organ only, and determined by the toes of the copper, or some mode equally vague, it matters not whether the student enlarges it in his imagination to quadruple its hypothetical size, or reduces it in the same ratio. No violence to the science of neurology will be sustained in either case. It appears to be but heads or tails for choice, and no matter which wins.

In speaking of the causes of hypochondriasis in this connection, our author says: "All this is explained by the fact that

along the margin of the ribs we have Irritability, Fear, Melancholy, Disease, and Sensitiveness, and just above the latter, lie Ideality and Imagination."

Reader, but look at this list of names which our author says are the names of so many separate, distinct and independent neurological organs, stretched along the margin of the ribs. Observe their import. If the names of this group of morbid and depressing influences—are not sufficient to awaken the idea of disease, though but seen or heard spoken, and cause hypochondriasis, then nothing will. But can our author locate either of them except in his own fruitful imagination? Do such organs really exist? or is this group of long names but bombast and senseless jargon? Is not every part of the body endowed with "Sensitiveness"? May not the same be said of his organ of "Alimentiveness"? He has located this organ along Peggy's right hypochondrium. This organ is said to prompt the appetite, induce hunger, and exercise a presiding influence over the nourishment and support of our bodies. Can our author point out a *fixed, definite and local* organ of this kind, possessed of the functions which the name implies? can he show its length, breadth, and size?

In like manner, can our author prove the existence of any such neurological organs on the abdomen as "Irritability" "Fear," "Melancholy" "Ideality" and "Imagination," except by and through his own *ideality or imagination*? Empty and vapory speculation never has and never will establish the existence, location, magnitude, or functions of organs which are the mere creatures of a distempered fancy.

"DISEASE."—Our author declares a special and independent neurological organ exists, which he has called "Disease." He says (see page 388): "The location of Disease upon the body is at the margin of the ribs, exterior to the epigastric region. The name given to this region shows by its popular sense that the associated faculties are rather morbid and depressing."

This new organ is located on Peggy's

abdomen by our author, within the great "Region of Relaxation." Two organs of the same name appear to exist—one upon either side, each forming a segment of a circle with the arch upwards. They are situated just below the diaphragm, with their lower extremity projecting laterally from the umbilicus.

Is there any meaning, or anything appropriate in the name and location of this organ of sarcognomy? If so, the writer would most thankfully receive instruction. Are not all parts of the body liable to disease? Then why locate it here or there? And why not locate it on the head, chest, other parts of the abdomen, or elsewhere? If the popular sense of the term has associated with it morbid and depressing influences, as asserted by our author, does that prove disease exists in this or that part specially; or that that spot or that particular part of the system has any power to attract, repel, control, prevent, produce, or contract with or for disease? Are those two points more susceptible to diseased action than many others? Had our author marked the name "Disease" as a special neurological organ on any other spot or part of the body, whether upon the back, buttock, leg, or big toe, and although the location might be wholly fanciful or imaginary, yet, would not the very name cause an association in the mind of "morbid and depressing influences" in the mind of every reader, as readily and with as much certainty as where now located? That disease may arise in the organs beneath the parts over which the word "Disease" is written, will not be disputed; and such would have been the case had it been placed over any other points; and we apprehend disease might arise on any given portion of the surface, or in any of the organs or tissues beneath, did the name "Disease" not appear as an index on the right and left side of Peggy's epigastrum. The word *disease*, written upon a part, will not in itself constitute disease, either upon the surface or in the deep-seated parts beneath; nor will its absence prove that the same parts are not subject

to disease, or that it does not already exist.

Neither metes nor bounds are given to this organ of Sarcognomy. All is vague, indefinite, uncertain—merely fanciful—not even favored with the plausible pretence of guess-work. It appears like tossing the copper, shouting heads and tails, and then locating neurological organs as heads or tails win. If common sense has anything to do in locating and naming these fancied organs, it does not appear from the text.

DYSMENORRHEA.

BY JOHN P. ALLISON, M. D.

By the term *dysmenorrhea*, is implied painful and difficult menstruation. Another, and perhaps equally as good a definition is, *catamenia* passed with great local pain, especially in the loin.

This very troublesome, and sometimes incurable affection, may be classified in two kinds, or exist in two conditions; the first may exist permanently as a constitutional condition, or in connection with other general and local morbid states. Secondly, it may be the result of the presence of uterine and ovarium disease, or of a contracted or rigid state of the os uteri and vaginal canal.

Constitutional Dysmenorrhea.—This form of *dysmenorrhea* is quite often observed in females whose uterus appears naturally predisposed to active inflammatory congestion, and with whom menstruation is very abundant, and is for the most part preceded and followed by a thick, viscid, white, leucorrheal discharge. Yet this is by no means an invariable result. In such women the *dysmenorrhea* is evidently functional, or the result of the constant distention, produced by the over-congestion, or of the peculiar susceptibility of the uterine enervation or debility. The pain is by no means the same in intensity at all periods, but varies as much and often as the hygienic and moral circumstances tend to

govern the case. Under the influence of fatigue, excitement, mental anxiety, and often without any definite or appreciable cause, it may be more painful, and last a much longer time. If a permanent increase of pain occurs, it may very probably be considered as ample grounds for suspicion that an inflamed and highly vascularized condition of the os uteri is present; or if this happen not to be the true pathological condition, we may rationally conclude that some ovarian obstruction has obtained.

Accidental Dysmenorrhea.—This disease may occur accidentally in a female who usually experienced no serious difficulty or inconvenience at the menstrual flow, as the result of over-excitement and fatigue, from exposure to cold, or the effect of many other temporary disturbances so frequently found acting very deleteriously to the general health. When this is the case, the dysmenorrhea is likely to have arisen from a congested or atonic state of the numerous blood-vessels so peculiarly distributed to the uterus and its sensitive appendages. A case of this kind, so temporary in character and intensity, usually passes away with the cause that produced it. When menstruation, naturally easy, suddenly becomes very painful, we are, in my conviction, warranted in the assertion that some *local disease* is at the bottom of the difficulty. Such a change, according to Prof. Bennett, and other reliable writers, does not take place without a cause, and that cause, generally speaking, is inflammation of the cervix or body of the uterus; dysmenorrhea being one of the most prominent, if not altogether the most ordinary and constant symptoms of the disease.

Sub-acute inflammation, as well also as that of the most acute and active character, of the ovaries, may give rise to dysmenorrhea; although there may be other pathological conditions, that, perhaps, act as a cause more often than a morbid condition of the ovarian bodies. In a large majority of cases, I am disposed to attribute the heat, swelling and pain in the ova-

rian regions to a simple manifestation of the sympathy always present between the uterus and its appendages. Another very laudable cause of dysmenorrhea, may be that of a contracted cervical opening or canal, with that same condition or unpleasant difficulty existing in the os internum and vaginal canal. We are often led to the erroneous conclusion that the cervical canal was constitutionally too small, if we should fail to remember the swelling, hypertrophy and contiguity of structures, as well as similarity in structure, when the true cause, so well calculated to deceive the unwary and casual observer, was overlooked. I say, then, it often arises from inflammation of the body or a portion of the body of the uterus. This inflammation may be more difficult to cure or subdue, because of its situation, in connection also with the peculiar anatomical construction. I will more particularly notice its mucous membrane or internal lining. It is of a whitish-red color, lined with a cylindrical epithelium. This membrane very plainly differs in appearance and structure in the body and fundus, and in the canal of the cervix.

In the body and fundus of the uterus, it is much more delicate, without, however, any papillæ. In it are found very many minute glands, resembling in a remarkable degree those of Liberkuhn, situated in the intestines. In the membrane lining, of the cervical portion of the organ may be seen the delicate glands called *plicæ palmate*. Ramsbotham says in his excellent work upon obstetrics, "In this region are found a great abundance of closed vesicles, which, like the Graafian follicles, might be regarded as closed glandular follicles, bursting periodically."

These sensitive and delicately arranged congeries of mucous sacks, containing as they do, such minute nuclei, are often overlooked in the administration and local application of medicines, which tends to retard, if not to aggravate the difficulty.

The uterus, as I said previously, is amply, and I might say profusely supplied with arteries, veins, nerves, and lymphatics,

a brief description of which, in this place, will not be out of place.

The arteries are derived from two sources; one set, the spermatic, descend from the aorta; the other, the uterine arteries, are given off from the internal iliacs and anastomose freely with the spermatic, and their numerous small branches. By these two sets of vessels, the whole organ is supplied. The veins accompanying their respective arteries, and bear the same name. The nerves also are from two sources; the one from the sacral flexus of the cerebro-spinal system, the other from the great sympathetic. The lymphatics or absorbents run in two directions, one into the lumbar and sacral glands, and the other through the round ligaments into the glands of the groin. Thus, we have briefly, though somewhat imperfectly traced the means of the physiological sustenance, from which, and by which means, we are credibly informed, the uterus and its appendages depend for the performance of its natural functions. The attack of dysmenorrhœa, when that much dreaded disease is of a constitutional character, may, and often is, much palliated, but I cannot think it is entirely removed by any kind of medical treatment. A great deal of subsequent uterine disease would most probably be spared those who are so unfortunate as to constantly labor under its baneful effects, were mothers generally aware that its existence laid the sure foundation for uterine inflammation for life. This deplorable condition is by no means uncommon among the fairest daughters of earth, who are closely confined, and forced to a strict observance of the rigid and unalterable rules and regulations of many of our public schools. It not only spends its poisonous influence upon the physical, but takes insidiously a firm, ruinous, and lasting hold upon the mental faculty, thereby rendering what was once the most beautiful and lovely, a ruined blackened mass, too heartrending to behold. The tendency of the neck and body of the uterus to become hypertrophied under the influence of chronic mu-

cous membrane inflammation, or of acute and chronic inflammation of the uterine tissue proper, is explained by the extreme physiological facility with which the uterus enlarges under the influence of physiological and morbid uterine stimuli. Yet among some of our best authors, we are told (and I think very properly) that acute and chronic inflammation of the proper tissue of the body, and in fact the whole of the uterus, may, and often does exist quite independently of mucous membrane inflammatory conditions.

From what has been already said, it seems a reasonable and rational conclusion, that this is a disease so variable in its character, so uncertain in the period of attack, and so distressing to its victims, that we are to some extent, justified in the assertion that it is difficult to cure, and more especially is this the case when the disease is of a constitutional type. The treatment is as varied as the most sagacious mind can imagine. But by reasoning from analogy, that its most common and frequent cause is cold, a very rational course of medication readily suggests itself to our mind. With this view uppermost, I know the palliation, and perhaps entire and final eradication of the disease would very materially depend upon warmth and rest, which soothing means I should certainly adopt, as the first step toward a successful treatment. With this idea I would cause the patient to be seated over a strong decoction of bitter herbs, such as *tanacetum vulgare*, *anthem. cochula*, *humulus lupulus* and *nepeta cataria*, at the same time using the warm pediluvia with brisk friction. Place her in bed with warm bricks or sand-bags to the back and feet, with a poultice of wheat bran and stramonium, as hot as the patient can bear it, to the abdomen. When the distressing symptoms have been removed, and the patient becomes quiet and easy, a course of treatment should be adopted to prevent a return of the disease, or if it should, to so treat the case, as the severity of the symptoms will be much lessened. There are various medical agents, principally anti-

spasmodica and narcotics, which may be administered with much and decided benefit in dysmenorrhea. I may mention the sulphuric ether, hyoscinus, belladonna, musk, valerian, and camphor; all these, beside many others, are quite reliable and safe agents, when properly given, to alleviate pain, quiet nervousness, obtain rest, and induce as near as possible a natural state of sleep, thereby ridding the already exhausted energies of the nervous system of that deleterious influence so powerfully exerted by undue and constant excitement, which is more or less present during the waking state. In connection with warm teas of chamomile, pennyroyal, or spearmint, others are also beneficial, as tansy, thyme, &c.

Dr. Beach's diaphoretic powders will be found very useful. A course of mineral and vegetable tonics are indispensably necessary in all these cases, and for which indication the prussiate, carbonate, and phosphate of iron are the best among the minerals, while our vegetable kingdom furnishes a host of invaluable remedies, such as the *sanguinaria canadensis*, *hydrastis canadensis*, *gentiana lutea*, *coccus palmatus*, *simsaruba officinalis*, *quassia excelsa*, and *anthesis nobilis*.

The action of tonics in this disease is absolutely requisite, and their effects are plainly perceived in the increased pulse, more florid cheek, as well as increase of the strength of the muscles. They improve the character of the blood by increasing its solids, or in other words, *enrich* it, and in consequence of this change, we have the functions of all weakened and debilitated organs, and particularly those of generation, restored and performed with more energy. A judicious administration of laxatives, from time to time, will be of much and salutary utility. These measures, together with a constant and proper attention to the whole surface, will insure a speedy recovery, if any medication will.

POST-MORTEM EXAMINATION.

BY R. FREEMAN, M. D.

I was recently called on by Prof. R. S. Newton to assist him in a post-mortem examination of a very interesting case of ovarian disease. The patient died quite suddenly, and apparently from some other complication. We prepared the body and made our first incision from the os pubis along the linea alba to the ensiform cartilage of the sternum. We then divided the different muscular layers of the abdominal wall, until we came to the peritoneum. Severing that, we opened into only half the peritoneal cavity; the other half being entirely excluded by the adhesion of the opposing peritoneal surfaces, to wit, the parietal, with that covering the intestines, and the different intestinal portions with each other. In fact, a consolidated mass filled the whole right half of the abdominal cavity, and was closely connected with the abdominal wall. The left half of the cavity was filled with water, which gushed out as soon as it was opened; the right could only be found by tearing away the adhesion there existing, and in doing so, near the umbilicus an abscess was opened into, containing a large quantity of purulent matter, of the most fetid character. We then examined the kidneys, which were found quite healthy in appearance, but their pelvis were distended with urine, which was bloody, probably from the incision. This distension was probably caused by the pressure of the tumor upon the ureters, obstructing the passage of the urine toward the bladder, and accounts for apparent want of secretion of that fluid previous to death. Our explorations then extended to the pelvic region, which we found to be entirely occupied by the tumor. It seemed to be of an encephaloid character, and to have commenced in the right ovary, involving in its growth, the uterus, broad ligaments, and left ovary. It was closely adhered to the posterior surface of the bladder, and on separating them, an

other abscess of the same character as the first was opened—a purulent degeneration of a portion of the encephaloid mass. A probe could be passed from this abscess through a small opening into the vagina, through which a gradual oozing could have taken place. This accounts for the continued purulent discharge from the vagina previous to death. The liver presented a strange appearance, much smaller than normal, and somewhat resembling the nodulated appearance resulting from inflammation of its investing capsules. But on dissection it presented the spongy texture, filled with bloody looking fluid, so well described by Rokitsansky, as indicative of carcinoma of the liver. The gall-bladder seemed smaller than natural. The convex surface of the liver had unnatural adhesion to the diaphragm, which, on being torn, disclosed an abscess on the posterior third of the upper surface of the liver, between it and the diaphragm.

We raised up the sternum, and found the right pleural sac full of water, and could pass a probe from the abscess last mentioned through the diaphragm. I believe the patient did not complain of chest symptoms through her sickness. There was but very little water in the pericardial sac. One would suppose that such extensive disease would exhibit very marked and violent symptoms, but the contrary was the case. It was a case of great interest, and well would it be for the medical profession, as well as for all, if, in cases involving any doubt, all scruples or sensitiveness were overcome, and a post-mortem examination allowed.

NOTE.—This person had complained some for several years, but the symptoms did not indicate the presence of any active disease. So slight was the indisposition, that it was not considered necessary to apply to a physician, and no medicine was taken until within a few weeks before death. At that time I was called to see her; she was in convulsions, which lasted for many hours, with vomiting and constipation of the bowels, all of which readily yielded to treatment. She was then attacked with difficulty of breathing, and died suddenly, caused by a sudden escape of the serum into the pleural sac.

Part 2—Progress of Medical Science

THE URÆMIC CONVULSIONS OF PREGNANT, PARTURIENT, AND LYING-IN WOMEN.

[CONTINUED FROM THE LAST NUMBER.]

Treatment of Bright's Disease and Uræmic Eclampsia.

The prophylaxis consists of the medical and obstetrical treatment of Bright's disease during pregnancy.

Complete cure of Bright's disease is rarely obtained during pregnancy, because the cause of it, the obstruction of the venous circulation in the kidneys, is not easy of removal.

Hydræmia, developing itself at an early stage of pregnancy, is somewhat ameliorated by nutritious diet, vegetable tonics, and preparations of iron. Increase of the secretion of urine does not generally produce this result. Favorable influences are sometimes observed from tepid baths, and especially vapor baths.

For the neutralization of the carbonate of ammonia in the blood, produced by the decomposition of urea, we may, according to Frerichs, make use of benzoic acid, lemon juice, or tartaric acid.

To obviate congestion of the head, costiveness should be prevented by vinegar injections, aloes, jalap, etc.

When exudation has taken place into the malpighian capsules, and the tubuli of Bellini and Ferrein, the cylindrical clots must be removed from them, and the formation of new ones prevented. If the current of fluid proceeding from the vascular knot of the malpighian bodies into the malpighian capsules be strong, then the copious use of a large quantity of diluents is alone sufficient sometimes to wash away the cylindrical clots, and recovery ensues.

But if the secretion of urine be very scanty, and uræmic intoxication threaten

to come on, then the force of the current of fluid proceeding from the malpighian bodies must be increased, and the cylindrical clots removed; for which purpose, beside the acids above-mentioned, the mineral waters of Selters or Vichy are best adapted.

According to the example of Frerichs, pills of tannin and extract of aloes are to be used for restoring the normal tone.

Since, by medical treatment, acute Bright's disease during pregnancy is generally only mitigated, not cured, the question has to be considered, whether, on account of the Bright's disease, the introduction of artificial premature labor be admissible, in order to avert the venous congestion and the advancement of degeneration of the kidneys.

It must be laid down as settled, that in Bright's disease, artificial premature labor is not to be thought of so long as no symptoms of uræmia have appeared, and no danger to life is present. But when the duration of the disease, the severity of the albuminuria, the quantity of cylindrical clots, a high degree of hydræmia, considerable dropsical swellings, along with disturbances, dangerous to life, of the functions of the heart, lungs, brain, etc., entitle us to fear the existence of profound and advancing degeneration of the kidneys, it is quite rational to proceed to the induction of premature labor. When several symptoms indicate that the fœtus is already dead, we are the more justified in proceeding, all the sooner, to this operative interference, because the dead fœtus is sometimes retained for weeks in the uterus, and the danger to the mother's life may be thereby increased in a way that cannot be justified.

Observation of the proceedings of nature indicates to us this method of proceeding, for, in acute Bright's disease, pregnancy is often spontaneously interrupted; and, in that case, a fatal issue of the child-bed rarely results.

When, in Bright's disease, labor comes on without eclampsia, Chailly recommends, in order to prevent the outbreak of con-

vulsions, the use of a slight degree of narcotism by chloroform. I have not yet had occasion to make observations in regard to this point, but would make use of it in metralgia and protraction of labor in those suffering from Bright's disease.

Medical and Obstetrical Treatment of Uræmic Eclampsia.

The medical treatment of uræmic eclampsia is conducted in a similar manner in pregnancy, labor, and child-bed. The chief object to be attained is to diminish as much as possible the reflex excitability, to weaken the paroxysms, in order to diminish the dangers, and to gain time for entering upon rational treatment.

In this respect, we have observed results from chloroform-narcotism which have surpassed all expectations. In uræmic eclampsia, the chloroform-narcotism is to be induced instantly when indications of an impending paroxysm show themselves—as great restlessness, increasing rigidity of the muscles of the arms, expiry of the interval between former paroxysms, fixity of expression, or tossing hither and thither. The narcotism is to be kept up until the premonitory symptoms of the paroxysm disappear and quiet sleep follows; a result generally attained in one minute. But, if it be not possible to cut short the paroxysm, then the chloroform inhalation is not to be kept up during the convulsive attacks and the comatose condition, in order to let an abundant supply of fresh atmospheric air reach the lungs. The chloroform inhalation moderates the imminently dangerous cramps of the muscles of the neck, epiglottis, and tongue, and may be continued even during a persistent trismus, when no other medicines can be introduced into the stomach, and when loud mucous rales indicate the development of œdema of the lungs.

In sixteen cases of eclampsia, occurring in succession, which I treated with chloroform and acids, complete recovery always took place. As by anæsthesia we are put into a condition suited for remarkably accelerating delivery, the preservation of life

and health of the offspring is promoted in a very gratifying manner.

Before using chloroform, it should be tested, especially by smelling and by sulphuric acid, in order, by its bad smell or its assuming a brown color, to discover if it has been prepared from wood spirit, and has the poisonous qualities arising therefrom.

Whether chloroform operates so beneficially merely as a sedative, or whether by chemical action it produces innocuous changes in the toxic blood, is as yet undecided.

Simpson is of the latter opinion, for this reason, that chloroform inhalation, according to chemical analysis, produces a transitory diabetes mellitus—hence sugar certainly appears in the urine (and also in that of animals, according to Hartmann's researches), and probably also in the blood; and because, out of the human body, a very small quantity of sugar added to the urine prevents the ordinary change of urea into carbonate of ammonia. Although the direct action of chloroform upon uræmia is still doubtful, yet it is certain that in eclampsia chloroform is the best palliative, inasmuch as it moderates the paroxysms—the waiting for and performance of operations is shortened and facilitated—the danger to the lives of mother and child is essentially diminished; and hence it is that the already announced commendations of chloroform in puerperal eclampsia by Simpson, Channing, the Author, Seyfert, Chailly Honore, Scanzoni, Sedywick, Wiegner, Meisinger, Hoogeweg, Lendet, Dechambre and others are constantly gaining a wider recognition. In the intervals of the fits, the direct treatment of the uræmia is proceeded with—either five 10-grain doses of benzoic acid being administered, or lemon juice, or tablespoonful doses of a solution of tartaric acid, with ice-water, when copious diuresis generally soon appears.

To moderate the secondary congestions of the head, which come on during and after the paroxysms, the application of ice is useful, and also smart sprinkling

with cold water (Recamier Booth); and better still, the cold douche on the head, during which operation the head of the patient is held over the side of the bed, and the ice-water falls into a basin held beneath it.

Tepid baths of the whole body cause too much trouble when the patients are completely insensible, and therefore we never employ them.

The local application of cold has a more powerful and lasting influence against secondary hyperæmia of the meninges than the use of leeches, which, on account of the restlessness of the patients, cannot be got to stick on the region of the mastoid process, where any considerable depletion can be effected through the great blood sinuses; and on the forehead no essential and direct depletion of superfluous blood from the brain is possible by this means.

Sponging the skin with tepid vinegar produces a most desirable diaphoresis, and is easily accomplished.

General depletion of blood easily produces, in uræmic eclampsia, an injurious effect, because the cyanosis of the face coming on in eclamptic women is only a consequence of the spasm; because, by bleeding, the hydræmia is further increased, the nervous fits are not improved, puerperal thrombosis and pyæmia in childbed are much to be feared; and because, not unfrequently, the paroxysms are aggravated by it, and exhaustion, fainting, and very slow convalescence are thereby produced.

As to the very doubtful, and sometimes even injurious, effects of venesection in uræmic eclampsia, Maygrier, Peterson, Kiwisch, King, Bloot, Sedywick, the Author, Churchill, Litzmann, Williams, Miquel, Schwartz, Legroux, Thomas, have very strongly expressed their conscientious opinions; and myself avoiding venesection, I have found, after long-continued observation, the best results confirm the opinion already expressed, that a "general depletion of blood in uræmic eclampsia had very seldom any valuable effect on symptoms, and generally produces irreparable injury."

We cannot reconcile with their theory the circumstance, that the adherents of the hypothesis that eclampsia is produced by hydræmia, recommend venesection as a cardinal remedy. But experience has established that, when a cautious selection of single cases is made, one moderate general blood-letting is not injurious in the case of a strong, full-blooded woman, when there is violent pulsation of the carotids, and the face continues dark red even a considerable time after the fit, and œdema of the lung is commencing, and when, at the same time, all anæmia, chlorosis and bodily weakness, etc., are absent; on the contrary, in rare cases, a cessation or longer interval between the fits is observed.

Since the days of Dewees, Burns, and Hamilton, it has been in many places, and still is, the custom to find the only panacea against eclampsia, in abundant general blood-lettings often repeated in the course of a day—a proceeding which can be justified as little by the present state of theoretical knowledge in regard to this disease, as it is by the great mortality of mothers and children constantly produced by this method of treatment.

Cazeaux has observed, in several cases, remarkably favorable results from hæmospasia (Junod's boots), in the way of soothing the convulsions by the derivative action on the head.

I consider this proceeding much more rational than dealing profusely in general blood-letting, because the blood is only momentarily withdrawn from the circulation, and the production of a transitory œdema of the extremities may free the blood for a certain time of morbid and altered serum.

The internal use of 1 to 6 grains of opium, of $\frac{1}{2}$ to 1 grain of acetate of morphia within six hours, and at the same time of 20 to 30 drops of anodyne tincture as a lavement, is specially to be recommended in those cases where chloroform and acids do not act quickly and permanently enough when the delivery is over, and the eclamptic fits still continue in child bed. My own observations in regard to this, agree com-

pletely with those of Kiwisch, Scanzoni, Killan, Wieger, Hohl, Feist, Crede, and others.

Expectative treatment can be recommended only where delivery is nearly completed, where the attacks are not severe, and consciousness returns in the intervals.

Coma, after the cessation of the paroxysms, is most safely and best treated by complete rest of the body, mind, and organs of sense; careful avoidance of all frights; the use of benzoic and vegetable acids and much cold drink, as has already been justly remarked by Harvie, Betschler Wieger, and others; and by moderate diaphoresis, because the comatose condition of the brain is not produced by its being congested with blood, but by serous infiltration and uræmia. From revulsive measures, as sinapiams on the calves of the legs, hot foot and hand baths, blisters on the back of the neck, and the like, no marked result is to be expected. After the abuse of phlebotomy, musk may be of some service as an anti-spasmodic.

But this remedy is always to be dispensed with, if no vampyriasmus has previously occurred in the particular case, and if the anæmia produced is not dangerous to life.

Lobach asserts that he has seen, in the eclampsia of pregnant women, vomiting stopped, and obstinate constipation removed, by tincture of *nux vomica* (four drops given every two hours), and the tinctura cupri acetici useful for the general spasm. On these points I have made no observations.

Haase approves of free evacuation of the contents of the bowels by calomel in large doses, castor oil, and especially clysters with *assafoetida* and vinegar, infusion of senna, croton oil, and the like, as a good derivative measure.

Hohl regards a strong emetic dose of *ipêcacuanha* as very valuable, if the attack was preceded by an error of diet. But, by other authorities the use of emetics is altogether rejected. We have ourselves been unable to recognize any decided influence upon the course of an eclampsia from spontaneous vomiting. The employ-

ment of tartar emetic as a vomit has been earnestly discommended by Mauriceau and Kilian, and we have never seen any good from its use in small doses.

Regarding Vanoye's treatment of eclampsia with ammonia (20 drops of spirits of salt, with 250 grammes of distilled water and syrup, every half hour) we have no experience. Krause says that, under the use of carbonate of ammonia, he has seen eclamptic attacks, not in connection with pregnancy, disappear on the occurrence of menstruation.

In every eclampsia, care is to be taken that a patient who has fallen on the ground be as soon as possible placed in bed, and protected from injuries of the head.

During the paroxysm, free movement of the extremities is to be allowed, and only the rolling of the body out of bed is to be prevented. Every precaution must be used for the protection of the tongue, which is always protruded in the beginning of the paroxysm. This is best done by pushing it back with the side of a finger. When trismus comes on, complete shutting of the jaws must not be prevented by anything, least of all the handle of a spoon covered with linen, as formerly used so often to be done, to the very great injury of the teeth.

Formerly, too little was known of the nature of uræmic eclampsia to allow of a decision in regard to the value of directly interrupting the progress of the pregnancy and accelerating delivery; and this is the reason why, hitherto, no unanimity could be attained in reference to the indication of artificial premature labor and acceleration of delivery.

A great number of physicians, as Puzos, Oslander, Haase, Feist, Sichold, Meissner, Mad. Lachapelle, Langheinrich, Casier, Krause, Caleb Rose, Grenser, Gendrin P. Dubois, and others, consider prompt careful evacuation of the uterus as the main point in the treatment of eclampsia.

The obstetrical treatment of eclampsia must be discussed from various points of view, according as the labor is far advanced, or has not yet commenced at all.

[CONCLUDED IN NEXT NUMBER.]

Part 3.—Editorial.

ECLECTIC MEDICAL INSTITUTE.

This institution was chartered by the Legislature of Ohio in 1845, since when it has steadily grown in public favor, respectability, medical efficiency, and in prosperity. It was the first school of a liberal character, and of high scientific attainments, that was permanently established in this, or indeed in any other country. A great number of spasmodic efforts to establish rival schools of the same faith, have been made; but, except the Eclectic College of Pennsylvania, located at Philadelphia, these have resulted in failure. The Philadelphia school is in the hands of competent men, and, so far as we know, is not only permanently established, but it is every way worthy of confidence.

The Eclectic Medical Institute has every advantage of location, and its antecedents are such that it no longer fears rivalry. Its arrangements and organization are believed to be all that the profession could require of a first-class medical college.

One of the strongest proofs of its permanency, and the confidence of the profession in it, is the fact, that though it has met with the most strenuous opposition by persons claiming to be Eclectic, still its course has been uninterruptedly onward. It has beaten down all opposition, save such as that of a clandestine character; and being unembarrassed, it bids defiance to its enemies, and again hurls back every slander uttered against it.

The city of Cincinnati is one of the most favorable locations for a medical school in the country, having a temperate climate, being easy of access from all points, and as cheap to the student as any city of similar size on this continent.

Parties trying to build up other schools here, may attempt to disparage the Institute, but the history of its past career shows that for seventeen years it has been

the leading school of the West, and will so continue to be, in defiance of any and all opposition. In proof of the correctness of our assertions, we beg to state, that our college correspondence has never been so great as at present, and the promise for a very large class in the fall was never as good as it is now. Parties desiring further information of this school can write to the editor of this journal.

STILL-SLOP MILK.

This matter is one of great importance, and is now receiving a large share of public attention. We will copy from the Daily Times a few of our notes of the milk business in this city.

May 27, 1858.

MR. EDITOR:—At this time the above subject is exciting much interest, as well as alarm, for the consequences which follow its use. More than two years ago, I called the attention of the City Council to the importance of having an ordinance, which, if properly enforced, would remedy the evil as it now exists in and around our city; yet, to the present time, no action has been taken, notwithstanding the amount of poison sold and used in this city, under the name of pure milk, has killed its hundreds. At that time I stated, and will now repeat, that a large quantity of the milk sold in this market is nothing more than a morbid secretion from the most filthy of all diseases, and such as are only found in the cow after being fed on still-slop. This, like the secretion from ulcers of every character, give a rich yellow color, as well as a consistency which will bear dilution with clear water. Truly it may be said that the more water the better the milk; and yet this is what many of the families in this city are buying, and using daily in their coffee, tea, desserts, &c.

The many persons who witnessed the drove of cows which passed over the Western Row Ferry from our city, a few days since, could fully attest the statement made

by F. Leslie in his description of New York cows. We supposed that these were being removed from the city, lest a vigilance committee might visit the manufactories.

My proposition for the protection of the city is, to compel every man who furnishes milk to give ample assurance that he uses no slop.

R. S. NEWTON, M. D.

June, 1, 1858.

MR. EDITOR:—It is now understood by every one who has investigated this subject, that it is impossible to feed cows upon still-slop without producing disease and decay; hence it is that the milk becomes diseased, which is produced by this artificial and poisonous food. This point has been fully explained by the various exposures made by Leslie and others. I have visited in person about fifty of the milk establishments in and around the city, where they use still-slop as food. The cows in these places are not confined all the time, as they are in the Eastern cities. I am fully convinced that the largest portion of the milk sold in this city is produced at these pens. One of the hands employed by a milkman furnished the following statement. He had thirty-five cows, which consumed each about six gallons daily of slop, and a few pounds of chopped or cut hay. These cows yield daily from three and a half to four gallons of milk each, and the cost of the slop, he said, was only one dollar for fifty barrels. He said that they did not put more than one quart of water to the can, yet he said he filled the regular number of cans daily, regardless of the amount of milk produced, and that this establishment supplied the daily demand. This enabled them to accommodate their customers without varying the number of cans. The establishment to the left of the Reading pike, just within the corporate limits, is rather an extensive one. They have, in this pen, from thirty-five to forty cows, all of which are fed on slop. It is kept by a German, whose name we could not learn. Just below this, on the same road, is a pen of seventeen cows, all of which are slop-fed. Upon Vine-st.

Hill there are, on the right side of the road, ten or twelve; on the west side of the road, twenty of these pens, some of which will accommodate one hundred cows. At the foot of the Clifton road from Cumminsville, at Cumminsville and Camp Washington, are many of the same kind. Down the Mohawk Valley, or what is now called Bank street, there are some of the very worst places of the kind.

From the calculations which I have made, I am sure that there is at this time over 2,000 gallons of this still-slop milk sold in this market daily, for five cents a quart, which does not cost two cents a gallon. This defies a successful competition, and forces other milk dealers either to adopt the same plan or produce pure milk at very little profit.

Our citizens can remedy this at once, if all will act, and act promptly. Let all those men who deal in this impure milk be patronized no longer, but in place of them select good men, who deal in good milk.

The effect of this milk upon young children is in many cases deadly. I was called to visit a young child, which I found to be laboring under an acute attack of derangement of the stomach and bowels, of such a character as induced me to think the babe had been poisoned in some way. Upon inquiry, the mother informed me that, as the child was still nursing, it could not be, yet after reflection she admitted that she had, the day before, given the child some milk, and was yet giving it a small quantity when the stomach would retain it. This was discontinued, and the child recovered. Having several cases of the same kind, following the use of milk from the same place, I am certain it was produced in this way. Many of our physicians inform me that they have experienced the same difficulty.

It is upon this portion of community that this dreadful evil falls the most heavily. This circumstance calls loudly for reform. A man or woman may drink milk or not, as they fancy or wish, but not so with helpless children. They are often

killed by using this poisonous product of the still-slop, which is thoughtlessly administered by parents. R. S. NEWTON.

In two other communications, of the 12th and 19th of June, a large number of the names of those dealing in milk, with the kind of feed used, was given, accompanied by the following remarks:

"A few for the present, have quit feeding slop, but they find the diseased condition of the cows' teeth prevent them from eating grass, so they will soon return to their old way of doing business or have to stop altogether.

"As regards the use of pasture or grass to cows fed on slop, it amounts to but little, for the cow is not able to pick enough to do her much good. One or two have quit the business and disposed of all their cows.

"After giving the public the names of such parties as sell slop milk, I leave them to act for themselves; yet I do hope, for the good of humanity, that parents who regard the health and lives of their children, will not continue to give poisoned milk to them for drink. In my travels I was informed that one of the slop milkmen, had two cows badly diseased, and proposed to trade them both to a butcher for one fresh cow. The trade was made, and the new cow delivered to the dairyman, but the cows which the butcher received in exchange, both died before they reached his place of business. Now, let me ask, why will the citizens of Cincinnati let this evil continue?

"Should it be announced in one of our daily papers that some one had put into the Reservoir of this city, a poison, and that all who used the water would be in danger of being injured, certainly every man woman and child would cry out against the person who committed the act, and would attempt a personal chastisement. Now, at this time, there are over one hundred men who are daily administering poison to thousands in this community, and our citizens generally appear to manifest a total indifference in regard to it. Let our

citizens at once cease to buy from nameless wagons, and from all persons who do not give assurance that the milk is pure, and is not made from still slop, and this evil would be done away with in course of a very short time.

"Why will persons buy or use the article called milk sold in this market, when it is known that it is little better than the excrement from a dead carcass fixed up to order, for such to more or less extent is the case with all still slop milk.

"R. S. NEWTON."

ANALYSIS OF MILK FROM FARM AND FROM STILL-SLOP DAIRIES.

The statements below, says the New England Farmer, are copied from a reliable work, giving the specific gravity, characteristics and rate per cent. of cream and curd by measure, contained in twelve samples, six from country dairies and six from dairies fed on "still slops:"

MILK OF COUNTRY DAIRIES.

Samples of Milk.	Specific Gravity.	Char-acter.	Per cent. of Cream.	Per cent. of Curd.
No. 1.	1.080	Alkaline	10	12
No. 2.	1.029	Alkaline	10	11
No. 3.	1.028	Alkaline	9	9
No. 4.	1.026	Alkaline	8	9
No. 5.	1.027	Alkaline	8	10
No. 6.	1.026	Acid	7	9

MILK FROM DISTILLERY-SLOP DAIRIES.

No. 7.	1.018	Acid	8½	4
No. 8.	1.018	Acid	8½	5
No. 9.	1.015	Acid	4	4
No. 10.	1.016	Acid	5	5
No. 11.	1.016	Acid	4½	5
No. 12.	1.024	Acid	6	8

"This examination," says the medical writer, "demonstrates that slop milk contains less than half the nourishment of that produced by cows fed with natural food—one quart of milk from a grass-fed cow being worth, for dietetic uses, twice as much as the other, which does not cost half as much. Hence the profits. The proprietor of an extensive refectory states that the daily consumption of his establishment for several months of the year, was about eighty quarts of distillery milk; but after the introduction of pure milk, less than half the quantity served an increased demand in consequence of a larger business. The keeper of a hotel remarked

that a few drops of good, unadulterated milk, will color and flavor a cup of tea or coffee, while slop milk—or that adulterated, he might have added—will not color much, though enough be introduced to destroy the taste and cool the beverage, so as to render it unpalatable. So of milk for cooking purposes. It would not require fifty per cent. of the quantity of 'milk and water' sold in Boston, to meet the wants of the citizens provided it were pure milk, as drawn from good, farmer-fed cows.

DAMAGES FOR DEATH CAUSED BY A MISTAKE IN FILLING A PRESCRIPTION.

A case was recently tried in the Superior Court of Cincinnati,—the administrator of M'Clardy vs. Chandler—of much importance to apothecaries. We give the opinion of the Court and the verdict:

Judge Spencer charged the Jury. The action was brought under an act of the Legislature, passed in 1851, entitling the personal representatives of a deceased party, whose death was caused by the wrongful act or default of another, to sue for damages on behalf of the widow and next of kin. It appears that Neil McClardy being sick, a physician wrote a prescription for him—one of the ingredients being cinnamon water—that it was taken to the drug store of defendant, and that in making the preparation, he used liquid ammonia in place of the cinnamon. It was claimed by plaintiff that the death of McClardy resulted from the ammonia; while the defense urged that it was the natural consequence of a cancerous affection of the stomach.

The first question, therefore, under the provision of the law was, whether the deceased had died in consequence of any wrongful act of this defendant, and, under such circumstances, that, if he had not died, but was only injured, he, himself, could have recovered damages for that injury. Was his death the want of proper

care on his own part? To charge carelessness on him in a case of this description, it should be shown that he was acquainted with the dangerous properties of the medicine. Before finding negligence on the part of defendant, they should inquire whether the prescription itself was legibly written, so that a man with ordinary care, suitable to the situation this defendant occupied, would have known what it was? If it was so written that it could not be readily mistaken, it was the obligation of the druggist to put it up accurately; and if he did not, he would be responsible for the evil consequences. If the Jury should find that there was a want of proper care, they would next determine whether the effects of the mistake were injurious to the deceased and contributed to his death.

It was not necessary to show that the deceased, at the time the medicine was taken, was in the full vigor of life. The law regards life in any of its stages as valuable; and though an individual should receive a wound of which death must be the inevitable and speedy result, yet if it is hastened or contributed to by another, he would be responsible for the consequences. Though the deceased, in this case, was laboring under a mortal disease, if this ammonia produced inflammation and thereby shortened life, the circumstances would bring the case within the provisions of the statute, and the defendant would be responsible for the shortening of life.

If the Jury were not satisfied ammonia caused the death, it would not be necessary to pursue the inquiry: Where an individual in apparent health dies after the administration of a medicine adequate to produce death, it was natural to refer the effect to that particular cause; but here the defendant claimed, in the first place, that ammonia administered in such a quantity as was given here, was not capable of producing death; and, in the second place, that, at the time it was administered, the deceased was laboring under a mortal disease—cancer in the stomach—

and that, during the progress of the disease, a rupture took place, causing blood to lodge in the abdomen to a degree sufficient to cause death. This defense was presented in a manner calculated to require serious consideration. The Court here referred to the testimony of various physicians examined as experts—of Dr. Tibbat's (who made the post-mortem examination), that deceased was laboring under a cancerous affection, from which he would not probably recover—of Dr. Muscroft, who thought death might have resulted from the tumor or the ammonia—of Dr. M. B. Wright, who would think it strange if the stomach should be seriously affected by this quantity of ammonia—and supposed the suddenness of the death arose from a lesion, which threw blood into the abdomen—of Dr. Potter, who did not think, in a healthy man, so small a quantity of ammonia would produce death—of Mr. Wayne, chemist, who did not think this ammonia produced the death—of Dr. Comegys, who said a teaspoonful of ammonia would produce much distress in the stomach, but thinks the cancer might have resulted in death, and that the disease was hastening to a crisis; also the testimony of Drs. Baker, Cooper, Fries, Foote, Cox, Cary, Newton, and Blackman, the latter being of opinion that no one could tell whether death was caused by the ammonia or the disease.

Though the deceased had an incurable disease, if his death was materially hastened by any act of negligence on the part of defendant, the latter would be responsible to the personal representatives for the pecuniary damages sustained by the widow and next of kin, in such sum as the Jury "should deem fair and just," not to exceed \$5,000. In the absence of any special averment, no recovery could be had for any injury to the business of deceased, and it could be only for the general value of the life of the individual, growing out of the situation of those who were dependent on him.

The jury then retired, and, after a deliberation of some hours, brought in a verdict for plaintiff for \$500.

**"RESIGNATION OF PROF. A. CURTIS
IN THE PHYSIO-MEDICAL COL-
LEGE."**

Under the above head, we made some remarks in the April number of the Journal, to which we are requested to insert the following reply:

PROF. NEWTON—DEAR SIR: I confidently rely on your liberality for the space necessary to correct a few errors into which you seem to have fallen, in relation to my past and future course of labor.

I have *not* "taken my leave of medical teaching," unless the exchange of a course of lectures for four months in the year to a comparatively small number of students, for the opportunity of lecturing all the year to many times that number of the prospective mothers and nurses of society, can be so regarded. I have only preferred the teaching of the young, and the masses of the community at large, how to avoid and cure disease themselves, to the teaching of a select few how to heal it as a regular employment. You have often called me "hunkerish," "non-progressive," and "anti-progressive," and reported me as "wedded to only one idea," (of which, by the by, though you have adopted its expression, you do not seem to understand the application nor the meaning,) but I never go backward. I commenced my medical career by relieving the sick; I continued it by teaching a few others how to do it; I shall close it by teaching *all* how to prevent disease, as well as how to cure it; and not only disease of the body, but ignorance of the mind, and perversion of the affections, all shall have a share of my attention. In all these, I hope to "progress," even to perfection!

You say that I "have been, in reality, the college," and immediately after, that "that school has always been one of the most bitter enemies of the Eclectic reform."

To this charge, friend Newton, I plead "not guilty." I have never been an enemy to *one iota* of Eclectic or any other reform.

I have been an enemy to only the *deadly* *Allopathy* which Eclectics have always taken under their protection, and nourished and defended with and as reform. I have not learned to love blood-letting, blistering, and poisoning, because Eclectics or any other professed reformers, chose to recommend and practice them. When you have published that you agreed with me in one idea, that fever is not disease, but a natural remedy for it, (See Newton & Powell's Practice,) I have commended you, and earnestly advised you to try and grapple with "one" *other* of my ideas, viz., that this first one should govern all your practice in all the cases in which this sanative effort of the circulating system is developed. Is it because *you cannot comprehend* but one of my ideas that you think I have but one?

When I have heard Allopathists say that lancets and poisons are the best remedies for disease, and have seen them act accordingly, on themselves as well as others, I have said, "Father, forgive them, for they know not what they do"! But, when I have heard an Eclectic professor say that nature should be aided by innocent means, and then have seen him leech, cup, blister, narcotize, &c. I have said, "To him that knoweth to do good, and doeth it not, to him it is sin." I have always said, that if Eclectics would adopt an innocent and efficient practice, as well as a correct theory, of which that of the sanitary character of fever is one idea or element, I would resign all teaching into their care.

To your intimation that the Physio-Medical College "is fast running out," I am constrained to reply that I think I have left it in hands quite as able as those in which Dr. Morrow left his college, with this advantage over his followers, that I have bequeathed to them at least "one idea," one "fixed principle in medicine," which they can clearly demonstrate.

As to your argument drawn from your numbers, it proves too much; it gives to Allopathy the advantage over you. Truth and right never yet had the sanction of

numbers and popularity, and I do not choose to adopt error, and do wrong, even with the multitude. Eclectics "have become a large body in the medical ranks," because they have spread their "liberal" banner fully over *every Allopathist* in the land; that is, they have adopted the doctrine (every where admitted by Allopathists), that there are no fixed principles in medicine, not even "one" reliable "idea;" that every practitioner must be guided by his own judgment of the nature of cases, and the kind and suitableness of remedies; and last, but not least, that "every thing in nature is, in some way, medicinal to man;" and that poisons are so, not in their nature, but only by their quantities, or their injudicious application."

It is not, then, to Eclectic reform, but to this Eclectic fostering and sustaining of the same old Allopathic *serpent*, that I have been, and always *shall* be, "one of the most bitter enemies," until the very last sands of my remaining life shall have "run out."

You say, "If Dr. Curtis could not sustain the one-ideaism of Samuel Thomson, it is not to be supposed that any other man can." Then I suppose that the next edition of Newton and Powell's Practice will be reformed by rejecting from it almost the only reformatory idea it contains, viz, this same idea of Thomson's, which no other man (of course, my friends N. & P.) can sustain!

I thank you for the good opinion you have expressed of my fitness for my present position, and assure you, as I have done many times before, that in the correction of every medical error, and the adoption and promulgation of every true principle and correct practice, you shall ever have my cordial approbation and support, while I shall still continue to be "one of the bitterest enemies" of all your Eclectic "errors in theory," and Allopathic operations in practice.

Very truly your Friend,

A. CURTIS.

ECLECTIC MEDICAL ASSOCIATION OF INDIANA.

This Association held its second annual meeting at Indianapolis, commencing on the 13th day of May, and adjourning on the 15th. The following are the officers elected for the ensuing year, viz:

President—J. W. Young, Gosport.

Vice Presidents—J. P. Gill, and J. L. Grinnell.

Recording Secretary—O. H. Kendrick, Indianapolis.

Corresponding Secretary—J. P. Pope, Indianapolis.

Treasurer—W. H. Kendrick, Indianapolis.

SPIRITUALISM — DOES IT MAKE MEN CRAZY.

We copy the following from one of the leading papers of the day, for the consideration of our readers, to assist them in answering the above question:

"WASHINGTON'S SPIRITUAL WIFE.—Prof. Hare (who died recently in Philadelphia) once stated, in direct contradiction of divine revelation, that the relation of marriage existed between the sexes in the spirit world. St. Matthew tells us—"In the resurrection, they neither marry nor are given in marriage, but are as the angels of God in heaven." Matt. xxii. 30. But Prof. Hare teaches the reverse. He added, however, that it by no means followed that the same persons who were man and wife on earth continued conjugally yoked together in the world of spirits. They were entirely at liberty to perpetuate old or form new matrimonial connections; and the spirits did, in many instances, change their yoke fellows. As a case in point, Prof. Hare mentioned that Mrs. Gen. Washington had forsaken the General, and had gone back to the bosom of her first husband; Mr. Curtis. Here a bystander could not help exclaiming, 'What a foolish woman!' Gen. Washington, however, as he

intimated, was not left in the forlorn condition of a widow-bewitched, but had consoled himself by taking another wife. The bystander begged to know who was the happy woman, that the General had so highly honored and favored? To this the Doctor, after some little hesitancy, replied, that he knew, but that he had special reasons for not disclosing her name. The Professor afterward admitted, however, that it was a deceased sister of his, who was the spirit bride of Gen. Washington, but that his modesty prevented him from acknowledging publicly that he was the brother-in-law of the *Pater Patriæ*."

We are personally acquainted with many persons who are spiritualists, and at this time inmates of lunatic asylums, and many others are now considered as fit subjects for the same.

THE MUSEUM OF THE COLLEGE.

The extensive and complete museum of morbid specimens, which Prof. L. E. Jones purchased from the late American Medical College, has been bought by the Eclectic Medical Institute. This is one of the most complete and valuable cabinets in the United States, so far as it includes the varieties of disease.

NEW PUBLICATIONS.

SPEECHES AND WRITINGS OF HON. THOMAS F. MARSHALL. Edited by W. L. BARRE.

We take pleasure in announcing the appearance of this work in one large octavo volume, bound in two styles, library and half antique, illustrated with a splendid steel portrait of Mr. Marshall.

As a popular orator of unrivaled powers, and a writer of unsurpassed ability, Mr. Marshall stands foremost among the prominent men of his day. The great reputation he has acquired, both as a speaker and writer, his long and active identity,

with and complete knowledge of the political and social history of our country, have created a wide-spread desire to see his numerous speeches and writings, on various subjects, in a permanent form. We feel confident that any one who has heard him speak or read his writings, will appreciate their power and admire their beauty.

To meet this desire, and to add a valuable contribution to the standard literature of our country, the publishers have spared neither pains nor expense to prepare the work in the highest style of the art. The numerous friends of Mr. Marshall, especially those of Kentucky, who have known him so long and so well, will no doubt extend to this work a liberal patronage. It contains about all of his finest efforts, since 1832. His able report on Banking and paper currency, his speech against John Quincy Adams in Congress, the celebrated eulogy on Richard H. Menifee, the Louisville Journal letter, and his great Temperance speech, are all to be found in the work. Besides these, it contains his entire Old Guard articles, and many other productions of equal interest and ability.

Price in library binding, \$2; in half antique, \$3. Published by Applegate & Co., Cincinnati.

EMERSON'S MAGAZINE AND PUTNAM'S MONTHLY. Volume VII, commencing with the July number, 1858.

This popular magazine has now attained a circulation equaled by few of its contemporaries. It is the only thoroughly original, American illustrated periodical, strictly speaking, now published in this country. The publishers have determined to continue their offer of a magnificent engraving to every three dollar subscriber commencing with or at any time since January, 1858. The engraving selected for the present year is "The Last Supper," well known to be one of the finest steel plate engravings ever executed in this country. The terms of the magazine are three dollars a year, in advance. Oaksmith & Co., publishers, Nos. 112 and 114 William st., New York.

SURGICAL OPERATION.

The following we take from the Cincinnati Daily Times of April 3d:

"We yesterday witnessed one of those master operations in surgery which reflects so much credit on the medical profession. The subject of this operation was Mr. Thomas Ibbotson, Maple Grove, Ill., who is about twenty-five years of age. The operation was performed by Prof. R. S. Newton, of the Eclectic Medical Institute, at his Clinical Establishment on the corner of Sixth and John streets. The patient had been afflicted with urinary difficulty from infancy, and for the past four years has been entirely incapacitated for business. The patient was put under the influence of chloroform, and the Professor then proceeded to perform the operation of lithotomy; and, while the former was unconscious, the opening was made in the bladder, and with a pair of forceps the stone was seized. Owing to its size, some difficulty was experienced in drawing it out of the orifice. This was, however, accomplished, and the stone exhibited. It is a round and irregular solid mass, mostly oxalate of lime, measuring four and a half inches in circumference, and weighing 570 grains, or about 1 1-5 ounces. The patient is doing well to-day."

Mr. Ibbotson has entirely recovered, and returned to his home. We will, at some future time, report the case in full.

DR. CURTIS.

In his article on page 326, it will be seen that the Doctor denies being a bitter enemy of Eclecticism, but only of what he considers its errors. This, then, makes it a mere question of opinion. As to the doctrines of Newton and Powell's Practice, which he refers to as being the Thomsonian faith, we will say that these were written and published before Samuel Thomson's were; but Thomson did show his good understanding of nature's laws,

WHOLE SERIES, VOL. XVII.—21

as well as the effect of their violation, in adopting that pathology. At this time, a large portion of the medical profession are acting upon the same principle.

ANNUAL ANNOUNCEMENT.

We ask every reader of the Journal to peruse with care the annual announcement of the Institute, which they will find in this number, and do all they can to sustain and extend the influence of the old Eclectic Medical Institute. Our college edifice will be entirely renovated, adding both to comfort and appearance.

OPENING OF LECTURES.

There will be daily lectures in the Eclectic Medical Institute during the entire month of October, but the regular lectures of the session will commence on Monday, Nov. 1, 1858. The advantages of attending the preliminary lectures will be great, and should be secured by all who can possibly reach the city in time.

GOOD LOCATION.

We are informed that a very fine opening for an energetic Eclectic practitioner, is to be found at Ottumwa, Paulding Co. Ohio; a number of the inhabitants of which town and vicinity are anxious for such a gentleman to locate there. Any communications addressed to Dr. R. Schisler, Charles, Paulding Co. Ohio, will be attended to.

PROF. W. PAINE.

Prof. Paine, of the Philadelphia Eclectic Medical College, paid us a passing visit a few days since. He is in fine health, and in fine spirits in regard to the future prospects of their school.

ECLECTIC MEDICAL INSTITUTE,

OF CINCINNATI, O.

Chartered in 1845. Whole No. of Matriculants, 2723; Number of Graduates, 794.

BOARD OF TRUSTEES.

W. B. PIERCE, Esq., <i>President.</i>	L. E. JONES, M. D.,
W. F. HURLBUT, <i>Vice President.</i>	J. P. MAYER,
J. G. HENSHALL, <i>Secretary.</i>	A. H. BALDRIDGE, M. D.,
R. S. NEWTON, M. D., <i>Treasurer.</i>	Z. FREEMAN, M. D.
HON. GEO. HOADLEY,	O. E. NEWTON, M. D.
J. P. CUNNINGHAM,	G. W. PHILLIPS,
N. HEADINGTON, Esq.	G. BRASHEARS.
H. LEONARD,	

FACULTY.

H. D. GARRISON, M. 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., EMERITUS PROFESSOR OF CEREBRAL PHYSIOLOGY.
G. W. L. BICKLEY, M. D., PROFESSOR OF PHYSIOLOGY AND MEDICAL JURISPRUDENCE.
R. S. NEWTON, M. D., PROFESSOR OF SURGERY AND SURGICAL PRACTICE.
J. CAM MASSIE, M. D., PROFESSOR OF THEORY AND PRACTICE OF MEDICINE, AND PATHOLOGY.
Z. FREEMAN M. D., PROFESSOR OF GENERAL, SPECIAL, AND PATHOLOGICAL ANATOMY.
J. M. SCUDDER, M. D., PROFESSOR OF OBSTETRICS AND THE DISEASES OF WOMEN AND CHILDREN.
A. H. BALDRIDGE, M. D., EMERITUS PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN.
EDWIN FREEMAN, M. D., DEMONSTRATOR OF ANATOMY.
CLINIC LECTURERS.
J. CAM MASSIE, M. D.,
R. S. NEWTON, M. D.
Z. FREEMAN, M. D.

CHARTER:

AN ACT to incorporate the Eclectic Medical Institute of Cincinnati, to be located in the city of Cincinnati. Passed March 10, 1845.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio:* That Henry Morse, Joseph Howard, Garret Vansuedal, Thomas G. Newton, James Goodin, John Waggoner, Calvin Fletcher, J. V. Loomis, J. L. Conkling, I. J. Avery, and B. L. Hill, and their associates and successors in office, be, and the same are hereby created a body corporate and politic, capable of suing and being sued, pleading and being impleaded, defending and being defended, in any of the courts of this State.

SEC. 2. That the said corporation shall have a common seal, which they may alter or renew at pleasure; and that they shall be authorized to purchase, hold and dispose of property, in their corporate capacity, under the name and style of the Eclectic Medical Institute of Cincinnati; *Provided*, that the capital stock of said Institute shall not exceed the sum of twenty thousand dollars, which shall be divided into shares of twenty dollars each.

SEC. 3. That the board of Trustees shall consist of not less than eleven, nor more than fifteen members, a majority of whom shall constitute a quorum for doing business.

SEC. 4. That the members composing said Board shall be chosen by the stockholders annually, on the first Monday of April, a majority of the votes cast being requisite to a choice; and in casting their votes each stockholder shall have one vote for every share of stock held by him, up to the number of twenty-five shares, and one vote for every five shares which he may hold beyond that number: *Provided*, that said Trustees may hold their offices and exercise the duties thereof, until their successors are elected and qualified.

SEC. 5. That the officers of the Board shall be a President, Vice President, Secretary and Treasurer, to be chosen by said Board out of their own body.

SEC. 6. That the Board of Trustees shall appoint a Faculty which shall consist of at least five Professors, who shall be competent to deliver lectures for the proper instruction of students in the various departments of medical science, which shall include Anatomy, Physiology, Pathology, Materia Medica, Obstetrics, Chemistry, Medical Jurisprudence, Practice of Medicine and Surgery.

SEC. 7. That the Medical Faculty of this institution, together with the Board of Trustees, shall be authorized to confer the degree of Doctor of Medicine upon such persons as this degree is conferred on by Medical Colleges generally throughout the United States, (after the said corporation shall have acquired and shall possess property in its own right to the fair value of ten thousand dollars, to be estimated by three disinterested freeholders of the county of Hamilton, to be appointed by the Auditor of the said county, who shall make a return of the appraisement, which return shall be preserved in the Auditor's office,) and shall have the power of making such by-laws, rules and regulations, as may be deemed necessary for the government of said insti-

tution; *Provided*, that nothing therein contained shall be inconsistent with the constitution and laws of the United States and the State of Ohio.

Sec. 8. That no student shall be allowed to present himself as a candidate for graduation in this Institute, until he shall present to the Faculty thereof, satisfactory testimonials of the following requisitions: First, that he is twenty-one years of age. Second, that he is of good moral character. Third, that he has been regularly engaged in the study of Physic and Surgery with some respectable practitioner or practitioners, for the term of three years, and that he has attended two full courses of medical lectures in some legally incorporated medical college, the last of which shall have been attended in this institution. But it is hereby *Provided*, that any individual who may have been for four years next preceding, engaged in a constant and reputable practice of medicine, and shall have attended one full course of medical lectures in this Institute, shall be permitted to present himself as a candidate for graduation before the Faculty and Board thereof.

Sec. 9. That the Faculty and Board of this Institute shall not be permitted to grant a diploma to any applicant, until such applicant shall have passed a thorough, critical, and impartial examination; which examination shall be made by said Faculty, and shall include the various departments of medical science enumerated in Sec. 6 of this Act.

Sec. 10. That the Board of Trustees appointed by the first section of this Act, shall have power to perform all the duties which the said Board is hereby authorized to perform, until their successors shall have been chosen and qualified.

Sec. 11. That all vacancies which may occur in the said Board of Trustees, may be filled by a majority of the remaining members of the Board.

Sec. 12. That each and every stockholder shall be held in his individual capacity for debts contracted by the corporation while he may be or shall have been a stockholder in the same.

Sec. 13. That this corporation shall not possess banking powers, and shall be subject to all the regulations and liabilities of an act instituting proceedings against corporations not possessing banking powers, and the visitatorial powers of courts, and to provide for the regulation of corporations generally, passed March 7th, one thousand eight hundred and forty-two.

JOHN M. GALLAGHER,

Speaker of the House of Representatives.

DAVID CHAMBERS,

Speaker of the Senate.

March 10th, 1845.

SECRETARY OF STATE'S OFFICE, Columbus, March 27, 1845.

The foregoing is hereby certified to be a true copy from the original Act on file in this office.

SAMUEL GALLOWAY,

Secretary of State

CIRCULAR ADDRESS
OF THE
BOARD OF TRUSTEES AND FACULTY
OF THE ECLECTIC MEDICAL INSTITUTE,
TO THE MEDICAL PROFESSION OF THE UNITED STATES.

The Faculty of the Eclectic Medical Institute, respectfully request the candid attention of the medical profession, and the public, to a statement of their position, and of the present relations among the cultivators of medical science. Upon several important subjects there are marked differences between the members of the medical profession, which require a careful and dispassionate investigation, if we would avoid delusion and act from enlightened principle, instead of becoming the passive tools of party spirit. In our profession, a cautious criticism upon fashionable theories, a careful testing of their truth by practice and experiment, and at the same time a diligent search for additional knowledge, by experiment, inquiry, and observation, constitute the noblest employment of a professional life. It has been by such labors that the great men of our profession have won their titles to immortality. It has ever been by such labors that the honorable men whose names survive from generation to generation have been distinguished from the crowd of mere routinists, the lovers of self and votaries of authority and fashion, whose names are speedily lost in oblivion, however distinguished their positions during life. It is true that they who are thus honorably occupied may often be assailed and opposed by their cotemporaries as rash innovators or deluded pretenders. But succeeding generations delight to honor those, who, like Harvey and Jenner, disregard the authorities of the schools to follow the higher authority of Nature.

Influenced by such considerations, and observing in the past history of science that nearly all great improvements have met with hostility on their first introduction; observing too, that in the medical profession there has generally been some predominant set of notions or opinions, which, while in fashion, were sustained with all the intolerance of party spirit; we have deemed it a matter of vital importance to disavow all such intolerance, and to put an end forever to the false idea that any college or body of medical men is capable of presenting an infallible standard of medical faith and practice. No matter how numerous, how unanimous, or how respectable the bodies by whom such a standard is prescribed, we regard the attempt to enforce upon all minds conformity to any such standard, as no less odious and absurd than the attempt of an established church to enforce one uniform religious faith, regardless of the rights of dissenters from that faith.

The declaration that the opinions and practice adopted by the great majority of the profession from their teachers, are to be regarded as *regular*, and that all which differ therefrom materially, no matter how extensive the learning, or how great the practical success upon which it may be based, should be regarded as *quackery*, and condemned as dishonorable, we regard as one of the grossest outrages which could be perpetrated against truth and justice, and one which has had a most disastrous effect upon the progress of medical science.

Systems of doctrine and practice thus enforced by one generation are condemned by the next. A continued change is gradually taking place in refer-

ence to those doctrines which men would vainly attempt to establish by authority; and our only hope of advancing medicine to the rank of an exact science, lies in encouraging this gradual change, by which erroneous opinions are superceded and the results of more accurate scientific research introduced in their place.

With these views the Faculty of the Eclectic Medical Institute earnestly desire to give a new character to the practice of medicine, the philosophy of medical science, and the general spirit of the profession. We wish to render the practice more safe and successful, the philosophy more true and profound, and the general spirit of the profession more liberal and progressive. We are authorized to anticipate success in such an effort, because the general spirit of the age tends in the direction of our movement; because the medical profession, which is continually, though slowly progressive, is advancing in the direction of our movement; because we rely upon the power of truth, and because our past labors have already been productive of important results.

The leading doctrine of the Eclectic Medical profession, to sustain which the Institute has been established, is that the investigation and the practice of medicine should be entirely free and untrammelled—that no central body—no association, combination or conspiracy, should have the power to prescribe a certain *standard of faith*, or *medical creed*, which shall be received by all, and forced upon every member of the profession by threats of professional disgrace and ruin. We claim for ourselves, and extend to all, this liberty of investigation and action. We recognize every enlightened, educated and honest physician, as standing upon the same platform of professional respectability, and enjoying the same rights, no matter what doctrines he may advocate in medicine, or what system of practice he may deem it his duty to adopt.

The colleges and medical societies of the United States through the National Medical Association, repudiate these liberal principles and evince a determination to degrade and trample upon all who do not adopt a certain medical creed and vow allegiance to the *authorities* of the profession. An extensive combination exists, to deny all character as physicians to those who entertain different sentiments, and are too independent to sacrifice their honest convictions—to exclude them from all social and professional intercourse, to assail them with opprobrious epithets, and to exclude their students from admission to medical colleges. A large portion of the medical profession have never sanctioned these proscriptive arrangements, but entertain more liberal sentiments and take no part in the establishment of the system of intolerance. The colleges and the leaders of the medical profession are the authors of the system.

Our American Medical Colleges—American in little else than name and location—have introduced from Europe a system of medicine fraught with serious evils, and attended by a great mortality in many diseases, which are more successfully treated by a rational practice.

In addition to the European system of medical practice, they have introduced the European system of professional organization, and the false ideas of etiquette and ethics, arising from the aristocratic and powerful organization of the profession under despotic and oligarchical governments. Attempts have been made in the various states to organize the profession by law, and give to certain societies and cliques absolute control over the profession, depriving the people of the right of choosing their own professional assistance, and concentrating in a few hands the power of licensing or prohibiting every practitioner—thus effectually enslaving the profession, aiming to crush by fine and imprisonment, those whose mental independence renders them in any way obnoxious. Thus has the medical profession in this free country, lingered far in the rear of the general progress of society, and endeavored to enforce by legal penalties, uniformity of opinions in matters of science. These laws have, however, been generally repealed, or essentially modified; the rights of man have been vindicated, and the attempts of medical societies to procure a re-enactment have been defeated by overwhelming majorities; still

the attempt is continued by means of combinations, societies and collegiate rules, to enforce this despotism of opinion, which the civil power has refused to assist in enforcing.

The dignity, usefulness and truth of the collegiate system of medicine are strenuously inculcated upon students, while all that lies beyond the prescribed circle is concealed, misrepresented or assailed in terms of approbrium and disgust. Medical societies are organized upon exclusive principles—a line is drawn between the orthodox and the dissenters, and all who are beyond the line of strict conformity, are denounced with reckless violence, as charlatans, quacks, empirics, knaves and systematic impostors.

They who are thus assailed for free investigation, are meanwhile calmly pursuing their professional labors, adding fact to fact, enlarging vastly the resources of the healing art, and securing still stronger claims to the gratitude of posterity as reformers of medical science.

The time has arrived for the Medical profession to determine which spirit shall control its destiny—that of the free and fearless inquirers who gather truth from all sources; who prefer the authority of nature to the authority of transient schools, and who are habitually in the possession of knowledge in advance of their cotemporaries—or on the other hand, the spirit of those who indulge in learned pedantry, who dictate with corporate insolence a standard of opinion for others, and who maintain in the medical profession the same narrow, stolid and illiberal principles which have been designated as Hunkerism when observed in politics.

This is the vital question, in reference to which the Eclectic Medical profession of America take a decided stand, and in reference to which they hope that in due season the entire medical profession of the country will unite with them in maintaining the principles of liberality and freedom.

No rightly balanced and unprejudiced mind, can approve of the savage denunciations of medical bigots, against those who are guilty, merely of differing in opinion from their accusers.

The Homœopathic physicians of Europe, and the Eclectic physicians of America, have often been denounced in language so coarse as to be degrading to its authors, who have generally been prominent members of the old school medical societies and colleges. But in all cases the fact has been studiously concealed, that the parties thus denounced are in many respects the superiors of their assailants!

The Eclectic Medical Reformers of the United States number, it is believed, more than seven thousand practitioners. A large proportion of these are graduates of medical schools devoted to reform; while the others are principally converts from the old school system of practice. One or more colleges have been systematically engaged in teaching the principles of the reformed system of practice for the last thirty years, and several have recently been established. The Eclectic Medical Institute, established in Cincinnati in 1845, exhibits by its records during the past thirteen years, a larger number of matriculated students than any other medical school west of the mountains, during a similar period from its first establishment.

But however encouraging the success of our schools, and the cordial appreciation of our principles by the more intelligent portion of our fellow citizens, our surer reliance is upon their intrinsic truth and usefulness.

Eclectic Medical Reformers start from the common platform of professional knowledge, with a declaration of dissatisfaction with the usual results of the healing art; of certainty that a true therapeutic science may yet be discovered, and of the imperative duty of all practitioners to investigate all successful systems of practice, and avail themselves of every successful agency which has been or can be discovered.

Viewing the present resources of the healing art, they appear sadly limited and imperfect. All substances in nature, whether mineral or vegetable, act upon the human constitution, and possess powers capable of being used for the benefit or injury of man. Yet, instead of exploring the vegetable and mineral kingdoms, to make all substances tributary to human health, only about four hundred are mentioned in our standard text-books as official remedies; and

of these but a small portion are familiarly known and habitually used by the medical profession. A large majority of the official articles are unknown in common practice. More than two thirds of all the prescriptions according to the old school practice, are supplied by ten or twelve favorite drugs; and most of these favorite drugs, so extensively used, are unfortunately not those which are most capable of sustaining or restoring a state of health, but rather those which are most potent, concentrated and convenient, but at the same time dangerous in their use, and often permanently deleterious to the constitution, no matter how prudent the practitioner who uses them. Among the worst cases of chronic disease that we find, are those which have been produced by the excessive administration of poisonous drugs. Yet this style of practice is imperatively urged upon students in our colleges. Calomel in teaspoonful doses has been boldly recommended in the most prominent medical colleges of the West; and calomel alone or in combination has been recommended in every form of disease, virtually presenting it as a *panacea*. We are not aware the whole system of medicine presents any greater or more pernicious delusion than this. Even the most enterprising practitioner, who would aim to avail himself properly of all valuable official articles, would find so many of them so imperfectly known and described, as to give him no idea of their proper use. Such are the miserable meagre resources of practical medicine, while thousands on thousands of important medicines are utterly unknown to man, while every plant that grows possesses valuable properties, and yet no systematic effort is in progress to enlarge our medical resources.

Eclectic Medical Reform aims therefore, to enlarge and improve the most important portion of practical medicine—our *Materia Medica*—especially in exploring our indigenous medical botany, so shamefully neglected heretofore. The Eclectic *Materia Medica* is therefore peculiarly rich in the knowledge of the value of many remedies, either unknown or imperfectly understood by Old School authors. Not less than one hundred of the most valuable articles of the *Materia Medica* which are either incorrectly described, or entirely excluded from the official list by Old School authorities, occupy a prominent place in the Eclectic practice, and manifest daily their curative energies. So great a change has thus been made by new remedies, new applications of old ones, new compounds, and new principles of treatment, that four fifths of the prescriptions of Eclectic practitioners, in every variety of disease, are entirely different from those which are usually made by those who follow the European or Old School American Colleges.

It may be said, therefore, that the Eclectic system of medicine has wrought a decided revolution, and presents an essentially new system of practice which may be justly styled the American system, as it has arisen from the labors of American physicians, and stands opposed in the details, to the European system, which has been transplanted to this country, and which occupies our colleges with all its pedantic learning, its meagre resources, and its bigoted intolerance.

In the Eclectic Medical Institute, not only are the resources of the *Materia Medica* as usually taught, laid before the student, but the new medicines and combinations of the Eclectic practice are fully presented, and the comparative value of different agents made known, so as to show why the majority of the prescriptions which are still in vogue with the colleges, are laid aside as obsolete, and substituted by better and more efficient, as well as safer agents. The Eclectic student is thus made acquainted with new school as well as old school practice, and not tied down by his education to any limited routine.

The peculiarities of the Eclectic practice are too numerous to be learned, except by a thorough course of study. These peculiarities have arisen from the gradual adoption of one improvement after another, until the whole system of practice has been essentially changed, and all those measures which are calculated to impair the vital powers, have been substituted by more successful methods. It is a cardinal principle of the Eclectic system, that no medical treatment should be allowed which permanently impairs or injures the vital powers; that no such treatment is, in any case, necessary or proper,

and that, in the choice of remedies, we should prefer those which are safest, and calculated to act most nearly in accordance with the laws of health.

Hence, we reject, *in toto*, the most pernicious features of old school practice. Not that we consider them entirely useless, but because they are so far inferior, in their results, to the measures upon which we rely. The habitual internal use of certain intensely poisonous metals, as mercury, antimony, lead, arsenic, copper, etc., we consider a gross violation of the dictates of medical philosophy and experience—an egregious delusion which has brought millions to a premature grave, and which, at the present time, maintains an immense amount of human suffering among the living. This delusion has arisen from a profound ignorance of the true characters of a number of important medicines, and an indifference to the enormous evils now arising from the mercurial practice. It is not known in the colleges that our vegetable materia medica furnishes far better agents for all the purposes of the healing art, than these destructive metals, and that every purpose for which it is supposed that mercury is necessary, can be accomplished better without than with its agency. The fancied necessity of mercury, for the sake of its power over the liver, is well known by all Eclectic practitioners to be a gross delusion; without the use of a particle of mercury, and without its dangerous morbid consequences, they produce much more efficient cholagogue and alterative action than mercurial remedies can maintain. The medical profession are aware of the dreadful evils of a mercurial practice, and would gladly get rid of the two-edged weapon which cuts alternately the disease and the patient, if they were informed by the colleges and authors, upon whom they rely, of the powers of other and better cholagogues.

So far from this being done, the colleges profess (no doubt sincerely) to be ignorant of any substitutes for mercury, and insist upon its use with so much earnestness, that the administration of mercury has become a criterion of medical respectability—the very shibboleth of medical societies—and with the herd of quacks, who practice by routine, without either mental ability or professional knowledge, almost all their medical skill concentrates into the mere art of giving calomel. Even with the most enlightened and distinguished members of the medical profession, the best efforts of the physician are often attended by sad mortality. Under the treatment of the Allopathic physicians of Europe, as recorded in hospitals, on an average, more than one-tenth of all the patients die. Under the treatment of the Faculty of the Ohio Medical College, in the Commercial Hospital of Cincinnati, during the year 1848, more than one-sixth of all the patients died, according to their own report.

In the Eclectic practice, so far as statistics have yet been obtained, it is believed that the average mortality of all classes of cases does not exceed two per cent.

In the treatment of cholera, we have the comparative statistics, afforded by the reports of cholera practice, in New York and in Cincinnati. In the latter city, we observe that nine Eclectic physicians, during the month of May, treated 330 cases of cholera, and upward of 200 of choleroïd disease of a milder form, with the loss of but five patients, while the cholera reports of other physicians to the Board of Health, exhibit, during the same month, 432 cases of cholera, and 116 deaths!

In the month of June, the disease having reached its maximum intensity, and many of the cases being reached by the physicians only in the collapsed stage, the mortality was necessarily greater. Hence the reports of the Eclectic physicians in Cincinnati present an aggregate, for the two months, of 1094 cases of cholera, and a large number of choleroïd diseases not fully reported, which were treated with entire success in all but 36 cases, which proved fatal. In making up this aggregate of deaths, we have included a number of cases in which the physician's directions were disregarded, or in which he was called in too late to have any reasonable hope. Even thus, the aggregate mortality appears to have been less than four per cent. (being 3.28), while the mortality of cholera patients under Old School treatment, has been from 40 to 60 per cent. throughout Europe.

Notwithstanding this striking and almost incredible contrast, (a ratio of

more than 10 to 1,) a proscriptive and illiberal course was pursued by the opponents of Eclecticism. This, however, entirely failed to accomplish its object, as the City Cholera Hospital, originally under the care of Old School practitioners, was placed in the hands of Eclectic physicians, by the Board of Health; and the wisdom of the change was shown by the fact that, after this change, although the disease had greatly increased in severity and fatality, the ratio of mortality, in the Cholera Hospital, was but about one-half as great as previously. While the disease was in a milder form, but the mercurial treatment was in vogue—while calomel, opium, and the acetate of lead were regarded as the prominent medicines, the mortality was in the ratio of seven out of twelve; but after that period, under the Eclectic or non-mercurial treatment, the mortality was less than three in twelve of the cholera patients who underwent the Eclectic treatment. This, too, during a period when the pestilence raged highest, and the average number of deaths in Cincinnati was over one thousand a week.

That the average mortality from all diseases, under the orthodox mercurial treatment, is twice as great as under the Eclectic treatment, is the opinion of all who have made a comparative trial, or carefully observed their results; and it has been the earnest desire of Eclectic practitioners to subject the two systems of practice to a rigid comparative trial, under similar circumstances, in some public institution.

Under these circumstances, we are justified in making a solemn appeal to all young men aspiring to the medical profession, and asking whether they are willing to sanction the proscriptive bigotry and hunkerism, which exist in a portion of the profession—whether they are willing to join in the conspiracy against free investigation—whether they are willing to be established in that narrow and imperfect system of practice which has every where been proved vastly inferior, in its results, to the modern improvements of Eclecticism—in short, whether they can conscientiously go forth to practice medicine in accordance with the dicta of teachers who, in a Cincinnati hospital, lose more than one-sixth of all their patients—who, in European hospitals, lose from a tenth to a ninth; and who, all over the world, lose from one-third to two-thirds of their patients in cholera? Can you sanction this disastrous system of medical error and bigotry, or will you take the stand of an American freeman in behalf of Eclectic liberality, and connect yourself with that system of practice which constitutes one of the greatest benefactions America has yet conferred upon the world—a system of practice which saves ninety-six or ninety-seven cholera patients out of a hundred, and which looks upon that practitioner as utterly unworthy of his high vocation and a position in the Eclectic ranks, whose practice is attended by as great a mortality as is common in Allopathic practice.

This high stand can be maintained only by valuable professional knowledge. That knowledge enables Eclectic practitioners not only to dispense with mercurial medicines, but to lay aside the pernicious practice of *blood-letting*, as a clumsy, barbarous and destructive method of effecting objects which may be better accomplished without the lancet. That very efficient substitutes for mercury and the lancet exist, or that they have been used with triumphant success throughout this country, in all its various climates and classes of diseases, for many years, is not known or taught in our old medical colleges—nor will this fact be recognized, until a more liberal spirit shall be introduced than prevails at present.

In the practice of Surgery, as well as in other departments, the remarkable improvements and superior results of Eclectic medicine, in comparison with all that has been accomplished by the highest skill of Europe, challenges professional scrutiny. It is not in the use of the knife, nor in mechanical dexterity, that any peculiar merit is claimed; but in the preservation of life and limb—in the substitution of scientific constitutional treatment for the reckless use of the knife, lies the principal glory of Eclectic Surgery. For further illustration we can only refer to the many thousands who have been benefited by Eclectic Surgical practice. In the Obstetrical department, especially in the treatment of the diseases of females, the reform has been no less

decisive and important than in general practice. But as the limits of this address do not admit of specifications, we can only invite a candid scrutiny, and refer to the decisive opinions entertained by all who have made themselves fully acquainted with Eclectic medicine, after studying the resources of old school practice.

As the pioneer teacher of the American or liberal system of medicine, the Institute is appropriately located in the most central portion of our Republic. Cincinnati is evidently destined to be either the largest city or one of the few largest cities on the continent. From the rate of its growth, we may calculate that ere the close of the present century, Cincinnati will be to America as London and Paris are to Europe, and the medical authority of Cincinnati will be proportionally influential throughout the world. With an eye to such a future—to the ascendancy of the American republic, the American spirit, and the American system of medicine—the Institute has been established; and we invite all who cherish the glory of our country—all whose sympathies are with the *Future* in its *progress*, rather than the *Past* in its *darkness*—to participate in our enterprise, and share the glory of a liberal system of medical science.

MUSEUM.

Every exertion has been made to render the Museum interesting and satisfactory, and additions are being constantly made. Private collections have been added, and arrangements have been made with gentlemen engaged in the pursuit of the natural sciences, to secure valuable cabinets of specimens from all the departments of natural history. There is also an extensive *materia medica* cabinet.

LIBRARY.

The contributions of rare and valuable books made to the Library collection, has added greatly to its attractions. Plates, maps, drawings, etc., have been donated by friends, and arrangements have been made to supply the library room plentifully with papers from all parts of the country, and a general assortment of American and European medical journals.

CHEMISTRY.

Prof. H. D. GARRISON, one of the most thorough and practical chemists in the United States, has been appointed by the Board of Trustees to the chair of Chemistry, and during the last session gave entire satisfaction, both as a lecturer and practical demonstrator. The department of Chemistry is one which usually receives too little attention, in most medical schools; inasmuch as the art of prescribing medicines evidently depends upon a knowledge of the great laws of this science. Again: the practical manipulations of the laboratory are essentially necessary in the education of one who is expected to compound and dispense remedial agents. As a teacher, perhaps, few men possess greater qualifications than the gentleman occupying this chair.

MATERIA MEDICA.

Prof. L. E. JONES, one of the oldest and ablest teachers in our country, and one of the originators of the Eclectic Practice of Medicine, very deservedly enjoys the entire confidence of the profession, as a thorough and practical teacher in this department. By his indomitable energy, the Eclectic Medical Institute was brought into existence, and since 1845, he has been one of the most faithful laborers in the cause of liberal medical science.

Prof. Jones' great work on *Materia Medica*, now in course of publication, will demonstrate to the profession that he is informed in the department in which he is called to labor.

PHYSIOLOGY.

Prof. G. W. L. BICKLEY, as a physiologist, has given entire satisfaction, not only to his colleagues, but to the classes who have listened to his eloquent delineations of the great laws of life. Physiology, in his hands, is not the dry subject which we find in the books, but every organ and tissue is comparatively illustrated and made to constitute a part and parcel of every department of medicine. His lectures on Dynamic Physiology have awakened a large amount of interest in the public mind of the West, and the lecture halls have usually been attended by non-medical gentlemen, as well as practicing physicians, to listen to his illustrations of history as indelibly written upon the human body. His course on Medical Jurisprudence before the classes of the Eclectic Medical Institute and the Cincinnati Law School, last winter, awakened such an interest in the subject of Jurisprudence, that he has been frequently compelled to repeat lectures for the satisfaction of the friends of those attending his lectures. As a speaker, Prof. B. has few equals, and never fails to fasten the attention of his audience.

SURGERY.

Prof. R. S. NEWTON, one of the ablest operating surgeons in America, is one of the most forcible teachers in his department that has ever been connected with this school. As proof of this, the graduates of this school have, in almost every instance, become eminent surgeons. His long association with the medical public has secured him its entire confidence. His surgical practice extends to all parts of the country, and is, perhaps, more extensive than that of almost any other surgeon in the West. These facts bespeak more forcibly his capacity as a teacher, than any description of his characteristics that might be penned. No gentleman connected with the school has been more loved by students than Prof. Newton.

THEORY AND PRACTICE.

Prof. J. CAM MASSIE, who has been recently appointed to this chair, is one of the most eminent practitioners in the Southern States, and has been appointed as the most suitable man known to the Board of Trustees. He is one of those liberal, high-toned gentleman, who will speak what he believes to be right, at all risks, and under all circumstances. Among practitioners of medicine, he has won an enviable position as the author of one of the best works on Theory and Practice known to the profession. He is in every sense a thoroughly practical man, a fluent and forcible speaker and writer—having had large experience and marked success in the treatment of human disease, and under such circumstances as to justify the great confidence reposed in him.

ANATOMY.

Prof. Z. FREEMAN, formerly occupying the chair of Surgery, and lately Theory and Practice of medicine, has perhaps no superior as an anatomist in this country, having delivered many courses of lectures on Anatomy previously to filling the above named chairs. He is perhaps one of the best descriptive lecturers in this department the school ever had. In the reorganization of the school recently made, he was placed in this chair by the Board of Trustees, because his ability, as a teacher of Anatomy, had been fully demonstrated. He is, in every sense of the word, a thorough, scientific, and practical man, and has always given entire satisfaction to the classes before whom he has lectured.

OBSTETRICS.

Prof. J. M. SCUDDER, who succeeds Prof. Baldrige in this chair, is the author of one of the most complete treatises on the Diseases of Women, etc., and is thoroughly a master of the science of Obstetrics. He is a good lecturer, and one of the best teachers in the country. His experience is varied and extensive. His indefatigable industry and ambition to excel in whatever he undertakes, is a guarantee that he will efficiently discharge the duties incumbent upon him. There is a science and art of Obstetrics, and he will take particular pains to demonstrate the latter as well as the nature of the subject will permit.

DEMONSTRATOR OF ANATOMY.

Dr. EDWIN FREEMAN, the Demonstrator, is a thorough anatomist, and has had much experience in this department, having given perfect satisfaction both to the Professors and students—always procuring the necessary material at the lowest possible cost, and punctually attending to his important duties. The anatomical rooms are always kept in the best order, and students receive at his hands all attentions that could be demanded of him.

THE SCHOOL.

The Eclectic Medical Institute Building is located on the corner of Court and Plum streets, in the very center of the great Western Metropolis. In location, Cincinnati presents advantages for a medical school not possessed by any city in the Union. It is accessible from all points, very healthy, with a pleasant climate, and characteristic for its hospitality and attention to strangers. The building itself is large and commodious, well adapted to the purpose for which it is used, in good order, and well situated in every respect. Its Professors are men of acknowledged ability, by whose indomitable energy the Eclectic branch of the profession has been elevated to its present proud position. Its classes have always been the largest of any school west of the Mountains, and its graduates have attained a success that bespeaks a brilliant future in its career. No dissensions mar the harmony of its teachings, which are as thorough as those of any school in America, strictly scientific, and as liberal as it is possible to make a medical college. It is now free from all those vagaries and fanciful speculations formerly taught, and the student is no longer taxed for outside or private-pay lectures; nor are females admitted to attend the lectures.

The school is now unembarrassed, and enjoys the confidence of the profession and the public, and will no doubt continue to rise in eminence as its liberal and rational principles are disseminated through the country. The school was chartered by the Legislature of Ohio in 1845, and enjoys all the advantages and dignities ever conferred upon such institutions.

HOSPITAL FACILITIES.

Clinical medicine and surgery are taught by the Professors occupying those chairs, two days in each week, at Newton's Clinical Institute, on the corner of Sixth and John streets, where every exertion is made to initiate the student into the actual bedside practice of medicine. Here are collected a variety of diseases from all parts of the country, and the lecturers endeavor to explain each case so fully that the student cannot fail to thoroughly understand their nature and mode of treatment. Many of the major operations of surgery take place in this establishment, where every student has an excellent opportunity of observing the mode of procedure in each case.

TIME OF COMMENCING LECTURES.

The regular session will commence on Monday, November 1, 1858. There will also be daily lectures during the whole month of October, at which time the Demonstrator's department will be open.

FEES.

Matriculation, \$5; Tuition, \$20; Clinic fees, \$5; Graduation, \$25; Demonstrator's Ticket, \$5. Board can be had for \$3 per week. The Fees are cash in all instances.

REQUISITES FOR GRADUATION.

The candidate must possess a good moral character; must have read medicine two years, and have attended two courses of lectures, one of which has been in this institution; or, he must have attended three courses with intermediate reading; or, he must have practiced four years, and have attended one course of lectures.

TEXT BOOKS.

Chemistry—Gregory's Chemistry, by Sanders. *Materia Medica*—Kost, Bickley, Pereira, U. S. Dispensatory. *Physiology*—Draper, Carpenter. *Theory and Practice*—Newton and Powell, Massie. *Surgery*—Syme's Surgery, by Newton. *Anatomy*—Wilson, Pancoast's Wistar, Harrison. *Obstetrics*—Meigs, Scudder, &c., &c.

INFORMATION.

Students visiting the city will call at the office of JAMES G. HENSHALL, Secretary, No. 110 Sixth street. Mr. Henshall will assist in getting them board, and furnish all other necessary information. Letters of inquiry may be sent to him, or to the Treasurer, R. S. NEWTON, M. D., No. 90 West Seventh st.

W. B. PIERCE,

President of the Board of Trustees.

7

LIST OF STUDENTS.

MATRICULANTS OF THE WINTER SESSION OF 1857-8.

Adams James,	Ill.
Allison John Pryor,	Miss.
Ayers Hiram Myles,	Ohio.
Bates James, M. D.,	Ala.
Barber Joel Crane,	Ill.
Blanchard Henry H.,	Tenn.
Bowers James Basil,	Ga.
Branstrup John William,	Penn.
Brown Hosea Bethel,	Miss.
Campbell William,	Penn.
Chamberlain Israel,	Penn.
Chalk Franz,	Ky.
Caraway James Aaron,	Miss.
Chase Alven Wood,	Mich.
Chapman William Samuel,	Vir.
Cooper Samuel Austin,	Iowa.
Connet Mahlon C.,	Ind.
Cook Purdy Calvin,	Ill.
Cox John S.,	Ohio.
Coulter Arthur Parks,	Ill.
Crandall Israel J.,	N. Y.
Curtis Julien Eliezer,	Ohio.
Curry Silas Follett,	N. Y.
Dalton Louis Furguson,	Mo.
Darden Henning Kelly,	Va.
Darby John,	Mo.
De Voe Elijah,	N. Y.
Diggins William Giles,	Ind.
Dickson James L.,	Texas
Dotson Edwin Ruthven,	Ala.
Dunlap Robert,	Ohio.
Eley William Thomas,	Va.
Everly Nathan Harrison,	Ky.
Everly Jessie Mahlon,	Ky.
Floud Jonathan M.,	Ind.
Garner Levi Spillman,	Mich.
Garrison Herod Daily, M. D.	Ohio.
Gerrish Ansel,	Ind.
Gilmer John Granville,	Ind.
Gould Charles Louis,	Ohio.
Goss Benj. F. W.,	Ga.
Griewell Martin T.	Tenn.
Hart Charles Thomas,	Ga.
Harrison Harlan, M. D.,	Ohio.
Hensley Benjamin Morris,	Va.
Hertzog William Thomas,	Va.
Hewitt William,	Tenn.
Hill I. Elezia,	N. Y.
Hinman Franklin,	Ohio.
Howard Martin Whitford,	Miss.
Houston John Bryson,	Ill.
Hudson James Boyd,	Ind.
Hunter Josephus,	Vir.
Hunter James,	Ill.
Jacoby Frederick,	Penn.
Jay Milton,	Ind.
Kelly William W. S.,	Mo.

Kendall Moses W. S.	Ohio.
King Robert Williams,	N. C.
Largent Moses Bell,	Ill.
Lawrence Joseph Joshua,	N. C.
Long John C.,	Ind.
Lynn Matthew Henry,	Ill.
Martin John Andrew,	La.
Martin Joseph Philip,	Penn.
Marsh Richard,	Ohio.
Maughan Oliver Perry,	Ind.
Miller Joseph J.,	Penn.
McClenny William Stephen,	Va.
McCreary John Absalom,	Ala.
McCullough James Hartshorn,	Penn.
McDonough Christopher,	Ala.
McNamar Andrew Jackson,	Ind.
Orr Stewart,	Ill.
Parsons George Elisha,	Ind.
Pettiner Matthew,	Ohio.
Prichard Louis,	Ky.
Prichard Allen,	Ky.
Reat James Lee,	Ill.
Redlick Charles August,	Penn.
Reynolds Robert Cassius,	Va.
Rice Wesley T.,	N. Y.
Rogers James,	Miss.
Rogers William S.	Texas
Ross William S.,	Ky.
Sewell James Pearce,	Ga.
Shockley DeWitt Clinton,	La.
Siddall James Phineas,	Ill.
Sitton Felix Grundy,	Ga.
Shultz John Beawick,	Ind.
Stafford Gideon Perry,	Iowa.
Stevenson John Edgar,	Ky.
Stewart William Wiley,	Miss.
Thomson George Washington,	Ark.
Tipton Albert Worline,	Ind.
Trengrove John,	Ky.
Walker John Thomas,	Ark.
Weimer Jacob,	Virg.
Welch Jacob,	Ohio.
Werts Daniel Hilliard,	S. C.
Westlake Ephraim C.,	Ohio.
White David,	N. Y.
White Ira B. V. B.,	Ark.
Willson John Furguson,	Ill.
Williams Salathiel Thaddeus,	Ohio.
Williams Archibald L.,	Miss.
Wonsetler John,	Ohio.
Wright John Thomas,	Ind.
Young John,	Miss.

MATRICULANTS OF THE SPRING SESSION OF 1858.

Allison John Pryor,	Miss.
Branstrup William T.	Penn.
Brown Hosea Bethel,	Miss.
Carey Ezra H.	N. J.

Curtis Julien Eliezer,	Ohio.	Prichard Louis,	Ky.
Cutshaw Joshua B.	Mich.	Rice Wesley T.	N. Y.
Damron William Lewis,	Va.	Ross William S.	Ky.
Daniels Nelson C.	Ohio.	Sewell James Pearce,	Ga.
Darby John,	Mo.	Siddall James Phineas,	Illa.
Davis Robert Herrin,	Ky.	Stewart William Wiley.	Miss.
Davidson William C.	Del.	Welch Jacob,	Ohio.
Douglas Henry,	Texas	Willson John Ferguson,	Illa.
Dunlap Robert,	Ohio.	Williams Salathiel T.	Ohio.
Fielder Marshall Lucius, M.D.,	Ala.	Wonsetler John,	Ohio.
Flood Jonathan M.	Ind.		
Goldin William, M. D.	Ala.		
Hart Charles Thomas,	Ga.		
Harriman John Pryor,	Mo.		
Harris, William B.	Iowa.		
Hockett Charles,	Ohio.		
Howser William W.	Illa.		
Hunter James,	Illa.		
Isgrigg Nathan Lynn,	Ind.		
Jacoby Frederick,	Penn.		
Kelly William W. S.	Mo.		
Lynn Mathew Henry,	Illa.		
Martin Joseph Phillip,	Penn.		
McCreary John A.	Ala.		
McCullough James H.	Penn.		
McCully James M.	Tenn.		
Orr Stewart,	Illa.		
Parsons George Elisha,	Ind.		
Parsons John Solomon,	Ind.		
Pike Lyman,	Ind.		
Reat James Lee,	Illa.		
Reichard Valentine,	Md.		
Secrist James D.	Ky.		
Shockley De Witt Clinton,	La.		
Stewart William Wiley,	Miss.		
Templeton Orange Scott,	Vt.		
Tuck Ryland,	Mo.		
Warner Elisha S.	Penn.		
Werts Daniel Hilliard,	S. C.		
Williams Archibald L.	Miss.		
Wright John Thomas,	Ind.		

GRADUATES OF THE WINTER SESSION OF 1857-8.

Bowers James Basil,	Ga.
Chase Alven Wood,	Mich.
Campbell William,	Penn.
Connett Mahlon C.	Ind.
Cooper Samuel Austin,	Iowa.
Dalton Lewis Ferguson,	Mo.
Diggins William Giles,	Ind.
Everly Nathan Harrison,	Ky.
Gould Charles Louis,	Ohio.
Hewitt William,	Tenn.
Hill I. Elaxis,	N. Y.
Howard Martin Whitford,	Miss.
King, Robert Williams,	N. C.
Lawrence Joseph J.	N. C.
Mareh Richard,	Ohio.
McClenny William Stephen,	Va.
McDonough Christopher,	Ala.

Prichard Louis,	Ky.
Rice Wesley T.	N. Y.
Ross William S.	Ky.
Sewell James Pearce,	Ga.
Siddall James Phineas,	Illa.
Stewart William Wiley.	Miss.
Welch Jacob,	Ohio.
Willson John Ferguson,	Illa.
Williams Salathiel T.	Ohio.
Wonsetler John,	Ohio.

Honorary Graduates.

Griswell Martin T.	Tenn.
Martin John A.	La.
Goss Benjamin F. W.	Ga.
Reynolds Robert C.	Va.

GRADUATES OF THE SPRING SESSION OF 1858.

Allison John Pryor,	Miss.
Brown Hosea Bethel,	Miss.
Branstrup William T.	Penn.
Curtis Julien Eliezer,	Ohio.
Cutshaw Joshua B.	Mich.
Dunlap Robert,	Ohio.
Darby John,	Mo.
Davis Robert Herrin,	Ky.
Damron William Lewis,	Va.
Douglas Henry,	Texas
Fielder Marshall Lucius,	Ala.
Flood Jonathan M.,	Ind.
Goldin William,	Ala.
Hart Charles Thomas,	Ga.
Harriman John Pryor,	Va.
Hockett Charles,	Ohio.
Isgrigg Nathan Lynn,	Ind.
Lynn Mathew Henry,	Illa.
Martin Joseph Phillip,	Penn.
McCreary John A.,	Ala.
McCully James M.,	Tenn.
McCullough James H.,	Penn.
Parsons George Elisha,	Ind.
Reichard Valentine,	Md.
Reat James Lee,	Illa.
Shockley De Witt C.	La.
Templeton Orange Scott,	Vt.
Tuck Ryland,	Mo.
Warner Elisha S.,	Penn.
Wright John Thomas,	Ind.
Werts Daniel Hilliard,	S. C.

Honorary Graduates.

Blanchard Henry H.,	Tenn.
Branstrup, John W.,	Penn.
Daniels Nelson C.,	Ohio.
Dickson James L.,	Texas
Gerrish Ansel,	Ind.
Rogers William S.,	Texas
Sitton Felix G.,	Ga.
Stevenson John E.	Ky.

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

AUGUST, 1858.

NUMBER 8.

Part 1—Original Communications.

MERCURIALS.—No. 8.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic
Medical Institute.

8TH. PATIENTS DIE AFTER SALIVATION. WHAT CAUSES THEIR DEATH? IS IT THE MERCURIAL ACTION, OR THE PRIMARY FEVER?

Salivation, as has already been shown, has been, and still is, regarded by a large portion of our opponents, as a "*sine qua non*" in arresting fever. Cart loads of calomel have been used in the South and West for that purpose alone, while large quantities of metallic mercury have been incorporated with lard, and applied to the surface by means of inunction.

Southern and Western physicians, regarding ptyalism of the first importance in the treatment of fevers incident to those localities, have lost no time in saturating the systems of their patients with mercury. This they have done while laboring under the false belief that the mercurial impression subverted, superseded, or displaced the primary or febrile action. Furthermore, they have believed, and do still believe, that no other means are reliable and capable of arresting the fever. Entertaining these views, and adopting a practice

in accordance with them, the question is, are they true or fallacious—scientific or unscientific? If true, then every case of fever should be arrested upon the induction of ptyalism and the patient convalescent. An agent that acts with the reputed certainty of this article in displacing fever, must be followed by a rapid convalescence, for the primary disorder is superseded before thoroughly engrafted upon the system, and before the occurrence of exhaustion. Are these facts? Does the mercurial action promptly and with any degree of certainty arrest the original disorder? and is convalescence either rapid or certain? Let the history and known facts as to the progress of malarial fevers answer these questions. We have proved by undoubted testimony, in the preceding number, that in a very large class of patients, salivation cannot be produced, even though the effort to induce it be ever so great, to wit: in cases of high febrile and inflammatory excitement, and in cases of infants under a certain age. With these classes of patients, though the fatality of the disorder under the use of mercury be ever so appalling, we have nothing to do in this article. We shall confine ourselves at this time to those cases of fever in which salivation can be established, and see whether the "*boasted Samson*" of the Materia Medica, in its *boasted* therapeutic action (ptyalism,) is a sovereign remedy, even in the milder forms of fever. As we have already proved it not only worthless, but absolutely destructive in high or ma-

lignant grades of fever, a further consideration of it in that respect is unnecessary for our purpose. It being worse than useless in malignant or concentrated fevers, three important questions remain to be settled, in order to determine its comparative merits in fevers of a milder and simpler form.

1st. The first question is, do the simpler forms of fever terminate fatally after salivation is effected?

2d. The second question is, if the subjects of the milder forms die after the system is saturated with mercury, does the primary malady destroy life, or the agent employed to subdue it?

3d. What are the comparative results of the mercurial and non-mercurial practice in the milder fevers?

No medical man of experience and observation, will deny the frequent occurrence of death in simple forms of fever in the South and West, after the system is saturated with mercury, and ptyalism thoroughly established. There are indeed but few of the old ladies of the country who cannot point to many instances of the kind witnessed by themselves. In the early settlement of Ohio and Indiana, as well as other States, bilious fever was very prevalent, and no sooner was the physician called to prescribe for his patient, than he made active efforts to salivate him, and although the saliva flowed freely, yet the mortality was very great in these very cases. Some of my near relatives and many of my neighbors, fell a sacrifice, either to the fever or mercury. Such has been the case at times in all newly settled countries, and even the older states have not escaped great and melancholy losses from one or the other of these causes from time to time. After commencing the practice of medicine, twenty-five years ago, my opportunities for witnessing the progress of fever were ample. I watched the results of ptyalism with great interest, for the exhibition of mercurialized patients were of almost daily occurrence. Being strongly opposed to the use of that drug myself, I was extremely anxious to contrast the con-

flicting modes of medication, and compare results. If my observations did not mislead me, many were the victims whom I saw fall after salivation had arisen, as a consequence of ptyalism. In many instances violent inflammation, ulceration and sloughing of the mouth occurred, so that death could not be referred to the omission of mercury, or its failure to act. It is a fact as well established in the science of medicine as any other, that thousands of patients, laboring under these mild fevers, have died after salivation, and I presume I might add millions without exaggeration. Such being the case, we have positive proof that ptyalism is not reliable as a means of cure—that it totally fails to subvert or check the fever, and is therefore entitled to no confidence in those cases as a means of cure by virtue of its sialogogue properties or action simply. This position I shall prove, before I close the consideration of this subject, by such Allopathic authority as cannot be questioned.

I drop this subject here for the present and take up the second proposition, which involves the question, "If patients die after being salivated, does the primary disease (fever) destroy life, or the secondary disorder (ptyalism), or the agent which causes it?"

If nature, unaided by active medication, expels these mild fevers generally; or if in most instances, (as has been shown to be the case,) when treated by the use of mild vegetable remedies, but a small per cent. die, and if a far larger per cent. of this same class of patients are lost when salivated, is it not conclusive proof that the mercury itself, or the secondary or mercurial disorder causes much, if not indeed the greatest amount of mortality? That the irritative action of mercury upon the already over-excited organs, should serve to exasperate the primary fever and add to the existing derangement, cannot admit of a doubt. The more intense the fever, or the greater the excitement of the organism, the more rapid must be the exhaustion of the vital forces. That ptyalism does irritate the system, augment the

existing excitement, exhaust the recuperative powers, and that these tend to establish local inflammations, and add to the danger, cannot be denied. The more severe the grade of excitement, the greater will be the probability of a disorganization of some vital organ.

To suppose the violent inflammation in the mouth, and the profuse flow of saliva, effects calculated to act in unison with the laws of life in expelling or subverting disease, is absurd in the extreme. The ulceration, mortification and sloughing, which frequently follow the exhibition of calomel, when superadded to the effects of the fever, and its effects upon other organs as well as the mouth, can scarcely fail to destroy life. Let the system of the most robust individual be saturated with mercury, and let the mouth become inflamed, ulcerated and gangrenous, with the disorganizing influence which it exerts upon every tissue of the body, and the chances for life of such person are very precarious. Who can doubt that similar influences, when superadded to the effects of the fever, mild though they may be, must serve to increase the mortality to a great extent? It appears to me that no medical man can doubt the conclusion here expressed and maintained. Even the vapor of metallic mercury is highly poisonous and destructive to animal life, as Dr. Pereira has shown from the rotting of the bags in which it was contained when deposited on board of two vessels for transportation. Very soon two hundred of the seamen were salivated, and two of whom died. The animals on board, including cats, dogs, sheep, fowls, rats, mice, cockroaches, &c., also sickened and died.

If violent salivation and death result from inhaling its vapor simply, can we be charged with an unfounded prejudice against its use, or with an overstock of credulity, when we say we believe that when introduced in substance into the system of a prostrate febrile patient, its action must necessarily be incompatible with the laws of life and health?

Innumerable instances may be adduced

to prove that the "*erethismus mercurialis*" often supersedes and suspends life, instead of superseding and suspending the primary fever, though given to subdue or displace the latter. Either the primary fever destroys, or the remedy employed to arrest it, and which is entitled to the credit? If the fever destroys life, then the mercury is unavailing in averting its consequences; if the mercury destroys life, and not the fever, then it should be condemned as an unfit agent for use, and stricken from our list of remedial agents, as unreliable, and calculated to mislead and deceive the physician who prescribes it.

As to the third proposition, which appertains to the comparative results of the mercurial and non-mercurial treatment in malarial fevers, I think I am fully authorized, both by the verbal and written reports of Allopathic physicians themselves, as well as by my own observation, and by an overwhelming amount of testimony, placed upon record by those who have carefully tested both kinds of practice, and by others who have confined themselves exclusively to the Eclectic practice, to prove the superiority of the latter over the former beyond all controversy. Even the mercurialist who discards salivation in fever, is far more successful than he who salivates; and those who use no mercury at all have reported still better results. In confirmation of this position, I have the testimony of those who formerly used mercury in fevers, and subsequently abandoned its use, and I have that of those who advocate its use in many other diseases, but reject it in fevers—especially as a sialagogue. I think I am so familiar with the results of the Eclectic practice, (all mercurials being rejected,) that I can safely say the ordinary mortality following it, when compared with the mercurial practice, is as one to three, and often as one to four or five in favor of the former.

I have often witnessed the success of the two classes of physicians in the same localities and epidemics, and the results have uniformly varied but little from that just indicated. My opportunities for ob-

ervation and comparison have been ample, and I think I am not mistaken in the estimate which I have made. Besides, I have many hundreds of witnesses who stand ready to confirm the truth of my statement. But suppose the mortality were the same in both modes of medication, still the mercurial practice would sink into utter insignificance when compared with the Eclectic, owing to the torture and extreme sufferings arising from the violent inflammation of the mouth and adjacent parts, the frequent ulceration, mortification and sloughing of the soft parts of the mouth, the caries and necrosis of the *alveoli*, *cancrum oris*, etc., together with that loathsome, sickening, and pestiferous breath, so fetid that friends approach the bed side of the patient with horror and disgust, and last, though not least, owing to a wrecked constitution, entailed upon a suffering and miserable fellow creature for the remainder of his days. Then, if salivation will not prevent fever—will not cure it when it exists, (for I very much doubt that it ever cured a single case, auxiliary means having effected the cures ascribed to the mercurial action)—if the mortality is far greater when mercury is exhibited than when other means are employed, and if its effects upon the constitution are pernicious in the extreme, and as lasting as life, why should not the entire medical profession abandon its use?

I will now proceed to give a few short extracts from the writings of our opponents, which will serve, in part at least, to corroborate the several positions which I have assumed.

Dr. Pereira says ptialism is not an absolute prevention of fever, as "is shown by the fact, that patients under the full influence of mercury, have caught fever and died of it," etc. Now, if it will not prevent contracting fever, nor prevent death when fever is contracted, is it reasonable to suppose it a superior remedy for arresting it?

Prof. Cross says, "We propose in these hasty remarks merely to prove, if possible, how unwise and dangerous it is to rely on the constitutional influence of mercury as a curative means." He further remarks

that its use is attended with many inconveniences, "while it is not more successful, to say the most of it, than several other modes of treatment." Prof. Cross continues his remarks, using the following language:

"We see the lives of human beings daily risked upon the supposed efficacy of a mode of medication (mercurial), which, if not absolutely pernicious, is at least, wholly inefficient."

"In the contest between life and death, the agency of the mercurial, if not prejudicial and dangerous, must be neutral, which, however, it is difficult either to imagine or believe."

"But are we to ascribe the recoveries which take place after salivation has occurred, to the saturation of the system with mercury? For several reasons I am inclined to think not."

"The infatuated mercurialist can, therefore, hope to cure only those cases of fever which can be cured much sooner, more safely and certainly, by other modes of practice than salivation."

"Nor are we disposed to enlarge on the miseries commonly entailed on those, who it is said, have been cured of fever by the constitutional action of mercury. It is sufficient to say, that few individuals have recovered from severe attack of fever, after having their systems saturated with mercury, without being indebted to it for a much impaired, if not totally wrecked constitution."

Such are the recorded sentiments of Prof. Cross. Certainly no one will question the authority, or his capacity to form a just conclusion, as to the merits of the mercurial practice in fever. Dr. Cross was a member of the Faculty of the Transylvania University in its most prosperous days. He lived and practiced in the South and West, and consequently had ample opportunity to witness the efficacy of the mercurial treatment in every phase of fever; especially in those of a bilious type, in which it has been said to exert its greatest curative powers. Even Dr. Cross, lest he should not be considered orthodox, or

fearing the denunciations of the infatuated mercurialist, says, "it must not be understood that we wish to proscribe the use of preparations of mercury in the treatment of fever. On the contrary, we have, under particular circumstances, and to answer certain indications, the fullest confidence in calomel especially."

That patients die after the development of the mercurial action cannot be disputed, and it must be either that action, or the primary fever that destroys life. In either case, it proves the insufficiency, or the uncertainty and danger of the mercurial remedy: First, that it is unreliable in fever as a supersedent; or second, that its own action is uncertain and even destructive to patients laboring under fever. Let our Allopathic friends take the position that mercury is reliable as a supersedent of febrile action, and we reply, that this cannot be true, since deaths are of frequent occurrence after the full development of the mercurial action; or second, if it does supersede or break up the primary fever, as the patient often dies after this event, then mercury itself must be the destroyer.

The next question is, (and it is one of very great importance, inasmuch as it involves the life or death of an exceedingly numerous class of patients,) can other means be employed in the same forms of fever that will check or break it up, with equal or greater certainty? Millions of examples of this kind might be instanced, were it necessary, to establish the affirmative of this proposition. To assert, to the contrary, is mere assumption, and savors so strongly of arrogance and presumption, that but few, if any enlightened physicians of the present day, can be found to maintain a doctrine so illiberal and bigoted.

If those who employ mercury as a "*sine qua non*" in fever, know of nothing else to which they can resort, it does not prove that other physicians are not familiar with other means of relief, far more reliable, and at the same time free from all the danger attendant upon the administration of that pernicious drug. I fearlessly

maintain that such is the case, and challenge our opponents for any evidence going to disprove the position here taken. As is asserted by Prof. Cross, the infatuated mercurialist can "hope to cure only those cases of fever which can be cured much sooner, more safely and certainly, by other modes of practice than salivation," and I add, cure all other forms of fever which the infatuated mercurialist cannot touch with mercury, with far greater certainty and safety.

THE POISON OF SERPENTS, TREATMENT, ETC.

BY I. J. M. GOSS, M. D.

The very frequent instances of poisoning in the South, and Southwest, by venomous reptiles, renders a knowledge of prompt and certain treatment essentially necessary.

There are quite a variety of serpents in the above-named regions, that are capable of inflicting fatal wounds upon the unsuspecting traveler, consequently all antidotes, especially indigenous ones, should be made known, as in case one may not be at hand, another may be procured. It is said that there are many serpents that are not poisonous; there are many that cannot insert their virus, by reason of the shortness of their fangs, but my own opinion is, that there are many kinds that are poisonous, which are regarded as harmless. I was led to this conclusion from a circumstance which occurred upon my father's plantation, when I was some twelve years of age. It was the following: A servant girl who was engaged in sunning wheat for others to thresh, found a blacksnake, which was immediately struck by one of the men, who happened to be near by, and was killed; the woman placed it upon a stick, and carried it to a stump in the yard, and commenced searching in its mouth with a small splinter of wood, to see if it had any teeth, when suddenly there was a very fine stream of fluid projected with so much force

as to strike her in the eye. The eye immediately became injected, tumefied, and exceedingly painful, so much so that she was almost frantic in fifteen minutes. My father, not having any preparation of ammonia, and there being no physician near, procured the plantain, (Robin's plantain, as it is commonly called here,) and had it boiled in sweet milk, and gave it to her freely, and had the leaves bound to the eye. This seemed to check the general effects of virus upon the system, but the eye remained swollen and painful for months, but gradually returned to its normal state, without any impairment of vision. I relate this circumstance to show the mistake that some people labor under, in regard to the non-poisonous nature of some serpents, especially the common black snake, which is, without any doubt, poisonous. And I have no doubt that many others, which are regarded as harmless, are really poisonous, but they have not fangs long enough to insert their venom.

Before we enter into the treatment of this form of poison, it may not be unprofitable to inquire into the pathology of the same, as a correct treatment should always be based upon the pathology of the affection to be treated. We may by chance sometimes cure disease without being able to tell why, yet as a general rule, this is quite an uncertain plan to adopt to correct abnormal conditions, or remove obstructions of the vital functions. What then is the true *modus operandi* of the venom of reptiles? The immediate effect seems to be that of a local irritant, and operates as other violent agents of that class, producing tumefaction, hyperæmia, and local inflammation. But this does not in the least limit its effects upon the general system. It is soon taken into the circulation by the absorbents, and then produces its specific effects. What part of the organization does it affect most, and what is its *modus operandi*? These questions are difficult to answer satisfactorily, but we will try to solve some of the nebulous points involved in them, by a careful sur-

vey of the characteristic phenomena.

The impression produced upon the system, seems to be that of a sedative. The nervous system seems to be impaired, and through that, the vital functions. The cerebrum is affected, hence we see coma or stupor. The stomach is likewise morbidly impressed, and hence loss of appetite and nausea follow, and sometimes vomiting. In fact, all the functions seem more or less affected. The functions of the brain are so much blunted, that it requires much larger doses of stimulants to produce their effects than in health. I have known very large quantities of alcoholic liquor to be administered without producing intoxication; so, too, of ammonia; it takes large quantities of it to produce the necessary stimulation to sustain the vital powers until the poison is thrown out of the system by the depurating organs. This view of the pathology of this form of poison, naturally suggests stimulants as appropriate remedies. Stimulants, active and immediate, are the remedies which have been found most efficient in counteracting the sedation of this form of poison. I have treated several cases, produced by the rattlesnake, viper and moccasin, and I have relied upon olive oil, applied to the limb, or part bitten, and the free administration of ammonia, the aqua am. or the carbonate; aqua am. is the most convenient. It should be given in drachm doses, every hour, or oftener, if the symptoms are urgent. I once commenced treating a patient with arsenical solution, but finding that I was about to lose my patient, I dropped it, and administered the aqua am., and saved my patient. I have never relied upon spirit in this poison, but have known it to produce some cures, and I have also seen it fail, where it had been given in very large quantities. My own impression is, that ammonia possesses antidotal powers, beside its mere stimulating property; at least, it seems to control the symptoms much sooner than other stimulants. There are many vegetables which seem to possess antidotal powers, as the plantain, cucumber, and the *asclepias verticillata*;

the last named has been extensively used in the southwest, a knowledge of which was obtained from the Cherokee and Creek Indians, and it seems to control the symptoms with great certainty and promptness. It is given in infusion, $\frac{1}{2}$ lb. of the plant to a gill of water; this is divided into three portions, and drank every three hours. The first dose generally controls the symptoms, but the other two doses should be given by way of precaution. This plant deserves a fair trial.

SEMEIOLOGY.

BY PROF. J. M. SOUDDER, M. D.

[CONTINUED.]

THE EAR.—The external, middle and internal ear are subject to local disease, like all other parts of the body; hence, we may have discharges from the ear arising from simple inflammation of the meatus auditorius externus, or from scrofulous inflammation of the same parts; or we may have destruction of the tympanum, and a more or less purulent discharge from the middle ear, either from its lining membrane or as a result of caries of the bones. Again, we may have pain, exalted or diminished sense of hearing, etc., from local disease; but, when we have no reason to believe that local disease exists, and these symptoms are combined with others of a general character, they then frequently become of much importance in diagnosis.

Discharges from the Ear.—In children we often find a continued discharge from one or both ears, appearing as one of the first symptoms of scrofula. It generally arises from scrofulous inflammation of the external auditory meatus, and in this case is a yellowish, thin fluid, often icherous and very tenacious when dry. The appearance of such discharge should be sufficient cause for strict attention to the health of the little patient, with reference to the tendency to a scrofulous habit.

Bleeding from the Ears generally arises

from an injury to the head, though it sometimes appears in the last stages of purpura hemorrhagica, and very rarely as the seat of vicarious menstruation. When arising from an injury of the head, says Mr. Erichsen, it cannot of itself be considered a sign of much importance, as it may arise from any violence by which the tympanum is ruptured, without the skull being necessarily fractured. If, however, the hemorrhage be considerable and continuous, and more especially if it be associated with other symptoms indicative of serious mischief within the head, and if it have been occasioned by a degree of violence sufficient to fracture the skull, we may look upon its occurrence as a strong presumption that the petrous portion of the temporal bone has been fractured, and perhaps one of the venous sinuses in its neighborhood torn. Though always an unfavorable symptom, in such cases, yet it is not invariably followed by a fatal result.

The discharge of a *thin, watery fluid*, from the ear, is one of the most certain signs of fracture of the base of the cranium that we possess. The quantity of the fluid discharged is always considerable, sometimes completely soaking the pillow. It has been ascertained by careful examination, that it consists of the cerebro-spinal fluid, and an injury which will cause its discharge is almost necessarily fatal.

Pain in the ear is generally a symptom of local neuralgia or inflammatory disease, but when accompanying symptoms of cerebral disease, it is a very unfavorable symptom.

Acuteness of Hearing may be the result of local inflammation, irritation, or hyperæmia, or of the same affections of the brain or its membranes. It frequently occurs in chronic nervous diseases from irritation of the brain, as in hysteria, hypochondriasis, melancholy, mania, etc.; it precedes delirium, and spasmodic attacks, more especially of an epileptic character. In cerebral inflammation, it is sometimes painfully acute. In acute diseases, it is an unfavorable symptom.

Hearing may be *perverted* in two differ-

ent ways: unreal sounds may be heard, as ringing of bells, buzzing, falling of water, noise of wind, etc.; or sounds which are heard are not appreciated or recognized. The first arises from determination of blood to the brain, or from irritation or inflammation of that organ; the second generally arises from excessive weakness, or from destruction of nervous substance. They are both unfavorable symptoms when not caused by the administration of medicine.

Hardness of hearing, or *deafness*, may depend on disease of the internal or middle ear, obstruction of the meatus auditorius externus, thickening of the membrane tympani, obstruction or catarrh of the Eustachian tube, or upon disease of the auditory nerve. In acute disease, when accompanied or preceded by other signs of cerebral disease, it is an unfavorable symptom; but in fevers, when these are absent, especially in typhoid or typhus, it is favorable.

THE NOSE.—The mucous membrane of the nares being continuous with the alimentary canal, and forming part of the respiratory passages, often afford symptoms of some importance. The reappearance of the nasal secretion in diseases of children, especially in colds, thoracic diseases, inflammation of the brain, etc., is always considered a favorable symptom. The drying of the secretion in brown crusts is almost invariably a sign of a typhoid condition of the system; the softening of these crusts is a favorable symptom. Epistaxis arises from so many causes that it can hardly be called a symptom; it is, however, an unfavorable symptom in low forms of fever.

Itching of the nose is generally considered as one of the most certain symptoms of worms. *Exalted smell*, like an exalted sense of hearing, is a symptom of increased nervous sensibility; if *diminished*, and not caused by catarrh, a debilitated state of the nervous system. A putrid smell may be caused by ulceration of the nose or palate, or it may be a symptom of a putrid condition of the blood, as in typhus and typhoid fevers, scorbutus, etc.

TASTE.—Taste is rarely augmented, but very commonly impaired in acute disease, entirely lost at the close of some severe affections, and variously perverted. An *insipid* taste is noticed in catarrh, in inflammation of the respiratory and gastric mucous membrane in worms, intermittent fever, and in consumption. A *bitter* taste is a symptom of irritation or inflammation of the duodenum, and of most diseases of the liver. It sometimes accompanies intermittent fever, and in such cases we can effect but little with antiperiodics, until we have previously removed the irritation of the alimentary canal and its associated glands. I have generally found it in this case accompanied with a deeply-coated tongue, and always consider it as indicating the use of an emetic. In pulmonic inflammation it is an unfavorable symptom, indicating irritation of the liver and stomach, and in such cases we always find that the remedies employed do not exert their accustomed favorable influence. An *acid* taste generally accompanies irritation of the stomach, and is mostly combined with acid eructations, heartburn, etc. When it is of long continuance, there is reason to fear structural change of the stomach or contiguous parts. A *salty* taste is generally caused by the secretions of the bronchial mucous membranes, and hence it is a very common symptom of phthisis pulmonalis. The *sweet* taste is one of the most common alterations of the special senses, in nervous diseases, as in hysteria, hypochondriasis, nervous fever, etc. Besides this, it is a symptom of diabetes, and of impending hemoptysis, hematemesis, and of the softening of pulmonary tubercles. A *putrid* taste is sometimes occasioned by disease of the mouth, but when this is not the case, it is indicative of a typhoid condition of the blood or of a low form of inflammation of the pulmonary or digestive apparatus. A *urinous* taste is sometimes noticed in disease of the kidneys, and is always of unfavorable import.

CUTANEOUS FEELING.—*Chill.*—The sensation of chill is owing to a retrocession of blood from the surface to internal parts,

leaving the skin pallid and cold; or from cutaneous spasm, the sensation of cold being entirely nervous. We must, therefore, be careful to distinguish the change from merely the sensation of it. Thus, in a chill in the formation of fever, the surface shows a thermometric change, being colder than natural; while in nervous diseases, though the sensation of cold may be as great, yet the skin retains its natural warmth. The rule, then, should be, when we find a patient with a chill, the surface being cold, to consider it the effect of internal congestion, for the removal of which a paroxysm of fever is absolutely indispensable. But when we find a chill without change of temperature, we may consider that it arises from some affection of the nervous system.

Heat of the skin in disease indicates either an accelerated circulation of the blood and of vital action, and is therefore a general sign of acute fevers and inflammations, or of commencing dissolution of the blood (*calor mordax*), as seen in typhus fever, etc. In the first case it is violent, but not disagreeable to the hand laid upon the sick body. The last is violent, and gives a sensation of burning and stinging to the touch, which increases the longer the hand is held upon the body. Flying heat is a nervous symptom, and is common in hysterical females, and in most women at the change of life.

A *dry* and *rough* sensation of the skin, when the hand is passed over it, always indicates great diminution of the insensible transpiration, and total stoppage of the sensible. This symptom may be present either in a too hot or too cold condition of the skin, and demands the careful attention of the physician.

Sensation is augmented in acute inflammatory affections of the brain and spinal cord in acute fevers, and in hysteria. It is deficient, or entirely lost in general or local paralysis.

PAIN.—Pain is an exaltation and perversion of sensibility; it always arises from one of two causes: either from an inflammation or irritation of the nerve fibres, or

from compression by the enlargement of some organ, or effusion into the substance of tissue. We may distinguish eight varieties of pain, which are symptomatic of as many morbid actions.

1. The *tensive*, a feeling of tension, as if the parts were put upon the stretch. It occurs in phlegmanous inflammations, and is then generally accompanied by throbbing; and in effusions within the joints.

2. *Dull or heavy*, when accompanied by a feeling of weight. It occurs in enlargement of the viscera, ascites, hydrothorax, chronic hydrocephalus, and in non-malignant tumors. It is felt in the loins previous to and at the time of the menstrual discharge, and is a common symptom of uterine displacement, uterine inflammation, leucorrhœa, and hemorrhoids.

3. *Lancinating*, characterized by sharp, pungent and darting sensations, like the cutting of a knife. It accompanies cancer, neuralgia, and inflammations of the dense fibrous tissues.

4. *Boring*, resembling the sensation we might suppose a gimlet or screw would make in entering and turning upon itself in the suffering part. We observe this pain in inflammation of the serous membranes, rheumatism, gout, and inflammation of the periosteum. It is also very generally an accompanying symptom of constitutional syphilis.

5. *Smarting*, as when the skin is abraded, or when irritives are applied to it. It accompanies disease of the skin and mucous membranes, when the epithelium is removed.

6. *Burning*, felt in burns and scalds, in anthrax or carbuncle, and in gangrenous erysipelas.

7. *Contusive*, similar to that felt after extensive bruises. It is a constant symptom in the commencement of acute fevers and inflammations.

8. *Tearing or pungent*, compared to the sensation produced by opening the lips of a wound. This is the character of the tormina accompanying dysentery.

We may also distinguish special pains, as the pain of labor, the pain accompany-

ing operations, and the pain caused by a blow upon a superficial nerve.

Ticking is a peculiar exaltation of the sensibility of the cutaneous nerves, accompanying diseases of the skin. Formication, a sensation as if ants were crawling upon the part, indicates a sluggish circulation.

Pains in the head are often symptomatic. Thus pressing pain in the forehead, with vertigo, is almost invariably caused by a disordered stomach. Continuous pain or soreness in the posterior part of the head, is an almost unfailling symptom of disease of the organs of generation. Semi-lateral, or pain in but a small spot on the head, is indicative of hysteria, or hypochondriasis.

Pain in the right shoulder is an almost constant symptom in chronic affections of the liver; in the left shoulder, of disease of the heart, though it is sometimes caused by disease of the left lung or stomach.

Anxiety, a peculiar sensation of weight or smothering in the precordial region, is still more disagreeable and insupportable than pain. It indicates either great sanguineous congestion in the precordial region, and hence is present in inflammation of the heart or its membranes, the lungs, the liver, and the stomach; or some disease preventing a full expansion of the lungs, as in hydrothorax, inflammation of the lungs, pulmonary apoplexy, emphysema, and in ascites and some other diseases of the abdominal cavity. Sometimes, however, it is but a mere spasm accompanying hysteria or hypochondriasis.

[TO BE CONTINUED.]

CONGESTION AND CONGESTIVE FEVER, ETC.

BY I. J. M. GOSSE, M. D.,

The true nature of congestion and its distinctive characteristics, may be traced through its various causes, which will agree in fulfilling the conditions here given

as the correct definition of congestion, which is, excess of blood in a part, or more properly, excess of blood in the vessels of a part, with diminished motion of that blood. We will now consider the causes of this pathological condition, which may occur independently of general diseases.

The heart being the source of the motion of the blood, and the arteries the distributors of that motion, we may reasonably suppose that the chief cause of diminished motion is insufficient force to propel the blood through the capillaries and veins. Such an insufficiency occurs when, from whatever cause, the capillaries and veins of a part or parts, are enlarged, without a corresponding enlargement of the arteries leading to them.

The cause of diminished motion being thus found, let us see what is the cause of the other peculiar element of congestion, excess of blood in a part. The vessels become congested, or unduly dilated, when their tone and elasticity are impaired or overcome; and this may be the result of an obstruction in the veins, which prevents the transit from them; or it may result from debility of the coats of the vessels themselves, which yield to the pressure of the blood transmitted to them.

I then conclude that the chief causes of congestion are these, viz: those that are the results of obstruction, and those which result from atony of the capillaries and veins. Under these two heads we will notice various cases of congestion, which we hope will satisfactorily explain and illustrate this long-mooted subject.

(1.) *Congestion from Venous Obstruction.*

—If we apply a cord around the arm, as for venesection, we compress the veins more than the arteries, and we produce obstruction; the veins will swell, the limb become red, particularly the fingers, and in a few minutes purple: soon the whole limb is swollen from excess of blood in the part. Just in this manner internal organs are congested by an obstruction of the veins leading from them. In this way, sometimes, the brain is congested by a tight cravat, or a tumor pressing upon the

jugular vein. We could enumerate many instances, as diseases of the heart itself, or the valves, obstruction by tubercles in the lungs, and obstruction of the blood in the liver, &c.; but we proceed to the next head, or general division.

(2.) *Congestion from Atony of the Vessels.*

—This comprehends a more numerous class of cases than our space will allow us to notice, but we will give some of the more prominent instances of this form of congestion. Atony of the vessels affects the whole system, particularly in cases of debility, as in adynamic fevers and the sinking that precedes death, &c. The operation of cold is a cause of congestion, but its direct effect is said to be to constrict the vessels of the surface and extremities, throwing the blood upon the internal organs, thus causing intro-pulsive congestion; but if that exist long, the tone of the internal vessels will thus become impaired, and congestion will be the result. The congestions of the liver, lungs, kidneys, mucous or serous membranes, are said to occur in this way; and this congestion prolonged, lays the foundation of inflammation. At least, this opinion is entertained by some very able pathologists, but I doubt the correctness of the position. It is quite reasonable to suppose that the congestions produced by cold, as in pneumonia, bronchitis and pleuritis, are produced by the sedative or depressive effects of cold. This last theory seems, to my mind, the most satisfactory. We have said that atony of the vessels is the direct cause of a numerous class of congestions. We will now endeavor to illustrate this proposition by detailing again the manner in which this atony or depression is brought about. The muscular tone of the vessels being impaired, produces relaxation, consequently enlargement of the calibre of the capillaries, whereby the blood is retarded in its flow, and thus it accumulates in the larger vessels; this gives rise to engorgement in the arterial branches, and if the systemic capillaries become involved, we will have inflammation as the result, &c.

Having made these preliminary obser-

vations upon congestion, we proceed to point out the peculiarities of that form of fever termed "congestive." This term is objected to by Prof. Wood, but his term, "pernicious," does not appear to apply to the phenomena any better. We have said, in a previous article, that this form of fever was but a variety or modification of remittent, but it has become so customary with medical writers and practitioners, to regard it as a distinct disease, that we will attempt its description and treatment.

We would first inquire into the cause of this disease, that we may more readily account for its phenomena. It is universally conceded to be a cerebro spinal or ganglionic disease. So far as my observation extends, I have found it to partake of the nature and peculiarities of paroxysmal fevers; consequently, it is a cerebro-spinal disease, characterized by periodicity, if reactive force is sufficient to partially overcome the obstruction. The congestive condition, we have said, implies depression of the nervous system, from the influence of atmospheric, meteorologic, or miasmatic influence. "About the cause," says Dr. Powell, "we know nothing." He says, however, "that when bilious fever prevails on the table-lands, this form prevails in still lower situations, near the rivers." This, to my mind, is conclusive evidence, that it is produced by the same cause; and, as explained in my previous article upon intermittent and remittent fevers, it is the result of a more concentrated agent. For the benefit of my young readers who may not chance to peruse the article above referred to, I will repeat what I there stated in regard to the *modus operandi* of miasmata; for I still contend that this is the originating cause of that peculiar atony or debility of the vessels, which produces congestion. Then how does this aerial agent produce this effect? The answer that I give is this: the miasmata, *per se*, has a specific tendency to act upon the cerebro-spinal centers, and its peculiar nature is such, that it produces that peculiar depression of not only the capillaries, but the whole system of organs and functions

deriving their innervation from that system of nerves. The whole system exhibits marked depression; there is lethargy, drowsiness, or even coma; the countenance is swollen, respiration is oppressed; there is nausea and vomiting, with anxiety, faintness, diarrhea, icy coldness of the extremities; the pulse is scarcely to be felt, &c. Some may demur at my idea of identifying the various types of periodical fevers, but I cannot see any sufficient dissimilarity to separate them, any further than in their intensity. I know that there are cases of congestive fever, that never exhibit any remittency; and why? Because there is too great a disproportion between the depressing cause and the reactive force of the patient. When the disproportion is so great as to prevent reaction, and there is not sufficient aid afforded to the native powers of the system to overcome the obstruction (the atony, or depression), the patient will die with the first chill, perhaps. But where the reactive force itself is adequate to the removal of the obstruction, or where sufficient aid is given to surmount the difficulty, the case will then show decided periodicity, though the various stages may not be very distinct, but they will be sufficiently so to show the peculiar type. As I have before stated, (in an essay upon paroxysmal fevers), this form of fever is but a modification of the other forms of periodical fevers. The peculiar type (congestive) is caused by a more intensified or concentrated aerial poison, or by its being applied to a system of insufficient reactive force. This last fact is often substantiated in localities where the other forms of miasmatic fevers are prevailing. We have sometimes, in the same locality, all three of these forms of fever. They must all originate from the same cause, but are either modified by the plus and minus native vigor of resistive force, or by the amount of exposure to the aerial influence. This, it appears to me, will philosophically account for the various modifications of fever in the same locality.

As regards the treatment, it is to be

modified in accordance with the severity of the type, and the particular stage of the disease. If we are called to a case of this disease during the stage of congestion or depression, we should endeavor to aid the system in bringing about reaction, by external and internal means. The first embraces friction, warmth, rubefacients, and the vapor bath; under the second head, we would enumerate stimulants, as brandy, capsicum, xanthoxilin and camphor. Under the second head, we would also say, give anti-periodics, at any stage, not only after reaction takes place, but in the state even of coma and congestion. The anti-periodics which we have found best, are the following: beberin, quinine, cornin, and eupatorin. These should be given in large doses, at suitable intervals, and continued after reaction is established, to prevent a return of congestion or chill. The condition of the alimentary canal should be looked to; if constipated, comp. powder of jalap and podophyllin should be given until free catharsis is produced. If the biliary secretion is deficient, euonymin, sanguinarin, leptandrin, and podophyllin should be given in sufficient doses to restore the normal action of the liver. To recapitulate, we would advise the union of stimulants with antiperiodics, during the cold stage, to aid reactive forces, and why? Because the internal capillaries cannot be reached by any other means. We advise the administration of antiperiodics in the cold stage, because we think they neutralize the effects of miasmata, or, at least, they counteract them; they remove the congestion in some way, consequently, they should be given as early as possible.

PLEURO-PNEUMONIA — TREATMENT.

BY DR. H. HUGHES.

During the months of April and May last, I treated twenty-two cases of pneumonia, pneumonia typhoides, and pleuro-pneumonia, of both sexes, and ranging in

age from the infant of four months, to the adult of thirty-two years, without losing a patient. The recovery was permanent in every case, without a relapse in any one of them. Of the adults, I had no case that run over five days from the time I commenced treating it. Of the children, eight days was the longest. A large majority of the cases were of the typhoid character. I will give the history, diagnosis and treatment of one of the cases, as it was the most complicated and severe of them all.

Genung, a lad aged 16 years; pursuit, farming. Had assisted in raising a barn four days previous to my seeing him; played ball, and in a heated, perspiring condition, sat in the open air, without a coat, until the perspiration had ceased, and he became chilly. He returned home a distance of a mile and a half, with difficult respiration and much pain in the region of the pleura. Had had a severe attack of pneumonia three years previously, and was confined twenty-seven days, from which he had never fully recovered; his limbs being left in a weakened condition. Was treated Allopathically—bled, blistered, cupped, calomelized, tartarized, &c. He is of the sanguine lymphatic temperament.

I was called to see him on the fourth day after his exposure and attack. Pulse 92, sharp, but not full; face oedematous, respiration difficult, eyes congested and protruding, extreme thirst, profuse diarrhoea, a gurgling sound toward the apex of the right lung, and a sharp, whistling sound near the base; a sharp and crackling sound in the lower portion of the left lung; extreme pain in the chest; suppression of urine, and so great prostration that he could scarcely raise his hand to his head; had to be kept in an erect position; could articulate so as to be understood, with difficulty; expectoration difficult, of deep rust color part of the time, streaked with blood, the rest of the time nearly black and viscid. Previous to my arrival, he had a sinking fit, and was revived by the use of stimulants.

TREATMENT.—At 11 o'clock in the evening, April 3d, I gave him a powder of asclepin two grains, diaphoretic powder (Beach's) 2 grains, lobelia one-fourth of a grain, alternated every two hours, with veratrin one-third of a grain. Applied mustard cataplasm to the chest and feet, after sponging with weak l-y. Drank of ulmus mucilage and a tea of smart-weed. Spirits nitre every four hours.

April 4th, 7 A. M.—Much more comfortable; increase of urine; expectorates more freely, breathes easier; no discharge from the bowels since 4 o'clock, and that but slight; pulse 87. Continue the treatment, only giving one-fourth grain of veratrin.

5th.—Can converse freely; expectoration abundant; raises at intervals by the mouthful; pain in the chest quite excruciating at times; in the intervals nearly free from pain; pulse 60; free flow of urine; no movement of the bowels; coughs considerable, which brings on the paroxysms of pain; tongue considerably coated; not so languid as yesterday. Prescribed lobelia, ipecac and sanguinaria, in solution. Gelsemin one-half gr., asclepin two grs M. Hydrastin two grains, sanguinarin one-fourth gr. M. Give alternately every two hours.

6th.—Expectoration free, less viscid, and but slightly rust colored and streaked with blood; tongue very foul, deeply buffed; pulse full and strong, skin dry, and he is inclined to sleep. Prescribed podophyllin one-half gr., sanguinarin one-fourth gr., lobelin one-fourth gr. M. Asclepin two grs, lobelin one-fourth gr. M. Alternated every two hours until they produce a copious evacuation; then cease to give podophyllin, &c. Take diaphoretic powder, if bowels run.

7th.—Bowels had just moved freely; tongue cleaning; pulse normal as to time, feeble; skin moist, lungs free, expectoration much diminished, and nearly transparent; tenderness mostly subsided. In fact, said he felt well. I prescribed a tonic of hydrastin, chelonin, and a very little stillingin, in solution, and my lung restorative, which is composed of licorice root,

hoarhound tops, elecampane root, white pine bark, dandelion roots, skunk cabbage roots, in decoction, sweetened with good clarified sugar, and rum added to keep from souring.

On the eighth day from the time I first saw him, he walked into the yard, and I am told his lungs are in a better condition, apparently, than before he was sick. In all cases of a typhoid character, I never omit a tonic, whenever there is an abatement of the fever. I have yet my first patient to lose of typhoid fever, where I have been the only physician, in a practice of four years. I have succeeded well in two cases of typhoid (where I took patients, who were very low, off other physicians' hands), by the use of Dr. Beach's neutralizing mixture, with adding thereto sanguinaria, in small quantity. Golden seal is my favorite tonic, but if there is looseness of the bowels, I think it inadmissible.

Should I attempt to give the treatment of the remaining twenty-one cases above named, they would have to be given separately, for I scarcely treat any two cases precisely alike; but I am careful not to do too much, while it is necessary to do enough; too much care cannot be exercised in such cases.

IMAGINARY PREGNANCY.

BY JOHN A. THOMAS, M. D.

Mrs. W., a lady of high respectability, in affluent circumstances, about 36 years of age, in feeble health, nervo-bilious temperament predominating, with a small portion of the sanguine and lymphatic, sent for me in March, 1857. I found her suffering some pain in the region of the uterus, with considerable hemorrhage. She told me that she was "in a family way," and thought it would be impossible for me to arrest the hemorrhage, and prevent abortion. She said she expected to be "confined" in May, and wished me to attend her at that time, which of course I agreed to do. I made an examination per

vaginum, and could find no well marked symptoms of pregnancy. I told her that if she was pregnant, it must be a very late thing—that she must be a little mistaken. I succeeded, however, rather to her astonishment, in arresting the pain and hemorrhage. I visited her again the next day, and found her "quite unwell," but "better." On taking my leave she made me promise to be at home in May, as she was certain to be "confined" at that time.

In April I was again summoned to see Mrs. W. I found all the symptoms above described were present. She again told me she thought it would be impossible for me to prevent abortion. I again made an examination per vaginum, and came to the same conclusion as before. She contended that she was right in her opinion; said that she could feel the movements of the "child" plainly, and could not be mistaken; and was so certain that premature labor would be the result, that she even suggested the propriety of taking ergot, (being a woman of intelligence, she understood the therapeutic properties of that drug). I again succeeded readily in arresting all pain, hemorrhage, &c., and she was attending to her domestic concerns in a few days. I saw her no more until the appointed time rolled round, "[May," when one day I saw Mr. W. coming after me in great haste, (as badly alarmed as if the cholera was making its ravages in his family,) and wished me to go to his house as quick as possible. In a short time I arrived, and found Mrs. W. complaining very much; she said she had been in pain all night, and was very glad to see me. She thought if she could have a little assistance, her trouble would soon be over. I immediately made an examination, and could find, as before, no well marked signs of pregnancy, much less of labor. Here I must acknowledge I was a little puzzled. To tell her that she was not even *enciente*, and she declaring that her "full time" had arrived—that she could plainly feel the movements of the fetus, the feet moving in the umbilical region, and the hands in the region of the pubes, as usual

—and what was still more remarkable, her breasts full of *white milk*—was quite a task. I told her, however, that my services would not be necessary that night, and requested the privilege of retiring. She positively refused me leave, saying it could not be many hours until she must be delivered. I gave her an anodyne, and I retired to bed and rested well myself without an anodyne. In the morning I found my patient "better," and got permission to leave, by agreeing to stay "close about home."

My patient was "up" again in a few days, and I did not see her professionally any more until June, when I was again called, and found all the symptoms and circumstances as described at my last visit. I told her that I must be plain with her; that she *positively* was not "pregnant;" that it was all imaginary. She declared positively that she could not be mistaken; that she was pregnant, and that she had been for ten months; that she "carried one of her children before for ten months. I told her that if she was pregnant at all, it must be *very* recent indeed. She remarked that as I was a physician of some age and experience, therefore she would disclose to me the reason why she was not mistaken: that she positively had not had any sexual intercourse whatever for the past ten months! I succeeded, with much difficulty, in partially calming her fears for a short time. It was not long, however, until I was again sent for, with the symptoms, complaints, &c., as before. I recommended her to send for an older physician. Accordingly Dr. C., the oldest physician in our county was sent for, soon arrived, and confirmed my diagnosis and prognosis precisely. Our patient hardly knew what to say, did not like to give it up, but she had to yield.

Now, what is to me remarkable in this case, is, that she should imagine that she felt the *fœtus* so plainly, and that milk should be secreted in her breasts, and no *hydatid*, *fœtus*, *polypus*, or any other substance in the uterus.

I will relate in connection with the above

case, a case showing the influence of the mind upon the body. I and Dr. Shastid (my partner) operated (successfully) for harelip, some time ago. We left a half-ounce vial about half full of sweet oil, to be used in withdrawing the pins, at our next visit. On arriving, five days afterward, after preparing to dress the lip, I inquired for my medicine. Mrs. M. told me it was there in the trunk; if I wanted it I might go and get it myself, for she would never touch it again. She had smelt it, and it produced the most singular feeling she ever felt in her life. Hannah had smelt it, and it had caused her to take her bed for three days. Mrs. S. had been confined to her bed ever since from its influence—all supposing it to be chloroform. I commenced laughing on a large scale—told them it had acted Homœopathically; it was nothing but about a teaspoonful of sweet oil. They said nothing, for the best of all reasons, they had nothing to say.

DISEASE OF THE EYES.

BY J. E. BELL, M. D.

Altha Hays, æt 7 years, a bright, intelligent child, of sanguine bilious temperament, and of acrofulous cachexia (hereditary), came under my notice during a visit to her parents in February of 1856, at which time she was suffering from a very severe attack of scarlatina maligna. Her eyes being very much affected, I directed the attention of the parents and family physician to their condition, when the parents informed me that she had the "*catching sore eyes*," contagious or epidemic ophthalmia; that she had contracted the disease from a family which lived as a tenant on the farm, every member of which was similarly affected. I remained with Altha a few days, until the crisis of the scarlatina was past, and then returned home. I saw her occasionally during the summer and autumn of 1856, at which times I warned the parents to give some

attention; that ultimately the strumous habit of the system would sympathize, and the disease assume the scrofulous character. My warnings were unheeded, and I did not see her during the winter of 1856-7.

In May, of 1857, I again saw her, when I found that the disease had assumed a decidedly scrofulous character. I also found that she had been subjected to a variety of local treatment. Every "eye medicine" that could be heard of, had been poured into the eyes, until they were pretty well "used up." I protested strongly against this course of treatment, and pointing out the true character of the disease, prescribed soothing applications to the eyes, tonics, alteratives, generous diet, change of air and exercise. But my advice was still unheeded, and solutions of sulph. zinc, acetate plumbi, and chloride soda, "medica mentrum," or "Harlem oil," "rabbit fat and urine," &c., &c., were vigorously applied during the summer of 1857, the case growing worse daily, until vision was almost entirely gone, when she was brought to me to be treated, Sept. 1, 1857.

I now write from my notes.

Local Symptoms.—Eyes very sensitive to light. Keeps the face completely enveloped in the shade of her bonnet when in sun-light. Cannot open the eyes even in diffused light. Can see some in the shade of the evening after sundown, or in a well darkened room. Does not experience much pain, except when exposed to the sun-light, or to a brightly blazing fire. Keeps the hand constantly applied to the eyes with slight pressure. Sleeps with the face buried in the pillow. Says that her eyes feel better when lying in this way, that they may be a little warm. Great difficulty in obtaining a satisfactory examination of the globe of the eye, from its extreme sensitiveness, and the involuntary and spasmodic contraction of the orbicularis muscle. Conjunctiva very much injected. The tarsi and inner surface of the eye lids studded with granulations. Iris remarkably sensitive, the pupil presenting but a mere point when exposed to the direct rays of light. The circumference of the iris very

indistinct; the bloodvessels of the conjunctiva very prominent, forming an extensive net work over the entire conjunctival surface. The mucous surface secreting an ichorous humor.

General Symptoms.—Skin sallow; respiration suppressed; appetite morbid; liver enlarged; bowels tympanitic and constipated; tongue white-furred; urine high colored and of powerful urinary odor, and voided very frequently—cannot judge as to quantity; wishes to sleep a great deal; would sleep sixteen or eighteen hours in every twenty-four; pulse 90.

Altha remained ten days with me, but was so fretful and discontented, wishing to return home, that I could not treat the case successfully, and knowing it to be worse than useless to attempt to treat her at her home, fifteen miles distant, I advised her parents to send her to Dr. R. S. Newton's Clinical Institute, Cincinnati; accordingly, at the request of the parents, I took her to Cincinnati, and placed her under the care of Dr. R. S. Newton, remaining with her 23 days.

The following is a record of the case whilst we remained in the city.

Arrived at the Walnut Street House, Cincinnati, 8½ o'clock, P. M., Saturday, 19 Sept., 1857. The following morning, Sunday, I called at the office of R. S. Newton, M. D., 90 west 7th street, and stating my business to the Doctor, he engaged to call at the Walnut Street House and examine my patient; accordingly, in the course of the next hour, Dr. N., accompanied by B. Keith, M. D., of the city of New York, called and examined the case, and pronounced a favorable prognosis. I then took rooms in Newton's Clinical Institute, corner Sixth and John streets, to which I removed our little patient immediately, when the following course of treatment was at once entered upon.

Sept. 20.—Local cataplasm of the flower of ulmus fulva and hydrastis canadensis, enveloped in tissue muslin, applied to the eyes, to be renewed every three hours.

General Treatment.—Alkaline sponge bath, with active friction, daily, as a con-

stitutional alterative. Tinc. gelseminum, in six-drop doses, every six hours, varied according to its effect, and keep the system permanently under its influence. All the exercise the nature of the case will admit; a generous diet; an occasional portion of podophyllin and leptandrin, to produce a soluble condition of the bowels.

Sept. 21.—Complains of giddiness and a singular sensation of the eyes; says she feels so light; pulse reduced to 75 beats per minute, which formerly ranged from 90 to 98. Gave a dose of podophyllin and leptandrin last evening, which has produced a free evacuation of the bowels. Tympanitis relieved by a few potions of neutralizing cordial. Keep her in the supine position, whilst lying, and prevent her keeping the face covered; room darkened and thoroughly ventilated. The eyes do not present that extremely red appearance, as before the application of the poultice. Appetite very delicate.

22d.—Still under the influence of the gelseminum, as indicated by giddiness and sensation of the eyes. Pulse 75. Reduce the dose of the gelseminum. Bowels in a soluble condition; urine high colored with high odor, normal in quantity, but voided frequently; slight perspiration during the night; eyes less inflamed; treatment continued unremittingly.

23d.—Eyes still improving; conjunctiva much less injected; does not complain so much of an itching and smarting of the eyes. Other symptoms same as noted on the 22d.

24th.—Eyes still improving in appearance; granulations disappearing; bowels normal, urine less highly colored, perspiration free, tongue clean, and appetite improving; pulse 78.

25th.—Slight improvement on the symptoms of the 24th.

26th.—Eyes much improved; can see to walk about the room in the evening. Will omit the poultice to the eyes to-night. Have reduced the dose of the gelseminum. Pulse 80, skin assuming a more healthy appearance, bowels normal, urine still too high in color and voided frequently, the

urinary odor less prominent, appetite much improved, tongue but slightly furred, sleeps comfortably, does not wish to sleep so much as formerly.

27th.—Eyes very much improved; injected condition of the conjunctiva nearly subsided; but few granulations remaining. Omitted the gelseminum during the night. Pulse 85, at 7 o'clock, A. M. Gave gelseminum during the day. Pulse 77, at 6 o'clock, P. M.; bowels normal; urine normal in quantity, and nearly so in quality, voided less frequently. Can see to walk about the room very comfortably this evening.

28th.—Omitted the poultice this afternoon. Has been on the street at play. Gave gelseminum through the day. Pulse 75, at 8 o'clock, P. M.; appetite very good; tongue clean; urine normal in quantity, quality and micturation.

29th, 30th, and Oct. 1st.—Eyes very much improved; injected condition of conjunctiva nearly subsided; iris much less sensitive to light; granulations have disappeared; appetite excellent; no tympanitis of bowels; urine normal; bowels torpid. Gave podophyllin and leptandrin this evening. Have reduced the gelseminum; pulse ranging about 78. Has been on the street in active exercise during the evening; has enjoyed the sports and sights exceedingly, (she can see objects quite distinctly); retires at 8½ o'clock, P. M., and is up before sunrise, washes, dresses, makes her bed and sweeps her room.

Oct. 2.—Altha is much worse to-day. She was exposed to the cool evening air in light clothing too long last evening, and the result is a violent cold. Eyes very much inflamed and swollen. Cannot see any severe cough. Pulse 130 this morning at 7 o'clock. Renewed cataplasms to the eyes; gave gelseminum in full doses; used tepid alkaline bath, which produced profuse perspiration. Pulse 80 at 7 o'clock P. M.; cough less severe; just exhibited a laxative cathartic; no appetite; urine high in color and odor. Use mucilaginous drinks.

3d.—Altha has improved very much to-

day. Pulse 80, eyes less swollen. inflammation subsiding, cough free, expectorates freely of mucus from trachea and bronchial tubes, perspires freely; a copious puffy evacuation from the bowels.

4th.—She has improved very rapidly; inflammatory condition of the eyes nearly subdued; cedema of the eyelids entirely subsided; coughs but seldom and mildly; pulse 80, bowels normal, urine normal, appetite improving, tongue slightly furred. Continue poultices and gelseminum.

5th.—Still improving; but slight inflammation of the conjunctiva, but an atonic condition of all the functions of the eye. Dr. Newton directs the poultices to be prepared with tinc. aconite one part, tinc. arnica mont. two parts, aqua five parts. Continue the gelseminum. She has been under the influence of the gelseminum almost the entire time since it was first exhibited. Speaks of a peculiar sensation of the eyes; vision indistinct, except in the intermission of the medicine; the pulse continually below the natural standard; appetite good.

6th.—Improving finely; pulse 80, appetite good. Can see some during the evening, or in a shaded room. Discontinue the poultices at night. She sleeps well.

7th.—Altha has improved very rapidly since the writing of my notes yesterday evening. Can see to walk about the house and visit Dr. Newton's family alone. Eyes but little inflamed; some slight injection of the conjunctiva. Dr. Newton directs to omit the poultices, and to apply cloths saturated in tinc. aconite, tinc. arnica mont. and water; to be applied frequently through the day and evening. Continue the gelseminum.

8th, 9th, 10th, 11th and 12th.—The prescription of the 7th inst. followed perseveringly, with decided marks of improvement.

13th.—We leave for home at 6 o'clock, P. M. Dr. Newton directs me to continue the gelseminum in such quantities, and for such length of time, as in my judgment the nature of the case may require; also the bathing of the eyes in the tinc. aconite

and arnica mont. with water, and to meet every exacerbation that may arise, as the nature of such excitement may require. Altha is much rejoiced at the prospect of being at home, but parts with Dr. Newton and his kind family with deep regret.

14th.—At 4 o'clock P. M. we arrived at Altha's home. I then gave directions for the treatment until I should visit her again in a fortnight, and returned to my own home, fifteen miles distant.

Nov. 2.—Saw Altha to-day. Still improving, but not so rapidly as when in the city; was under the influence of the gelseminum, therefore could not judge correctly what the power of vision might be. Eyes but little inflamed; still some intolerance of light; appetite good, pulse 76, tongue lightly furred; has required two potions of podophyllin and leptandrin since she came home.

Nov. 27.—Saw Altha to-day; has not improved since my last visit; the eyes do not look so well. Her mother has been confined to her bed for the past three weeks, and Altha has been neglected. Continue the gelseminum and the eye-bath. Will see her in four weeks.

Dec 30.—Saw Altha to-day; cannot observe any improvement. Her mother has been very sick, and entirely confined to bed, ever since my last visit, and Altha has had worse than no treatment. Will discontinue the gelseminum; continue the eye-bath twice per day. Eyes but slightly inflamed, conjunctiva but little injected, appetite poor.

Jan. 25, 1858.—Saw Altha to-day; has improved very much; eyes but very slightly inflamed—have assumed quite a healthy appearance; health very much improved; appetite excellent, tongue clean, bowels normal, also the urine; has improved very much in complexion and flesh. Continue the eye-bath morning and evening.

March 30.—Saw Altha to-day; "almost well." This is her own expression, and tells her condition as nearly as I could do.

May 4th.—Went to see Altha to-day. She met me at the gate of their own yard, and her first words were, "O, Uncle Bell,

I'm pretty nearly well; I can see to read, and do not have to wear my sun-bonnet when I go out." She then took me by the hand, led me into the house, got her little reader, and read several sentences to me. So Altha is really, as she says, "well."

PERIODICAL STRABISMUS.

BY R. L. SPANOGLE, M. D.

A few weeks since, my attention was called to a case so peculiar that I thought it might be of some interest to the numerous readers of the Eclectic Medical Journal. The patient is a son of C. P. Ramsdell, editor of the American Citizen, aged three years, of a nervous temperament and scrofulous diathesis, though generally healthy. Had an attack of scarlatina simplex, about two months ago. Some time after his recovery, Mrs. R. noticed his eyes crooked. The family physician, Dr. Gillet, was called, who pronounced it convergent strabismus, and prescribed accordingly. In a few days, the parents had the pleasure of seeing the boy's eyes perfectly straight, but their pleasure was of short duration, for in a short time his eyes were again convergent, and so continued to alternate irregularly for about a month, when they assumed a regular periodical type, alternating daily, and have continued so ever since. During the paroxysm, he is as bad a case of squinting as I ever saw, and during the remission his eyes are perfectly straight.

Any suggestions with regard to the cause and treatment would be thankfully received by the parents.

Franklin, May 31, 1858.

PUMPKIN SEEDS FOR TAPE-WORM.—Dr. J. A. Corwin, of Newark, N. J., writes that he has "employed this remedy recently in a case of several years' standing with entire success, after using a few days pills, whose principal ingredient was V. turpentine."

Part 2—Progress of Medical Science

ON THE IDENTITY OF FEVER POISONS.

The following letter is copied from the London Lancet for May:

To the Editor of the Lancet:

SIR,—I have read with great interest the report of Dr. T. K. Chambers' Clinical Lecture on Fever. I am delighted to see that a physician of his standing and reputation has had the moral courage, may I call it, to advocate the almost forsaken doctrine of the unity of the fever poison. For some years past, the views promulgated by Dr. Jenner, and supported by many other men of note, have reigned almost supreme; and those who have held the older opinion, have been considered either as prejudiced adherents to the opinions of the past, or else as deficient in the power, the opportunities, or the will for proper clinical observations.

As I was educated in the views of the new school, will you permit me a few lines to explain how facts compelled me to become a convert to the opinion that typhus and typhoid are essentially one and the same disease.

After leaving London, I was appointed House-surgeon to the Staffordshire General Infirmary and Fever Hospital. In this institution there are separate male and female fever wards, into which, if I remember right, all cases of fever occurring in the workhouse are sent. A considerable number are annually admitted from the town and neighborhood. When I first took the office, I was much embarrassed by the anomalous character of the cases. I attempted, as a matter of course, to divide them into typhus and typhoid; but I found, to my surprise, that obstinate and unmistakable purple petechiæ (non-elevated) would persist in showing themselves in cases where there was diarrhœa, and

that rose-colored spots and constipation were exceedingly common. And not only was this the case, but cases not unfrequently occurred, in which both eruptions were visible together. I gave up the attempt in despair, and was reduced to what I thought the ignominious result of writing "Febris" on the cards, and putting down the symptoms. In this state of mind, I was conversing one day with one of the surgeons, then recently appointed, and who had been educated at King's College, and was the most distinguished student of his day, also a gold medalist of the University of London (whose name I do not like to mention without his consent), who stated that he had the same difficulty as myself, and kindly offered me permission to see some of his patients out of doors. This I did, and found the cases exactly of the same kind as those in the Infirmary.

Transferred from Stafford to Scutari, I found no essential difference in the fever there. I never could make out clearly any spots, for the men were so covered with vermin bites that there was a universal eruption; but I believe it is acknowledged by all that there *was* no distinguishing eruption in these cases.

Since my return from the East, I have seen comparatively little fever—not above twenty cases, and these all in the country. I have examined these cases with the most scrupulous care, both as to the state of the skin and as to other symptoms, and not in one have I been able to say positively that it belonged to typhus or typhoid. In some there has been no eruption at all, or only one or two rose spots, in the course of the whole attack; in others there have been purple spots with abdominal symptoms; in others there have been rose spots, followed by purple spots; in one there was a copious eruption of rose colored, elevated, lenticular disks, together with a purple mottling of the skin, leaving a yellow stain like that of a bruise. In this case the constipation was most troublesome. The general character of the disease was the same in all: chills and hot flushes; hot skin; quickened pulse, varying much in strength;

dry and sometimes brown tongue; complete anorexia; thirst; restlessness, and sometimes delirium, especially at night: generally some inflammatory or congestive affection of the posterior parts and bases of one or both lungs, mostly only detected by auscultation; either diarrhea or constipation, and often tenderness in the right iliac fossa. Gurgling there I believe to be a sign of no value, having so often found it in a state of health.

The cases have generally been very troublesome and lingering, but under the treatment I have adopted I have never lost one. I have given salines—the nitrate of potash and sulphate of magnesia when the bowels were constipated, with or without tartarized antimony, according to the state of the patient; small doses of mercury* with chalk, and carbonate of soda, every four or six hours, and low diet, with abundance of cooling drinks. If there has been delirium, I have had the head shaved and cold lotions applied, and have given a dose of opium at night. Under this kind of treatment the pyrexial state generally disappears in about a week or ten days, and I then give tonics, wine, &c. I always give beef-tea from the very first, believing that that sustains without stimulating.

I should not have ventured thus to intrude upon your space with a detail of treatment, but that, although my experience of fever in England has been but small, I have seen very much of it in the East. I pursued the same line of treatment there, and with, I believe, uniformly successful results. I do not remember losing a single patient from fever alone, either at Scutari or in the Crimea.

I should add that latterly I have kept up a constant, though slight, smell of chlorine gas in the patient's bed-room, by dropping a little dilute acid in a saucerful of chloride of lime. To this I owe my own preservation when lodging in a house with three of the worst cases of fever I

* With the use of Eclectic substitutes for mercury, the course of the fever would have been shorter.—Ed. E. M. J.

ever saw, although I was in almost constant attendance on them. There are many other points I should wish to have noticed, but a fear of intruding too far on your valuable space prevents me.

I am, sir, your obedient servant,
R. HALL BAKEWELL, M. D.

REMARKS ON THE MEDICAL HYPOPHOSPHITES.*

BY WM. PROUTER, JR.

The recent researches of Dr. Churchill into the therapeutic character and value of the hypophosphites in tuberculosis, have attracted much attention from physicians, and many inquiries have been made after these salts; and it is believed that a notice of the processes for preparing them, and some formulæ for their prescription, will be acceptable to the readers of the Journal, especially as from their hitherto unimportant position among pharmaceutical chemicals, no mention is made of them in works most accessible. The salts which have been used are those of lime, soda, potassa and ammonia. In the sequel a notice is given of these, of the hypophosphite of sesquioxide of iron, and of hypophosphorous acid.

The hypophosphites, according to Gmelin are mostly crystallizable. They cannot exist without a certain portion of water, which is equally true of the acid itself, which, in its most concentrated form, contains three equivalents of water, one of which is replaceable by bases. When heated till decomposed, these salts emit phosphuretted hydrogen. They are permanent in the air as regards oxidation; but when heated in solution, especially if free alkali is present, they are decomposed into phosphates and hydrogen gas. They are nearly all soluble in water, and several of them in alcohol, and readily reduce the soluble salts of silver and gold.

Hypophosphite of Lime is the most important of these salts, as it not only, by oxidation in the economy, will afford phosphate of lime in a nascent state, if needed, but its reaction with the carbonates of the alkalies gives a ready means of obtaining the alkaline hypophosphites. When phosphorus is boiled with milk of lime it gradually disappears, with evolution of spontaneously inflammable phosphuretted hydrogen, which explodes as it reaches the atmosphere with the formation of water and phosphoric acid. When the strong odor of phosphuretted hydrogen ceases to be given off, the liquid contains, besides the excess of lime, nearly half of the phosphorus as phosphate of lime, and the remainder, deducting the considerable portion which has escaped into the air as phosphuretted hydrogen, as hypophosphite of lime. According to Wurtz, more than one equivalent of water is decomposed, and the phosphuretted hydrogen is accompanied by free hydrogen. If this be true, the source of the super-oxidation of so much of the phosphorus is traceable to the resulting oxygen; but Rose is of the opinion that this oxygen is derived from the atmospheric air in contact with the boiling liquid. When the process is conducted in a flask, it requires a constant ebullition of the liquid to prevent the explosion consequent upon the entrance of the atmospheric air. To avoid this result it has been found safer to employ a deep, open vessel. The constant evolution of gas and vapor, which keeps a froth on the surface, excludes the atmosphere in a great degree, so that the yield is not much diminished, whilst the safety and easiness of the process is greatly increased. The process should be conducted under a hood, with a strong draught, or in the open air, to avoid the disagreeable fumes which are evolved.

Take of Lime recently burned,	4 lbs. av.
Phosphorus,	5 gals.
Water,	1 lb.

Slake the lime with a gallon of water, put the remainder in a deep boiler, and as soon as it boils add the slaked lime, and mix to

* The hypophosphites are manufactured in quantity by Hessel Stevens, of Philadelphia. [Also by Gordon & Co. of Cincinnati.—Ed.]

a uniform milk. The phosphorus is now added, and the boiling is kept up constantly, adding hot water from time to time, so as to preserve the measure as nearly as may be, until it is all oxidized and combined, and the strong odor of the gas has disappeared. The mixture froths much, and but little of the phosphorus reaches the surface. Then filter the solution through close muslin, wash out that portion retained by the calcareous residue with water, and evaporate the filtrate till reduced to six pints. The concentrated liquor should now be refiltered to remove a portion of carbonate of lime which has resulted from the action of the air on the lime in solution, and again evaporated till a pellicle forms, when it may be crystallized by standing in the drying room, or the heat may be continued, with stirring, till the salt granulates, when it should be introduced into bottles.

Hypophosphite of lime is a white salt, with a pearly, margaric-like lustre, and crystallizes in flattened prisms. Its composition, according to Wurtz, is CaO plus $2\text{HO}, \text{PO}$, the water being essential to the salt. It is soluble in six parts of cold water, and in not much of boiling water; it is soluble slightly in diluted alcohol, but insoluble in alcohol sp. gr. .835.

Hypophosphite of Soda is prepared by double decomposition between hypophosphite of lime and crystallized carbonate of soda.

Take of Hypophosphite of lime, 6 oz.
Crystallized carb. of soda, 10 oz.
Water, a sufficient quantity.

Dissolve the hypophosphite in four pints of water, and the carbonate in a pint and a half; mix the solutions, pour the mixture on a filter, and lixiviate the precipitate of carbonate of lime, after draining, with water, till the filtrate measures six pints. Evaporate this liquid carefully till a pellicle forms, and then stir constantly, continuing the heat till it granulates. In this state the salt is pure enough for medical use; but if desired in crystals, treat the granulated salt with alcohol, sp. gr. .835, evaporate the solution till syrupy, and set

it by in a warm place to crystallize. Hypo-sulphite of soda crystallizes in rectangular tables with a pearly lustre, is quite soluble in water and in ordinary alcohol, and deliquesces when exposed to the air. Its composition is NO plus $2\text{HO}, \text{PO}$.

Hypophosphite of Potassa is prepared by the same process as that given above for the soda salt, substituting $5\frac{1}{2}$ ounces of granulated carbonate of potassa, in place of 10 ounces of crystallized carbonate of soda, and using half a pint instead of a pint and a half of water to dissolve it.

Hypophosphite of potassa is a white, opaque, deliquescent salt, very soluble in water and in alcohol. Its greater tendency to absorb moisture renders it less eligible for prescription than the soda salt. Its composition is KO plus $2\text{HO}, \text{PO}$.

Hypophosphite of Ammonia is prepared from hypophosphite of lime and sulphate or carbonate of ammonia.

Take of Hypophosphite of lime, 6 oz.
Sesqui-carbonate of ammonia (translucent), 7.23 oz.
Water, a sufficient quantity.

Dissolve the lime salt in four pints of water, and the ammonia salt in two pints of water, mix the solutions, drain the resulting carbonate of lime, and wash out the retained solution with water. The filtrate should then be evaporated carefully to dryness, then dissolved in alcohol, filtered, evaporated and crystallized.

This salt is deliquescent in the air, very soluble in alcohol and water, and when carefully heated evolves ammonia, and leaves hydrated hypophosphorous acid. The composition of this salt is NH_3 plus $2\text{HO}, \text{PO}$.

Hypophosphite of Sesquioxide of Iron.—This salt may be obtained in the form of a white, gelatinous hydrate, by precipitating a solution of hypophosphite of soda or ammonia with one of sesquisulphate of iron. The precipitate should be well washed with water and dried at a moderate temperature. It is necessary to avoid using a hypophosphite containing any alkaline carbonate, or the precipitate will be contaminated with free sesquioxide.

Thus prepared, this salt is a white, amorphous, tasteless powder, like the hypophosphite, soluble in hydrochloric acid, and in free hypophosphorous acid.

Hypophosphorous Acid.—So far as we are aware, this acid has not been employed, in a free state, by Dr. Churchill, but it is highly probable that it may come into use, should the favorable results claimed for its salts be substantiated by new observations. Any claims which phosphoric acid may possess as an agent to supply the waste of phosphorus and phosphates in the human economy, will be more than equaled by this acid. Hypophosphite of baryta is the salt which is most eligible for the preparation of this acid, but it is more convenient to prepare it from the lime salts, viz:

Take of Hypophosphite of lime, 480 gra.
Crystallized oxalic acid, 350 gra.
Distilled water, 9 fl.oz

Dissolve the hypophosphite of lime in six ounces of the water, and the acid in the remainder, with the aid of heat, mix the solutions, pour the mixture on a white paper filter, and when the liquid has passed, add distilled water carefully, till it measures ten fluid ounces, and evaporate this to 8½ fluid ounces.

The solution thus prepared contains about ten per cent. of terhydrated hypophosphorous acid (HO plus $2\text{HO}, \text{PO}$), a teaspoonful representing six grains of the acid, which contains 2½ grains of phosphorus. The dose of this acid solution will probably vary from ten minims to a teaspoonful.

It is proposed to give several forms in which the hypophosphites may be conveniently administered, and a few hints to the physician in reference to prescribing them.

The soluble salts of mercury and silver are reduced by contact with the hypophosphites. All soluble sulphates and carbonates are incompatible with the lime salt, and should not be associated with it in prescriptions, if phosphate of lime is indicated in the case. The iron salt when dissolved by excess of acid, is colored black by gallotanic acid and drugs containing it,

but is not blackened by the tannin of cinchona, catechu and krameria; hence, any preparation containing it may be associated with Peruvian bark. The hypophosphites of soda, potassa and ammonia, are more or less deliquescent, and when prescribed in powder it should be with proper precautions to avoid moisture, as by association with a considerable excess of sugar of milk. The lime salt may be mixed with either this sugar or ordinary sugar. None of these salts are soluble in cod-liver oil; and if given with it, they should be dissolved in syrup, and mixed by agitation. Where lactic and glycerin are indicated in the treatment of phthisis or dyspepsia, any of these salts may be very elegantly associated in the form of syrup.

Syrup of Hypophosphite of Lime.—

Take of Hypophosphite of lime, 3 j,
Water, f 3 i ss,
White sugar, 3 xii,
Fluid extract of vanilla, f 3 ss.

Dissolve the salts in the water, filter, add the sugar, dissolve by aid of heat and add the vanilla. The dose is from a teaspoonful (3½ gra.) to a tablespoonful (14), according to the circumstances of the case, three times a day.

Compound Syrup of Hypophosphite.—The following formula has been made in view of the double purpose to which these salts are directed by Dr. Churchill, viz: the increase of nerve force, and the elevation of the tone of the several functions concerned in alimentation and nutrition, and will afford an agreeable means of testing practically their merit. The iron salt is presented in a form well adapted for entering the circulation, whilst the acid, besides exerting its solvent power, adds to the agreeable taste of the preparation.

Take of Hypophosphite of lime, 256 gra.
Hypophosphite of soda, 292 "
Hypophosphite of potassa, 128 "
Hypophosphite of iron,
(recently precipitated), 96 "
Hypophosphorous acid solution, q. s. or 240 "
White sugar, 12 oz.
Extract of vanilla, ½ "
Water, a sufficient quantity.

Dissolve the salts of lime, soda and potassa in six ounces of water; put the iron salt in a mortar, and gradually add solution of hypophosphorous acid till it is dissolved; to this add the solution of the other salts, after it has been rendered slightly acidulous with the same acid, and then water, till the whole measures nine fluid ounces. Dissolve in this the sugar, with heat, and flavor with the vanilla. Without flavoring, this syrup is not unpleasant, being slightly saline, and not at all ferruginous. Any other flavoring may be used, as orange peel, orange flower, or ginger. It is also suggested to physicians that glycerine may be used, wholly or partially, in sugar, when indicated, six ounces and a half of glycerine being substituted for twelve ounces of sugar. The object of acidulating the saline solution is to decompose any alkaline carbonate which may be present, and which have been noticed by the writer in some of the commercial soda salt. The dose of this preparation is a teaspoonful three or four times a day. A teaspoonful contains 2 grains of the lime salt, $1\frac{1}{2}$ of the soda salt, 1 of the potassa salt, and $\frac{2}{3}$ of a grain of the iron salt, besides a little hypophosphorous acid.—*American Journal of Pharmacy.*

ON THE TREATMENT OF CHANCER BY ACETIC ACID.

BY DR. COLLMAN.

Dr. Collman having seen, more than two years since, an account of the successful and rapid treatment of chancre by means of acetic acid, commenced its employment, and reports that in some fifty cases of primary sore, in which he has employed it, it has remarkably fulfilled the expectations held out. In recent chancre, indeed, he regards it as a true panacea; while in neglected, indurated chancre, it hastens the healing process materially.

In recent chancre, he at once cauterizes the sore with pure acetic acid, applying it

thoroughly to the part by means of a glass tube, and preventing its diffusing itself around by means of charpie. The pain caused is great, and may, in the sensitive, cause fainting. A whitish spot is the immediate result, and cold water dressing is applied. On the third day, at latest, a gangrenous eschar separates, exhibiting a very clear surface, which will heal by common dressing, but to which the author, for the purpose of encouraging suppuration, often applies, night and morning, a little ointment, composed of ung. basilic. 3j, hyd. præcip. rub. gr. v, cleaning the sore with chamomile infusion. By the tenth day at latest, and often before, the sore is quite healed. On the first and third day, an active purgative is administered. Until the sore has healed, the diet should, in general, be spare, although some patients have required full diet and wine. In fine weather the patient need not be confined to the house. When, after the fall of the eschar, the sore is found not to be clean, the acid should be again applied, and may even have to be repeated the third time. The cicatrix that results is soft, or speedily becomes so under the employment of chamomile fomentations. The author, as yet, has met with no example of bubo among his cases; nor has he observed any secondary symptoms, although he has, in several instances, treated the same patient twice for chancre, and in one instance five times. When the chancre has been neglected, and has become indurated, if the sore be still open, it must be cauterized in the same way; but in such cases, other remedies should also be given. The sore often heals with remarkable promptitude.—*Medical Times and Gazette.*

PRIMARY SYPHILIS.—The ferruginous treatment of Ricord is endorsed in the *Lancet* as preferable to any other. One part of the potassio-tartrate of iron is dissolved in six parts of water, two teaspoonfuls being given three times a day; also applied to the chancres externally.

THE URÆMIC CONVULSIONS OF PREGNANT, PARTURIENT, AND LYING-IN WOMEN.

[CONCLUDED FROM THE LAST NUMBER.]

A. The treatment of eclampsia in the expulsive stage of labor is considered from the same point of view by the most different authors. All agree in this, that when the head is in a situation suitable for the application of the forceps; it should be extracted in a most cautious manner, because thereupon the attacks often completely cease, and the children are generally born living, if there have not been very many fits before the operation.

Presentations of the shoulder and pelvis, which are very rarely observed at this stage of labor in eclamptic cases, are to be treated according to general principles, and require an acceleration of delivery.

B. Oxytocic treatment in the stage of dilatation is of very great importance; for, in it the mode of interference by operation must be chosen according to two conditions.

1. Treatment of eclampsia when the stage of dilatation is considerably advanced.

If the neck of the womb is completely dilated by the advancing head and the pains, before the arrival of the physician—if the external orifice is opened up to from 1 to 2", and the membranes are unruptured—then it is most rational, while the woman is on her side, to burst the membranes, and watch the result of the flowing off of the first waters and of the continued pains.

If the paroxysms do not cease thereupon, and if regular progress is not remarked in the further dilatation of the cervix and advance of the child, then the orifice should be fully opened up by dilatation by means of the finger. If this be done a few minutes after the appearance of the comatose condition, or during the chloroform narcotism, new fits are never produced by it.

If, after some pains, the presenting head does not advance into the brim of the pel-

vis, and if some fits come on, then it is most advisable, even when the position of the head is high, and every obstetric disproportion is absent, to apply the forceps according to Hatin's method, and carefully extract the child. By using the forceps under these circumstances, we have succeeded in extracting a greater number of living children, than when, in cases of eclampsia, the hand is, without the power of choosing circumstances, introduced through a dilatable os uteri, and the extraction of the child completed by podalic version.

On account of eclampsia alone, without obstetrical disproportion, it is never justifiable to proceed to the operation of craniotomy.

Podalic version should, in cases of eclampsia, be confined to those cases only in which there is, at the same time, contraction of the pelvis, or an obstetrical disproportion on the part of the child.

Scarification of the cervix uteri, at a more or less advanced period of the stage of dilatation, for the purpose of facilitating labor, has been recommended by Pare, Meunard, Coutouly, Lauverjat, Dubois, Kiwisch, Kilian, Crede, and others, and it is done either with a probe-pointed bistoury, a uterostomatome (two scarificator blades), or long bent scissors. In the hands of a practised operator, the making of these incisions, under the above-mentioned conditions, does not involve any danger, and contributes greatly to rapid dilatation when the cervix is peculiarly rigid and indilatable. But when we consider the question of the necessity of this proceeding, it is, indeed, in very rare cases only to be justified, inasmuch as in the literature of the subject, only very few observations are recorded in which the performance of hysterostomia was found to be indispensable, and that more on theoretical than practical grounds.

2. If the treatment of eclampsia is commenced at the beginning of the stage of dilatation, when the cervix has disappeared, but the os is still very contracted, or when the cervix and os are still contracted, and

there are scarcely any signs of labor, as not unfrequently happens in cases of eclampsia with spontaneous coming on of premature labor, then, in regard to treatment, choice has to be made among these different plans: *a.* either exciting energetic pains to completely dilate the cervix and os uteri in a physiological manner; *b.* or by operative bloody interference to open up a way for the fœtus through the lower segment of the uterus; *c.* or to remain altogether passive until spontaneously supervening pains bring the labor to a termination, in cure, or death of the mother or fœtus.

a. The results produced by increase of the physiological activity of the pains, in cases of eclampsia, are so favorable to the preservation of the lives of both mother and child, that the acceleration of labor in the stage of dilatation is warmly defended and recommended by the author, Litzmann, Kiwisch, Grenser, Stoltz, Chailly, Crede, and many others; opinions being divided only regarding the choice of the means to be used.

According to my opinion, all the methodical rules which are in general suited for the most rapid bringing on of artificial premature labor, are here to be carefully considered.

Plugging the vagina with a caoutchouc bag has been very strongly recommended by me for attaining the above-mentioned object, after making numerous observations. In my proposal I have been very warmly supported by the opinions and experiments of Kiwisch, Holst, Wiegner, Grenser, Simon Thomas, Schillinger, Litzman, and many others; so that now, in a case of eclampsia, in the period of dilatation, where the pains are slow, it would be scarcely justifiable to abstain from making use of colpeuryesis, and to proceed to *accouchement force*, when the lower segment of the uterus is closed.

The rapid dilatation of the soft genital passages obtained in this manner, is in many cases chiefly to be ascribed to colpeuryesis, because, in the eclamptic or anæsthetic coma, a greater distension than

usual of the caoutchouc bag is sometimes made use of, and because, after inducing strong pains, labor proceeds very rapidly, even after the removal of the colpeurynter.

The introduction and retention of an elastic catheter between the chorion and the walls of the body and fundus uteri, is a very simple, sure and quickly operating means of inducing energetic pains; wherefore I must urgently recommend its use in eclampsia during the stage of dilatation.

It exerts this influence more rapidly than bursting the membranes and letting off the waters, and produces no injury. When there is evident danger to the life of the mother and fœtus, I would recommend the simultaneous employment of colpeuryesis and uterine catheterization.

The tepid uterine douche has been highly recommended by Kiwisch, Holst, Grenser, Wiegner, Simon Thomas, and Legroux, as a means of accelerating labor in the stage of dilatation. And there is no doubt that the douche, with a powerful jet of water, sometimes leads to results more rapidly in cases of eclampsia than in cases of contraction of the pelvis, in which even it has already happened that by one sitting labor has been induced and brought into full activity. Other methods of accelerating labor, as the use of *secale cornutum*, irritation of the nipples, carbonic acid douche, are too uncertain in their action to admit of their being employed in a case of dangerous delivery.

In the most intense cases of eclampsia, good results have been observed from rupturing the membranes, by P. Dubois, Busch, Rul-Ogez, and others.

Waterhouse, Ashwell, Mitchel, and Vileueve, consider energetic pains a very favorable event in eclampsia, and recommend the use of *secale cornutum* in order to accelerate delivery. But Kilian, Velpeau and Masson, have, in the most earnest manner, objected to this treatment, and, judging by our own experience, we must agree with them.

b. The second plan of treatment, to force the passage of the fœtus through the soft genital passages by mechanical power, is

deserted by accoucheurs of modern times, almost without exception.

When artificial delivery (*accouchement force*) is attempted by introducing the hand in a conical form through a narrow os uteri, and when the cervix is narrow or very little dilated, it is generally found to be altogether impossible, or it sometimes leads to uterine ruptures dangerous to life; and thus the mother is subjected to greater dangers from the operation than from the eclampsia itself, of which no one can say whether any more paroxysms may come on and cause death.

But when the stage of dilatation is far advanced, when the cervix has completely disappeared, and the mouth of the womb opened from 1 to 2", forcible delivery is no longer necessary, because the dilatation of the fine border of the mouth of the womb is commonly easily accomplished with the fingers, and delivery goes on quickly and spontaneously, or it may without danger be easily accelerated. For these reasons, we must decidedly join with those who oppose resort to the *accouchement force*, as Boer, Betschler, Nægle, and others, have done.

The dilatation of the soft parts by incision, which has been recommended by Baudelocque, is without danger only when merely the external os uteri or the vaginal portion of the cervix are incised a few lines deep; it is very dangerous if the os uteri be very thick, or if the undilated part of the cervix still form a canal from $\frac{1}{2}$ to 1" long, because then the incisions can no longer be exactly controlled, but penetrate too deeply; and the subsequent introduction of the hand, or extraction of the fœtus, may produce uterine lesions dangerous to life, and under which the patient may sink, after she has recovered from the eclampsia.

Hysterosotomia should be confined to those cases only of eclampsia where there exists at the same time an organic stenosis of the external os uteri.

Our opinion, therefore, is, that forced delivery, with bloody or bloodless dilatation of the cervix, is never to be resorted to

when any injury from it is to be feared; and we think the wise consideration of the success, from the above-described methods of increasing the pains, affords sufficient reason to induce us to abstain from doing any harm either by rash officiousness or irresolute passiveness.

The commendation by Jorg of the *accouchement force*, in preference to artificially induced premature labor, has lately been called in question, in an excellent manner, by Krause, who rightly points out that the *accouchement force* is possible only when the os uteri is so far opened as at least completely to admit one finger, and when it feels to a certain degree pliable, and that, to reach this condition, artificial premature labor is pre eminently applicable; so that the two methods by no means exclude one another, but each may be used at its proper time.

c. The third mode of treatment of the stage of dilatation in eclampsia consists, according to the examples of Baudelocque and Betschler, in carefully abstaining from all operative interference, and never undertaking any thing which can be effected by nature herself.

Careful critical examination of statistical statements has already shown the injurious consequences of such passive conduct on the part of the physician, and therefore we do not feel called upon to enter upon further reasons of disapproval.

C. Treatment of eclampsia during pregnancy.

Eclampsia appearing in the second half of pregnancy has generally premature labor as a consequence; or, in exceptional cases, yields completely to medical treatment. Great attention is, therefore, to be paid in making an exact diagnosis of uræmic eclampsia, to the violence, frequency, and danger of the paroxysms, and to the results of the use of medicines; and artificial premature labor is to be resorted to only when there is some probability of the mother being thereby saved, and so much the more if death of the fœtus has already occurred.

Colpeuryis and uterine catheterization we consider, in this case, the most secure method. If the agony comes on after a fit occurring during pregnancy, or the early part of labor, it is inadmissible to risk an accouchement force. In this case, it is much better to wait till the mother is dead, and thereupon to deliver the child by the Casarean section.

D. Treatment of eclampsia in the stage of the after-birth.

The treatment of the stage of the after-birth, in cases of eclampsia, is to be conducted on general principles; only attention must be paid not to delay too long the careful removal of the placenta, in order quickly to procure most valuable rest to the patient.

E. Treatment of eclampsia in childbed.

Cases of eclampsia occurring in childbed are to be treated according to ordinary principles. Large doses of opium are, as a general rule, very useful at this time. But here, as at other times, we advise the greatest caution in resorting to phlebotomy, and would only make use of it if opium and cold affusions are without effect, and if cyanosis of the face and frequency of the pulse increase to a very alarming extent in a very strong constitution.

Regarding the influence of hæmostasis (ligature of the extremities) in puerperal and childbed eclampsia, no observations are known to me. Since, according to Vogel's calculation, a leg may, by this plan be made to contain thirty ounces of blood more than is normal, a revulsion or derivation equivalent to that from a large venesection is obtained. I therefore feel myself bound to direct attention to the investigation of hæmostasis in regard to its influence upon secondary hyperæmia and cyanosis, which generally follow the most violent eclamptic attacks.

When a comatose condition comes on in childbed, we maintain the greatest quietness of the patient and those around her, and take care that too bright light and all noise be avoided; we set aside all medicines, as well as cold applications to the

head, and encourage abundant diaphoresis by covering the body well; for at this period, more is to be feared from serous infiltration of the brain than from true hyperæmia.

When the discharge of urine is scanty, the catheter is to be used, in order to avert retention and decomposition of urine in the bladder, resorption of carbonate of ammonia, and repeated outbreak of convulsive paroxysms.

When cholæmic eclampsia occurs, Bamberger discommends here also general blood-lettings, because, as in other similar cases of blood-poisoning—for example, typhous, puerperal, alcoholic uræmiæ, etc.—they aggravate the tendency to rapid collapse, to further dissolution of the blood, and to hemorrhage. Strong purgatives (calomel, senna, jalap, croton oil, irritating and purging clysters) are most useful. When symptoms of depression prevail, then stimulating treatment is to be used to its fullest extent (cold affusion and douche on the head, embrocations of croton oil; internally, wine, ether, musk, camphor, and preparations of ammonia). On the other hand, if violent fever and symptoms of excitement prevail, then cold applications to the head, cold sponging, morphia, inhalation of chloroform, quinine and mineral acids are to be used. All these means are, however, generally without any results, as well as the use of aconite, recommended by Ozanam as a specific.

Other convulsions resembling eclampsia—the apoplectic, cerebral, anæmic, toxic, and general spasms of typhus—are to be treated according to the general principles applicable when pregnancy has not existed, and also in cases of males. Obstetric interference in such cases must be decided on with great caution, in order not to increase the already existing danger to life.

Hysteric and epileptic convulsions do not generally require any treatment during pregnancy, because the use of medicines is generally without any results; and because it can never be justifiable to bring on artificial premature labor, because, not-

withstanding suffering from these affections, if the mother enjoy otherwise good health, the development of the fœtus is brought to completion, and because frequently, during childbed or after it, no improvement of these nervous affections is observed.

The chorea of pregnant women is not unfrequently connected with hydræmia; hence preparations of iron are to be employed. Although it is known that after the completion of delivery the disease generally ceases, yet we do not consider that, in that circumstance, there is sufficient to indicate the induction of artificial premature labor, as the disease is not dangerous to the life of the mother.—*Edinburg Medical Journal*.

DELIRIUM TREMENS—TREATED BY CANNABIS INDICA.

BY J. ERVIN GODFREY, M. D.

CASE I.—P. K., man aged forty years, five feet ten inches in height, of robust appearance, entered the Hospital April 15, 1858, suffering from a violent attack of delirium tremens. General derangement of the nervous system, eyes injected, countenance expressive of much fear, pulse 100, tongue moist.

When this man entered the hospital his delirium was so great that it was necessary to put him in a straight jacket to prevent him from doing violence to himself, having attempted to throw himself from the windows, beating himself against the wall, striking himself with his fist, etc. He imagined that there was a body of men and women, each armed with a bowie knife, and headed by his wife, who were pursuing him to take his life, and rather than be cut to pieces, he determined to destroy himself.

After being placed in the straight jacket, I ordered him

R. Ext. cannabis indica, gr. xxx.,
made into six pills, one to be taken every two hours until sleep was induced.

About an hour after the first dose he became a little calmed, and an hour after the second dose fell asleep and slept until morning; when he awoke another pill was given, and when I saw him at 10 o'clock the same morning, he was perfectly free from all symptoms of nervous derangement, and at 12 o'clock quit the Hospital and attended to his usual duties.

CASE II.—The night of May 3d, I was called to see a patient residing in the city, and was told on my way to the house that the man was very crazy, so much so that it had been necessary to confine him to prevent his doing violence to himself and those about him.

I inquired the cause, and was informed that he was addicted to the use of strong drink, and had for the past three days been on a spree.

When I arrived I found a man aged about thirty-five years, spare made and nervous temperament.

When I entered the room in which he was confined, his appearance was really frightful, having on scarcely any clothing; his eyes seemed as though they were fire balls ready to start from their sockets; uttering the most hideous cries, interspersed with horrible threats. Pulse 110, perspiration running from his body, induced by his violent exertions to free himself from the cords which bound him.

R. Ext. cannabis indica ℞j.

Make into five pills, one to be taken every three hours until quiet is restored.

Called the next morning about 10 o'clock and was informed that in about two hours and a half after the second dose, he quietly passed off into a gentle sleep and thus remained until aroused the next morning at 9 o'clock. This morning he is out of bed, and to use his own expression, he "Feels as well as though he had not been sick." Pulse 75, no symptoms of nervous derangement, but complains of great thirst. Ordered the *R.* stopped, and ice-water taken *ad libitum*. The next morning, May 5th, he called at my office to let me know that he was quite well and able to attend to his duties.

Case III.—Was requested to visit a man, May 19, Thos. C., aged 50 years, who had been suffering from derangement for two days, consequent upon drinking too freely of ardent spirits.

Upon inquiry I found that this man had had frequent attacks of *delirium tremens*, which had usually caused him to be confined to the house for about a week. He was a robust healthy man in appearance, and had never suffered from an attack of illness other than that occasioned by drink. When I saw him he appeared to be suffering intensely, and as soon as I entered the room he ran up to me exclaiming, "Oh! doctor, do save me, you will not let them kill me, there are two men with large augers boring holes into the top of my head and another pouring hot lead into the holes. You will drive them away, will you not?"

I tried to calm him, and ordered

R. Ext. cannabis indica, ℞ij,

made into five pills, one to be taken every three hours until sleep is induced.

Called in the afternoon and learned that about an hour after the second dose, the medicine produced its effect, and he soon fell asleep. He was sleeping when I saw him. I left to return next morning, when I found him sitting up in bed doing justice to a well prepared breakfast, though there was still a slight subsultus of the muscles of the face and arms.

I ordered him to take one pill every five hours, and on the third day from the time I saw him, he was able to be out.

Messrs. Editors: In presenting these cases for publication in your valuable journal, I am alone actuated by the desire to call the attention of the profession to the treatment of *delirium tremens* by this medicine, cannabis indica. And in doing so, I do not pretend to claim any originality or take any credit to myself, *except so far as to the use of it in this disease.* The treatment was suggested to me by reading J. Moreau's work upon *Hoschisch*, which he has used to a great extent in numerous

cases of violent or excited insanity, and supposing *delirium tremens* to be nothing more than a species of insanity occasioned by the use of liquors, I inferred that it would act beneficially in this disease, and concluded to try it.

I have given the result of a limited experience, and have concluded that it acts with as much promptness and better results than any treatment I have ever tried or read of.

In claiming for it a trial by the profession, it is necessary that I should remark, that I think it of benefit only in cases of a violent or excited character, and I see no reason why it should not act with benefit in all cases where the mind is unusually excited, as for example, in the *delirium* of certain fevers.

For a description of the effects of *Hoschisch*, see J. Moreau's work upon the subject.

In concluding my remarks, I would respectfully request that the profession give *cannabis indica* a fair and impartial trial in this disease, and present their results to the medical world.—*Savannah Journal of Medicine.*

ELECTRICITY AS AN ANÆSTHETIC.

BY F. Y. CLARK.

As an anæsthetic, the virtue of this subtle fluid is as yet but little known. Since its introduction (but a few months back,) it has taken rapid strides, and is now becoming the harbinger of that much dreaded operation—to which it seems peculiarly adopted—the extraction of teeth.

Whether or no it will apply equally well to other branches of surgery, remains yet to be known; but we can see no good reason why it will not, for the effect produced on the nerve of a tooth must be the same as that on any other nerve of the body.

The principle upon which electricity acts as an anæsthetic agent, is very simple, and what is most surprising about it, is that it has never been thought of, or brought to

light before. This, however, may be owing to the many mystified theories, in regard to its action upon the nervous system.

It may be readily ascertained, by connection with a battery, that the members of the body which grasp the poles, are the only parts of the system which receive any perceptible shock. The fluid of course traverses the body, but its intensity becomes less and its quantity more by the number of nerves or conductors over which it has to pass. What I mean may be very clearly and easily illustrated by the simple experiment of connecting one hand with the positive electrode, and then placing the finger of the other hand in a bowl of water highly charged by the negative pole. The finger thus placed, receives the same dead, benumbing sensation that the tooth does in coming in contact with the charged forceps.

We know that, if we make a simple circle by connecting the two electrodes of a battery with a very small wire, and then pass on the current, that the small wire, so placed, will instantly become ignited, because it cannot bear the intensity of the fluid. Thus it is with the finger or any similar member of the body; a current of electricity that would scarcely be felt in the system, would paralyze the finger. Thus from simple facts we can understand how parts of the body can be numbed or shocked, while in the body itself the cause is scarcely perceptible. It is, then, simply by making immediate use of the shock or paralyzing sensation produced by the charged forceps, that we are enabled to perform the operation of extracting teeth with comparatively little, and in most cases no pain.

Certain animals, as the *Gymnotus Electricus Torpedo*, *Silurus Electricus*, and several others, capture their victims, by paralyzing their nerves by electric shocks, from a peculiar battery with which nature has furnished them. Thus it will be seen that these animals have been practicing from instinct for generations, what man is just beginning to learn by art.

Thus far we have used electricity in over

fifty cases, and although now and then we meet with unsatisfactory results, yet, on the whole, we consider it far preferable, and much more applicable to the extraction of teeth, than anything we have tried. Besides, it is certainly better to make use of an agent—particularly in the operation of extracting teeth—that admits the free and full action of our senses, than to inhale a subtle fluid that robs us for the time of all knowledge, and the result of which remains as yet in doubt, even with the best of us.

The mode of using or applying this agent consists in merely establishing a circle by placing one electrode in the hand of the patient, and then connecting the other with the handle of the instrument to be used. The hand of the operator should be protected by a silk glove. It is very necessary in all cases to ascertain what amount each patient will conveniently bear, for what will affect one, will scarcely be felt by another; for this reason all batteries should be constructed so that the current can be easily regulated. We think Sherwood's comes up to the requirements better than any we have used. We get rid of the fumes of the acid, by having it placed in our laboratory, and wires running therefrom into the operating room.

In order to convey as correct an impression in reference to the use of this agent as possible, we submit the three following cases, which are very similar to all others in which we have used it.

CASE I.—Was a young lady who wished the second left superior bicuspid removed in order to give room for the remaining teeth to form within the arch. We regulated the current as we thought would suit the system, and then extracted the tooth with apparently no pain. On interrogation the patient observed that she felt no pain from the removal of the tooth, but that she felt the shock rather severe. No doubt, in this case, we had on a stronger current than was needed.

CASE II.—Mr. B. called according to appointment to have five fangs removed, in order to make room for artificial teeth.

After regulating the current, &c., we commenced the operation, but found, on removing the first tooth, that we gave considerable pain. We then made the current much stronger, and removed the other four without—as the patient observed—giving the least pain.

CASE III.—Was a negro boy, sent from the country to have a tooth extracted. As this boy knew nothing about electricity or its use in extracting teeth, we thought it a good case to truly test its effect. We therefore requested him to take a strong hold of the chair arms—around one of which had been previously twisted a pole of the battery—and then extracted the tooth, after which he looked very much bewildered, and on asking him how it felt, he observed in true negro dialect, "I no know how him feel massa, but him no feel like him pullin' toof, he feel more like him foot asleep."

Now, were we to write pages, we do not believe that we could as clearly express the real feeling that this fluid ought to produce in order to use it successfully, as did this boy in the above very expressive negroism.

We might add that the continual developments of this subtle agent, are truly wonderful. It is but a short time since Franklin brought it captive from the clouds, and although it has now almost become the vital power of every art, it is still veiled in mystery, and no doubt, as has been said by a journalist of this city, "were we better acquainted with its mysterious working, the cause of the cholera, the plague, and similar diseases would be better known." Again, could we but lift the veil from before that great *bugbear* that has crazed so many brains, peopled so many mad houses, and turned religion to foolery by tipping tables, upsetting chairs, nonsensical rappings, &c., we would no doubt see the same subtle fluid as the motive power, instead of the spirits of another sphere. For the human brain is a better galvanic battery than any that has ever been constructed by man, and could we see its mysterious workings, we would be-

hold innumerable and wonderful telegraphs operating from mind on mind, and from mind on lifeless matter, and thereby understand the mysteries that now confound us.—*Savannah Journal of Medicine.*

PROGRESS OF ECLECTICISM IN PHILADELPHIA.

It is cheering to the lover of progress to behold how deeply the germ of reform is taking root among us. Our city is becoming emphatically the strong hold of Eclecticism, the rock upon which medical genius is ere-long destined to stand—it is even now the beacon whose auspicious light is warning other schools of the shoals of error, and guiding them to the harbor of truth. Every week is bringing new adherents to our cause, and every day gives new vindications of our increasing strength.

Our concentrated medicines are becoming more and more generally used, and their wonderful power over disease is becoming every day more fully appreciated. The old school are not only using them, thereby treating diseases more successfully, but they are introducing them into their pharmacopœias as official remedies. While this is a cheerful omen of progress, yet we are almost daily surprised at their pride and audacity, as we peruse their journals, and see with what complacency they introduce our remedies as their own discoveries. Thus they talk of the valuable effects of gelsemin, podophyllin, veratrin, hydraotin, macrotin, enonymin, sanguinarin, &c., &c., as though they were remedies of their own recent discovery, when it is a well known fact by every one who is at all acquainted with the rise and progress of American medicine, that all these medicines have been discovered by American Eclectic physicians, to whom they are indebted for all their clinical knowledge of them. Notwithstanding we are thus being robbed of the honor of our labor, it is cheering to us to know that our labors have been productive of good to

our fellow men, and that although we do not as yet receive credit for our discoveries by the majority of those who are reaping the benefits of them, we are still encouraged to pursue our investigations until, if possible, we shall develop all the resources of our native remedies. Never were the lovers of medical progress more fully determined to persevere in their labor of usefulness than at the present. The vast amount of therapeutical and clinical knowledge which they have, and are acquiring, will, when systematically presented to the profession, produce a most salutary change in practice. As yet, however, a greater portion of their most important practical knowledge is confined to our practitioners and colleges. This is so from the necessity of the case. We have not, as yet, had time to collect this fund of clinical experience, and to present it in a systematic form to the profession. Besides, every week is bringing to light some new and important remedy, which has to pass the ordeal of clinical experience, before we feel disposed to present it to others. So that at present a practitioner can become fully acquainted with our resources only by attending the lectures as they are delivered in our colleges, and carefully studying the practice of those who understand them. Much may be done, however, in the way of diffusing a knowledge of our practice by every well informed Eclectic physician carefully recording his practical knowledge, and publishing it in some of our Medical Journals. Some are in the habit of doing this, but to develop all our resources, this practice must become general among our physicians. By doing so each would be benefitted by the labor of others, and our cause would make all the more progress.—*Philadelphia Eclectic Medical Journal*.

which was treated by quinine. The patient was a little boy, eight years old, who was admitted with well marked symptoms, but whose previous history was imperfect. He had a very distinct mulberry rash over his body. Ten grains of quinine were ordered the first day every two hours, and the change produced in the general symptoms was positively striking; the pulse came down, his skin was cool and moist, diarrhea ceased, and his tongue was moist. As this was the case, Dr. Fuller did not desire to push the large doses, (he had taken three only,) but continued the medicine in two-grain doses three times a day, with four ounces of wine, and the little fellow is going on well. This is the third case in which this plan of treatment has proved successful in Dr. Fuller's hands. It has been employed elsewhere with great benefit.—*London Lancet*, Jan. 23, 1858.

BROMIDE OF POTASSIUM IN SPERMATORRHEA.

In the *Union Medicale* is an article by M. Alf. Binet, recommending the use of the bromide of potassium in spermatorrhea, as employed by Dr. Thielmann, a Russian physician. The sedative effect of this substance on the general organs is well known, causing loss of virile power for several days after the medicine has been discontinued. M. Binet reports three observations of spermatorrhea, in which the effect of the bromide was evident and rapid. The first patient had suffered for seventeen years from spermatorrhea. He had several emissions every night. After the first dose, the emissions were reduced to one nightly; at the end of a week they ceased, to re-appear but once, and the patient left the hospital well. The subject of the second observation had been effected for several years. At the time the treatment was begun, he had two, three, and even five pollutions a night. An immediate improvement followed the administration of the medicine; after a fortnight

QUININE IN TYPHOID FEVER.

We had the opportunity of seeing a case of typhoid fever on January 14th, at St. George's Hospital, under Dr. Fuller's care,

the patient had but one emission every fourth day. In the third case, the patient had several pollutions every night; after using the remedy six weeks he was cured, and discontinued the medicine. In a month he had a relapse, but the treatment was resumed with the same success.—*B. M. Journal.*

AMPUTATION AT THE ANKLE JOINT.

We copy the following report of an amputation at the ankle joint, performed in this city (Portland,) by Dr. Tewksbury, from the New York Journal of Medicine. This operation presents so many advantages over Chopart's that it will probably supersede it entirely, and become, if it is not already, one of the regular and established operations of surgery.—*Maine Med. Rep.*

Amputation at the Ankle Joint.—Mr Ferguson emphatically enunciates that "amputations at the ankle joint, after the mode of Mr. Syme constitute the greatest improvement in modern surgery;" and multiplied cases in American practice prove, not only the force of his assertion, their very great safety and gratifying utility, but afford a pleasing contrast to the melancholy results of the too common interposition of special ignorance, stolid indifference, or caprice. The benefits of so important an acquisition, and the right of every victim of misfortune to all the blessings which a scientific and conservative practice can confer upon him, are also thus shown.

The art of surgery too often suffers in the hands of its friends, by a bigoted adherence to favorite authority, with custom on the one hand, and inadvertence on the other. There are many men now walking painfully on peg legs, or indifferently well with properly adjusted limbs, who would have been an hundred fold benefited had they fallen into the hands of a modern and expert surgeon, and their cases well improved by a removal of the foot at the ankle joint.

Although it is now well established that many limbs admit of amputation at the ankle joint which were formerly sacrificed, a most important question has been raised, viz:—Is not amputation at the ankle joint preferable to the medio-tarsal, or Chopart's operation? Mr. Syme states that he has frequently re-amputated at the ankle joint where Chopart's operation had previously been performed, and he seems now disposed to reject the latter entirely. The far greater facility which an amputation at the ankle joint affords for adjusting a light, useful, and natural-appearing foot; and, as a point of support, its entire exemption from those embarrassing and painful incidents so commonly associated with amputation through the foot, as the invariable retraction of the heel cord when its antagonistic power is destroyed, the pendency of the stump, and exposure of the cicatrix, increased by the line of weight of the body being thrown forward of the stump, all furnish cogent reasons for hailing ankle joint amputations as a substitute for Chopart's at the foot. We are strongly impressed, by personal observation and experience, that there is no advantage gained by an amputation, at the medio-tarsal line—that does not, in a far greater and surer degree accrue when performed skillfully at the ankle joint.

We take pleasure in inserting the following case, communicated to us by Dr. Tewksbury, of Portland, Me., of an ankle joint amputation, performed under an adverse condition of the integumentary and articular portion of the parts surrounding and constituting the ankle joint:

Mrs. H. is thirty-three years of age—of marked strumous diathesis and much emaciated. My attention was first called to her June 10th, 1856. She was then suffering from a disease of the left foot, caused, she said, by a sprain received three years before, and commencing with severe pain and swelling on the outer portion of the instep, which continued until suppuration occurred, and small abscesses having little sinus-openings, were formed in various parts of the foot, like those often seen

around scrofulous joints. Of these sinuses there were eleven—each having unhealthy, purple edges, and admitting a probe freely into the substance of the tarsal bones, more particularly into the calcaneum, cuboid, and the anterior and inferior portion of the astragalus. The soft parts around the foot and ankle were diseased as above described. Amputation under these circumstances afforded the only chance for recovery. The extent of the disease rendered Chopart's operation impracticable; consequently following the ordinary practice, amputation should have been performed at the lower part of the leg, above the ankle. The published recommendations of Prof. Syme of Edinburg, in favor of the ankle joint operation, induced me to select that as the site of the amputation. In this case, however, the extensive adhesions of the integuments over the tuberosity of the *os calcis* and the numerous sinuses around the malleoli, through that portion of the skin that was to form the posterior flap, served to render the proceedings somewhat hazardous. Numerous fears were entertained both by myself and the professional gentlemen who were in counsel with me, that the malleoli and possibly the articulating surface of the tibia were diseased. Notwithstanding these objections, I was so well satisfied of the advantages this operation would afford, by giving a broader, firmer, and better base for supporting the weight of the body, and the greater facilities that the thick cushion formed by the heel would give for the adjustment of an artificial foot, that I determined to amputate there. Having placed my patient in a proper position and put her under the influence of chloroform, I seated myself directly in front of her, and holding my scalpel in the left hand, I made an incision from a little behind the internal malleolus transversely across the sole of the foot—to a point near the middle of the calcaneum. Then with my right hand I made a similar incision from the corresponding point of the external malleolus to meet the first. Then, after making a curved incision from the com-

mencement of the first to that of the second, across the superior surface of the foot, I divided the extensor tendons and the articular ligaments, and turning the foot down, I carried the knife through the tibio-tarsal articulation and separated the tendo achillis from its osseous attachment with some difficulty, owing to the strong adhesion of the integuments and their thin and unhealthy texture. Great care was taken to avoid cutting the posterior tibial artery before its division into the two plantars, on a line with the articular surface of the tibia. The foot being removed, the ends of the malleoli were taken off with the cutting forceps and the flaps brought together. The anterior and a portion of the posterior tibial arteries were the only ones that I was obliged to secure. As we supposed, the malleoli were diseased, but the articulating cartilage of the tibia was healthy, and consequently was not removed. Owing to the unhealthy condition of the integument forming the posterior flap, and the difficulty of adjusting the cup-shaped covering of the heel, to the square surfaces of the tibia and fibula, I was apprehensive that suppuration, and possibly sloughing, would occur—consequently with the knife and cutting forceps, I rounded the stump so as accurately to adapt it to the concavity of the flap. I also removed the synovial membrane covering the articular surface of the tibia—lest its secretion should retard the adhesion of the flap. The wound healed in fifteen days with but very little suppuration, and in thirty days the patient was able to bear her weight upon the stump. In about three months from the operation, she was taken to Messrs. Palmer & Co., and an artificial foot was adjusted, giving the whole weight of the body upon the end of the stump, and now she walks so well that a careless observer would never suspect that she was even lame.

Daniel Lambert, the English monstrosity, died in 1809, aged thirty-six years: His weight was 739 pounds when last weighed, but at his death 800.

ply to Dr. Cabot, Dr. C. stated that this medicine produced no noticeable effect upon the urinary organs.

Dr. Hooker said that he had employed this remedy in cases of acute rheumatism, accompanied by great arterial excitement, with much relief to the patient, and with the effect, in some cases, of shortening the duration of the disease.—*Boston Med. and Surg. Journal*.

DROPSICAL ACCUMULATIONS.—It has long been observed that diaphoresis, when it can be thoroughly effected, is an efficient means of stimulating the action of the absorbents, and thus relieving the system of dropsical accumulations. This object is generally kept in view by physicians, in the administration of cathartics and diuretics; and in the hope of making these emunctories, the bowels, kidneys, and skin, available in concert in effecting the necessary absorption. We have found the apocynum cannabinum to answer the three indications together, better than any remedy, and in general we have thought its diaphoretic to be more important than either its cathartic or diuretic action. But an anonymous contributor to the "Stethoscope" reports favorably of the action of Dover's powder, in doses of eight grains and upward, for several successive weeks; and publishes several cases in detail, in which these accumulations have been entirely relieved by this treatment, accompanied by laxatives to counteract its constipating effects, and followed by nourishing diet, vegetable tonics, and chalybeates.—*Memphis Med. Recorder*.

PAINLESS CAUSTIC.—M. Piedagnel, after various trials, has succeeded in producing a caustic that may be employed, causing little or no pain. It is formed of three parts of the Vienna caustic in powder, and one part of hydrochlorate of morphia, intimately mixed together, and then made into a thick paste by means of chloroform, alcohol, or water. It is applied to the skin on diachylon. A black eschar is pro-

duced in fifteen minutes, increasing in thickness with the duration of the application. The morphia mixed in the same proportions with powdered cantharides, prevents pain during the rising of a blister. M. Piedagnel, who at present has only used this means for the production of issues and blisters, states that the action of the morphia is merely local.

SCABIES.—At the last meeting of the Academy of Science, Paris, M. Bonnet, of Epinal, sent in a paper, announcing that benzine is a specific for the itch. The author of the paper states that if benzine be rubbed on the parts affected, and also very slightly on the other parts of the body, a cure will be effected in the course of five minutes, after which time the patient may take a warm bath for half an hour. Nevertheless, in cases where the itch is accompanied with a secondary eruption, the latter will require a separate treatment.

PHLEBOTOMY IN ANCIENT TIMES.—In the early ages, some of the abbeyes had a bleeding-house, called *Phlebotomaria*, in which they had four general quarterly bleedings; and in the order of St. Victor the brethren had five bleedings per annum. Half a century ago, bleeding was generally in fashion *spring and fall*; and surgeons were then never seen without a case of lancets and a red fillet. A fashionable phlebotomizing surgeon has been known to receive above \$5000 a year for this operation alone.—*Medical Times*.

STRYCHNIA.—Dr. A. F. Joseph, of Cumminsville Ohio, writes: "Being called to a case in which a person had taken an overdose of strychnia by mistake, and who was suffering most intensely from its effects, I administered sweet milk, in copious draughts. The patient recovered speedily."—*Cin. Lancet and Observer*.

Part 3.—Editorial.

CHARTERED MEDICAL COLLEGES.

"DR. NEWTON:—Will you please inform me whether there is more than one medical college in Cincinnati, claiming to be Eclectic, with a special charter granted by the Legislature of Ohio?"—*Extract from Correspondent.*

We can answer this without any trouble by saying that the Eclectic Medical Institute is the only Eclectic school here which has a special charter from the State, a copy of which was published in the July number of this Journal. It will be seen from which, that one of the provisions requires it to possess a realty of ten thousand dollars, which it now has and holds in its corporate capacity.

The bogus establishment of this city has no such charter, and as to realty, or property, it has just as much as that distinguished individual, of whom we read in the good book, when he made such a large tender of land to obtain the worship of the one to whom the promise was made. The "Eclectic College of Medicine," as it is called, does not own one dollar of realty; most of what it has in the shape of property is based on its own promises to pay—its own notes given to itself, and the notes in its own hands. Although organized under a general act, it has not complied with its regulations, for the very reason that it is in all cases made and provided, that the necessary amount upon which a corporation is based should be so placed that it can be reached as property. It is not so in this instance. We know one of its graduates, Mr. McCatty, of Jamaica, West Indies, who at this time, in consequence of there being no mention of any such establishment in the local laws of Ohio, is prohibited from collecting his fees, rendering his profession of little or no use to him. We warned this gentleman of this result, but his bogus friends made him think otherwise, and now he is paying the penalty.

Any five men can at any time start just such a concern in a few days. Many such have been started and soon passed away; and it is reasonable to suppose that things founded in fraud and deception will end in disgrace and oblivion, involving more or less all who have been interested in carrying on the imposition.

We say this much in answer to our correspondent, and if he will read the Eclectic Medical Journal for 1856, he will there see that this thing called a college, first commenced by issuing \$7,000 of fraudulent stock, to steal from the hands of the legitimate owners the property and franchise of the Eclectic Medical Institute. And after the legal owners removed it bodily out of the house, it attempted to run off with the name of the Institute, and by and with its name pretended to graduate several young men who were duped by the belief that it was the college; but alas for them! Judge Ranney came down upon it, made it give up all its fraudulent stock, relinquish all its assumed claims, and then pronounced all its graduates to that time bogus. He also made it give up the name of the Eclectic Medical Institute, which it was using in order, if possible, to gain respectability by being clothed in respectable garments. But, like the character spoken of in *Æsop's Fables*, it could not hide its ears, and it at once became known; and notwithstanding the animal is known by many, and especially by itself, it could not be satisfied unless it could still wear a part of the garments with which it might deceive the stranger, by calling itself the "Eclectic College of Medicine," approximating as nearly as possible to the name of the only regularly incorporated Eclectic Medical College in Cincinnati.

J. N. GREEN, M. D.

This gentleman is permanently located at Evansville, Ind., and is fast gaining the influence his professional acquirements merit. We wish the Dr. much success.

HALLUCINATIONS UNDER THE INFLUENCE OF CHLOROFORM.

"Our readers no doubt remember the case of a dentist in Philadelphia, who was accused and convicted of rape upon a lady under the influence of chloroform, the lady herself being the only witness against him. There were many persons who doubted the reliability of the testimony of a person as to facts occurring while under the influence of chloroform, and it was a subject of much discussion. A very singular case has lately occurred in this city, showing how little such testimony is to be relied upon. It seems that several of our most eminent physicians and surgeons, including Dr. Donne, Dr. S. Richardson, Dr. Cochran, Dr. T. L. Caldwell, Dr. Colescott, Dr. Hardin, Dr. Bayless, and others, met to witness the removal, by Dr. Goldsmith, the distinguished Professor of Surgery in the Kentucky School of Medicine, of a huge cancerous breast from the person of a lady residing in the lower part of the city. While an assistant was administering the chloroform, and before the patient was fully under its influence, she was observed to draw the covering over her breast, which was bared for the operation. Soon after this she sprang up and declared in the most indignant manner, that "she would rather die than be abused in that way." And it was only by the utmost efforts, on the part of Dr. Goldsmith and the lady's husband, that she could be induced to continue the use of the chloroform. After the operation was finished, and the effects of the anæsthetic had passed off, she was asked if she remembered any thing of what had taken place. She answered (her eyes, we are told, flashing with fury), that she did not feel the cutting, but she knew well enough the indecent remarks made, and the insulting liberties taken with her in her helpless state. She said that it was of no use to deny; that she heard and felt all that had been said and done; and it was with difficulty she could be persuaded that her impressions were a hallucination.—*Louisville Journal*.

At the time of the arrest and conviction of Dr. Beale, of Philadelphia, we gave it as our opinion, that the lady, his accuser, was laboring under a hallucination produced by the chloroform. We were more fully convinced of the fact from actual observation of similar hallucinations, so strong, too, that even to this day the per-

sons cannot relieve their minds of the belief that they were badly treated. We said then, and now repeat, that the court and jury which convicted Dr. Beale, knew not what they were doing, and if, in other places, the same class of men could be found, lawsuits would have been numerous. Dr. Beale was soon pardoned by a power which had a just conception of the matter.

ATTEMPTED SUICIDE WITH NITRIC ACID.

A young man named Colling, of Buffalo, attempted to commit suicide, a few days since, by drinking nearly an ounce of the nitric acid of commerce. He expected that it would kill him instantly, instead of which he experienced a terrible burning and excoriating sensation from his lips all the way down to the stomach. In his agony he screamed for help, when thirty raw eggs were given to him, and he soon vomited the acid, the fumes of which were very powerful. His lips, tongue, mouth and stomach, it is said, are completely excoriated.

This acid certainly would produce a dreadful effect upon the stomach. The egg, in this case, appeared to act as a fine antidote.

THE EFFECTS OF PERSECUTION ON A SENSITIVE MIND.

Dr. O. D. Wilcox committed suicide at Elmira, N. Y., on the 16th of July. He had amputated a leg for a man by the name of Hammond, in the town of Chemung, who soon afterward died. Dr. W. was then charged with mal-practice and criminal proceedings instituted against him, and immediately after the Sheriff served the papers on him, it is stated, he took some deadly poison, and died in half an hour.

The epidemic of mal-practice suits has not entirely passed over. Every man who assumes the responsibility of his profes-

sion, and has the nerve to take the responsibility of results in bad cases, such as are given up by others, will in all cases, if he fails, find a few of the other class in the profession, who will, if possible, cause a prosecution in order to bring down the man of ability and professional skill to their own level. We say to every one in the profession, do your duty, regardless of such difficulties, and fear not. We have had a little experience of this kind, and now we can inform the readers of the Journal, that the Doctor who gave us the trouble has been publicly whipped in the streets of Cincinnati four or five times for his contemptible conduct. Thus, in time, every one gets his just merits. The medical man who expects to be elevated by destroying the standing of his superiors, will certainly be disappointed.

J. E. CURTIS, M. D.

We are pleased to learn that Dr. Curtis has located at Milford, Ill. He writes, July 9th, 1858: "I am now at the house of Dr. Tanner, who is one of the great and good men of this part of the State. He has a fine farm, fine stock, and every thing around him to make life desirable. He has worked hard at his profession, and been sufficiently successful in the way of securing the 'material aid,' to enable him to take things easy. This is a lovely country, and I am well pleased with my prospects, having been here only a few days, yet I have had several calls."

We like to hear of the success of all the graduates of the Eclectic Medical Institute.

CAPITAL PUNISHMENT.

Joshua Adwell, of Hart county, Ky., has been sentenced to be hung on the 3d of September next. He is only twenty-five years of age, and, but for his bad associations, it is said, would have been an ornament to society. His brother was

hung a short time ago for a murder in Barren county, of that State.

We are fully of the opinion that the whole system of capital punishment is wrong. It is no protection to society; it does not reform the guilty, by giving him an opportunity of doing better, or atoning in any way for his crime; it does not restore the dead, nor benefit the friends of the deceased; but only legalizes a spirit and act of revenge, which, outside of the law, is punished by death. No power on earth can justify a wrong, and as the taking of life is one of the greatest wrongs, whether committed by an individual or by society, it must, in a moral point of view, be murder alike in both cases.

Upon this subject we know that much may be said on both sides, yet every one must admit that in this case, the hanging, or murder by the law, of the brother of Joshua Adwell, did not prevent him from committing the crime of murder. Let Society adopt other means of punishment.

M. L. BASS, M. D.

Dr. Bass, after graduating in the Eclectic Medical Institute, at the close of the winter session of 1856-7, settled at Portsmouth, Ohio, where he succeeded in doing a fine business; but last fall he determined to go South, and has settled at Pine Bluff, Arkansas, where he is fast gaining the confidence of that community, as will be seen from the following account from the Democrat, published at that place:

A Successful Surgical Operation.—On Saturday evening we witnessed a surgical operation performed by Dr. M. L. Bass of this town. It was the removal of a cancerous tumor of the scirrhus variety, from the right side of the mouth of Mr. Burns of this vicinity. The patient was put under the influence of chloroform so successfully that no pain whatever was produced by the operation. The tumor was about the size of a hen's egg, and has been forming about five years, and has grown very rapidly for a few months past. Mr. Burns is now doing well, and is highly

gratified in getting rid of so troublesome an affection.

Dr. Bass denominates the affection a scirrhus tumor, in the early or occult stage, and we heartily congratulate Mr. Burns in escaping this insidious, and terrible disease. No less do we rejoice in the success of the surgeon in this case. Dr. Bass is fast gaining the confidence of our people, as is evinced by his extensive practice. His sobriety, skill, and urbane deportment render him deserving of the liberal patronage he receives.

Dr. B. is certain to succeed in his profession. He had about one year's experience in our Clinical Institute before he left college.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,

WINTER SESSION of 1857-8.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. F. FREEMAN.

CASE 500. Oct. 27.—Peter Finnity, set. 28. Opacity of the cornea. The opacity of the right cornea corresponds with the size of the pupil; it is thicker than on the left eye, and gives the cornea a prominent appearance. Can distinguish day from night with this eye. The opacity of the left eye is on the inferior border of the cornea, covering only the lower portion of the pupil. Vision is very imperfect. Cause, acute ophthalmia.

He will not visit the Clinic, therefore no treatment was suggested.

CASE 501. Oct. 30.—Mr. Stevens. Enlargement of the internal condyle of the femur. About seven years ago, he injured his limb by stepping into a deep rut in the frozen ground. The limb was twisted at the time. The part was painful for some time, interfering with walking. The inflammation seemed to involve the periosteum and soft parts about the internal condyle, causing a large deposit of lymph, which became indurated, and developed a callous swelling somewhat resembling a

bony enlargement. The affected parts are still quite painful on pressure.

Treatment.—Use the irritating plaster as a local application. \mathcal{R} Comp. syrup stillingia \mathfrak{z} vj, iod. potas. \mathfrak{z} j. M. Take a teaspoonful three times a day. I have frequently used the irritating plaster for the purpose of relieving such induration and enlargement, with excellent results.

Nov. 10.—Improving; less soreness about the inner part of the knee; sore from the irritating plaster discharging. Continue the plaster. \mathcal{R} Comp. syrup stillingia \mathfrak{z} iv, ferri phos. \mathfrak{z} j. M. Take a teaspoonful three times a day. Omit the iod. potas.

CASE 502. Oct. 30.—Henry Pugh. Convergent strabismus of the left eye; congenital.

Operation by Prof. Freeman. Cut the internal rectus muscle. In operating to relieve convergent strabismus, after making a very small incision through the conjunctiva, cut away freely the red cellular tissue, and all such fibres as offer any resistance to the abduction of the eye, restoring its parallelism at once. Do not bind the eye with a thick cloth, but keep a light cold water dressing to it part of the time. At the end of two days take off the dressing entirely. I think one of the causes of so many failures in this operation, is from binding the eye too closely for a number of days after the operation.

Dec. 6.—Parallelism restored. Discharged.

CASE 503. Oct. 30.—Mary Burke. Herpes on the shin. About one year ago, she fell into a cellar, and abraded the skin of the shin. The healing of the wound terminated in a herpetic eruption. The patch of eruptions was about three inches square, florid, pustular and scaly, accompanied with some itching and an ichorous secretion. She has been treated for acrofula. General health good.

Treatment.— \mathcal{R} Creasote \mathfrak{gtt} xx, oxalic acid \mathfrak{z} ss, acetic acid \mathfrak{z} ss, water \mathfrak{z} j. M. Apply locally night and morning. If it cause too much inflammation and pain,

apply a poultice of slippery elm until the pain is relieved.

Dec. 10.—Discharged cured.

CASE 504. Nov. 2.—JOS. W. Mania a potu. Has been drinking bad whiskey for some time past. Has pain in the head and loins; tongue red, fissured and tremulous; conjunctiva injected; voice unsteady; hands tremulous; expression of the face wild; starts at the slightest noise. He fancies some one is trying to pick his pockets, although he is decidedly poverty-stricken; imagines he sees strange-shaped objects in the air; cannot sleep. His bowels are constipated.

Treatment.—R Podophyllin gr. ij, ext. jalap gr. vj. M. Make pills v; take one every three hours until they purge. R Ext. hyosciamus gr. v, ext. valerian gr. x, lupulin gr. x, morphine gr. iv. M. Make pills x; take one every two hours until sleep is produced. Apply a sinapism to the precordia, and cold water to the head. Use the warm pediluvia at night. The narcotic pill above mentioned I have used with great success in procuring sleep in patients affected with mania a potu.

Nov. 5.—Much better. Discharged.

CASE 505. Nov. 10.—Harriet Kelly. Chronic follicular pharyngo-laryngitis. Was at the Clinic last session, when she improved much; since which time she has been smoking a great deal of strong tobacco, and now her fauces, tonsils, uvula, and velum pendulum palati are much inflamed, reddened and painful. The pharyngeal mucus is quite tenacious. There is also a discharge of acrid mucus both from the posterior and anterior nares. Some hoarseness.

Treatment.—Apply to the tonsils and inflamed parts, with a probang, a solution—R Argent nit. 3j, water 3j. M.—once in two days. Use as a gargle frequently—R Pulv. hydrastis canadensis 3j, water 3vj. M. A gargle of hydrastis canadensis prepared as above, answers an excellent purpose in correcting a chronic inflammation of the fauces and pharynx.

Nov. 17.—Throat improved; less in-

flammation; slight sensation of constriction of the lungs; eyes slightly reddened from continuous sympathy with the throat. Continue the gargle. R Tinc. xanthox. frax. 3ss, ferri phos. 3ij, pulv. hydrastis can. 3ij, syrup simplex 3j, water 3iij. M. Take a teaspoonful three times a day, to invigorate the patient. R Acetas plumbi, zinc sulph. aa gr. ij, water 3iv. M. Apply as a moist dressing to the eyes at night.

Dec. 20.—Has been improving slowly. Continues to smoke tobacco, which keeps her throat irritated slightly. The heated smoke of tobacco, loaded with the volatile particles of the oil, is very injurious to the fauces and pharynx, and is, in the sensitive throat of a feeble person of a sanguine-bilious or sanguine-encephalic temperament, a common and serious cause of disease. Many cases of follicular disease of the throat, accompanied with dryness or tenacious secretion, or excavation of the posterior nares, can be traced to smoking tobacco. Heated tobacco smoke irritates and poisons the parts; it also prostrates their nervous vigor, producing a sensation of feebleness and debility in the throat and lungs.

F.

CASE 506. Nov. 10.—Pat Murphy, æt. 36. Incised wound of the finger. Five weeks ago he cut his finger with an ax, the incision passing through the third phalanx of the index finger. There is some crepitation, as though the bone was slightly comminuted; scarcely any pain. The wound looks red and irritated, and disinclined to heal. There are two small apertures leading to the bone, through which some pus discharges.

Treatment.—R Sesqui-carb. potass. 3j, water 3iv. M. Inject into the opening once per day. Apply a dressing of mild zinc ointment.

Nov. 13.—Scarcely any pain; less discharge from the aperture; seems improving. He suggests amputation of the phalanx, but we desire to avoid it. Continue the treatment.

Nov. 17.—Improving; cannot detect the crepitus. Continue the treatment.

Dec. 2.—Union of the fragments has taken place; no crepitus; wound healed.

Dec. 18.—Discharged cured.

CASE 507. Nov. 10.—Catherine McClear, æt. 5 months. Herpes of the scalp. Five weeks ago an itching sensation commenced upon the top of the head, followed by an eruption of small pustules, which covered the bregmatic portion of the scalp. The secretion was of an ichorous character, and matted the small hairs together until it formed a scab covering the whole eruptive surface. The small sores seemed to run together. General health is not good, and she has some gastric irritation, accompanied with vomiting.

Treatment.—R Oxalic acid gr. xx, water ʒij. M. Apply to the sore with a camel's hair pencil at night. R Mild zinc ointment ʒss, glycerine ʒij. M. Apply as an ointment every morning. R Neut. cordial ʒij; give half a teaspoonful three times a day.

Nov. 13.—Improving; less itching; has commenced clearing off. Dilute the preparation of oxalic acid by adding an equal part of water. Continue the treatment as amended.

Nov. 25.—Nearly well, although it itches somewhat. Continue the ointment, but omit the solution of oxalic acid.

Jan. 5.—Small eruptions have appeared upon the scalp at different places, which itch intolerably; friction seems to relieve it readily. Omit the ointment and apply R Cresote gtt. xx, oxalic acid gr. xx, acetic acid ʒss, aqua bul. ʒij. M, morning and evening. Continue the neut. cordial.

Jan. 20.—Discharged cured.

CASE 508. Nov. 13.—Silas L., æt. 24. Syphilis. He contracted the disease about one month ago. There is a simple chancre about three lines in diameter, upon the frænum preputii. The prepuce is much swollen and cannot be drawn back of the glans; there is not perfect phymosis. Has incipient bubo in the right groin.

Treatment.—R Tinc. ferri mur., water, aa ʒss. M. Apply to the chancre morning and evening; half an hour after the

application, use the mild zinc ointment. R Comp. syrup stillingia ʒiv, tinc. phytolacca decandra, ʒj, iod. potass. ʒij. M. Take a teaspoonful four times a day. Use friction with the hand to the inguinal glands.

Dec. 11.—The chancre is entirely healed; inguinal glands are slightly enlarged, tho' not as sensitive nor as hard as before. Continue the treatment.

March 5.—The chancre has reappeared. He has neglected to follow the course prescribed, and has had no treatment since he was here the last time. Do not know whether the chancre is the reappearance of the old one, or caused by recent contact with virus. Continue the course before prescribed; also apply a cataplasm of pulv. elm to the penis, and continue it until the part is cured.

May 10.—Discharged cured.

NEW PUBLICATIONS.

THE AMERICAN ECLECTIC MATERIA MEDICA AND THERAPEUTICS. By PROF. L. E. JONES, M. D., and J. M. SCUDDER, M. D.

We take great pleasure in announcing that the first part of this work (Therapeutics), is now being published, and will be out by the middle of September; and the second part will be issued as soon as practicable. Owing to the solicitations of many members of the profession, and for the benefit of the winter class of the E. M. Institute, the authors have concluded to issue the first edition of the work in two volumes, the first of which, now in course of publication, will consist of a full and practical treatise on General and Special Therapeutics.

Under the head of General Therapeutics, will be found the definition of terms; a careful description of the three principal methods of cure—Antipathia, Homœopathia, and Allopathia; of the Brunonian Theory; of the Doctrine of Contrastimulus; of the Chrono-Thermal System of Medicine; of Hydropathy; of the Province of

the Physician; a short treatise on the Pathology of Disease; on the means by which nature removes disease when unaided by medicine; the mode in which agents act upon the system; parts to which medicines are applied; and the art of prescribing medicines.

Under the head of Special Therapeutics, will be found a classification of medicines, and a careful and accurate description of the action and therapeutic uses of Emetics, Cathartics, Diaphoretics, Diuretics, Sedatives, Narcotics, Anæsthetics, Stimulants, Tonics, Alteratives, Revulsives, Astringents, Expectorants, Emmenagogues, Purgatives, Abortives, Antispasmodics, Antiseptics, Refrigerants, Anthelmintics, Antacids, Antilithics, Demulcents, Emollients, and Antidotes.

Each of these classes is considered in reference to the treatment of disease, its indication or contra-indication in particular forms of disease being specially noticed.

As a work on practical medicine, we do not think it has a superior, if indeed an equal, everything contained in it having a direct reference to the treatment of disease. It is true the principles only are given upon which the practice of medicine is founded, but a thorough knowledge of them is of the first importance, in order to make successful physicians. In the instruction of the student in the office of the physician, he should be required to master general and special therapeutics, before he studies the action of special agents of the *Materia Medica*.

The first volume will form a book of about 300 octavo pages, bound in sheep, and will be sent by mail, free of postage, for \$2, to all ordering it. The second volume will contain from 700 to 900 pages, and will be afforded at the price of \$3. The two will be so arranged that those who have purchased the first, will receive the two at the same price (\$5.) as when both parts are bound in a single volume.

Orders for the first volume may be directed to Prof. Jones and Scudder, Cincinnati, Ohio.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. CARNOCHAN, Professor of Surgery in the New York Medical College, etc.

This work is to be published in a series of numbers, which will be issued quarterly. Each number, of quarto size, will contain thirty to sixty pages of letter-press, printed on the best paper, with illustrations of the cases drawn from nature. We copy the following list of the articles embraced in the work, from the prospectus, and will add that the first number has been received, which is indeed a most beautiful work, and more than fulfills all that has been promised.

No. 1.—Case of Amputation of the entire Lower Jaw. Remarks on Amputation of the Lower Jaw. Elephantiasis Arabum successfully treated by Ligature of the Femoral Artery, with Cases.

No. 2.—Case of Exsection of the entire Ulna. Remarks on Neuralgia, with three Cases successfully treated by Exsection of the second branch of the fifth pair of Nerves, beyond the ganglion of Meckel.

No. 3.—Case of Restoration of the entire Upper Lip. Remarks on the Pathology of Congenital Dislocations of the Hip Joint, with illustrations.

No. 4.—Case of Exsection of the entire Radius. Case of Exsection of the three lower fourths of the same bone. Remarks on Osteo-aneurism, with a case.

No. 5.—Case of Amputation at the Shoulder Joint, for the removal of a large Osteo-fibro-cancerous Tumor of the Humerus, with remarks on Amputation at this Joint. Case of penetrating Gun-shot Wound of the Heart.

No. 6.—Case of Double Congenital Dislocation of the Hip Joint. Remarks on Double Capital Operations, with cases. Remarks on the comparative merits of the Partial Amputations of the Foot. Remarks on Amputations through the Ankle Joint.

No. 7.—Successful removal of a large Fibro-cartilaginous Tumor, growing from the sixth and seventh Ribs, over the region of the Heart. Remarks on the Treatment of Varicose Veins of the Lower Extremities, with Cases. Remarks on the Creation of an Artificial Joint upon the Lower Jaw, in a case of complete Anchylosis at the Temporo-maxillary Articulation of One Side.

No. 8.—Remarks on the Operation of Double Complicated Hare Lip, with Cases.

Remarks on the Etiology of Congenital Dislocations of the Hip Joint. Remarks on the Removal of the First Dressings after Capital Amputations.

No. 9.—Case of Encysted Sanguineous Tumor of the Neck successfully removed, with remarks on such Formations. Remarks on the Purulent Ophthalmia of large and crowded Institutions. Case of Vesico-vaginal Fistula and Stricture of the Vagina, with Formation of Two large Urinary Calculi in the Vagina, behind the Stricture—spontaneous cure of the Fistula.

No. 10.—Two Cases of Amputation at the Hip Joint. Remarks on the Anatomy of Femoral Hernia. Case of Epilepsy treated by Tracheotomy, and wearing of a tracheal Tube, with Remarks. Remarks on the Restoration of the Entire Lower Lip, with Cases. Cases of Amaurosis treated with the Pommade de Gondret on the Sinciput.

Terms of Subscription: Each number, 75 cents, to be paid for on delivery. Lindsay & Blackiston, Publishers, Philadelphia.

APPLEGATE & Co.'s BOOK LIST.

A catalogue of books, blank books and stationery, and every thing pertaining to the publishing business, etc., Cincinnati. It is useful to all book dealers.

AN ESSAY ON THE PRACTICE OF MEDICINE. BY JAMES W. PRICE, M.D., Washington, Ga. 16 pages, with cover.

This publication has been received, and it shows that the author is well acquainted with the subject upon which he writes.

THE ECLECTIC MEDICAL WORKS OF WOOSTER BEACH, M. D., Member of the Medical Society of the City of New York, Ex-Professor of Clinical Practice in the Eclectic Medical Institute of Cincinnati, and Corresponding Member of the Royal College of Physicians and Surgeons of Berlin, Prussia, etc.

We copy from the Eclectic Medical Journal of Philadelphia, the following list of the works of Dr. Beach:

1. *The American Practice*. 3d edition. Just published in three large vols. Splendidly colored plates, executed in London. Price \$20.

2. The same, with numerous wood engravings; only \$10.

3. *Theory and Practice of Medicine*, on Reformed or Eclectic Principles. Wood engravings. Complete in one volume. \$3.50.

4. *Principles and Practice of Surgery*, on Reformed or Eclectic principles. Wood engravings. Complete in one volume. \$3.50.

5. *Medical Botany, Materia Medica and Pharmacy*; containing the properties, preparations, doses and uses of all the indigenous plants in the United States, as well as foreign; to which is added a valuable synopsis. Complete in one volume. \$3.50.

6. *Treatise on Midwifery*, adapted to the Reformed Practice. Illustrated with colored plates. \$6.

N. B.—He states that when in London he employed the best artist there to remodel and re-design the old plates in this work, with the addition of one-third the number more; since which he has commenced engraving them. When completed, a new edition with these plates will be published, and we are confident it will be excelled by no other work on the subject.

7. *Physiology*. With colored plates. Price \$3.

8. *Medical and Botanical Dictionary*. Price \$1.50.

9. *Family Physician*; being a synopsis of the Reformed Practice designed for domestic use. This work has been so long before the public that it is unnecessary to write of it in detail. We will merely add, it has passed through about twenty editions, and 40,000 copies have already been sold or published. Intelligence from all parts of the country proves that it has given universal satisfaction. Price \$3.50.

In addition to the above, the author has in course of preparation the following, which he expects to publish at an early date:

Medical Flora. Containing a series of colored engravings of medical plants, both indigenous and foreign, to which is added a valuable Synopsis, giving the name, class, locality, properties, doses, and uses. Price \$5.

Anatomical Atlas. I have prepared the copy of a series of Anatomical Plates on Anatomy and Physiology, which I have had in contemplation for a number of years. This work will illustrate every part of the human system in a most beautiful and impressive manner, and will supersede more costly works. Price \$10 or \$15.

Pathological Atlas. This work embraces a series of Pathological Plates, from the brain to the extremities, colored true to nature, with explanations. Price \$10. Much better than the Russian work, which now sells for \$130.

Obstetrical Atlas; being a series of engravings, about seventy in number, illustrating Midwifery, and the origin and development of human, animal and vegetable life. Colored true to nature, with explanations. Bound. Price \$6.

The Author's Visit to the Medical, Scientific, and Humane Institutions of Europe. Price 25 cents.

Biographical Sketch of the Author, including a History of Medical Reform. Price 50 cents.

Medical Reformer. This work is an expose of the fallacies of the Faculty, and is well calculated to enlighten the public in Medical Reform, and to prepare the way for the introduction of our system of practice. Price \$12 per hundred.

Eclectic Dispensatory. This work is greatly needed, there being no other one, adapted to our practice, reliable. This will be to the New School what the U. S. Dispensatory is to the Old School. Price \$3.

EXCHANGES.

The MAINE MEDICAL AND SURGICAL REPORTER, conducted by W. R. Richardson, M. D., & R. W. Cummings, M. D., and published monthly at Portland, Me., by Sanborn and Carter, at \$3 per annum, pp. 48. This is a new candidate for professional favor; it is edited with much ability, and its contents generally are of a practical character.

The SAVANNAH JOURNAL OF MEDICINE, conducted by J. S. Sullivan, M. D., Juriah Harriss, M. D., and R. D. Arnold, M. D., is published bi-monthly at Savannah, Ga., by G. N. Nichols, pp. 78, at \$2 per annum.

This is the organ of the Savannah Medical College, and is highly practical and progressive in its character; its editorials are able and dignified in their tone. The following extract from an editorial may suffice to show its status:

There are few practitioners of Medicine who have not observed one or more cases of interest, and well worthy of record. It is not only the privilege of professional men to bring such cases to the notice of the medical public, but their duty. He who observes disease, epidemic or sporadic, and pockets the results of his experience, is in effect robbing the profession to the extent of his personal observation. Science does not belong to an individual; but is common property. It would be stripped of its utility, should its knowledge or its benefits be confined to a few. Science is world-wide; and the ultimate aim of Medical Science is to shower blessings upon entire humanity. We throw our pages open to the profession, and solicit its aid in the advancement of science, and the accumulation of facts derived from observation and experience. An isolated fact, it is true, is valueless to the medical philosopher, but to him multiplied facts are invaluable, as they are the only data from which he is enabled to establish philosophical principles and deduce practical results. * * * We offer them a channel through which they may give their experience, and the opinions formed from such experience. It is in advocacy of professional honor, and an elevated standard of professional education.

The ECLECTIC MEDICAL JOURNAL OF PHILADELPHIA, edited by Prof. W. Paine, M. D., and M. Calkins, M. D., is a monthly of 48 pages. It is with pleasure that we again call the attention of our readers to it; it is a model Journal. We rejoice that it is onward and upward in its progress, and hope it will be as remunerative to its proprietor as it is to its readers. It is published by Dr. Paine, at 221 North Fifth street, Philadelphia, Pa.

JOURNAL OF MATERIA MEDICA, conducted and published by Tilden & Co., at New Lebanon, Columbia co., New York, at 25c. per annum, contains many valuable thoughts and suggestions on the preparation and uses of the fluid extracts prepared by them from plants and roots indigenous to our climate.

HALL'S JOURNAL OF HEALTH.—This invaluable Journal ought to be in every family in the land. One dollar per annum.

expended for this little luminary, may save a large amount of suffering, and the pocket from depletion. Address W. W. Hall, M. D., 42 Irving place, New York; enclose a dollar, and receive in return that which will repay you an hundred fold.

THE PACIFIC MEDICAL AND SURGICAL JOURNAL.—Edited and published monthly by John B. Trask, M. D., and David Wooster, M. D., at San Francisco California, at \$5 per annum. It invariably contains a variety of useful and able articles, which evince considerable industry and liberality on the part of its conductors.

THE SCIENTIFIC ARTISAN, published weekly at Cincinnati, Ohio, by the American Patent Company. This paper is devoted to the advocacy and promulgation of all information which is more particularly of a scientific character. It contains notices of the latest inventions and improvements, and a weekly list of all patents issued, together with the claims thereon. Our subscribers will receive a copy of this paper, which they can examine for themselves. \$2 per annum.

THE SCIENTIFIC AMERICAN: The advocate of industry, and Journal of scientific, mechanical, and other improvements, published weekly by Munn & Co., at 128 Fulton street, New York, at \$2 per annum. This old and well established journal continues to be the advocate of scientific research and mechanical improvements, and will repay its readers for the time they spend in its perusal.

EMERSON'S MAGAZINE & PUTNAM'S MONTHLY

This work is regularly received, and is every way worthy the patronage of American readers. \$3 per annum.

THE DRUGGIST'S CIRCULAR. Published monthly in New York, at \$1 per year.

This work has recently changed hands, and is now edited and published by L. V. Newton, M. D. We say, let every medical man in the country take it.

WESTWARD HO!

The New York Tribune says that under the inspiration of modern spiritualism, a new movement has been set on foot in that city, having for its purpose the colonization of the numerous bodies of spiritualists, socialists, and free lovers, on some of the islands in the South Pacific Ocean. They can be spared.

We could spare a few from this part of the country. If all were taken, it would relieve our lunatic asylums of many of their inmates.

DEATH OF DR. ROBINSON.

We have learned of the death of Dr. L. G. Robinson, of Detroit, who was one of the editors of the Medical Independent, and afterwards of the consolidated Journal. Dr. Robinson was well known in the editorial world as an able and polished writer, and his death will be much lamented.

CHANGES.

Prof. J. B. Flint, who succeeded Prof. Gross in the chair of Surgery, in the University of Louisville, has resigned, and Prof. Palmer has been transferred to that chair. Prof. Miller, the Professor of Obstetrics, has resigned.

The new medical school at Nashville will soon go into operation. Dr. May, of Washington, is to be the Professor of Surgery.

ECLECTIC MEDICAL COLLEGE OF PENNSYLVANIA.

The lectures in this institution for the session of 1857-8 having terminated, the Commencement exercises took place on the 24th of April, at the college building, in Philadelphia. The whole number of matriculants for the year was 108; graduates 28. The college is in a flourishing condition.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

SEPTEMBER, 1858.

NUMBER 9.

Part 1--Original Communications.

MERCURIALS.—No. 9.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

9TH. AN EFFORT TO SALIVATE NECESSARILY CAUSES A LOSS OF IMPORTANT TIME, AND EXCLUDES OTHER MEANS. THE ATTEMPT IS RADICALLY WRONG—BEING BASED ON A FALSE THEORY.

It must be obvious to every reflecting mind, that the time consumed in a fruitless attempt to salivate is often of the highest importance to the safety of the patient. Time, indeed, may be said to be the chief element of success, in many instances, and of the very essence of a successful effort to cure. If this position be true, then indeed is time lost to that class of fever patients, whose systems are unsuceptible to the action of mercury; it is lost to those who die after salivation, whether from the primary fever, or from the secondary or mercurial disorder (for this is as much a disease as the original, and one which often proves far more intractable than the one which it is given to remove), for in either case the use of mercury has prevented the employment of other means; important time is lost in an attempt to salivate infants under a certain age, and certainly

much important time is lost in the milder cases, and in all that would recover without the use of mercury, for the sufferings of the patient are protracted by a longer continuance of the fever, and by the present effect and subsequent entailment of the new or artificial disease. In either view of the case, the induction of ptyalism, or the effort to induce it, is a fundamental error. It does not accord with any judicious and rational therapeutic law, while, at the same time, it excludes other means and prevents other efforts being made to cure.

Mercury, then, in its action, is not only positively injurious in its effects upon patients laboring under fever, but it is injurious as a negative agent, as its exhibition consumes important time, and prevents a resort to other and better means of cure. The flow of saliva, the fetid breath, the inflamed mouth, the ulcerated gums and throat, and the gangrene and sloughing, are but the too frequent concomitants of its use in the milder forms of fever, while effects equally prejudicial to life and health attend its use in those of a more concentrated form. I have witnessed many cases of both kinds. In many instances speech is affected in consequence of the destruction of the soft palate and adjacent soft parts, and by the cicatrization and contraction of the lateral half-arches of the mouth. In other cases the teeth fall out, and the alveolar processes become exposed by the terrible sloughing of the cheeks and other soft parts. In addition to this

mutilation and suffering which often follow the use of mercury, the constitution is ruined; it is rendered so susceptible to atmospheric vicissitudes, that it is almost equal to a barometer in indicating the changes of weather.

It must be borne in mind, that we can not salivate in high or malignant fever, infants under a certain age, and patients endowed with a certain idiosyncrasy or peculiarity of constitution. Then, of course, it would be time lost, in all such cases, to attempt to salivate; for the effort would necessarily preclude the resort to other and better means of cure, while it would afford no prospect of relief itself. Not only are other and safer means excluded, in all those cases which die after salivation is effected, but important time for action is lost. That practice which consumes time and exhausts the sands of life in a vain effort to produce a barbarous result, as a substitute for an existing disease, with the fallacious view of suspending such existing disease, instead of making a direct attack upon it, is not based upon sound therapeutic laws. Such a doctrine is fraught with great evil, as it presupposes the false idea that this course is not only the best, but the only safe and reliable means of cure. This is mere assertion, for how does the physician who adopts it know that other means would not arrest the primary disease, before he can expect to produce salivation in any case, and especially in those cases in which it is found by experience generally to be impossible to cause it? In thousands of instances death has occurred from this loss of time, and the exclusion of other means. If patients die after salivation, it is proof positive that it is not a specific, while it affords no proof that other and very simple means would not have readily cured the same cases.

But these are not the only instances in which time is lost, and milder, safer, and better remedies excluded. It is a slow and uncertain cathartic, as has been already shown, giving the fever time to accumulate in force, while the vital powers, in the mean time, are sinking. Here, then, time

is lost when mercury is given merely as a cathartic; but when the physician gives it with an especial view to its constitutional effects upon the system, much more time is lost, for they are rarely observed before the third day, but seldom before the fifth or seventh, and often not until a later period. Then if the curative impression sought to be attained cannot be secured until this late day in the progress of the disease, who will say that important time is not lost? After the first development of the fever, it is evident that every day it progresses unchecked, it acquires more force, while the vital powers sink in the same ratio. The physician who awaits salivation to check the fever, relies upon a slow and very uncertain mode of medication, when compared with the means advocated and employed for the same purpose by the Eclectic physician. The time which elapses before pytalism can be produced allows the disease time to gain force, to become thoroughly engrafted upon the system, to disturb the functions of the nervous and vascular systems, and to develop fixed and probably fatal disorder on one or more of the vital organs. Thus it will be seen that during the time consumed in an attempt to salivate, both the primary or general disease, as well as many fixed local affections, are making their ravages upon the system, and laying waste the vital powers.

If no better means of cure were known than salivation, or futile efforts to salivate, it might not be discarded, however unsatisfactory the results; but many other and far more successful means are well known. In thousands of cases, by means of a simple emetic, followed by a purgative dose of the extract of butternut or mandrake, accompanied with free sweating and frequent ablutions, fevers of an aggravated type have been arrested in a single day, while in precisely similar cases the mercurial treatment has not effected the same result in less than a week, and in a great majority of cases, a still longer time has been required. And even then, should the mercurial remedy succeed in breaking

up the original fever, or should the efforts of nature effect this, the sufferings of the patient are not yet ended: an inflamed mouth, mercurial setor, with many distressing concomitants, are superadded, which may finally prevent a cure, or render convalescence exceedingly protracted. While the arrest is prompt and convalescence speedy, in one case, the arrest is slow and doubtful in the other, and convalescence tedious, and in numerous cases the cure never perfect. So speedy have been the cures in numerous instances, when simple medication alone has been employed, that mercurialists have declared that nothing was the matter, while they would convert a like case into one of great severity and danger, and render its duration protracted and distressing, and final recovery exceedingly doubtful. I have witnessed a very large number of examples of each kind. Many of the patients of the first class were my own, or those of my partners in practice, or the patients of other Eclectic physicians; while those that were mercurialized were treated by regular Allopathic practitioners *secundum artem*.

I will again introduce the language of Prof. Cross in proof of what I have here stated.

"The time required to impregnate the system, is a very serious, not to say insuperable objection to the constitutional action of mercury. This is very rarely accomplished in three days, and seldom before from the fifth to the seventh day."

He further remarks that "though it (mercury) may exhibit no violence at first, it may soon show it, and time may be expended in the employment of a remedy which can not succeed, and when once lost may, and often does, constitute the cause of a fatal termination."

Such I affirm to be the case. Time once lost can never be regained, and this maxim applies with peculiar force to the time lost in a well directed effort to break up febrile complaints in their incipient stages. The longer they continue unabated in their violence, the greater must be their intensity;

the longer their duration, the greater must be the functional derangement and fixed organic disease in the system; for the existence of febrile action necessarily begets local affections, as phrenitis, gastritis, enteritis, hepatitis, &c., &c. As time is an important element in the cure of fever, and as the early stage is the time to readily check it, it is the dictate of wisdom, science and sound therapeutics, to employ such means as will prevent it from passing into a more intractable form. Successful and competent treatment will arrest it in its primary or simple form, and such is, and should be, the true object of medication.

It seems to me that no unbiased mind can fail to arrive at the conclusions here expressed, relative to the loss of time, the progress and increased intensity of the fever, arising from the use of slow and inefficient means to check it, and lastly, relative to the selection of such means to the utter exclusion of those which are found by experience to be far more speedy, efficient, safe and reliable.

10TH. MERCURIALS LODGE IN THE SYSTEM— UNDERGO FREQUENT CHANGES—ARE IRRITANT POISONS IN EVERY FORM.

Another objection which we urge against the use of mercurials, and one which we conceive to be of great force, is their tendency to accumulate in the system, and subsequently, and under a variety of circumstances, manifest their presence in a series of symptoms always distressing and not unfrequently alarming, and often of a dangerous character. I think my objection, in this particular, valid and well taken. No experienced medical man will deny this prominent characteristic of their action, while none acquainted with the evils which they entail, can fail to dread and fear them. Did mercury act without causing irritation or erosion of any part, or did it act simply as a cathartic, and as vegetable agents do, and did its effects here cease, the causes of complaint against it would be comparatively few and based upon a more questionable foundation; but unfortunately such is not the case. It

remains lodged in the system for weeks, months, years, and even for a lifetime, possessed of all its original virulence. It seems, indeed, that time often lends to its action additional force and increased virulence, and the pains, ravages and woes, which it inflicts, are lamentable evidences of its accumulative, protracted, and dangerous characteristics as a medicine.

We do not deny the potency of many vegetable agents as poisons. We know many of them to be more speedy in their effects than mineral poisons. They act quickly, and if the quantity given be sufficiently large, destroy life at once, or undergo a process of elaboration in the system, like other vegetable matter, and are then cast off by the various emunctories of the system. They act at once—destroy life or escape from the system. A part may be assimilated to the organs of our bodies, like other vegetable substances, while the remainder is necessarily quickly eliminated from the system.

It is not so with most minerals, and especially with mercury. Though it may undergo frequent changes in the system, yet it still retains its mineral character. It may lose one of its constituent elements or acquire another, but still its character as a mineral agent is unchanged. The chemico-vital powers with which the human system is endowed, are incapable of destroying its metallic properties. In some instances, it acquires new properties, and increased powers as a poison, by meeting with new elements in the system, for which it has an affinity. In this way its chemical relations are changed, and it is rendered far more irritating and corrosive than it was in the form in which it was taken. In other instances, the changes which occur, render it far less poisonous than it was in the form in which it was given, though, in no instance, does any change to which it is subject, render it innoxious or harmless. In these latter states, it may remain in the system for life, subjecting the individual to great inconvenience and intolerable suffering, from time to time, as exciting causes, such as expo-

sure to wet and cold, atmospheric vicissitudes, the approach of storms, &c., may act upon the system, developing thereby the irritating and pernicious effects of the cumulative poisonous drug upon the system. The mercurial subject, whose system has been thoroughly saturated with that enduring poison, will bear willing testimony to the truth of the assertions here recorded. I could give, if demanded, a very large number of instances, to prove beyond all doubt the accumulative tendency of mercury in the system. There are no physicians of any considerable experience, in the South and West, who have not met with examples of this kind. I will give a few instances in confirmation of the position taken, although it may be superfluous to name particular cases.

A lady, whose system had been thoroughly saturated with mercury, some fourteen years before, for the purpose of arresting a simple fever, experienced at intervals, from that time down to the period at which I became acquainted with her case, a metallic taste in her mouth; bad soreness of the gums; a flow of saliva with pains in her limbs, &c., &c., whenever she put her hands into cold water, washed, or exposed herself to wet or cold. Her sufferings were very severe a short time before each and every approaching storm. She had taken no mercury after the attack of fever, some fourteen years before.

At the time named, the mercury had so deranged the functions of the system, that she was compelled to take medicine with a view to eradicate it. She had recourse to the Eclectic practice. After taking a few doses of the compound powder of senna, with the addition of a small portion of mandrake the use of Beach's alterative syrup, compound bitters, &c., assisted by the frequent use of the alkaline bath, she became profusely salivated, although she had taken no mercury for the fourteen years specified. In another instance, and by a similar course of medication, the patient was salivated, although he had taken not a particle of mercury for three years.

Previous to the time I prescribed for him, he had taken large quantities for an hepatic disorder. The May-apple and cream of tartar were added to the purge, named in the latter case. The same syrup and bitters, with alkaline ablutions, caused free salivation in four or five days. In this case we were charged by Allopathic physicians with giving mercury, although not a single grain was used.

I will here close the consideration of the questions, as to the lodgment of mercury in the system, the changes which it undergoes, and its action as an irritative poison upon the system, in every form, and resume the discussion of the same question, (10th proposition) at the point where I now part with it, in my next article.

BY WHOM ARE THE PEOPLE HUMBUGGED?

A POPULAR LECTURE.

BY L. O. DOLLY, M. D.

It is desirable for every member of a community to form rational and positive convictions respecting those kinds of knowledge which relate to his contingent as well as every day duties and wants. Uncertainty is a painful condition of mind. Feverish anxiety and weakness always result from vacillation and doubt. How difficult it is to exercise decision in conduct or perseverance in action, without we possess positive and unshaken convictions. Though such, from our present imperfect social and intellectual state, may often be narrow and erroneous, they are preferable to the palsied weakness resulting from vacuity of idea, and unsettled opinions.

But our opinions may be formed, and not hermetically sealed. Those who can not admit new ideas—those who can not listen to argument, and recognize new facts and developments of truth, are quite as much to be pitied as those who have no faith and no foundation for one. Individuals are found whose contracted circle

of ideas is to them the extent of God's universe. In the dogmatic pertinacity of their opinions, they exhibit what Carlyle calls "the completeness of limited men." Others are found possessing higher endowments, expanded and expanding minds, capable of admitting new ideas and developments of science. Such may be called the granaries of knowledge, and the living forces which advance civilization and social happiness.

In the diversified, and to some extent contradictory methods of treating our physical ills and infirmities, we find ample scope, and it would seem the most urgent demands for the exercise of fearless and thorough examination on the part of every individual. Almost any where else but in matters pertaining to our health and the length of our lives, should we prefer to see indecision on the one hand, or blindfolded bigotry on the other. In other concerns in life, which have only dollar-and-cent value, early and intelligent decision is universal. The extra and imperative wants of winter we provide for in summer; our dwellings and houses are insured before the destructive flames have kindled within. But how many are seized and suddenly made powerless by disease, which threatens, unless most skillfully combated, to separate them from earthly possessions and associations, and they are undecided whether to commit the care of their cases to a disciple of Homœopathy, Allopathy, some of the other numerous systems, or to the vaunted remedy of some nostrum monger, or self-styled Indian doctor. When stricken with disease it is quite too late to enter into the merits and demerits of this or that system, of Dr. A. or Dr. B. The mind is then in no favorable condition for reasoning upon such matters, and if it were, time, in such emergencies, is too precious to admit of delay. How true is the language of Johnson: "When the springs of motion are yet elastic—when the heart bounds with vigor, and the eye sparkles with spirit, it is with difficulty that we are taught to conceive the imbecility that every hour is bringing upon us, or to imagine

that the nerves which are now braced with so much activity, will lose all their power under the grip of disease, relax with numbness, and totter with debility." With what eagerness will our filthy-lucre-loving people listen to any suggestions or advice, by which they can increase three or four per cent. the profits on money they have to invest. Will they not also seek information on matters which relate to interests dearer to them than houses and lands, and which may add many years of enjoyment to their lives? Having devoted my life to the interests of public health, you will not wonder that I confess a strong affection to whatever relates to those interests. Human suffering ever commands my deepest sympathies, and yours I hope none the less. You will not fail to consider the subject which I propose to investigate fully commensurate with the attention and the time I shall devote to it.

Let me inform you that a pestilence is now prevailing in your community. Be not startled at my assertion: it is no fiction. Are you ignorant of the fact that, notwithstanding the medical light which is abroad, the strong and the lovely, the rich and the poor, are constantly falling victims to this destroyer? It is estimated that two-thirds of those who die are hurried by it to that country "from whose bourne" there is no returning. This dire pestilence is not confined to your community; it pervades our whole country. No neighborhood, no community, is exempt from it. Some places may be suffering from it more than others, but its fatality is coextensive with its prevalence. Nor is it confined to our own country; all nations, all lands, suffer from this pestilential blight: nothing is more truly cosmopolitan. And perhaps what is more grievous still, it is not a new and modern epidemic; we have accounts of it in early Grecian and Roman history. Although its type has at various times been modified, and many of its symptoms and manifestations have been different, yet its ravages have extended through all ages. Unlike many epidemics which sweep over communities and coun-

tries, this finds in knowledge and discretion, insurmountable barriers. Those are found here and there, whose superior wisdom and experience are to them individually, an effectual quarantine. They are neither intimidated nor harmed by that which preys upon so many about them. If it is, then, amenable to knowledge and science, how important that it be every where discussed. Have you a name for this wide-spread pestilence? Its common and vulgar names are medical delusion, medical imposition, medical swindling, quackery, &c.

Medicine is a science, a profound, a noble science. Ever since such a science has been known, true and earnest cultivators of the same have been found—men who have realized the sacredness and importance of their calling, and have faithfully devoted themselves to its interests. Their patient investigation of man's wonderful bodily fabric, of the habits and influences necessary for the preservation of health, and for the prevention, removal, and mitigation of disease, has characterized the true physician in all ages. The *true physician*, with a knowledge of the trials and difficulties he must encounter, has, from love to his neighbor and sympathy for the afflicted, sacrificed much that ease, ambition and pride would lead him to covet. However few and scarce such men may have been, they have ever been controlled by the same regard for scientific truth, the same honest, generous and noble impulses.

And what has been accomplished by the labor of these men? Have not the plagues and epidemics which, centuries ago, almost depopulated nations, been to a great extent arrested by modern sanitary and hygienic regulations? Who of you, or even of your grandparents, have been terrified by the spread of such a disease as made its appearance in 1365? In Florence, 60,000 died with it in one year; at Paris it cut off 50,000; at Lubec, 90,000 in one year, of whom 1,500 died in the space of four hours. In London, 50,000 are said to have been buried from it in one

churchyard; and throughout England, it hardly left one person in ten alive; crops and cattle were neglected, and whole villages depopulated. Before it invaded Christendom, according to a report made by the Pope, it had swept away 23,800,000 persons in the East in a single year. Or what disease, in our day, will compare in fatality with that which depopulated some of the fairest portions of the world during the reign of Justinian? Procopius says this ravaged the whole world, without regard to age, sex or condition; and Gibbon says that during three months, five, and at length ten thousand persons died each day at Constantinople. Many cities of the East were left vacant, and in several sections of Italy, the harvest and vintage withered to the ground. Have not the epidemics of our own day, like small-pox and cholera, been stripped in a great measure of their former terrifying and desolating character? Do not accurate statistics prove that human life has been prolonged more than twenty per cent. during the last century? Has not the average duration of treatment of diseases of various kinds diminished during the same period more than one-third? Reports of the Parisian hospitals show that where formerly fourteen patients died in each hundred admitted, now only eight die—a saving of 500 human lives more than formerly, out of each 80,000 treated. Dr. Merriman, of London, states that in one class of cases under treatment, one patient in every 44 died, in 1680; fifty years later one in every 70 cases was fatal; in another fifty years, one in 82; in 40 years more, one in 107. The average duration of treatment at the beginning of this century was thirty-nine days; now it is twenty-four—a saving of fifteen days' sickness in each case. In England, Macauley says, "the term of human life has been greatly lengthened in the whole kingdom. In 1685, not a sickly year, one in twenty of the inhabitants of London died. The difference between London in the seventeenth century, and London in the nineteenth century, is as great as between London in ordinary years

and London in the cholera." In France, according to Dapin, the duration of human life has been increasing equal to fifty-two days for each year from 1776 to 1842, or $9\frac{1}{2}$ years in the whole period. Hospital and mortuary statistics show similar achievements wrought by medical science in our own country. "You are anxious about your chest, you fear the result, you consult a competent physician; he listens carefully, taps a moment, bids you breathe, speak, and whisper, and relieves you from your apprehension, or recognizes the authenticity of a summons from on high. You do not know the vast number of hospital statistics, corroborated by post mortem examinations, upon which this procedure is based. You do not see the pale Lænnec toiling in his hospital wards for your benefit, knowing the while that the seeds of fatal disease were germinating in his own breast. You individually may think of these things as little as sailors think of the mathematical laws regulating the solar observation which determines the safety and success of their voyage; but the truth, nevertheless, is slowly permeating the strata of society, and the people know that the knowledge obtained from these sources is brought back to their own sick beds; that the bread thus given returns after many days." Of the thousands of well attested facts and observations which give to the science of medicine a high rank, and entitle the diligent cultivator of the same to great confidence and gratitude, I need not particularize.

On the other hand, the subjects of disease have always been beset by the boasting pretensions of various classes, and knaves and fools, who have sought to fatten themselves upon their infirmities and misfortunes by deception and bombast. Such have been the perpetrators and abettors of medical delusion in all ages; such are they who have incased their hearts (if hearts they have) with silver and gold; overlaid their guilty visages with brass, and converted their tongues and their lungs into laboratories of gas. Such disguises, in ways innumerable, have, through an-

cient and modern times, flourished by their vampire deeds, and have propagated and still keep up the evils of the pestilence, which, in our own day, has taken on not a few most alarming and malignant symptoms. It is estimated by a New York paper, that "two thirds of the money expended by the community for the cure of disease, is at present wasted in the maintenance of a vile and worthless quackery." The same paper declares, with much honor to itself, that the growth of what is termed the patent medicine trade, has reached a pitch which calls for some action of the press, the medical profession itself, or the Legislature, to check its enormities." If this estimate is a correct one, the inhabitants of a city the size of Rochester, sacrifice annually, to this species of imposition, about \$200,000. This is an enormous sum for knaves to swindle from the poor and the disease stricken of a city each year; but, compared with the health and precious lives that are sacrificed in consequence, \$200,000 is quite insignificant. Is it a normal state of society that allows of such things? To say that a pestilence is preying upon the most vital and the dearest interests of society, is neither deserving of censure nor apology.

To comprehend fully the nature of any malady, and to prepare us to meet the various indications for its prevention and cure, it is many times important to glance at its origin and several stages of progress. Perhaps my treatment of this subject would not be strictly *secundum artem*, without at this time giving succinctly,

THE HISTORY AND SOME OF THE LEADING MANIFESTATIONS OF THE PESTILENCE.

It is not unreasonable to suppose that medical imposition is coeval with the practice of the healing art. Allowing such to be the case, the first 2300 years of human life must have been favored with almost entire immunity from this now common method of swindling. Indeed, during the period named, there was little or no use for true medical systems, much less for false ones. The book of Genesis describes

with minuteness and simplicity the circumstances of social life which existed through more than one-third of the epoch since the world became inhabited by man. During the whole time, the perfection of God's noblest work was made manifest by the human system showing no susceptibility to disease of any kind. It seems that over two thousand years of ignorance and physical transgressions, abominations and debaucheries, were required to make sufficient inroads upon the vitality, the strong and harmonious play of the bodily functions, to constitute an unhealthy or pathological condition. Only think! not a single instance of sickness or death occurring during infancy, childhood, or early manhood, for 2000 years. Even after lives of centuries, these early inhabitants of earth seem not to have died of disease. It is not said of Adam, of Noah, of Nimrod, or any of their cotemporaries, that he died of pleurisy, or apoplexy, but simply that "he died," or "died old and full of days," or "in a good old age and full of years." There was no opportunity, in those days, for speculating in Houghton's or Wright's Liver Pills, Townsend's Sarsaparilla, or Dr. Quackenbush's Cough Syrup, Buchan's Hungarian Balsam, or Dr. Jones' Unrivalled Expectoant; for liver complaints, scrofula, and tuberculous lungs did not prevail. During the long lives of Seth, Enoch and Methuselah, each extending over a period of nearly a thousand years, neither of them was annoyed and importuned by almanac and newspaper advertisements to buy certain wonderful and infallible cures. It is hardly to be supposed that Nimrod ever made inquiries for an invigorating cordial, or a pair of "shoulder braces?" Did Eve, at the age of thirty, think her health extremely delicate, and concern herself about a "spine in her back," or an "abdominal supporter?" Had Jubal laryngitis? and did Noah suffer from Clergymen's sore throat? or did he make any provisions for the establishment of eye infirmaries or deaf and dumb asylums? "But the wickedness of man was great in the earth, and every imagina-

tion of the thoughts of his heart was only evil continually." What were the consequences? Against the prevalent practice of polygamy, intermarriage, drunkenness, harlotry, incest, and other physical transgressions, Nature had to avenge herself. As time progressed, leprosy, boils, plagues, and "sore sickness of long continuance," made their appearance. Diseases so increased in number and frequency, that at the time of Hippocrates, upwards of four hundred years before Christ, two hundred distinct diseases were described. In the days of Christ the crowds who flocked to him for relief show how prevalent they had then become.

After the advent of disease, certain benevolent individuals, prompted by instinct and reflection, sought and applied means for its removal. However empirical these means may have been, we find here the origin of the practice of medicine. At the death of Jacob, 1700 B. C., physicians lived in Egypt. Moses tells us that when Jacob died, "Joseph commanded his servants, the physicians, to embalm him, and the physicians embalmed Israel, and forty days were fulfilled for him, for so are fulfilled the days of those that are embalmed." That nation and age which built Thebes, the city of a hundred gates, might well have given origin to our noble science.

The writings of Moses give us many striking illustrations of the early application of the true principles of medical science. The wise rules recommending and prohibiting certain kinds of flesh, prescribing frequent ablutions, (perhaps even more applicable in those hot dry countries than in our own); rules regulating the relations of husband and wife, and those to prevent the spread of leprosy, were all of the most unquestionable utility. For these Moses may have been somewhat indebted to Egyptian physicians. It is probable that for a long time the Levites exercised the functions of both physicians and priests. Being both wise and good, it is not to be supposed that they allowed, outside of their own practice of much medical deception and quackery. That the most learned

men were connected with the medical profession, in ancient as well as modern times, appears from what Josephus says of Solomon. Josephus informs us that "God gave this prince a perfect knowledge of the properties of all the productions of nature," and that he availed himself of it to "*compound remedies* extensively useful, some of which had even the virtue to cast out devils." The same historian also relates that "Solomon discovered a plant efficacious in the cure of epilepsy. The root of this herb was put in a ring which was applied to the nostrils of the patients." Compared with this, the "Solomon's Seal" of modern times is quite worthless.

Those early times were not, however, wholly without some manifestations of medical delusion. Galen tells us, in speaking of amulets, that an Egyptian king, living 630 years before Christ, recommended a green jasper to be cut in the form of a dragon, surrounded with rays, to be applied externally for strengthening the stomach and organs of digestion. Instances of similar superstitions are recorded in scripture. But the mass of physicians, three hundred years before the Christian Era, must have been very wise and good to have merited the eulogiums pronounced upon them by the author of the book of Ecclesiastics: "Honor the physician, because he is indispensable, for the Most High has created him." Can as much be said of the ignorant pretenders who swarm the country in our day? The Apocryphal writer says further: "For all medicine is the gift of God," (did he mean to include Homœopathic globules?) "and the physicians shall receive homage from the king." He says further: "The science of medicine," (not the bombast of pretenders,) "shall elevate the physician to honor. The Most High has created the medicines out of the earth," (but not triturated and diluted them to the billionth attenuation,) "and he that is wise will not abhor them." Not abhor them! Was sarsaparilla syrup then prepared from molasses, water, essence of wintergreen, and a sprinkling of corrosive sublimate?

Previous to the period now referred to, the pestilence—medical delusion—was not very prevalent, at least in its more aggravated character, and does not call for particular consideration from me at this time; but causes and influences for its more complete development were at work, and it was not long subsequently, that more than its premonitory symptoms began to manifest themselves. Its earlier stages were indeed developing in many parts of the world. Hippocrates, a cotemporary of Socrates and Pericles, who, as I have mentioned before, lived upward of four hundred years before the Christian Era, first gave order and arrangement to medical knowledge, and wrote the earliest systematic medical works. He is known as the "Father of Medicine," and for centuries his writings were as authoritative in the medical, as Blackstone has more recently been to the legal profession. Hippocrates alludes to this pestilence in his day, and looked upon it in the same light, that it is regarded by men of good sense in modern times. This immortal sage, in his writings, says: "Medicine, of all sciences, is the most elevated, but the ignorance of its practitioners, and the want of discrimination among their employers, have, at the present time, debased it before all others." The following, he says, "appear to me to be the principal reasons: Medicine is the sole profession, whose unskilled exercise is punishable only by ignominy. But ignominy is no longer felt by those already lost to self respect; such physicians resemble ballet dancers in tragedies, as these have the appearance, the dress, and the mask of actors, but are not such in reality; so are those many physicians, who are such only in name." Wherever mental darkness prevailed, the cunning and presumptive knaves found opportunities to practice deception upon such sufferers as might fall in their way. Much that has been in the early, and in all ages, regarded as legitimate portions of science, are only hypotheses, and suppositions not sustained by careful induction. Hence, there has always been more or less quackery in the profession, as well as out of it

It is far from my purpose to apologize for it in any of its manifestations.

In those ages, when dissections of dead bodies were strictly prohibited, and when science was in its infancy, it is to be supposed that the wisest and the best physicians were governed to some extent by false theories and speculations, but it is but just to say, that so far as delusions were practiced by the profession, they were mostly of an involuntary character. For centuries after Hippocrates' day, physicians were deterred from the voluntary practice of imposition, by the oath it was his custom, and that of his successors to administer to pupils. Medical students were required to swear that "According to the best of my knowledge, I will make use of the rules of dietetics, for the comfort and relief of my patients. I will remove from them everything which could be injurious to them—and all kinds of witchcraft. I will never administer a deadly poison to any one, whoever he may be, or however earnestly I may be solicited. In every house which I may enter, it shall be only for the relief of the sick, preserving myself from all voluntary iniquity," &c.

Outside of the profession, when ignorance was very profound, charms, amulets, and incantations were the delusive means relied upon to cure the sick. Whenever and wherever such ignorance has been combined with a deep religious feeling, sainted relics, shrines, and holy prayers were resorted to as means of cure. Nearly all of the manifestations of this pestilence, from the dawn of medical science down to the sixteenth century, partook of this superstitious character. About the time that skepticism began to make inroads upon old religious superstitions and delusions, charms, amulets, sainted relics, and holy prayers, the old instrumentalities of quacks, gave way to nostrums, and panaceas. This epoch embraces the present time, and was inaugurated by the notorious pretender, Paracelsus, to whom I shall allude again. Having given a brief history of the rise and diffusion of this mala-

dy, I now come to speak more definitely of its

Symptoms.—One of the earliest symptoms of the approach of this malady, is a sense of goneness in the right and left hypochondriac regions, or the regions of the right and left pockets of certain individuals. They experience a difficulty in passing this sublunary sphere without a full share of its good things. The moral and intellectual faculties of the subject seized, are either congenitally deficient, or much perverted and disturbed. When the malady becomes fully seated, its victim becomes extremely loquacious, and more or less delirious, as evinced by his insane and unwarrantable pretensions. In a word, his tongue becomes very much elongated. His face assumes much of the texture, the insensibility, and other metallic peculiarities of brass. As the poison becomes diffused through his system, he "swells" at an enormous rate. The sense of goneness in the region of the pockets, gives place to fullness, or what physicians call hypertrophy. His general enlargement does not result from any preternatural enlargement of the heart, or, indeed, from any of the solids, but purely from tympanitis, or the internal accumulation of gas. He becomes so drumlike that no common scale or measure will suit him, neither wine nor beer, neither troy nor avoirdupois. The apothecaries table comes nearest, but it fails in one point. The dram, the ounce, the pound might do, but the quack does not recognize the scruple. He has no scruples. He is born, he *eats, blows, quacks, swells, and dies!* The stone cutter needs no other description for his epitaph. He may begin and chisel out a hundred, and go to sleep secure of a sale.

Neither thought nor study, neither apprenticeship nor preparation of any sort, is necessary to accomplish the perfect quack. He springs out at once from obscurity and ignorance, complete, consummate. Like Pallas when she jumped all armed from the brain of Jove, so is the quack, armed in scale like the serpent, and like him is not wanting in fangs. Other pur-

suits require patience time, reading and long practice, before the possessor is allowed to act. The lawyer studies for years, the surgeon, the physician, the apothecary, the painter and the sculptor as many. The shoemaker, the tailor, the carpenter and the jeweler, each has his long period of probation. But the quack has none! He does not know a vein from an artery, a nerve from a tendon. The articulations, the bones, the uses of the liver, the powers of the stomach, and all the powers of digestion and nutrition, are as completely shut out from him as the untranslated wisdom of Confucius, or Perdonai, or the hieroglyphics of Mexico or of Egypt. Yet he thinks! He runs laughing through the world (and at it), and multiplies as fast as the rat or the rabbit. The world is sometimes in want of other things—of Phoenix's, (with wings and without,) of great men, of honest men, and modest men; but of the quack—so bountiful, so careful is nature, that there is never any want!

Such characteristics have been common to the voluntary victims of this pestilence, in all ages. But where men of honesty and true worth have been victims of some delusion or pseudo-science, most of the symptoms I have detailed, have been absent or greatly mitigated. For example, the honest Hindoo physicians practiced upon the belief that the human body contained one hundred thousand parts, of which seventeen thousand were vessels; each one of these vessels they believed to be composed of seven tubes, giving passage to ten species of gases, which, by their conflicts, engendered a host of diseases. They placed the origin of the pulse in a reservoir in the lower part of the abdomen. This divided into seventy-two thousand canals, which were distributed to all parts of the body. The Chinese physician regards the heart as analogous to fire—to the planet, Mars, to summer, to spring, to warm climates. He says this organ comes from the liver, begets the spleen and the stomach, is antipathic with the kidneys, and receives no injurious in-

fluence from its contact with the lungs; that the circulation is diurnal, i. e., the spirits of the blood pass from the lungs at 3 o'clock in the morning, and complete their circuit back again to the same place at three o'clock the next day. Such hypotheses are symptoms of involuntary delusion, of a comparatively mild and harmless form.

In the early history of Greece and Rome, certain temples of *Æsculapius* were the sole repositories and seminaries of medical wisdom. Important cures were inscribed upon tablets and hung upon the walls of these temples, for the instruction of those who resorted thither for knowledge. Upon one of these tables found on the site of one of the ancient temples, is the following record. "The God gave this direction to a blind soldier, named *Valerius Aper*: 'Take the blood of a *white cock*, mingle it with honey, and make a wash, which you are to apply to the eyes for three days.' The soldier, having fulfilled the direction of the oracle, was restored to sight, and returned to make a public thanksgiving to God."

There has been much in the infancy of all sciences, which increasing light and more mature observation have repudiated. Hippocrates used in most surgical operations, the hot iron instead of the knife point. Gout, rheumatism, pains in the head, &c., were treated by the application of the hot iron, boiling oil and the moxa. This treatment was more reasonable and successful than the contemporaneous manner of treating wounds. All cuts and other simple wounds, were first subjected to a process called "mundification" and "digestion," by thrusting into them masses of lint or linen, dipped in a stimulating tincture or ointment; until the matter forced these substances out, the wounds were said to be "digesting." This mode of treatment greatly retarded the cure, and was horribly painful. But their philosophy taught them that it would not do to close up a wound which contained so much foul matter, such ill-digested pus. Without such "mundification," that is, to

have wounds treated by the application of simple water-dressings, they supposed would give rise to very serious maladies. Between the 5th and 12th centuries, medicine was understood and practiced principally by priests. The ignorance and religious superstition of the times, and their disposition to make their craft more profitable, led them to accompany their remedies with magical ceremonies, and a sort of mummerly. When they even saw the worst wounds, of every description, cured in a few days, by the application of rags dipped in water, they decried it as irregular and heterodox. Sorcery, magic, and hocus pocus better suited their selfish ends, and by such, in all ages, has the progress of science been greatly retarded. I might mention many instances of the manifestation of delusion and superstition on the part of civil and religious authorities. In the 12th century, the Council of Tours forbade the priests (physicians) performing any surgical operation requiring the use of the knife, under the pretence that the church abhorred the effusion of blood. By this edict the practice of surgery was thrown into the hands of ignorant barbers and ferrriers. The Emperor, Charles V., in the 16th century, ordered an assembly of divines, to decide whether it were right to dissect a dead body, yet his living body and those of his subjects, he could pamper to crimes of the darkest hue. During his reign a violent controversy existed upon the question, whether in pleurisy the blood should be drawn from the arm of the affected side or the opposite. The University of Salamanca, in Spain, decided by decree that no one should let blood from the contrary arm, and alleged that to do so, was no less pernicious to medicine, than Luther's heresy had been to religion. I very much regret that I am compelled to recognize a similarity in these edicts and some of the rules making up the code of ethics of most of the Allopathic societies of our enlightened and liberal country. The regulations very often declare that members consulting with, or fellowshiping those who are in any way *irregular*,

i. e. who may not bleed from either arm in pleurisy, or may not rely upon Paracelsus' grand chologogue, mercury, shall, for so doing, be excommunicated. Does not a little of the Spanish inquisitorial spirit exist in our old school medical societies? Men may acknowledge me their superior in medical knowledge and practice, and yet refuse to meet me in consultation, because of the edicts of their societies.

Baron Haller was obliged to flee the city of Paris to avoid persecution, for dissecting dead bodies. (To do the same in our own State, only two years ago, put us in danger of a term at Auburn or Sing Sing.) Haller's arder was not diminished, for he found means to dissect three hundred and fifty subjects, and a vast number of the brute creation. For his valuable discoveries and contributions to science, no thanks to the laws and authorities of his country.

Other symptoms and manifestations of delusion in the early history of medicine are observable in the use of such applications as the wonderful "weapon Salve," which was composed of the moes collected from the skulls of malefactors, blood, portions of mummy and human fat. This, it should be observed, was not applied to the wound, but to the weapon or instrument with which the wound was made. Also in the application of the entrails of recently slaughtered animals for the relief of pain. For epilepsy, patients were directed to drink of the blood of a gladiator just killed, or water from a jug in the bottom of which was a *toad*. For the same disease, powders of human skull were given. The patient was required to eat a piece of human liver, or the marrow from the bones of a malefactor.

But you should not forget, that mingled with these superstitious notions, there were constantly accumulating scientific and incontrovertible truths, which have borne the test of experience through the successive ages since their discovery. Very many of the medicines for producing nausea and vomiting, expectoration and purgation, derivation and sedation, described in the la-

test pharmacopœia, were well understood fifteen hundred and two thousand years ago. I might read to you a chapter upon inflammation of the lungs, written by Aretæus, more than sixteen hundred years ago, which would compare very favorably with the treatment recommended by our modern Allopathic authors. The lancet, dry cups, mustard externally, oolocynth and other measures familiar at this time, were recommended coterminaneously with those who have made themselves voluntary perpetrators of delusion and fraud. A few medical men have always been found who have endeavored to cast off the false and the worthless, the exuvial which had shown itself in the practice of their honorable callings, and retain only that which is true and useful. But so great are the temptations to mutual indolence and avarice, that in all ages among the professed advocates of scientific medicine, quacks, or empirical routinists, have been more numerous than true and honorable physicians. One of the most striking examples of quacks inside the profession, was Paracelsus, or, as he styled himself, "Ausculus Phillippus Theophrastus Bombastus Paracelsus de Hohenheim." This notorious pretender flourished in the early part of the sixteenth century. While seated in his chair as professor in Basle, Switzerland, he burned with great solemnity, the writings of Galen and Avicenna, and declared to his hearers, that if God would not impart the secrets of physic, it was perfectly justifiable to consult the Devil. As a result of his great erudition, derived from extensive traveling, and consultations held indifferently with barbers and physicians, conjurers and chemists, he discarded nearly all curative measures but mercury and opium, and claimed to be in possession of the philosopher's stone. Perhaps to him the thousand nostrum mongers of the present day, should refer as the father and great high priest of the craft. He invented what he called the elixir of life, or the "Elixir Propriatus," and pretended that by the use of it, his life would be protracted to the age of Methuselah. This great

grandfather of Jacob Townsend, Drs. Swain, Brandreth, and the thousand nostrum manufacturers of our day, did not, through the gullability of his generation, build palaces, but rambled about the country in the deepest degradation. He was scarcely ever sober, and never deigned to change his clothes, nor sleep in a bed. Notwithstanding his counsels with His Satanic Majesty, and his universal elixir, he died in a hospital, in the 48th year of his age. None of his modern progeny possess talents equal to his, yet having inherited the philosopher's stone, and the lying disposition of Satan and Paracelsus, they are enabled to combine in "Roscnbach's liver pills," "Bache's American compound," and thousands of other vaunted nostrums, sufficient virtues for the cure of all human maladies.

Another remarkable instance of delusion associated with science, is found at a later period of medical history, the fruits of which we now daily witness. From the importance this latest monstrosity has acquired, and its most palpable absurdities, a few moments must be devoted to its elucidation. If any system of medicine has been pre-eminent by opposition to reason, common sense, and all medical experience, and is therefore emphatically a delusion, a chimera, that system is Homœopathy. Hahneman, the founder of Homœopathy, born in 1755, was a man of learning and speculative genius. The celebrated Berzelius says of him: "He would have been a great chemist, had he not turned a great quack." Having been educated in the medical schools of Germany, he commenced practice in the year 1779, but very soon abandoned it, as such drudgery was evidently less suited to his genius than the construction of theories. He says, in his first writings, that "most of his cases would have done better, had he let them alone." Probably his patrons arrived at a similar conclusion earlier than he did. He failed to see or acknowledge in medical science, the existence of any philosophical and correct principles. Those plainest of truths in science, which other well bal-

anced minds for centuries could not fail to acknowledge, to his speculative mind were absurdities and falsehoods, or too plain and common to be observed. Paracelsus attempted to subvert the system of Galen, and Hahneman attempted to subvert all the doctrines of his day. Considering the extent to which some of the more objectionable medicines were used, and the frequency of bloodletting, he would have been very pardonable for attempting to reform the practice of medicine, by rejecting its perturbing and pernicious remedial measures, instead of attempting to revolutionize it, by declaring that the experience and research of all his predecessors were false and worthless.

It has always been an important part of my medical creed, to examine impartially whatever promises relief to suffering humanity, without the least disposition to prejudice or to condemn Homœopathy. I have, and so have hundreds of others, examined their publications and tested their measures, solely with a desire to arrive at truth. The distinctive principles of Homœopathy are, 1st, that diseases are only to be cured by such medicines as produce symptoms in a healthy person similar to those we seek to overcome. 2d, that medicines are increased in power and activity, or are spiritualized by rubbing and shaking, and hence the high attenuations are the most potent. 3d, that all diseases depend upon three inherent taints, the principal one being the itch, or in more obscure language the psoric.

If the first proposition be true, that diseases are only to be cured by remedies which produce effects similar to them, then the majority of diseases would be hopelessly incurable. We know of no medicines which are capable of producing small-pox, chicken-pox, croup, rheumatism, consumption, bronchitis, chlorosis, calculi, gout, dropsy, neuralgia, jaundice, tape-worms, and scores of other departures from health which might be named. Where such relations do exist between medicines and diseases, their employment in accordance with the homœopathic dogma is

usually strikingly objectionable. Who would administer strychnine in tetanus, opium in congestion of the brain or coma, irritants in inflammation of the stomach, or apply rubefacients in erysipelas? Even those cases which are represented as illustrating the homœopathic law, are not only fallacious as arguments, but many times involve exactly the opposite, i. e., "contraria contraria curantur." Cold applications are known to be serviceable for frozen limbs. Homœopaths say this accords with and confirms their law that "like cures like." Rational medicine says, the object of the cold applications and the friction is to impart warmth or caloric to the frozen parts *very gradually*. If warmth is not restored, and that slowly, the parts lose their vitality; it is this that saves the part from death. Warmth being the opposite of cold, (or the absence of caloric the opposite of its presence,) the cure is not wrought upon the principle of "similia similibus." A less degree of cold is necessary, and if this was applied in the ratio of Homœopathic globules, we would betide the patient, so great would be the heat. The same phenomena is observed in thawing a barrel of frozen apples. If the restoration process is by virtue of the similitude, then we might pack rotten potatoes with those quite as rotten, and by the process make them all sound. It is said that diaphoretics cure sweatings, and that purgatives are given with advantage in diarrhea, on the homœopathic principle. But it should be observed that the sweating in one case, and diarrhea in the other, are the attempts of nature to get rid of the disease by eliminating a poison; and that in seconding these attempts, we are availing ourselves of an agency which does not resemble the disease, but is like to the natural mode of cure. It is said that belladonna produces a state like scarlatina, and also a condition resembling hydrophobia, and thus cures both of these disorders. Of these three propositions, it is almost needless to say that they are equally erroneous. Further, an experimental trial of this principle was made by Andral on a

large number of patients, at the Academy in Paris, with the assistance of the homœopaths themselves. The medicines were carefully and fairly administered, but in no one instance were they successful. (Headland.) And let us inquire what symptoms does camphor produce analogous to cholera? or ipecac, aconite, arsenic, opium and nux vomica to pulmonary hemorrhage, for which they are prescribed by Homœopaths? Facts, well established and demonstrated by the every day experience of thousands, such as that congestions and irritability in one part, are relieved by producing congestion and excitement in other parts, are denied and wholly ignored by Homœopaths. The principle which leads every common sense man to direct a hot foot bath and stimulants to the feet, when there is evident pressure of blood to the head, and which the judicious practitioner brings to bear in various ways in the treatment of almost every disease, is regarded by Homœopaths as pernicious or useless. Instead of such a foot bath, and other measures to call the blood from the head, the Homœopathic doctrine would require a blow upon the head, though infinitely lighter than could be imparted by "Tom Thumb." Those who believe that any beneficial or curative influence ever results from friction or stimulation of the surface or extremities, or by any derivative or revulsive measures whatever, do not believe in Homœopathy. The dogma of this system assumes that disease is cured only by medicine which produces effects similar to the disease. If Homœopathy had no greater objection, it would be liable to the charge of being based upon a limited and exclusive theory, and a dogma which has but few if any legitimate appliances.

Does the trituration, the shaking, and the high attenuation of medicines increase their power and activity? Does a grain of oyster shell or charcoal, by being rubbed with a billion times as much sugar, become "highly potentized," and capable of producing warts on the hands, strong desire to be magnetized, a disposition to weep about trifles, flow of blood from the eyes,

visible quivering of the skin from head to foot, polypus in the ears," and a hundred other heterogeneous and contradictory symptoms? Will one drop of tincture of veratrum, diffused through multitudinous seas and oceans, and well shaken, become so active as to produce, as Homœopaths affirm, extraordinary taciturnity, oaths upon the slightest occasion, and raving about religious matters? Hahneman says six shakes made his medicines too powerful, and he had to reduce the number. Now each one of you may satisfy yourself whether there is any claim to truth in such monstrous nonsense. Half a grain of arsenic is not enough to kill a dog. Take, then, half a grain, and triturate and grind it as Homœopaths do their oyster shell, until it becomes spiritualized and strengthened as much as possible, then make a solution of it and shake it any number of times, and give it to the dog. If Hahneman's theory is true, it will kill him forthwith. But, as might be expected, the dog will neither spew nor cramp, nor manifest the least symptom of gastric irritation. If the theory of Hahneman is not a delusion, the apothecary might double his stock at an hour's warning, not by the difficult and expensive process of importing fresh drugs, but by the easy one of diluting and shaking what he has on hand. Sailors and soldiers might put a vial of whiskey in their pockets, and by shaking it, have grog enough for a whole voyage or campaign. Nay, armies might subsist on a little portable soup, increased in power and spiritualized by shaking. What a great trade shaking would be, if Homœopathy were not a humbug. Instead of endeavoring to accumulate, the world would sit down satisfied to *shake* what it has already got.

Hahneman even claimed that the smelling of the vial corks is sufficient for the removal of disease. If suspended action and local lesions in various organs, may be restored by smelling, why may not these several organs be built up and sustained by similar means, and why may we not live by smelling our beef-steak and pota-

toes, instead of pursuing the unrefined and allopathic method of eating them? According to Homœopathic teachings common salt can produce about 450 symptoms, and can cure as many. The whole array of symptoms is so formidable that I can only mention a few of them. Salt given to a well person, according to Jahr, will produce rigidity in all the joints, which crack when they are moved. Tendency to experience dislocation, and to strain the back; drawing, like extracting the teeth; wheezing respiration in bed in the evening; digging in the arms, and shocks in the elbows; redness of the great toe; spasmodic closing of the eyelids; tinkling, ringing, rumbling and humming in the ears; shocks and clawings in the pit of the stomach; borings in the bones of the nose; typhus fever; hatred to persons who have formerly given offense; paralysis, &c., &c. A bushel of salt is allowed to be necessary to cure a thousand pounds of pork, but a miraculously small quantity is found amply sufficient either to produce or cure this assemblage of 250 joint-cracking, nose-boring, tooth-pulling, arm-digging, loins-tearing, bellows-wheezing, speech-embarrassing, sleep-destroying, toe-inflaming, and dream-exciting maladies. All of the well folks who use salt experience these manifold, distressing, and contradictory symptoms; all who suffer from such, and use salt upon their toast, or in any other way, are speedily and economically cured of them. "They played upon a harp of a thousand strings," and "*similia similibus curanter.*" What can we expect in our salt-consuming country, but that the well folks are all kept sick, and the sick folks all well? Well, what is the Homœopathic dose of salt, necessary to carry away these tortures, compared to which "fits" and "gout" are comparative ease? Jahr says the twentieth or thirtieth dilution, which is the quadrillionth or the decillionth of a grain. Human tears contain salt, as is proved by chemical analysis; one tear would furnish more salt than could be used by millions of Homœopathic physicians in thousands of years.

Perhaps I can better illustrate the fiction of Homœopathy by presenting, at this point, a bit of romance, the truth of which a Southern editor will vouch for: An affianced and beautiful bride (though I am not aware that her beauty would affect the chemical quality of her tears,) is torn from her distressed lover, and hurried on board a Lake Superior steamer, to be borne away from him forever. It is night—a moonlight night—(let it run so, for moonshine in a cloudless night is cheap)—one of Hannah Moore's moonlight nights—(Hannah saw moonlight so gorgeous, rich, and *dense*, as to give the idea that it could be sliced like ice cream)—the boat is under way—the spurned and troubled waters, as they are disdainfully tossed from her gilded prow, sparkle in the silver light, and then in swelling ripples hasten away to the distant shore. A lovely form (I would describe the dress if I knew the terms used by mantau-makers) is seen upon the deck *vis-a-vis* with the queen of night. No

"Sweet tears trickle down her nose,"

But mantled on her "dark, soul-minioned orb," *one lone tear*, that would not down unbidden, swells and *swells and keeps on swelling*, until, its tiny foundation too small now for a resting-place, the saline diamond is unmoored, and for a moment pendant hangs upon the long silken fringe. The night breeze (steam-boats in motion always raise the wind), with its "cool moist fingers," detaches the gem and bears it onward and downward, a radiant meteor to a liquid grave. The tale is told, and Lake Superior is Homœopathically medicated—but not to its proper dilution.

Let now the storm-wind lash the lake until its waters are shaken to their foundation, and atoms of that lone tear have embraced in turn each atom of the lake. Then take a single drop of the over-medicated lake, and mix it with the entire waters of Lake Michigan. When this has mixed and commingled with the waters of the entire lake, again, take a single drop of the mixture and mingle it with the waters of Lake Huron. One drop of this mixture

WHOLE SERIES, VOL. XVII—26

let drop into Lake Iroquoia. Put one drop of the latter into Lake Erie. This would be thoroughly mixed by the leap at Niagara Falls, and Lake Ontario receives its medicated virtues. Would you ask now if one drop of the waters of Lake Ontario would be a Homœopathic dose? Infinitely too large! Far more so, comparatively, than would be a *hundred pounds* of *jalap*! No! the work of dilution is but begun! Imagine, now, all the waters of the Hudson and its tributaries, the Potomac and its tributaries, collected together into one great lake, into which one drop of the medicated waters of Lake Ontario is deposited. Still one drop of this mighty lake would be immeasurably beyond the Homœopathic maximum dose. Collect, then, together all the remaining fresh water of the globe into a mighty sea, and medicate *that* by a drop from a lake made by all the rivers of North America. Still a drop of these would contain incalculably more than a decillionth of a grain of salt, or the quintillionth of a tear, with which we started. Convert the whole of this solid globe into water, mix with it a drop from the aggregate of the seas and oceans, and one drop of that would be a dose of startling magnitude! No mathematician who will make the estimate will say that this is an exaggeration. Give any imaginable fraction of this drop to a well man, and repeat it three times a day for a few days, and palpitation of the heart, spasmodic closing of the eyelids—especially during the evening and night—wheezing respiration, frightful dreams of murders, fires and thieves, result. Go on with it a few more days, and the martyr to science with whom you are experimenting, has tingling, ringing, rumbling and humming in his ears, with numbness and insensibility in one side of the nose, with a sense of boring in the bones of the nose. Continue to use the attenuated and spiritualized tear, and there is quivering of the nerves, sensation on moving the hand, as if the brain wavered, and hatred to persons who have formerly given offense. Continue the medicine, there is drawing

like extracting a tooth, embarrassment of speech, and spasms in the throat. Continue the medicine a day or two longer, and what follows?—paralysis! Make a record of these symptoms and what produced them, and meeting with them or any of them in a case, you know what will cure them, for like cures like! Do you say that in this there are no symptoms of delusion? If the father of lies had invented the hypothesis, there could not have been a greater lack of truth, a greater dearth of common sense.

[TO BE CONCLUDED IN OUR NEXT.]

DEFORMED CHILD.

BY JOHN H. WILEY, M. D.

On the 18th of May, 1858, about two o'clock, A. M., I was called to see Mrs. H., who is of medium height, and well proportioned, of bilious temperament, and aged 25 years. She was in labor with her fourth child. She had maintained her usual health during the term of gestation, with the exception of an attack of intermittent fever, which commenced three or four days previously. When I first saw her she had considerable fever, for which I gave her a teaspoonful of tinct. gelseminum, which reduced it in a short time. Labor then progressed well, and her child was born at about 7½, A. M. The occipito-bregmatic diameter of its head was longer than natural; the anus was imperforate, and had neither male nor female organs of generation; where the penis and testicles should be, there was a substance which resembled somewhat an adult male penis. It was about two inches long, and three and a half inches in circumference. At the base there was a small flap of skin on each side, and at the point there was an opening of about four lines in diameter, which appeared to be the termination of the intestines. Its feet were both of the talipes varus variety of club-foot, and the left knee had no motion, but there was a

joint one inch below, by which the leg moved inward and outward; the other knee joint was natural. The child lived about ten minutes. I gave the lady some antiperiodics for three days, which stopped the fever, after which she did well.

TYPHOID FEVER.

BY H. HARRISON.

As this form of fever has become so prevalent throughout a great portion of our country, it appears to me it ought to be more successfully treated by a great many of our physicians. It appears, from the statistics of medical journals, that this fever, or at least the treatment of it, is not very well understood. We frequently hear of patients lying two or three weeks with Typhoid fever. Now, it seems to me, if the proper remedies were applied, that this would not be the case.

In examining a case of this form of fever, we should be careful to scrutinize it closely, as it is often the case that the patient is laboring under some internal chronic disease before taken with the fever, and without a great deal of care it may be overlooked.

There are, not unfrequently, other forms of fever linked in with this; such as bilious fever, lung fever, and intermitting fever. Now, we should be very careful to get a correct understanding of each case; the habits, the constitutional make, the location, &c., should always be considered. In my practice, when I meet with a case of typhoid fever, in a subject of a phlegmatic temperament, and rather delicate health in general, I find that in some part of the time of every twenty-four hours, tonics are indicated. The symptoms for this indication, are a sunk condition of the general system, with a cold, clammy surface, and very feeble pulse. I then give tonics in very large doses, for a short time. As soon as the system begins to react, I return to my favorite remedy—the veratrum vi-

ride tincture I always prepare my own tincture. I believe that a great many of the failures among our physicians, in treating this form of fever, are owing to their giving medicine which they do not know the precise strength of, and consequently, they fail to fulfill the indication they design filling.

If we expect to be successful in administering medicines, we must first know what remedial agent is demanded, and then we must administer it in doses sufficiently large to make a general impression on the system, or a failure is the consequence. Perhaps this is the reason why J. M. Roe, M. D., speaks as he does in the July number of the E. M. Journal, of failing to break up typhoid fever in less than from one to three weeks, with *veratrum* or any other medicine. Now, if I should fail to break up typhoid fever in less than three weeks, or one either, I should seriously suspect that I had failed making a proper application of my remedies.

My object in penning this article, is to insist on my Eclectic brethren to watch closely in this form of fever, as it is so frequently combined with other diseases; and when we have ascertained the precise condition of our patient, to make the applications of our remedies to fill every indication promptly, or we shall frequently fail in our practice. So far as my experience goes, typhoid fever, (whether connected with any other disease or not,) appears to locate on some internal organ, in the form of congestion; consequently we observe paleness and coldness of the surface a part of the time. Now, to remove this difficulty, appears to be the chief object; and to do this, after clearing the stomach and bowels of all offending matter, *properly administer the tincture of veratrum viride*. It will so control the action of the heart, and equalize the circulation of the blood, that it will disarm the disease of its power. But when this object is accomplished, unless we follow closely with active tonic medicines, the disease will again assume the same menacing attitude; but by keeping the stomach and bowels properly

cleansed, and controlling the action of the heart, and consequently the fever, and then bracing up the system with suitable tonics, we most assuredly ought to break up typhoid fever in less than from one to three weeks. I did not intend giving a detail of the treatment of this form of fever, but I wish to urge the necessity of a close application to our profession. I believe that our success depends very much on a proper administration of our remedies—because it is no difference how *good* a medicine may be, if not properly administered it will fail to cure,—while, on the other hand, a simple medicine given at the right time, and in proper quantities, will do wonders. Now, I will say, in conclusion, that when we fail to cure all curable diseases, it is partly our own fault. Then let us apply ourselves closely to the Eclectic system, and we will succeed, and the Allopathic system will fall before it like Dagon before the ark.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
WINTER SESSION of 1857-8.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. Z. FREEMAN.

CASE 509. Nov. 17.—Mr. Barber, *set*. 50. Malignant ulcer of the toe. About eighteen months ago, a red papilla presented itself upon the inner side of the big-toe; this soon suppurated and developed an ulcer which discharges constantly a sero-purulent secretion. The ulcer continues to enlarge in diameter, and also to increase in depth; its edges are elevated and indurated, and present a slightly purplish appearance, and at times is very painful; it is painful to the touch.

Treatment.—℞ Chloride zinc 3ij, hydrastis canadensis 3ij. M. Make paste by adding a few drops of water; apply to the ulcer upon a piece of linen. The next day apply a poultice of elm.

Nov. 24.—Nearly all of the indurated edge of the ulcer has sloughed off. The part is quite painful. Continue the paste to the indurated border, but in small quantities.

Dec. 4.—The ulcer improving slowly. Omit the caustic, and dress it with the mild zinc ointment.

Dec. 11.—The toe is less swollen and not so painful when handled. Apply to the ulcer tinc. ferri mur. every morning.

Dec. 18.—The ulcer is less painful and is filling up with granulations, which present a favorable appearance. The edges of the ulcer still continue indolent and indurated.

Treatment.—Bathe the feet in warm water twice per day, and continue the last-mentioned treatment.

May 7.—Needs no further treatment.

CASE 510. Nov. 24.—Henry Bliss, æt. 17. Scrofula; sanguine encephalic temperament. The cervical lymphatic glands are enlarged. Under the angle of the jaw there is a lymphatic swelling, as large as the fist; this has been increasing during the last two years, and has also been quite tender on pressure. He has diarrhea nearly constantly; discharges watery, and accompanied by much flatus and some pain in the bowels; pain in the bowels after receiving food. Tongue red, papillæ prominent, appetite indifferent, taste vitiated, pulse weak—is inclined to diabetes, habits regular, pain in the right side after fatiguing exercise. Is inclined to be chilly; has headache most of the time; was well when he resided in the Eastern States, but since he came West has gradually become more feeble. He is decidedly anæmic and failing rapidly. Unless the disease is soon checked, we presume that it will be impossible to relieve him. He thinks that if he should go East to reside he would again become healthy. I am acquainted with a number of persons who are unhealthy west of the mountains, and very healthy while east; they have frequently changed locations, and every time with the same result,—some having asthma or other af-

fections east of the mountains only, and some west only. I am also acquainted with a family where the husband has asthma while east of the mountains, and the wife slight laryngitis, with asthmatic symptoms while west of the mountains. She is well when east, and he when west, but like a good wife, she jeopardizes her health for his comfort. Nearly all persons of a sanguine temperament, experience considerable difficulty and unpleasant change in becoming acclimated in the west. F.

Treatment.—R Alkaline saline bath with brisk friction, once in one or two days, as seems the most comfortable. R Hydrastin grs. xx., ferri sulph. grs. xx., pulv. nut gall grs. xx., brandy ℥iv., tinc. opii ℥j. iodide potass. ℥ss. M. Take a teaspoonful three times a day. R Iod. potass. ℥j., tinc. aconite ℥j., water ℥vij. M. Apply constantly to the enlarged lymphatic glands of the neck, as a moist dressing. Avoid pork.

Nov. 27.—Has improved much in general health; bowels regular; appetite much improved; tongue slightly coated. The enlargement of the cervical lymphatic glands is not so prominent. He thinks that he is much better. Continue the treatment.

Dec. 4.—The lymphatic swelling has suppurated, as indicated by softening and fluctuation. Objects to having it lanced. Head slightly affected by the iod. potass. (which we omit in the next prescription). Prof. Freeman opened the abscess, which discharged about two ounces of pus. The body of the gland seems hard, but not red or inflamed.

Treatment.—Compress the gland with adhesive plaster, and continue the former treatment internally, excepting the iodide potass.

Dec. 11.—Gland somewhat inflamed and reddened. Apply a poultice of R Ulmus fulva ℥ij., pulv. lobelia herb ℥ij. M. Paint the gland once a day with tinc. iod., previous to applying the poultice.

Dec. 20.—Improving in every symptom. The lymphatic swelling much reduced, but still discharging a small amount of thin pus.

Treatment.—*R* Compound lead ointment; apply to the swelling upon the neck, to keep the sore discharging. *R* Ferri sulph. hydrastin, aa. grs. xx., syrup stillingia $\mathfrak{z}\text{iv}$. M. Take a teaspoonful three times a day.

April 16.—His general health has become nearly established. The lymphatic gland in the neck, abovementioned, is yet enlarged, although the abscess has ceased discharging. Recommend the application of iodine ointment to the enlarged gland, three times a week, and continue the use of the last prescription, morning and evening.

Discharged from the Clinic.

CASE 511. Nov. 27.—Lynn, *æt* 24. Syphilis. Three weeks ago was exposed to syphilitic virus. There was no appearance of disease until two weeks afterward, when a small bubo presented itself in the right groin; one week afterward a small chancre was observed in the lower border of the meatus urinarius, extending close down to the frænum. This ulcer has a reddened appearance, and is quite sensitive. The edges are neither indurated nor are the parts swollen. The groin is somewhat tender on pressure, although the lymphatic glands have not enlarged during the last week.

Treatment.—*R* Iod. potass. $\mathfrak{z}\text{ij}$, comp. syrup stillingia $\mathfrak{z}\text{iv}$. M. Take a tablespoonful four times a day. Take one comp. cathartic pill at night. Apply tinc. ferri mur. to the chancre three times a day, for three consecutive days, and afterward apply mild zinc ointment.

Dec. 4.—Chancre nearly healed. A slight discharge from the urethra, indicating inflammation of its lining membrane, or chancre in the urethra—ardor urinæ. Continue the treatment (excepting tinc. ferri mur.) Apply a warm poultice of ulmus fulva over the penis.

Jan. 20.—Not returned.

CASE 512. Dec. 4.—Anna King, *æt* 5 months. Herpes. Has a small red and scaly eruption over the loins, and extending forward to near the angles of the ribs. The

band is about three inches in diameter. There is not much itching. It resembles shingles (or herpes zoster) very much. She has been affected two weeks.

Treatment.—*R* Oxalic acid grs. x., water $\mathfrak{z}\text{iv}$. M. Apply twice per day.

Jan. 20.—No further report.

CASE 513. Dec. 11.—Neil Syren. Submucous irritation of the air passages. Caused by cold one month ago. Coughs some in the morning and at night when he retires. Expectoration frothy, with some tenacious mucus; uneasy sensation in the throat, which expectorating relieves. No tenderness in the pharynx, fauces nor larynx, although there is a slight redness in the fauces. Appetite poor; tongue slightly coated with a greyish film; general health unusually feeble.

Treatment.—*R* Syrup acillæ $\mathfrak{z}\text{ss}$, syrup senega $\mathfrak{z}\text{j}$. tinc. opii camph. $\mathfrak{z}\text{ss}$, hydrastin grs. x. M. Take a small teaspoonful three times a day.

Dec. 18.—Feels much improved; coughs less, and with more ease; tongue less coated. Continue the treatment.

Dec. 29.—Feels very much better; thinks that he needs no more medicine. Discharged.

CASE 514. Dec. 11.—Isaac Lupton, *æt* 10. Scrofula. Temperament, sanguine encephalic. Has been affected with anemia one year, which has enfeebled him very much. Has frequent attacks of diarrhea. The lymphatic glands of the neck are much enlarged. The top of the head is covered with a large sore, the result of a pustular eruption. The sore bleeds very readily when irritated, but does not itch. It has the appearance of a scrofulous ulcer.

Treatment.—*R* Nent. cordial $\mathfrak{z}\text{ij}$, comp. syrup stillingia $\mathfrak{z}\text{j}$. M. Take a teaspoonful four times a day. Shave the head at the sore. *R* Oxalic acid gr. xx, creasote $\mathfrak{z}\text{ss}$, dil. acetic acid $\mathfrak{z}\text{j}$, water $\mathfrak{z}\text{ij}$. M. Apply as a wash to the sore on the scalp night and morning.

Dec. 18.—The sore upon the head is nearly healed; the bleeding is arrested;

the bowels have become regular. The application of the wash is attended with some pain. Continue the application to the scalp. Omit the internal treatment. The patient is affected with incontinence of urine. *R* Comp. syrup stillingia $\mathfrak{z}\text{iv}$, iod. potas. $\mathfrak{z}\text{ss}$. *M*. Take a teaspoonful four times a day.

Dec. 29.—Feels improved; has no headache; cervical lymphatic glands smaller and softer. Continue the treatment, and half an hour after using the wash to the scalp, apply the mild zinc ointment.

Jan. 5.—Improving rapidly. Continue the treatment.

15.—Sore entirely healed; general health is much better. Omit the former treatment, excepting the application of the mild zinc ointment. *R* Hydrastin $\mathfrak{z}\text{ss}$, comp. syrup stillingia $\mathfrak{z}\text{iv}$. *M*. Take half a teaspoonful in a little water three times a day.

Feb. 23.—Is improving much. *R* Tinc. xanthox frax., tinc. phytolacca dec., aa. $\mathfrak{z}\text{j}$, juglandin, $\mathfrak{z}\text{j}$, syrup helianthus $\mathfrak{z}\text{ij}$. *M*. Take a teaspoonful four times a day. Use the saline and alkaline bath on alternate days.

March 9.—Still improving; lymphatic glands reduced to their natural size; general health seems excellent. There is hair growing upon the site of the old sore upon the scalp. Discharged.

CASE 515. Dec. 11.—Eliza Peeman, *set*. 14 months. Cholera infantum. Has been affected two months. Has frequent copious dejections of a green color and slimy character, and very offensive, through the day. Has some cough; a slight fever, with some cerebral excitement, or determination of blood to the head.

Treatment.—*R* Neut. cordial $\mathfrak{z}\text{ij}$, hydrastin gr. x , tinc. xanthox. frax. $\mathfrak{z}\text{j}$. *M*. Give a teaspoonful four times a day. Bathe the surface with whisky, accompanied with friction.

Jan. 12.—Discharges less frequent and less fetid; general health has improved. *R* Tinc. xanthox. frax. $\mathfrak{z}\text{j}$, neut. cordial $\mathfrak{z}\text{ij}$, hydrastin gr. x , cerasein gr. xv . *M*. Take a teaspoonful three times a day.

No further report.

CASE 516. Dec. 11.—J. W—, *set*. 22. Gonorrhea. Has been affected about three weeks. The discharge has been arrested, excepting a slight moisture at the meatus urinarius in the morning. Bowels constipated. Inasmuch as the real gonorrheal discharge has been arrested, he needs only the comp. cathartic pill, two at night, to relieve the constipation.

No further report.

CASE 517. Dec. 11.—Peter Riley, *set*. 38. Intermitent fever (tertian type.) Became affected about six weeks ago with intermitent fever, which was soon arrested; afterward diarrhea commenced, and about one week ago the chills returned, which seem to have supplanted the diarrhea. Neither the cold nor the hot stage is severe, but the patient seems inclined to dropsy.

Treatment.—*R* Prus. iron gr. x , hydrastin gr. xx , sulph. quinine gr. xx . *M*. Make powders xx . Take one four times a day.

No further report.

CASE 518. Dec. 18.—John Bradley, *set*. 8. Prolapsus ani. Has been affected five years. At every defecation, the mucous membrane of the rectum and anus protrudes about three inches, and cannot be returned, except with a considerable amount of pressure, which causes him much pain. There is an exudation of blood from the part, when it is protruded; it also swells considerably.

Treatment.—*R* Zinc sulph. gr. xx , tannin $\mathfrak{z}\text{j}$, water *Oj*. *M*. Inject into the rectum about two ounces every morning; at noon inject half an ounce, and the same amount in the evening.

Dec. 23.—Considerably improved. Continue the treatment.

Jan. 8.—Is still improving; the bowel protrudes about the same, but returns without any manual assistance. Continue the treatment.

Jan. 15.—The bowel does not protrude with every evacuation, and when it does pass out, it is not so far as formerly. Continue the treatment.

Feb. 9.—No hemorrhage at any time; the prolapsus not so much, and the bowel

returns readily without any assistance. *R* Zinc sulph., tannin, pulv. hydrastis can. aa. gr. xx, water Oj. M. Inject one ounce three times a day.

Feb. 16.—Prolapsus scarcely perceptible. Continue the treatment.

March 16.—The bowel protrudes slightly at times, but there is no hemorrhage nor pain. Patient otherwise healthy. *R* Pulv. nut gall 3ij, water Oj. M. Inject into the rectum one ounce three times a day. *R* Nut. cordial 3iij. Take a teaspoonful three times a day, to overcome a slightly constipated habit.

Part 2—Progress of Medical Science

SILVER SUTURES IN SURGERY.

The Anniversary discourse before the New York Academy of Medicine, by J. MARION SIMS, M. D.

Of all the accidents to which women are liable, none is more loathsome and disgusting than vesico-vaginal Fistula. It renders life almost unendurable, drives its unhappy victim from society, and makes her a burden to herself and to those with whom she is connected. From the peculiarity of its situation and the constant irritation which is kept up by the contact of urine with the wound, it has always been less amenable to treatment than any other surgical disease, and until recently a much smaller number of successful operations had been performed for its cure, than for that of any other malady not in its nature incurable.

To Dr. Sims of New York, is due the credit of devising a means by which it can now be readily and successfully treated. His reputation rests on so secure a basis, and is so firmly established, that nothing we can say will add to it, but we cannot withhold our sincere and hearty commendation of a *patience* so indomitable under

every difficulty, and a continuance of trial so unflinching in spite of repeated failures, as that which he exhibited until his labors were crowned with complete success. Like too many who have contributed to the advancement of our art, Dr. Sims has a host of envious detractors, but that fact only proves the value of his discoveries, and we are pleased to know that his labors are duly appreciated by the profession generally. Dr. Sims attributes his success in the treatment of vesico-vaginal Fistula mainly to the use of silver wire for sutures, instead of the material commonly employed, and his discourse before the New York Academy of Medicine is devoted to a consideration of the application of these sutures, both in cases of vesico-vaginal Fistula and in the ordinary operations of surgery. This discourse, published by order of the Academy, we have read with the deepest interest, and would recommend its perusal to every surgeon who can obtain it. His descriptions are remarkably lucid, his arrangement of the subject clear and logical, and his directions for the use and application of these sutures are so plain, that guided by them and the beautiful plates which adorn the pamphlet, we think no one can fail not only of appreciating their value, but of applying them successfully in practice.

We have room for only a few quotations from this valuable paper, which we give rather with the design of calling attention to it than of doing justice to its merit.

“But enough has been said to fix attention upon the importance of this suture, and its universal applicability in general surgery.

“It is to revolutionize surgical dressings, and to ensure more beautiful and prompt cures. With it, properly applied, there can be no gaping wounds to heal by the suppurating process, where there is skin enough to cover a stump; and in many cases erysipelatous inflammation, and even hospital gangrene, may be averted by substituting it for silk as a suture.

“After all amputations we must use su-

tures of some sort; and how often do we see silk ulcerating out, and creating such tendency to suppuration that we are compelled to remove them before there is sufficient union to resist the retraction of the tumefied flaps. But with silver there is no inflammation, no suppuration, no cutting out of sutures, no gaping or retraction of flaps, and therefore no necessity for disturbing the dressing till all is firmly united and permanently well.

"This is no vain imagining; though enthusiastic, I am not wildly so, for all this has been familiar to me for the last eight years, and I but speak what I know. The next eight years will not find an educated physician anywhere who will dare to use silk sutures, for the silver thread will now become as essential to the dressing case as the needle itself; and if I may be allowed to venture a prediction, I will say that fifty years hence the statistics of our hospitals will show a vast improvement in their bills of mortality after great operations, and this improvement will be due mainly to the use of silver as a suture.

"Look at its results in injuries of the vagina. Before this discovery, operations for vesico-vaginal fistula, and its congenic affections, were often attended with risk to life, while a cure was a mere accident. But how is it now? Why every case is easily and perfectly curable that has tissue enough to render any operation whatever practicable; while a failure is the exception to the rule. Besides, there is not the least risk to life, as there is never any fever, or the slightest constitutional disturbance.

"I am not claiming too much for this suture when I say, that the same relative results must be attained in all other surgical operations requiring sutures, if the same method be adopted.

"My language is in no wise extravagant; and I shall yet live to see the day, when the whole profession of the civilized world will accord to this simple discovery the high position of being the most important contribution as yet made to the surgery of the present century.

"The only thing at all comparable to it is etherization; and in practical results of permanent benefit, it is absolutely contemptible, when compared with those from the universal use of silver sutures in the broad domain of general surgery.

"Having now briefly shown that I have used silver sutures with uniform success in almost every imaginary injury requiring sutures, these practical remarks might very properly be here closed; but, as concentrated efforts have been made in various quarters to rob me of full credit for my labors, I have thought it due to truth, to justice, to posterity, and to myself, to place permanently upon record a history of the circumstances attending this discovery.

"Some of my cotemporaries will not approve the measure, but when this generation passes, there will be no difference of opinion amongst critics on this point; besides, it will not be unprofitable should it stimulate but one young aspirant for fame and fortune to redoubled efforts, under unpromising circumstances and opposing obstacles, to the accomplishment of still more glorious triumphs for our noble profession."

* * * * *

"Thus far all my experiments were conducted on the principles of a rational inductive philosophy. The operation was mechanically perfect, but with no better results than when it was rude and clumsy. There must be a reason for all this—what is it? Why, said I, perhaps it is the nature of the material more than in its principle of action; what a happy thought! Of course it was, for a silk thread introduced under the skin, and allowed to remain a week, becomes a seton, giving rise to the suppurative process, and certainly the same thing must occur with it in the vagina; and how then could there be cohesive union? Here then was the difficulty at last; how strange it now seemed to me that this fact had not long ago forced itself upon my mind. Now the question arose, was there a substitute for silk that would answer the same purpose,

and yet not poison the animal tissue? Why, lead remains indefinitely in the body, becomes sacculated, and produces no poisonous, or suppurative effect. Dr. Levert of Mobile, had demonstrated the innocuousness and efficiency of leaden ligatures on the arteries in the lower animals, and Mettner and Dieffenbach had actually used leaden sutures in these very cases; and I had, in my various experiments, tried them in two cases of vesical, and one of rectal fistula, but fortunately for science, the clumsy leaden wire was unsuccessful in my hands. Was there any other metal that could be substituted for lead, possessing its valuable property of harmlessness?

"In this train of inquiry what would be more readily suggested to the reasoning mind than silver, gold and platinum? Just at this state of affairs I happened to pick up a piece of brass wire, that had been used in a pair of old fashioned suspenders, made before the days of India rubber; it was as fine as ordinary sewing-thread. I took it to a jeweler, who imitated it in silver. I was now quite as anxious to see the result of an experiment with this, as I was seven months before to see the perforated shot applied. On the 21st of June, 1849, it was done. A young colored woman, who had never murmured at the preceding failures, was placed on the operating table for the thirtieth time, and the silver sutures were applied, with the leaden bars and the perforated shot. In all previous operations the urethra, in a day or two, would become red and tender, and the urine loaded with thick, tenacious mucous, thus showing the inflammatory process, which was adverse to union; but after this operation the urine remained perfectly limpid all the time, and on the eighth day the parts were perfectly healed; the suture apparatus remaining just as it was placed, with the crossbars somewhat burrowed in the vaginal tissue."

We regret that the diffuse style of this otherwise valuable treatise prevents us from giving, in the only quotations for which we have space, so clear and definite an idea of the use and application of this

invaluable discovery as we desire. We can only refer our readers to the pamphlet itself for that information on this important subject which those portions of it contain, that we are unwillingly compelled to omit.—*Maine Med. Recorder.*

OLD SCHOOL SURGERY.

Custom has delegated power to the surgeon. He is emperor in the kingdoms of accidents and diseases. His subjects lie prostrate before him. He alone has power to "hew from limb to limb."

In the fall of 1855, at Burlington, N. J., some twenty persons were killed, and about fifty were injured on the railroad in about a moment of time. Here opened a world of trouble, where the surgeons were monarchs of all they surveyed. Philadelphia is known to be the center of medical science, from which two among the most skillful were called to preside. It is among the noblest of deeds, for men to step forth in the midst of despair, and the cries of distress, and adjust the broken bone, tie up the severed artery, and to close the gaping wound, and thus check the current which was carrying its victim to the waves of death. We admire these deeds, though of sorrow, and we cannot, if we would, avoid turning our minds to the weakness of men in their greatness of strength. *Greatness* in being able to execute with skill, and *weakness* in not being able to decide whether the work should or should not be done.

From the accident referred to, there were, (except dislocation, fracture and wounds,) but four operations performed by these celebrated surgeons. All of these cases terminated fatally in a few hours. These patients would have lived a little longer, and suffered less pain, if the operation had been omitted. The greatest exhibition of *wisdom* would have been to refuse the addition of torture, but plumes must be added to the fame of the *professional* surgeon, in severing limbs by the

watch in so many minutes, and so many seconds, to the wonder and amazement of those present.

There is one incident that we must especially notice, which occurred at that time. General L., from Ohio, received a concussion of the brain, with two or three slight cuts on the scalp. He had been laboring under intermittent fever, which was of a tertian type. About eight hours after the accident his mental faculties returned, so that on the day following he had considerably revived. But it was by his friends thought best to make recovery certain, and call the two surgeons from Philadelphia, who examined the case, and declared that he was doing well, without doubt of recovery.

On the second day the fever recurred with some derangement of the brain, when the lords of the knife were again called. Now commenced the tragic display.

Dr. G. opens the scene by advancing into a grand *tableau* of manipulations upon the patient's head. Stepping backward, he waved his hand to Dr. N. to scrutinize the case, who was fully a match for his colleague. Both accomplished their parts in exquisite style, when, being in proper position, the fate of the patient was decided in presence of the astonished spectators.

Dr. G.—I believe this man has a fracture of the left temporal bone. What say you?

Dr. N.—It may be so, but I am not quite certain.

Dr. G.—I am sure that I have felt the wound. Try you again. (Dr. N. advances and returns with no better conclusion.)

Dr. N.—And if this be so, what shall be done?

Dr. G.—The *lancet* is the only hope. He must lose blood.

Dr. N.—It is needful. Let him be bled one half pint, and then follow with a little citrate of magnesia.

Dr. G.—Be it so. Bleeding followed with magnesia. One hour thereafter, *exit* genus homo.

Not knowing the patient had chills and

fever, they concluded he must, and should have a fractured skull, which could be cured by robbing him of half a pint of blood, returning in place, a bottle of citrate of magnesia. It is thus, for ages, ignorance has been covered by a pompous display of medical conceit.

P. S.—The Eclectic profession may be interested in knowing the *fees* of first class surgeons. One of these surgeons charged the company the modest little sum of three thousand four hundred dollars, and the other one only three thousand, for about thirteen visits. Say five hundred dollars per visit for twenty miles. To be sure they did considerable of work by adjusting, dressing, &c., by use of some old "traps" from some of the colleges or hospitals, besides the four operations upon the patients already in a dying condition.

We are unable to say whether or not these surgeons have acknowledged their indebtedness to Dr. Heinakin for throwing the cars off the track, and if they have failed to do so, it is ungrateful to say the least of it, because in this instance an ill wind blew them *some* good. About these charges we have no right to complain, for it's none of our business. We only mention it to show the profession what *fame* in this section of the country can do, and to suggest that it is not advisable to take advantage of other's misfortunes.—*Phila. Ec. Med. Journal*.

ARE MERCURIALS NEEDED AS MEDICINES.

We are gratified to know that our Journal circulates largely among all classes of physicians—that the liberal and truth-seeking of all the schools of medicine, patronize and carefully read it. This is as it should be. For of all the professions, the *medical* should ever be characterized by the most enlarged liberality, and as no others are called to assume such momentous responsibilities—none entrusted with more transcendent interests, the medical

man, above all others, should carefully avoid being so wedded to party, or blinded by isms, as to be unwilling to thoroughly investigate the wide domain presented for human inquiry, and

"Seize on Truth, wherever found."

With these prefatory remarks, we proceed to offer a few remarks responsive to the question heading this article,—*"Are mercurials needed as medicines?"* We answer, in the outset, that in our judgment they are not; that the preparations of mercury are never really necessary in the practice of medicine. Our conclusions are not the result of prejudices, nor are they predicated upon a mere superficial examination. Far otherwise. They have been arrived at from our patient researches, our careful observations, and an extensive practice of ten years. It requires all these to arrive at correct conclusions in matters pertaining to practical medicine—*reading, observation and experience*. The "authorities" have told us that all the mercurials are pathogenetic in their effect, and are ever liable to produce serious, sometimes fatal injury to the human constitution; our observations at home and abroad have satisfied us that such were the continually occurring results following the administration of the several preparations of mercury as remedial agents for the cure of disease; and our experience has demonstrated most conclusively, that all curable forms of disease can be eradicated from the human system without their aid or use. Evidence of this character is positive and conclusive to us. It not only convinces us that "mercurials" are not "needed as medicines," but that they *never should be administered as such*.

We know that many eminent and really worthy members of the profession—old school—cling to the mercurials as the only reliable alterative and cholagogue remedies of the *Materia Medica*. They admit their too-oft liability to do harm, but they have found them powerfully active in certain morbid conditions of the system, and hence they employ them because they know of

no substitutes. Gentleman, we admit the power of the mercurials, but like two-edged swords, they are likely to cut both ways, and it is beyond your power to control them. This is a serious objection. On the other hand, thousands of Eclectic physicians have treated for the last fifty years, and continue to treat most successfully, all those peculiar forms of disease in which you suppose the mercurials so clearly indicated, without bringing them to bear at all. This clearly proves that they can be treated without them. Then, if the mercurials are attended with danger, and if these peculiar morbid conditions of the human body can be eradicated without their use, can any physician be justified in continuing their administration?

Think of these things, ye votaries of Allopathy; investigate further; test the alterative and cholagogue remedies of the Eclectic school, and we mistake if you do not soon conclude to throw mercury "*to the dogs*."—*Phila. Ec. Med. Journal*.

EATING BY RULE.

Scientific investigation assures us that "the amount of nourishment required by an animal for its support must be in a direct ratio with the quantity of oxygen taken into the system;" which, being put into homely English, means that, as our supply of oxygen comes from the air we breathe, it follows, that the more pure air we inhale, the more oxygen we consume. It then follows necessarily, as out-door air is the purest, that is, has most oxygen in it, that the more we breathe of that out-door air, the more nourishment do we require; and the more nourishment a man requires, the better appetite he has: hence, to get a *natural* appetite, a man must go out of doors; and as it is very tiresome to be out of doors, unless one is doing something, and as if we do something, it had better be of some account, therefore, whoever wants to whet up his appetite, had better spend his time out of doors, doing

something useful. A very *perspicacious* *ratiocination*!

All this seems very rational and very right. Then why do we not act up to it? Why pursue the very opposite course, and instead of going out of doors when we feel dull, and stupid, and cross, and desponding, loll about the house, as blue as indigo, with not a word or smile for any body? Having no appetite, we bethink ourselves of "tonics." The reckless take wine or brandy, or vulgar beer; the conscientious do worse, and take physic, calling it "bit-
ters," tansy, dogwood, quinine, and such "*simple things*," 'specially the quinine, which has helped to invalid and kill more people than would make a monument sky-high.

Well, what is the result of these "tonics?" They make us feel better—for a while—give us an appetite for more than we can digest, and being imperfectly digested, the blood which it makes is not only imperfect as to quality—it is too great in quantity. But it is in the body, and must crowd itself somewhere, *always* selecting the weaker part, which, in most cases, is the head!—very natural that—and there is headache, dullness—never was much brightness in that head anyhow—in fact, it amounts to stupidity; and such persons being naturally stupid, and making themselves artificially so, they have a double right to the title: as the youth had to a diploma, who graduated at two colleges, and became as the calf did which sucked two cows—a very great calf!

Therefore, never eat by rule. Never eat at one meal as much as you did at the corresponding one the day before, simply because that was your usual quantity; but eat according to your appetite. If you have no appetite, eat nothing until you do. If you are in a hurry for that appetite, and time is valuable to you, do not attempt to whet it up by stimulating food, by exciting drinks, or forcing tonics, but bring it about in a natural way, by moderate and continuous exercise in the open air, in something that is interesting, exciting, and in itself useful. Violent spasmodic exercise is in-

jurious, and even dangerous to sedentary persons. Hence, we are opposed to *gymnasiums*, unless superintended by intelligent men, practical physiologists. Let it be remembered, as a truth which cannot be denied, that a given amount of violent exercise taken within an hour, will do many times the good, if scattered continuously over a space of five hours, without any of the danger that pertains to the former, especially as to feeble persons. All exercise carried to severe fatigue, is an injury—better have taken none.—*Hall's Journal of Health.*

PYROPHOSPHATE OF IRON.

Messrs. Follet and Baume, writing to the "*Gazette Hebdomadaire de Medecine*" of May 29, call attention to the advantages of the pyrophosphate of iron and soda, as a remedy in anemia, and the diseases of which that condition is a symptom, or with which it is coincident. They state that in 1849, Dr. Leras presented to the Academy of Sciences a work on "The action of the Gastric Juice on the preparations of Iron employed in therapeutics;" and that in 1855, he presented to the Academy of Medicine a memoir, in which he expressed the following opinions:

"1. The ferruginous preparations employed in therapeutics are all more or less precipitated, or transformed into oxide of iron in the stomach.

"2. The pyrophosphate of iron and soda is an exception.

"3. This salt seems destined to take a place among the most efficacious preparations of iron."

Dr. Leras prevailed on several medical men to try on their patients a solution of pyrophosphate of iron and soda, prepared by himself, and the results have just been published by Messrs. Follet and Baume, in "A Report on the Clinical Service at the Asylum of St. Athanasius during the year 1856." They say that even in cases where there is no longer any hope of curing the mental maladies, there may still

be a means of retarding the physical decline, which supervenes in almost all the patients in the same form, by a gradual failure of general innervation—a decline which is shown frequently in the decomposition of the blood, from which result those dropsies which are met with in all the tissues. In such cases, all the efforts of medication ought to be directed to the reconstitution of the blood, and when this result is obtained, it is not unfrequently seen that the system recommences its functions—a re-action in the inverse direction of the disease sometimes taking place: it is the prelude of an unexpected cure.

Messrs. Follet and Baume know no tonics which act so promptly and favorably as the pyrophosphate of iron and soda prepared by M. Leras, in a liquid form. It is easy to administer, rapidly absorbed, and does not produce fatigue to the digestive organs. They then gave the particulars of seven cases in which the medicine was tried during the year 1856: the results are certainly remarkable.—*British Medical Journal*.

WHAT IS INFLAMMATION? AND IS THE ECLECTIC TREATMENT CORRECT?

BY JOHN BUCHANAN, M. D.

1st. What is inflammation?

Supposing we define inflammation to be a perversion or derangement of the ordinary process of nutrition, which process is continually going on in all parts of the body, involving the whole circulating fluids, blood, lymph, neurine, &c., each of these containing its respective assimilating principles, which are laid down, built up and organized in every cell, where the loss of tissue has been sustained in consequence of the waste essential to life and muscular exercise. This definition involves the venous circulation, and all vessels in which exosmosis and endosmosis occur. When these vessels are unduly distended, an excess of nutrient matter escapes; and when,

ever, from any cause, the quantity *exuded* is in excess, the quality will be defective. Such *exudation* is inflammation, and it will be readily perceived why we have defined it to be a perversion of nutrition.

But for the necessity of continuous nutrition, we should not be liable to inflammation, and so long as life and assimilation go on, such a disease will exist, if certain disturbing influences be allowed to act. Physical violence is one of these influences; inflammation is always apt to follow a blow or over-exertion. The vessels of the part are weakened—*there is debility*; this is the guiding idea. When the vessels are weakened by any cause, the fluid passing through them will dilate them. The distended, loaded state of the vessels that is immediately consequent upon dilatation is congestion. But in the absence of any form of external violence, the vessels may be weakened by irritating matter contained in the circulating fluids, and acting upon the internal coats of the vessels, causing undue contraction of them, which, undue contraction exhausts their contractile power, and leads to subsequent relaxation. It may be premised, that whatever has a tendency to weaken the capillary vessels may be the cause of inflammation; persons of a weakly habit of body are more liable to inflammation than those of a strong constitution. It is the muscular coat of the vessels which has specially to do with the peculiar liability to inflammation; if the general muscular system is weak, the muscular coat of the capillaries will share in this weakness, and in proportion to the degree of weakness will be the predisposition to inflammation. Such debility, whether local or general, predisposes the individual to inflammatory disease. This is verified every where around us. Many are liable to attacks of erysipelas after exposure; others to inflammation of a milder form. This being so, our inference is, that a weak or debilitated state of the muscular coat of the capillary vessels must be a predisposing cause of inflammation, and that inflammation itself is a debility of those vessels.

2d. How can we determine its presence?

It is easy to determine by observation whether inflammation is present or not, when it is on the surface. But when the internal organs are the seat of the disease, and when severe pain attends it, it may be difficult to decide whether inflammation exists or not. It is of the greatest importance, however, to make a correct diagnosis as to whether inflammation is present, because, if so, the danger is much greater than when the pain is merely neuralgic, and the treatment required is very different. This would be especially necessary, if Allopathic remedies were to be employed, because such remedies waste the strength, destroy the vital energies, and augment rather than diminish the tendency to nervous suffering, and generate a host of other diseases.

In order, then, to determine its presence, we may remark, that inflammatory pain is slight at first, but gradually advances in severity. From the nature of the affection it cannot come to a great height suddenly. The relaxation of blood-vessels, with the consequent escape of their contents, in which inflammation in part consists, exhibits itself at first by a feeling of uneasiness, which gradually grows to severe pain.

Inflammatory pain is always aggravated by pressure of the part. This, of course, must be expected when we keep in mind what inflammation is. Movement of the part aggravates inflammatory pain. Very frequently we may be aided in determining the precise seat of inflammatory disease, by observing the mode in which the patient breathes, and the posture in which the limbs are placed. For instance, in pleurisy, the affected side will be kept almost fixed, to prevent the pain which respiration would otherwise occasion. In peritonitis, the knees will be drawn up, in order to take off the pressure caused by the abdominal muscles; and inflammatory pain is attended with some degree of fever, the violence of which is generally proportioned to the extent of the inflammation and the strength of the patient. Fever, in such cases, becomes necessary for various

ends—principally, perhaps, to keep the blood pure from the contamination arising from the absorption of unhealthy or noxious matter generated in the inflamed part, in consequence of the defective or otherwise disordered action going on there.

Is the Eclectic treatment of inflammation adequate for a successful and efficacious cure?

In the treatment of inflammation, we must bear in mind that fever generally accompanies it—almost invariably when it is of the acute form. It may be said that acute inflammation renders fever necessary, because diseased products, which are the result of it, are absorbed and conveyed into the circulation, rendering increased blood-purifying indispensable; and fever, as we may define it, is increased action of the organs that purify the blood, with decreased action of the stomach and other organs, whose action for a time may be interrupted without danger to life. In speaking of the treatment, it is of course obvious that proper management of the general fever tends much to benefit or alleviate the local disease. It may not be possible, in many cases, to act directly upon the inflamed organ, because, being deep-seated, it may be out of reach; but, if fair play be secured for the fever effort, most cases will terminate favorably, even although nothing else in the shape of treatment should be attempted. What we mean by fair play to the *fever effort*, is cleanliness, abundant supply of pure air, and a frequent and well bathed skin. Indeed it is indispensable that certain conditions be secured for the skin in the shape of packs or bathing; it is indispensable that the lungs have pure air. The want or absence of a continuous supply of pure air in the one case, or soothed nerves and open pores in the other, is a sad and mischievous neglect on the part of the physicians of the old school.

In order to cure inflammation successfully, the Eclectic recognizes two things as especially necessary: First, that the excess of blood should be removed from the affected part; and second, that good blood

should be supplied to it for the purpose of repairs. The blood that, in the course of circulation, leaves the inflamed parts for the heart, is contaminated, and if, in default of due attention to the skin and lungs, that contaminated blood were to return again in its poisonous state to the diseased part, the disease would be aggravated.

The state of the nerves of the affected part has much to do in the aiding of or promoting recovery. The use of morphine and narcotics in inflammation cannot be too greatly censured; by the administration of these drugs, the nerves are paralyzed, the secretions are arrested, mouth and throat dry, bowels constipated, and the stomach unfit for action. It cannot be too clearly shown of how much importance in inflammation is a good state of the nerves. There are very good reasons for supposing that the blood-vessels are dependent for their contractility upon nerve force supplied by the brain. If the general mass of the blood were to become seriously contaminated, the brain, receiving impure blood, would have its functions impaired, and would fail to supply the usual amount of nerve force. This indicates another way in which the fever effort effects the local cure.

We have stated that the removal of the inflammation from the local part, is what the Eclectic recognizes; this, then, can be very easily accomplished by *packs*. Cold packs applied in a duly regulated manner to the affected region, will contract the relaxed vessels, and keep off excess. Warm packs applied to some other part of the body, will relax the blood-vessels of that part, and thus in some measure draw away the blood from the affected part.

The next requisite in the treatment is to equalize the circulation, which can be accomplished most effectually by the ligature, and which, by the by, may be used with advantage in nearly all inflammatory diseases. Aconite, veratrum, and gelsemium, will control circulation, aid the skin in its work of elimination, quiet nervous excitement, and tend much to excite a healthy renovating action. Purgatives

are admissible, in order to relieve the vessels of their plethora. Podophyllin, jalapin, bitartrate of potassa, will prove valuable as evacuants. Sedatives may be used with success, particularly those which increase the secretory or excretory functions, such as hyoscinamin or digitalin.

The diet, in all cases, should be nutritious, and of the least stimulating nature. The starving system of the old school is much to be censured; the patient's strength must be supported by mild, nutritious, and easily digested food, and even gentle stimulants, if necessary. There must in all cases be an avoidance of every thing which would irritate mind or body. Rest, in the recumbent position, quietness, good ventilation, with a cheerful atmosphere of smiling countenances, are most powerful aids to the successful treatment.

Is the Eclectic treatment successful? We answer, most positively, yes; because it fulfills the demands of nature, relieves every indication as it arises, controls the circulation more effectually than the lancet, aids all the organs in the due performance of their respective functions, gives tone and strength to the vital force, aids renovation, strengthens reconstruction, and effectually restores the vigor and smile of health; besides, the most ample practical observation demonstrates it.—*Phila. Eclectic Med. Journal*.

EYE-SIGHT.

Milton's blindness was the result of overwork and dyspepsia.

One of the most eminent American divines has, for some time, been compelled to forego the pleasure of reading, has spent thousands of dollars in vain, and lost years of time, in consequence of getting up several hours before day, and studying by artificial light. His eyes will never get well.

Multitudes of men and women have made their eyes weak for life, by the too free use of the eyesight in reading small print, and doing fine sewing. In view of

these things, it is well to observe the following rules in the use of the eyes:

Avoid all sudden changes between light and darkness.

Never begin to read, or write, or sew, for several minutes after coming from darkness to a bright light.

Never read by twilight, or moonlight, or on a very cloudy day.

Never read or sew directly in front of the light, or window, or door.

It is best to have the light fall from above, obliquely over the left shoulder.

Never sleep so that, on first awaking, the eyes shall open on the light of a window.

Do not use the eye-sight by light so scant that it requires an effort to discriminate.

Too much light creates a glare, and confuses the sight. The moment you are sensible of an effort to distinguish, that moment cease, and take a walk or ride.

As the sky is blue and the earth green, it would seem that the ceiling should be of a bluish tinge, and the carpet green, and walls of some mellow tint.

The moment you are instinctively prompted to rub the eyes, that moment cease, using them.

If the eyelids are glued together on waking up, do not forcibly open them; but apply the saliva with the finger—it is the speediest diluent in the world—then wash eyes and face in warm water.—*Hall's Jour. of Health.*

COMFORT.

The great end and aim of the mass of mankind is, to get money enough ahead to make them "comfortable;" and yet, a moment's reflection will convince us, that money can never purchase "comfort"—only the means of it. A man may be "comfortable" without a dollar; but to be so, he must have the right disposition, that is, a heart and a mind in the right place. There are some persons who are lively, and cheerful, and good-natured, kind and forbearing, in a state of poverty, which leans upon the toil of to-day for to-

night's supper, and the morning's breakfast. Such a disposition would exhibit the same loving qualities in a palace, or on a throne.

Every day we meet with persons who, in their families, are cross, ill-natured, dissatisfied, finding fault with every body and every thing, whose first greeting in breakfast room is a complaint, whose conversation seldom fails to end in an enumeration of difficulties and hardships, whose last word at night is an angry growl. If you can get such persons to reason on the subject, they will acknowledge that there is some "want" at the bottom of it—the "want" of a better house, a finer dress, a more handsome equipage, a more dutiful child, a more provident husband, a more cleanly, or systematic, or domestic wife.

At one time it is a "wretched cook," which stands between them and the sun; or a lazy house-servant, or an impertinent carriage-driver. The "want" of more money than Providence has thought proper to bestow, will be found to embrace all these things. Such persons may feel assured, that people who cannot make themselves really comfortable in any one set of ordinary circumstances, *would not be so under any other.* A man who has a canker eating out his heart, will carry it with him wherever he goes; and if it be a spiritual canker, whether of envy, habitual discontent, unbridled ill-nature, it would go with the gold, and rust out all its brightness. Whatever a man is to-day with a last dollar, he will be radically, essentially, to-morrow with millions, unless the heart is changed. Stop, reader, that is not the whole truth, for the whole truth has something of the terrible in it. Whatever of an undesirable disposition a man has to-day without money, he will have to-morrow to an exaggerated extent, unless the heart be changed: the miser will become more miserly; the drunkard more drunken, the debauchee more debauched; the fretful still more complaining. Hence, the striking wisdom of the scripture injunction, that all our ambitions should begin with this: "Seek first the kingdom of God and his

righteousness;" that is to say, if you are not comfortable, not happy *now*, under the circumstances which surround you, and wish to be more comfortable, more happy, your first step should be to seek a change of heart, of disposition, and *then* the other things will follow, *without the greater wealth!* And having the moral comfort, bodily comfort, bodily health will follow apace, to the extent of your using rational means. Bodily comfort, or health, and mental comfort have on one another the most powerful reactions; neither can be perfect without the other, at least, approximates to it; in short—CULTIVATE HEALTH AND A GOOD HEART; for with these you may be "comfortable" without a farthing; without them, never! although you may possess millions.—*Half's Jour. of Health.*

PERFUMING SICK ROOMS.

Various things have been recommended, such as the sprinkling of sugar on burning coals, the odor of roasted coffee, sliced onions, and the like. These things are worse than useless. The odor of the sick chamber is merely overpowered; it is neither removed nor destroyed; and, by the additional odor of the sugar or the coffee, each breath of air becomes more solid, by the displacement of its more yielding vital qualities—as the same point of space can not be occupied by a particle of odor and a particle of oxygen at the same time. The odoriferous atom being more material than an atom of oxygen, the latter yields, gives way to the former, so that the expedient is only apparently beneficial; it may be grateful to a visitor, but it is positively hurtful to the invalid.

There are some articles which, if dampened with water, absolutely absorb bad odors, such as unslaked lime or pulverized charcoal. Half a pound or less of copperas, dissolved in water, and thrown into a privy, absorbs the odors in a few moments, by its strong attractive affinity for the sulphuretted hydrogen. Still, the only safe,

certain, and absolutely perfect deodorizer, is a thorough ventilation of the chamber of the sick, and it is an act of humanity to accomplish it. It should be the study of every nurse and every physician, during every hour of attendance, to promote, in all possible ways, a constant moderate change of atmosphere. This is easily done in fire-time of the year, by keeping the grate or fire-place open, and occasionally opening a window or door opposite. In the summer time, the most simple and effectual method is to build a fire of light materials in the fire-place, several times during the day, oftener during the night hours, with the door open all the time. This will inevitably give a gentle circulation, by which sick odors will be driven up the chimney, to be replaced by the fresh, out-door air. It is not meant that a fire should be kept burning all the time, in a hot summer's day, but to have a small blaze from very light materials, which will burn out in half an hour. The reason for this is, that in the whole circuit of nature, the most efficient of all remedial means, in every disease, and without which there can be no perfect recovery, is an abundant and constant supply of a pure fresh air from without.

ON THE TREATMENT OF CHRONIC ECZEMA IN CHILDREN.

Dr. BEHREND states that he has many cases of more or less obstinately chronic eczema brought to his poliklinik. In some of these it is found on the head and face, in others on the extremities or on the genitals, but in very few on the trunk. The ages of the children have varied from seven months to seven years, while in a few cases even the period of puberty has been passed. These eruptions are very troublesome to both patient and practitioner, becoming obstinate and relapsing in proportion to the length of time that they have existed. A so-called *crusta lactea*, or an eczema of the scalp, occurring in a child of from

eight to twelve months old, is easier of cure than is an eczema in a child of two years old, that itself was originally only a milk-scald. It is a well known fact that a secretion, originally pathological, may in time become a physiological one, or that which was originally a diseased condition may become necessary for the preservation of health. Hence arose the fears of metastasis in the minds of the older writers, when called upon to treat affections attended with considerable secretion, that had long continued. They were true observers, and their care on this point was not without grounds; and Dr. Behrend cannot agree with those who think that all mere local affections of the skin, of however long duration they may be, may be suddenly dispersed, when this is possible, with impunity. Even *crusta lactea* has usually arisen from a too rich and stimulating diet, and requires general as well as local treatment, and a due regulation of the diet. When the affection becomes rooted into a locality, the skin there acquires secretory functions which are not so easily arrested. If we suppress chronic eczema by mere local treatment in one spot, it will break out in another, and so on. Local means are, however, of the greatest importance, and without them, by the aid of internal means alone, we shall seldom, if ever, be able to remove old eczematous or impetiginous eruptions. Such general means, partly acting by their derivative power, and partly by the specific effects they exert on the blood, must not be neglected. The local indications are the following.

1. The separation of the scabs or crusts. This may be best accomplished by poultices and fomentations, the former being very applicable when the eczematous spots are limited, and are not situated on the head, face, or neck, where cataplasms should not be applied. It is a good plan to previously moisten the places where the poultices are to be applied with a solution of carb. sodæ (3ij ad 3viij). When large surfaces are covered with eczematous scabs a water dressing is much to be preferred.

Thin towels or pieces of linen are soaked in a solution of sub-carb. potash (3j ad 3vj or 3viij), and then carefully applied around the whole eczematous part. Over these, dry cloths or towels are laid, and the whole covered over with oiled silk and a bandage. This dressing is renewed every two or three hours, care being taken that the outer envelopes covering the wet ones be kept constantly dry. In a few days, the scabs will all have separated. Pure water will not effect the separation like the solutions of potash or soda. The soda is somewhat milder than the potash, and, in sensitive subjects, having an irritated skin, should be first tried. If the scabs are placed on the face, neck, or head, the application is not suitable, as the exclusion of the external air, which is essential to success, cannot be so well accomplished as on the limbs. For these parts, therefore, the author uses cod-liver oil soap liniment, made by the simple mixture of carb. pot. or carb. soda with cod-liver oil (3j ad 3j), and with this the crusts are penciled over night and morning, having been previously moistened with the solution of soda or potash already mentioned. After penciling the parts with the liniment in the evening, they are covered with a silk cap, cravat, &c., to protect the bed-clothes. This is removed next morning, the parts are carefully moistened with the alkaline solution by means of a sponge or towel, and all the loose crusts are carefully removed. The liniment and the silk covering are then again applied, and so on again in the evening. This separation of the scabs is of great importance for the cure, for they are the chief cause of the constant itching and scratching, which excite new inflammation and secretion, and renewed formation of scabs. The scabs also prevent applications being made to the diseased surfaces. By their removal much has been already obtained, and we have then only to keep the inflamed surface constantly clean. For this purpose, cataplasms are no longer required, but the application of the alkaline washes and the liniments must be continued. Usually

after a week or a fortnight, or sometimes only after two or three weeks' employment of this procedure, we have, in place of the scabby, itching parts, smooth, red, inflamed surfaces, which no longer itch, and are scarcely painful, but which, if left to themselves, would again produce secretion and scabs.

2. The second indication is, therefore, the removal of the inflammatory condition of the skin. One of the best means to this end, is the application of a solution of 3j of acetate of zinc, and the same of acetate of lead, in 3ix of distilled water, adding to this, at the time of using it, an equal quantity of strong chamomile infusion. To the extremities this is applied as the water dressing already named, while, when the eczema occurs on the face, &c., either portions of the rag wetted with it are applied, or the parts are moistened with it several times in the day and night. In this way the inflammation may almost always be relieved. The chief difficulty is found in old obstinate cases of eczema, when a knotty condition of the cutis is found to be present, which gives to the finger passed over the surface, the idea of numerous small tubercles. The knots are formed by the loosening of the texture of the cutis, and minute exudations produced by the inflammation. Each little knot requires to be touched with the nitrate of silver, which is a very tedious process, but they are usually speedily removed. If these knots are overlooked, the eczema will certainly return.

3. The third indication is the restoration of its normal activity to the skin, after having relieved or moderated the inflammation, as indicated by its increasing whiteness and dryness. How this is to be effected will depend upon circumstances, such as the constitution of the patient, or the presence of complications and predispositions, which will determine whether derivatives, exutories, or alteratives, should be employed; or whether, as in the acrofulous diathesis, iodine or cod-liver oil should be resorted to. The diet should, for the most part, be bland—all stimulating and

luxurious food and drinks being forbidden. Meat should be sparingly employed, and various unwholesome articles of diet, such as cheese, fish, &c., should not be allowed. Free exercise in the open country air, and a residence at the sea-side, are especially useful. The means are further aided by applications to the skin possessed of a strengthening or tonifying effect, such as especially alum, sulphate of zinc, sulphate of iron, the oleum cadinum, oleum Rusci, &c. If the eczematous child is at the breast, it should be weaned, or at all events its nurse should be changed, or her system regulated by appropriate diet and aperients.

The practitioner must not endeavor to obtain any hasty cure—weeks and months being required where large surfaces have become accustomed to abnormal secretions. The cure should be gradual, or bit by bit.—*Med. Times and Gaz.*

ON CHLORODYNE.

BY DR. THOMAS A. HENDERSON.

[Dr. Henderson has been much pleased with the effects of chlorodyne in a case of severe pain in the hip joint and in the vertebrae of the neck, in a patient long subject to chronic rheumatism.]

He could not tolerate opium, hyoscinus, or belladonna, and, in despair almost, I gave him a prescription for a mixture of chlorodyne, in water, the dose being twelve minims. He only took two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains returns, he now takes a dose at bed-time, feeling secure of an escape from suffering for some days. I have also applied it locally, with good results, but in too few cases to report much on it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.—*Med. Times and Gaz.*

SUMMARY OF NEW PUBLICATIONS.

Among the large number of more or less important works issued during the past quarter, to which we shall take a future occasion to advert more particularly, Dr. Richardson's Prize Essay "On the Coagulation of the Blood" claims the first mention; physiology is further represented by a Catechism of the science, of which Mr. Wharton Jones is the author, and by the first volume of Dr. Brown-Sequard's "Journal de la Physiologie de l'Homme et des Animaux." Surgery brings us an important illustrated work by Mr. MacLise, "On Dislocation and Fractures;" a volume by Mr. Holthouse "On Squinting," in which the subcutaneous method of operation is specially advocated; and an account of Portuguese Ophthalmology, by Doctor Marques. The pathology of the articular cartilages is discussed by Mr. Bryant, while that of Gleet finds an expositor in Dr. Dick. Two large illustrated works on Midwifery have reached us from the United States—the one a translation, by Dr. Bullock, of M. Cazeaux's theoretical and practical treatise on the subject; the other, an original work "On the Principles and Practice of Obstetrics," by Dr. Henry Miller. Dr. Waller presents us with a fourth edition of his "Elements of Practical Midwifery;" a republication of Dr. Barnes' well known lectures "On the Physiology and Treatment of Placenta Prævia," which originally appeared in the *Lancet*, belongs to the same category, as well as Dr. Lee's treatise "On the Employment of the Speculum."

The most numerous accessions to professional literature have been in the department of Medicine, *sensu strictiore*; though a mere glance suffices to prove them of very varying quality. Second and third editions respectively are issued of Dr. Churchill's and Dr. Forsyth Meigs' works on the diseases of children; clinical medicine finds an exponent in Prof. Naumann's "Ergebnisse und Studien aus der Medicinischen Klinik zu Bonn;" epilepsy is criti-

cally and experimentally analyzed by Dr. Brown-Sequard, while Dr. Davey presents us with a treatise on the ganglionic nervous system, and "Some of the more Obscure Forms of Nervous affections" are discussed by Mr. Lobb. Dr. Lionel Beale's "Illustrations of the Constituents of the Urine, Urinary Deposits and Calculi," are now collected into one volume; the literature of rheumatism and gout is increased by a work of Dr. Alexander on these twin diseases; Mr. Nourse is not afraid to approach an equally trite subject—Cholera. Much labor has been bestowed by Dr. Peacock on the malformations of the heart, and he offers us a record of very interesting cases, chiefly observed by himself; the accompanying illustrations aid in rendering this an important contribution to cardiac pathology. Anatomy, physiology, and pathology, are conjointly represented in Dr. Peaslee's volume on Histology.

Numerous Reports from the various Officers of Health, testify to the zeal with which these gentlemen are prosecuting their beneficial labors. With these we would mention Mr. Rumsey's address "On Sanitary Legislation and Administration in England," Dr. Greenhow's paper "On the Study of Epidemic Disease," and Dr. Muhry's profound climatological work, entitled "Climatologische Untersuchungen."

In Psychological Medicine, we have to advert, in addition to the numerous reports of asylums, and periodical literature on the subject, in England and America, to "The Medical and Legal Relations of Madness," by Dr. Joshua Burgess. The first part of the second volume of the *Midland Journal*, and the January number of the *Liverpool Medico-Chirurgical Journal*, are before us; and our attention is also called to the first number of the *Atlantis*, a register of literature and science, conducted by members of the Catholic University of Ireland, the title of which would seem to imply that literature and science are to be dragged into that arena of religious warfare which has so long poisoned the life-blood of Ireland.

We cannot conclude this list without adverting, in terms of the highest praise, to the fifteenth edition of Dr. Dunglison's great "Dictionary of Medical Science," in which six thousand subjects and terms have been added. We also point with satisfaction to the fact, that medical logic appears to have secured a professional chair, if we may draw this conclusion from the fact that we have received an elaborate syllabus of lectures on the subject, purporting to have been delivered at Aberdeen. Strange to say, the lecturer's name is not given.—*Medico-Chir. Review*, April, 1858.

THE CRUCIBLE AND THE MICROSCOPE.

Which of these instruments is the more important can hardly be a disputed question at the present day. The microscope must yield the palm to the crucible in general science, and in medicine in particular. The crucible teaches us that our bodies are formed of the ultimate elements of matter, of which are formed all the material substances of the earth, and its inhabitants, vegetable and animal. It reveals to us also the proximate elements of our organs, as fibrin, albumen, fat, &c. It has shown that our food is composed of the same elements, proximate and ultimate, as the body, which it nourishes. It has shown that the various *excreta*, as the bile, the urine, the matters thrown off by the skin and lungs, are metamorphosed—decaying tissues, which have served their term of duty in the vital economy; that food is a combustible substance, and must be such in order to be food; that animal heat is kept up by combustion, or the combination of oxygen with the food; that the play of the functions, the exercise of each individual organ, is attended by oxydation, or combustion, followed by the protean mutations of the food, that satisfies hunger, and the water, that satiates thirst, from the moment of their ingestion to that of their final elimination, and accounted

for every particle. Such a portion went to the repair of the various tissues, and, after serving its purpose, was cast off as uric acid, and the urates, the protean compounds, for example; another portion formed the fats, another was burned off in the blood itself, to give rise to animal heat, and formed carbonic acid and water, as the carbo-hydrates; certain portions were separated by the liver in the form of bile, &c.

But for what chemistry has done, medicine would be merely an empirical science. We would, it is true, know that man lives; but the only reason for the fact that we could give, would be that he has a *vital principle*. We would know that the food nourishes him, but not the *how* or the *why*; we should be able to say that breathing is necessary, without knowing either what enters or what leaves the blood in that important function. We should know that the arrest of the secretion is injurious to health, without knowing whence they are derived, how formed, or why thrown off. Medicine is obscure enough at best; without chemistry, it would be total darkness.

We do not intend, by these remarks, to underrate the merits of the ancients. They guessed well. They knew that there were morbid elements, whether they knew where they came from or not, and they knew that the well-being of the system required that these elements should be removed; and they learned by experience that certain modes of treatment aided in their removal. Thus, in the absence of positive science, they followed suggestions or observation and experience on a limited scale, and unaided by the deeper knowledge which has resulted from the researches of the moderns, with the powerful instruments and engines, by whose agency nature has been forced to yield so many of her secrets. The ancients quietly listened to the oracle of nature; the moderns, like Alexander, have forced the oracle to speak when she would fain have remained silent.

For the last ten or twelve years, the microscope has almost thrown the crucible into the shade. It was the means by

which the obscurities of disease were to be removed. It was taken for granted that each and every disease has its particular and microscopic forms, and that consequently, all that had to be done, in order to diagnose them, was to look through a microscope. Immediately all eyes were applied to all microscopes; clinical observation and experience were set at naught, and the aged princes and demigods of medicine, were treated with disrespect and levity, by the juveniles and the tyros, on whose retinas had been poured, through the optic tube, the transcendent revelations through the little world of the microscope. "What do you know about cancer, and fibrous tumor, and canceroid, and tubercle, Mr. Velpeau, you who never looked thro' a microscope?" Our object in these remarks, however, is not to underrate the microscope, but to compare what it has done for medicine with what chemistry has done for the same science.

As to the diseases of the solids, as the tumors and deposits, we may safely remark, that by neither the one instrument nor the other, nor by both together, can much be done in the way of diagnosis. Chemistry can tell us the proportions of fibrin, albumen, fat, &c., in a tumor or deposit, but in the present state, these items of knowledge have but little if any diagnostic value. The microscope tells us something of the shape and size of the molecules, cells and fibers, of the diseased structure, but such knowledge amounts to about zero in the diagnostic scale. The fact seems to be that these neat diagnoses in the tumors, these well marked and clear divisions so much talked of, those hiatuses and profound and impassable gulfs of difference and division, which the microscope was to map out, do not exist in nature. The differences are mainly of degree; the tumors and deposits shade off into each other—change into each other. So that it is certainly a good excuse for the microscope, that it could not find the specific cell, because such cell does not exist.

The microscope is of some service in the diagnosis of urinary deposits; the crystals

of the various salts of the urine can be detected by it, but the quantity of these various ingredients must be determined by the crucible, and to ascertain the quantity is the important point. It is by the crucible that we detect albumen in the urine; the same of diabetes mellitus. It is by this means that we detect the poisons and the medicines ingested in the stomach and bowels, and the various excreta. Chemistry has furnished the antidotes for the poisons, and remedies for many diseased states: the alkalis for the lithic acid diathesis and gout, the acids for the alkaline diathesis, &c. Chemistry explains the operation of many remedial agents and agencies. Iron is a constituent of the blood corpuscles, and it doubtless operates in anemia by increasing those corpuscles. Climate operates chemically. The warm air of low latitudes differs in its amount of oxygen to the cubic inch, from the cold air of the regions nearer the poles. Heat dilates—cold contracts—the surface of our bodies, as well as a bar of iron. Whatever increases the respiration, increases the arteriality of the blood and the heat of the animal, and *vice versa*. By covering up a wound or ulcer with a plaster, we prevent the contact of oxygen and the consequent pain which this great stimulator to combustion causes.

All the benefits which chemistry is to confer on medicine, the savans of ten centuries hence will not be able to enumerate.—*St. Louis Medical Journal*.

POISONING BY CIGARS.—Prof. Bunsen, of Heidelberg, has just started a question of interest to smokers—viz: the possibility of poisoning by introducing arsenic into a cigar. From various experiments made in his laboratory by Dr. Reisinger, it appears that the quantity of arsenic acid which may penetrate into the mouth, is about a grain and a half, when the cigar has been steeped in a solution of arsenic; and that the quantity inhaled under the form of smoke, is about one-eighth of a grain, when the cigar is filled with arsenic in its solid form.

Part 3.—Editorial.

DR. L. M. LAWSON ON MEDICAL SECTS.

On Thursday evening, August 5th, 1858, the members of the American Dental profession assembled to partake of a supper, at Melodeon Hall, by way of a social reunion, and as a very proper termination of their labors in this city. The supper itself was a very appropriate affair, and was served up as a souvenir to bind more closely together, in the bonds of love and fellowship, those who had assembled here from distant cities and States.

The proceedings of the convention had been marked by great kindness and unanimity of sentiment. Dignity and urbanity had characterized every act of the convention, and it is only natural that they should be willing to meet around the festive board, and exchange friendly sentiments, as they were on the eve of separating for their distant homes.

To this supper many of the medical practitioners of the city, including members of the different medical parties, were cordially invited by the managers on the part of the dental profession. The hour for assembling arrived, the hall was crowded; sweet music rose and fell in gentle cadence, while the hum of human voices swelled the tide, and was even caught up by the throngs outside. The supper, which was a brilliant affair, elicited well deserved compliments, and every thing was passing off in the most pleasant manner, when it occurred to Dr. Lawson to respond to a toast—"The Medical Profession"—and a sentence of which response now claims a notice at our hands. The Doctor, like a school-boy trying to show off on examination day, rather overdid the thing, and threw a chill upon the otherwise urbane and friendly proceedings of the evening.

In the course of his remarks, Dr. L. M. Lawson said, that "in the three grand di-

visions of the medical profession, *Allopathic was good for men; Homœopathic, good for women and babies; and Eclectic, good for horses and cows.*"

Some things are appropriate in their place, some at particular times, and others are never appropriate in any place, nor at any time; and of all places, at a festive board, amid strangers, and while partaking of the hospitalities of others—that, it seems to us, ought to have been the last place to have indulged in partizan rancor. To say the least, it exhibited very bad taste, and looked very much as though the gentleman had been dining on fox-tails, done up in acetic acid. Lord Chesterfield could have informed him, if common experience would not, that the dental convention cared very little for his private medical prejudices or opinions, and that any attempt to expatiate on the "difference 'twixt tweedledum and tweedledee" was decidedly a "bore;" that it manifested no wit, a poor appreciation of propriety, and exhibited a malevolence very little short of positive fanaticism.

Now, logically, Dr. Lawson has placed himself in a dilemma, which no doubt those who employ his medical services would like to have cleared up at once. Allopathy is good for "*men*," but it is only Homœopathy that is good for "*women and babies*." This evidently is the honest conviction of Dr. Lawson—for we give him credit for great honesty; but will he have the frankness to teach this doctrine to the class of the Ohio Medical College this winter? Again, when the Doctor is called to Mrs. A. or B., or either of their little ones, will he have the honesty to say, Madam, my system is good for men, but you must send for Dr. H., whose system is alone "*good for women and babies*?" We wonder if the fee will not warp the judgment of the learned savant then, and induce him to try his masculine practice on the delicate women and tender babies?

The truth is, the Doctor has entangled himself, and there is but one way to get out of it—that is, by acknowledging himself untrue to the dignity and candor of a

noble profession. That his heroic system of treating the diseases of "women and babies," is less safe, less efficient, than the more rational diet treatment of the Homœopathic fraternity, common experience bears abundant testimony. We all know, that delicate females and children cannot be bled, blistered, salivated, and purged, to the same extent and with the same impunity, that men, with their more robust constitutions, may be. Because the poor "women and babies" die under this terrible system of drugging, it is not, therefore, good for them; but because men are hard to kill—because their constitutions will resist stoutly the ravages of calomel, bleeding, blistering, &c., it is thought to be good for them. But let Dr. Lawson, or any other Allopathic doctor, ask a poor relict of a former man, whose teeth have dropped out, whose hair is prematurely gray, whose bones are now carious, whose joints are stiff and rheumatic from the use of mercury and similar Allopathic remedies, if Allopathy was good for him, and we rather think he would disagree with Dr. Lawson. Ask the widow, when returning from the scenes of sepulture, if Allopathy was good for her husband—ask the orphan who weeps by its parent's grave, if Allopathy was good for its father—and again we fear that the cold sound of No would meet the Doctor's ear.

That Dr. Lawson and his friends of the Allopathic faith, should have persuaded a few credulous persons to believe that Allopathy was good for men, we do not deny; but ask those who have tried more rational practices, simpler and safer, and they might deny the position of Dr. Lawson, in toto.

Again, we ask Dr. L. M. Lawson to go to the 2000 families in Cincinnati, who rely upon Eclectic treatment, and inquire if it is good only "for horses and cows." Are they, and all who refuse to be poisoned with calomel and similar agents, "horses and cows?" If so, it strikes us they exhibit a vast amount of discretion and good sense, and one is forced to think that the fact of the repudiation of Allopathy, and

the employment of Eclecticism, by so many intelligent people, is felt as a cutting rebuke by Dr. Lawson.

But such remarks are so unworthy of Dr. Lawson, or any other gentleman of ordinary intelligence, that we cannot but feel that the Doctor stands very much in the position of the witness who was over-anxious to convict his enemy of some crime, and after testifying, turned to the court and inquired, if he had said enough to convict the prisoner, for, if he had not, he wished to say more. The Doctor has shown too much zeal in impugning the benefits of Eclecticism. He very probably did not recognize the fact, that many of the delegates to that convention were graduates of the Eclectic Medical Institute, and were well aware that, whether a horse doctor institution or not, it was and is the leading medical school of the West, and that the success of its practice was far more satisfactory than that of the contracted, heroic system of Allopathy. He did not probably know that the Allopathic branch of the profession claims to use all the agents which Eclectics employ, but that, in reality, Allopaths, in the main, use only a few of them, relying mostly on those poisonous compounds which we have shown, time and again, to be most dangerous. The Eclectic Medical Institute graduates are every where as successful as those of any institution in America, and when they come in competition with the actions of the Ohio Medical College, they readily demonstrate the superiority of their medical education.

The littleness of such speeches only proves how necessary is such a school in this city, to hold in check the arrogance of the Allopathic branch, or such members thereof as Dr. Lawson. We had hoped that Dr. L.'s medical education had so far refined him as to show him the impropriety of any such proscription of men merely for opinion's sake. It is worse than Jacobinism to attempt to ostracise men simply because they will not accept as gospel, the opinions of Dr. Lawson and the American Medical Association. Such

a course is unworthy of any American man of science, and reflects no credit on either his intelligence or his consistency. The first efforts to reform the abuses of the regular medical profession, were no doubt crude; so the first efforts to reform the abuses of the church, caused the priests to say some hard things of Luther and his co-laborers; so, too, King George had a most contemptible opinion of those whom he was pleased to denominate rebels. But Luther's party soon grew to be a power which shook the Papal dominion over the souls of men to its center. The rebels of America have shown that rebellion is good when applied for proper purposes. So Eclecticism is now building up a party whose formidable numbers seem to have frightened Dr. Lawson enormously.

The Eclectics of this day are, as a body, quite as learned as any other physicians in the United States; and that the essential doctrines taught by the schools thus designated, are correct, we have only to reflect a moment to see, or present the records and testimony of such authority as will not be questioned even by the polite Dr. Lawson. We contended that bleeding was wrong; has the profession not almost ceased to bleed? We warred against mercurials; where are the ounce doses of calomel that used to be given? These were vital points, and if we were wrong, why is the profession in Europe so greatly exercised about Bennett and Allison's controversy—both admitting the fact that bleeding in certain inflammatory diseases is injudicious, yet trying to excuse the old practice? Let it be remembered that this quarrel is an Allopathic quarrel. What gave rise to it? The war on the lancet in this country,

We have been asked why we did not reply to Dr. Lawson. We answer that the game was small, and common gentility forbade our forcing a medical quarrel on the unoffending guests of the dental levee. What we have said is in reply to the newspaper reports of his remarks, and not personally an answer to him. Whenever Dr. Lawson, or any other "Regular," wishes

to measure lances with us, through the medium of the medical press, we shall be most happy to accommodate him. In the mean time, we shall pursue our way, always waging a fair but uncompromising battle against the quackery and error of the so-called regular medical profession, which practices a system only "good for men."

WHAT IS ECLECTICISM?

R. S. NEWTON, M. D.:—A friend and neighbor, Dr. A. T. Losee, put into my hands, a short time since, a few numbers of the Eclectic Medical Journal, of which you are one of the editors. I find that it is conducted with ability, is largely practical, and, were it not a strong party journal, might be eminently useful; but I regret to find it arrayed against the regular profession. In the number for January, is an article from your pen on "Progress in Medical Science," in which you state the grounds of difference between what you denominate the "Allopathic and Eclectic" schools. You represent the regular profession as "*Allopathic*." This is surprising. Do you know any such school? I do not, nor any one who makes "allopathy" a governing principle of his practice. Allopathy, being that system of practice which seeks to cure one disease by the substitution of another, is, I presume, practiced as much by those you call "Eclectics," as by any others, for in this very number is an article from the pen of one of them, in which setons in the neck are recommended in a case of amaurosis, and in other instances blisters. These are truly allopathic remedies, and the entire practice recommended in these numbers of the Journal, is just as much so as that which you condemn in others.

The Eclectics, you say, repudiate the "*phlogistic pathology*," and "*blood-letting*" with it. By phlogistic, you of course mean inflammatory, and that you have a new method of explaining the phenomena that attend those diseases, different from that

generally adopted by the profession proper. Whatever your pathological views may be, the question as to the propriety and usefulness of blood-letting is not to be settled in this manner, but by *observation of its effects* in the treatment of disease; and these are sometimes so strikingly salutary, that it almost seems incredible that any practical medical man, who has judiciously used this remedy, should have any doubt on the subject. In my own practice, I have had many cases in which blood-letting has been immensely beneficial—nay, absolutely saved the life of the patient, in many instances, when no other remedy could have been substituted. If in this I am mistaken, and the testimony of the most enlightened physicians for centuries is not to be relied on, as to the usefulness and sometimes indispensable necessity of this remedy, I think it may well be doubted whether we are in possession of any medical facts whatever, as absolute demonstration is out of the question.

"The Eclectics," you remark, "invariably ask for and rely on facts, while the opposition depend on theory and the opinion of others." This is truly going the whole figure: the Eclectics *invariably* rely on facts, whilst the "opposition"—that is, about nineteen-twentieths of all the medical men in the country—depend on "theory and the opinion of others." If this is true, to what class do the "others" belong? This remark is so extravagant, that I presume it was written in haste, without due reflection, and that a "sober second thought" would have suppressed it. The term "Eclectic," as applied to your party, is surely a misnomer. The scientific physician, whose sole aim is truth, who repudiates parties and cliques, and the slang of "allopathy," and "new and old school," and who combats disease with all the remedies that experience has shown to be useful, is the true Eclectic, and there are hundreds of such in the regular profession, or "opposition," as you denominate it; and who, whilst ardently striving to attain a knowledge of the most successful methods of treating disease, endeavor, at the same

time, to arrive at a correct knowledge of their remote, exciting, and proximate causes, which latter constitute their true pathology. Your obedient servant,

E. PLATT, M. D., Rhinebeck, N. Y.

ANSWER.—The above letter, written with some candor, merits and shall receive a response at our hands; though, as a general rule, we could not be expected to use our Journal as a medium for replying to such of our correspondents as may feel disposed to take us to task for our medical faith. Dr. Platt seems, like his old neighbor, Rip Van Winkle, to have suddenly awakened to the realities of the progression of sentiment in his profession, and hence the pertinence of the inquiries made of us. We are asked if we know any school that is "allopathic?" The "regular" school is pleased to so denominate itself, and we rather think, according to the meaning of the word, it is essentially so. Let us present Dr. Platt with an acceptable definition of allopathy. It is derived from two Greek words, *allos*, other, and *pathos*, morbid condition, and signifies that method of medical practice, in which there is an attempt to cure disease by the production of a condition of the system either different from, opposed to, or incompatible with, the condition essential to the disease to be cured—the ordinary mode of medical practice, in opposition to homœopathy. In a word, any system of practice which bases itself upon the laws of contraries, is more or less allopathic. It is usual to apply it to the old system of physic, because, in this particular, it is diametrically opposed to the doctrine of similarity. Now, if the definition given is a correct one, and we think it is, it rather seems to us that Dr. Platt is himself an allopathist. The Eclectic practice is, in many particulars, indebted to the law of contraries for its philosophy, and is quite as warmly opposed to Homœopathy as Allopathy can be. So, on the other hand, very many excellent physicians of Dr. Platt's school are Eclectic in faith, but Allopathic, if not dogmatic, in practice. When the liver is torpid, Allopathist and

Eclectic attack it in the same way and for similar reasons, but the Eclectic claims the privilege of using other agents than mercurial preparations.

If Dr. Platt will peruse the letters of Bennett to Allison and Gardiner, and his paper before the Edinburgh society, he will find that others than Eclectics recognize the existence of a pathology which does not demand venesection in the treatment of inflammatory disease. The Doctor says that the propriety and usefulness of blood-letting is to be settled by "*observation of its effects*" in the treatment of disease." The observation of its effects is just the very thing which has caused nearly all enlightened physicians to almost entirely discard the practice of venesection. The theory of venesection is very beautiful; but the practice is very dangerous. Dr. Platt is evidently a long way behind the times, to talk about the indispensable utility of blood-letting, in 1858. The Doctor also talks about its having absolutely *saved* the lives of patients! Well, this is an opinion in the correctness of which we have "absolutely" no faith.

The position of the Doctor when he asserts that nineteen twentieths of the medical men in the country are "regular" physicians—that is, Allopathists—is simply ridiculous. There are now engaged in practice, about 8,000 Eclectic physicians in the United States, and if they constitute only one-twentieth of the profession, then we must have 160,000 doctors! Lord, deliver our people from the hands of the Philistines!

Dr. Platt, like very many of his brethren, finds it necessary to claim that all true physicians are Eclectic. Well, we do not object; and if the Doctor will continue to read our Journal, he will soon learn, that Eclecticism is a very sensible and popular system of medicine, and worthy of his attention.

MEETING OF THE ECLECTIC PHYSICIANS OF THE WABASH VALLEY.

[These proceedings were received too late for the August number of the Journal.]

In answer to a call issued by the Eclectic physicians of Clark county, Ills., quite a number of the Eclectics of the Wabash valley assembled in Marshall, the county seat of the above-named county, on Thursday, July 1st, 1858, for the purpose of organizing an Eclectic Medical Society; but owing to sickness having set in earlier than usual, the attendance was not as large as it would otherwise have been, and it was deemed expedient by those present to defer an organization until our next meeting, which will be held in this place (Marshall), on Thursday, the 11th of November next, at which time we confidently expect to meet as many of our brethren in the cause as can possibly attend. The importance of well regulated societies is too fully appreciated by the profession to require argument at this time, and we again say to all who live within a reasonable distance, come without fail.

Our meeting of July 1st was not without its influence for good, although we did not deem it best to organize permanently. Those who were present met in Dr. Bland's office at 1 o'clock, P. M., and organized temporarily by appointing Dr. D. S. Allhands Chairman, and Dr. T. A. Bland, Secretary. After which, some hours were spent in friendly discussion of subjects connected with the interests of the cause, and in making all necessary arrangements for our next meeting.

On motion, adjourned to meet at the Court House, at 8 o'clock, at which time Dr. A. Malone, of Palestine, Ills., was expected to deliver a public lecture; but, from some unknown cause, Dr. Malone did not arrive, and Dr. Bland took the stand, and delivered an off-hand address of an hour and a quarter, on the history of medicine and the peculiarities of Eclecticism, which was well received by a very respect-

The deaths from yellow fever in New Orleans, in the week ending Aug. 15, 1858, were 286; other diseases, 171; total, 457.

able audience of ladies and gentlemen. The only exception to the above, as far as we can learn, was an old disciple of Paracelsus, who has grown gray in the service of the heathen god (mercury), who frequently showed symptoms of not feeling very comfortable; and when the unnumbered crimes of his venerated but fast waning deity, were being held up in all their hideousness, to the public eye, to receive, as they deserve, universal condemnation, and he called upon to refute the charge, if false, his disease seemed to assume a malignant form, and he left with a flea in his ear.

D. S. ALLHANDS, *Chairman*.

T. A. BLAND, *Secretary*.

NEW PUBLICATIONS.

THE AMERICAN ECLECTIC MATERIA MEDICA AND THERAPEUTICS. By L. E. JONES, M. D., Professor of Materia Medica and Therapeutics in the Eclectic Medical Institute of Cincinnati, and J. M. SOUTHER, M. D., Professor of Obstetrics and the Diseases of Women and Children in the same institution, etc.

The first part of this work (Therapeutics) is now before us. It has long been looked for, and no doubt the profession will receive it as a welcome visitor. This part constitutes a volume of over 300 pages. In order that the reader may fully understand its claims, we make the following extract from the preface.

"In preparing this treatise on General and Special Therapeutics, the authors have endeavored to present a mass of information, which heretofore has been out of the reach of the general medical reader. We have long felt the want of an elementary treatise on this subject, by the aid of which we could impress what we conceive to be the groundwork of practical medicine upon the minds of our students. It is true, much of this information may be found in the elaborate treatises on materia medica published within the last half-century; but this is in detached portions, and scattered through large volumes, and so associated

with special medicinal agents, that it has not its full influence upon the mind of the reader. It has been our object to collect these scattered facts—adding to them the latest inquiries upon the subject, and the results of our experience—arranging them in such a form as to clearly present the principles of therapeutics.

"The scope of the work has been to present first, a succinct description of the various theories in regard to disease, and principles of treatment which have grown out of them; hence we have noticed *antipathia*, *homœopathy*, *allopathia*, the *brunonian theory*, the *doctrine of contra-stimulus*, the *chrono-thermal system of medicine*, and *hydropathy*. Second, to give a concise description of the pathology of disease, the mode by which nature removes disease when unaided by medicine, the action of medicine upon the system, the parts to which medicines are applied, the mode in which medicinal agents act when introduced into the stomach, and the art of prescribing medicines. Third, to give a classification of medicines, and accurately describe each class of agents, their action upon the system, why they prove curative, and in what diseases or conditions of the system they are indicated.

"It will thus be seen that our field of inquiry has been large—embracing all the points in practical therapeutics, or the treatment of disease, a correct knowledge of each of which is absolutely indispensable to the rational practice of medicine. If we have so presented them to the reader, as to facilitate the study of medicine, we will be abundantly rewarded for our labor."

We also copy the chapter on the therapeutic indications of sedatives, as a sample of the character of the work.

"Sedatives reduce the momentum of the circulation, by arresting the innervation of the heart; the pulse becomes slower and weaker, when the patient retains the recumbent position; but its rapidity is often increased by any muscular exertion, the increased action compensating for its diminished energy. They lessen the action

of the respiratory organs, by deadening the sensibility of the pneumogastric nerve; they diminish the sensation of want of air, and hence, even if the motor nerves were not affected, respiration would be slower. As the respiration is slower, the amount of oxygen conveyed into the system is less in quantity, and calorification is diminished. They lessen the tonicity of the muscular fiber, by their paralyzing effect upon the motor nerves. This is apparent from the general relaxation which follows their employment, and by the softened feel of the pulse at the wrist.

"The primary influence of the proper stimulants is most undoubtedly exerted upon the cerebro-spinal system, as is the case with sedatives; and the influence of sedatives is directly antagonistic to, or the reverse of stimulants.

"From what has already been stated, the therapeutical application of this class of remedies must be apparent; they are adapted to all cases of exalted organic action, inflammation, fever, etc. The excited heart, elevated temperature, hard and unyielding pulse, and the disordered state of the special senses, call for the administration of remedies fitted to appease their exalted energy; and such agents we have in the class we are now considering.

"1. *Action in Fever.*—In fever of a sthenic character, accompanied with a high grade of re-action, both *direct* and *indirect* sedatives may be used with great advantage. The latter class of agents are in general use in such cases; thus we often administer emetics in nauseant doses, to produce their sedative influence during the febrile paroxysm; by them we produce a direct sedative influence upon the nervous centers, the action of the heart is lessened, the respiration is slower, and the muscular system is relaxed. Specific emetics, however, if given in nauseant doses, without producing emesis, might, with propriety, be classed with sedatives; they act upon the nerves as special sedatives, producing their nauseant and emetic effect, it is supposed, by their influence upon the pneumogastric nerve. Their beneficial effect

in sedative doses, we suppose, is also exerted upon this nerve, and by this special sedation they lessen the action of the heart and lungs. The sedative action of these remedies, however, is partially antagonized by the re-action accompanying emesis.

"*Direct sedatives*, as aconite, veratrum viride, etc., exert a like sedative effect to emetics, without, however, producing nausea, or the reaction produced by vomiting. By their action upon the nerves of the heart and lungs, they check the excited action of these organs, reduce the frequency of the pulse, and produce relaxation of the entire system. Thus, under the use of the two agents named, we have seen the pulse reduced from 130 beats in a minute to 70; the pulse would become soft and full, the system relaxed, and perspiration induced. If the effects of the remedy were permanent, there would be but little need of other medicine; but as the agents are neurotic, their effects are transitory, and without the agent is repeated, the advantage gained is soon lost.

"The question might then arise, if their effects are so transient, what benefit will be gained by their administration? In the first place, we prevent the progression of the disease until other remedies have had time to produce their remedial effects; we also induce a state of the system that is favorable for the operation of remedies generally considered to be curative. Thus, we may easily produce diaphoresis, when the system is thus relaxed, and by this means re-establish a normal secretion, and cause the elimination of any morbid material existing in the blood. Their action in this respect will be seen to be the more important, when we reflect that these diseases frequently arise from suppression of this secretion, and with what difficulty it is ordinarily reproduced in high grades of fever. The same remarks will apply to other secretions with the same propriety; for instance, the kidneys in fever do not eliminate from the blood their normal secretion; nor can we produce diuresis during high febrile excitement, without great

difficulty; yet, under the relaxing influence of one of these sedatives, the circulation is elower, and free diuresis can be easily produced.

"Not only do they act as valuable auxiliaries in the treatment of fever, but they actually, in many instances, prove curative without any other treatment. Thus we have seen disease completely broken up, by keeping up their influence for twenty-four or thirty-six hours; under their relaxing and sedative influence, the secretions became free, and the system, relieved of the high degree of excitement, in this time freed itself of the *materies morbi* which produced and kept up the febrile re-action. Nor are we alone in believing them to be curative agents, for many have witnessed similar effects, and there are probably none who have used the two agents named, but what have noticed them in some instances.

"Compare the action of such an agent with the *lancet*, the great sedative agent of some practitioners, and we will clearly see the difference between sedation produced by a nerve medicine, and that produced by *exhausting the system of a fluid necessary to its existence*. In the one case, the effect is temporary, a *stoppage of nervous influence*; in the other, sedation is the result of *exhaustion*, produced by abstracting the nutritive fluid of the body.

"2. *Action in Pneumonia*.—This class of agents are of especial importance in the treatment of acute inflammation of the lungs, for many reasons.

"First, they exert a marked control over the action of the heart, and by lessening its action they prevent the rapid influx of blood to the lungs, and thus prevent the progress of the inflammation. The greater the quantity of blood sent to them, the more dyspnoea must there be, the more venous blood passing into the arteries, as well as the more risk of effusion of lymph, and the obliteration of the cellular texture of the organ. If, then, we can arrest this determination by the use of direct sedatives, which we can do, we arrest the main feature of the disease—in fact we stop the inflammatory action, and give the oppressed

lungs time to recover from their morbid condition.

"Second, they exert a direct action upon the pneumogastric nerve, calm its irritation, and through it exert a similar influence upon the inflamed tissue of the lung. By this action we diminish the sensation of *want of breath*, and thus do that for the lung which we do for the eye by darkening the room, or for an inflamed joint, when we prescribe absolute quiet—we do all we can to spare the exercise of the inflamed organ, which always aggravates the disease. By the same influence we check the harrassing cough, which invariably is accompanied with increased flow of blood to the lungs, and consequently increased congestion. The cough is checked, because the sensibility of the pneumogastric nerve is deadened, and it does not therefore convey to the brain the sensation of obstruction and irritation which exists in the lungs.

"Third, they relax the entire system, and by lessening the rapidity of the circulation, they relieve the excretory organs, and indirectly act as eliminatives. Thus, when the disease has arisen, as it may, from a morbid material in the circulation, either introduced from without or retained within the blood by the stoppage of an excretion, these agents produce that condition of the system that is favorable to its excretion.

"From what has been said above, it will be evident that they are not only valuable as auxiliaries to other treatment, but they also act as direct curative agents. Especially is this the case in the first stage of the disease, for in this case they often stop the progress of the inflammation, until the natural powers of the system removes the cause of the morbid process.

"Indirect sedatives have long been used to fulfill the indications just described; thus, we administer emetic agents in nauseant doses, to obtain their sedative effect upon the circulation, and because they diminish the sensibility of the lungs. By their use we prevent determination of blood to these organs, lessen their activity,

check the cough, reduce the force and rapidity of the circulation, and produce general relaxation.

"3. *Action in Chronic Diseases of the Respiratory Apparatus.*—This class of agents fulfills many indications in chronic diseases of the respiratory organs, in some cases being merely palliative, while in others they prove curative. In chronic bronchial inflammation and in phthisis pulmonalis, sedatives are valuable as palliatives, and even as curative agents. In these diseases, especially in the advanced stages, there is increased vascular action and nervous irritability, troublesome cough and hectic fever. The increased vascular activity, with the fixed irritation in the respiratory passages, keeps up an undue afflux of blood to the lungs, the presence of which, connected with the increased rapidity of circulation, tends to irritate and excite the diseased organs, and keep up and even aggravate the cough; while the cough, in return, serves to increase the general excitement and pulmonic inflammation and hectic fever. In such cases, the great desideratum is to moderate the momentum of the circulation by the use of sedatives, and to lessen the nervous excitability and irritability of the lungs and general system. Sedatives abate the incessant cough, moderate the hectic fever, and prove important sanative agents in curable cases, and equally important as palliatives in cases of an incurable character.

"They are also used with much advantage in asthma, pertussis, and certain catarrhal affections; they allay the irritation, and resolve the spasm upon which the cough is dependent, and often effectually relieve the complaint.

"4. *Action in Inflammation of the Serous Membranes.*—In this class of diseases, the agents we are now considering exert a prompt and marked curative influence. Wherever we have inflammation of a serous membrane, as in peritonitis, pleuritis, etc., we have a far greater excitement of the vascular and nervous systems, than when any other tissue is affected. Seda-

tives directly remove this excitement, allay the pain, and lessen the action of the heart; and by their influence in this respect, they rapidly lessen the inflammatory action. "Inflammation," says Dr. Fergusson, "being made up of vascular and nervous action, of the afflux of blood to a part, and of pain, it is not irrational to act on both the elements of the malady at the same time, or in periods shortly consecutive of each other." By these agents we do not directly upon both; by lessening the force and frequency of the pulse, we check the vascular afflux to the inflamed part, and the medicine depresses the entire nervous system; we therefore strike directly at the foundation of the disease. Thus, in peritonitis or pleuritis, by the administration of one of these agents, the veratrum viride, we may depress the action of the heart, lessen the pulse from 140 or 150 to 60 or 70 beats in the minute, relieve the severe pain, relax the system, promote the secretions, and by continuing the influence for twelve or twenty-four hours, the disease is entirely subdued.

"In the first stages of puerperal peritonitis, or other forms of puerperal fever, they also exert a marked curative influence. In these cases it will not do to let the inflammation progress for twelve or twenty-four hours, while we are waiting for the action of the ordinary remedies. If we wish to cure our patient, it is necessary, in many instances, that the inflammatory process should be immediately arrested, or at least kept from progressing. Sedatives, in these cases, fulfill every indication; they check the afflux of blood to the inflamed part, lessen the fever, and quiet nervous irritability; and this influence we can continue as long as we may desire, by their use. If they do not prove curative in these cases, which we believe they do, they at least arrest the progress of the disease, until we can influence the system with other agents.

"5. *Action in Rheumatism.*—This class of agents have proved to be very valuable in that species of rheumatism termed *inflammatory*. Its action in a case of this

kind may be accounted for in the same manner as in true inflammatory diseases. It reduces the action of the heart, and thus prevents the afflux of blood to the diseased part; it deadens the sensibilities of the nervous system, and it produces relaxation of the entire system, and free action of the excretory organs. In these diseases, however, they should always be combined with or followed by such agents as will eliminate from the system the morbid material that has produced and kept up the disease.

"Their most marked influence, however, is observed in cases of metastasis of the rheumatism to the heart. In these cases, the symptoms are always very alarming, and not without cause, for it is probably the only fatal form of rheumatism. The principal symptoms of the disease, rapid pulse, palpitation, pain in the region of the heart, and extending up to the shoulder, difficulty of respiration, etc., would indicate a condition in which these agents might be successfully employed. And we find that under their use we can control the circulation, remove the pain and other symptoms, and radically remove the disease.

"6. *Action in Disease of the Heart.*—In hypertrophy, or in dilatation of the heart, in aneurism of any of the large arteries, in palpitation of the heart, in ossification of the coronary arteries, aorta, etc., or in cases of ossification of the valves of the heart, the more frequent the systole and diastole of the organ, the more anxiety and suffering will the patient experience. Hence the importance of sedatives to allay the irritation existing, and reduce the frequency of the heart's action.

"They are also beneficial in angina pectoris, a disease that usually owes its origin to organic heart disease. It has been found that the surest preventive of this disease is to avoid every thing that will accelerate the circulation, as attacks of it can always be traced to either mental excitement or muscular exertion, which has caused an increased action of the heart. Sedatives, by exerting a direct control over this organ, will prevent the excitement by which the paroxysm is produced, and ma-

ny authors regard this class of agents as the most appropriate in the treatment of the paroxysms. Thus, Dr. Elliston recommends hydrocyanic acid as the best agent; others belladonna, stramonium, etc.

"7. *Topical Uses.*—We have already stated that these *direct sedatives* would produce the same effect upon the nerves, with which they are brought in contact, that they would upon the nervous system when absorbed and conveyed to the nerves by the circulation. They thus become very useful in neuralgia, by the topical application to the part affected. In facial neuralgia, for instance, we often observe marked benefit from the topical application of aconite; in some instances of very intractable cases, success has been reported by making an incision or incisions into the part affected, and injecting the sedative agents into the wounds, bringing them into direct contact with the nervous trunks.

"They are also used as topical agents in some conditions of the stomach. Thus, in nausea and efforts to vomit, arising from an irritation of the stomach, and not dependent upon morbid accumulation in it, sedatives calm the irritation, check the nausea, and stop the retching. In gastrodynia, pain or spasm of the bowels, or other local neuralgic affections, sedatives often give prompt and lasting relief."

This work is now offered to the medical profession, and no doubt will meet with a rapid sale. Price \$2; sent by mail, free of postage. Address the authors.

THE NEW YORK DENTAL JOURNAL. Edited by FRANK H. NORTON and GEORGE H. PERRINE. 68 pages monthly. \$2 a year.

This is one of the most valuable journals belonging to the dental profession. We heartily endorse the great effort which is being made to put this profession in a high and dignified position. We had a personal interview with Dr. Perrine, one of the editors, while he was attending the late Dental Convention in this city. He is a man up to the times—one that does not belong to the stand-still party in his profession. With such a man at the helm, the Journal is sure of success.

THE ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

OCTOBER, 1858.

NUMBER 10.

Part 1--Original Communications.

MERCURIALS.—No. 10.

BY L. B. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

**TENTH. MERCURIALS LODGE IN THE SYSTEM;
UNDERGO FREQUENT CHEMICAL CHANGES;
ARE IRRITANT POISONS IN EVERY FORM.**

In my last article, I commenced the discussion of the tenth proposition, which is the caption to the present essay. I now purpose resuming it at the point where I left it.

As a further and incontrovertible evidence of the tendency of mercury to accumulate in the system, I will present the synopsis of a case which occurred in this city, a few years since, a notice of which was published in the organ of the Medical College of Ohio. After death, the *tibia* of an individual who had been thoroughly mercurialized during life, was found to contain a considerable quantity of metallic mercury. That bone has often been exhibited as a scientific curiosity. It was carefully inspected, a few years since, by Calvin Fletcher, Esq., a former Trustee of the Eclectic Medical Institute. It was also seen by Prof. Carter, of this city, when a student of medicine in the Medical College of Ohio. Many others have examined

the same bone, and seen the crude mercury deposited within it, just below the knee. In this case the mercurials were exhibited in different forms. Calomel, corrosive sublimate, blue mass, and other preparations, were freely given. The endermic application, or mercurial inunction, was also resorted to with a view to saturate the system with that mineral.

Now, as mercury had been given in many different chemical forms, and in different ways, it is certain that chemical changes had taken place in the system; that certain elements entering into its different forms when exhibited, either had a stronger chemical affinity for certain constituents of the human body than they had for the mercury, or that certain constituents of the body had a stronger affinity for the elements united with the mercury, than they had for each other, and united with them, robbing thereby the combination of its mineral, and setting free that element of the compound in the form of a deposit of crude, or metallic mercury. No doubt the mercurials underwent a change in the system, but in what part reduction takes place (says Pereira) is unknown.

This example (which I have reported substantially as communicated to me by several different persons) affords an unanswerable argument in favor of the lodgment or tendency of mercury to accumulate in the system. It appears sufficient to sustain me in the position which I have taken in the caption to my tenth proposition, but my evidence (like the tendency

of mercury) is cumulative. I have the proof that mercury is found in every tissue of the body, and in all the secretions. Examples of the kind are found in those cases in which the system has been previously saturated with that pernicious and poisonous drug. As nothing can be lost by a repetition of the important proof furnished by Dr. Pereira, I will again introduce extracts from his valuable works, which I published in the commencement of this series of articles. They are so pointed, so emphatic, and so conclusive in character, that no sensible or rational medical man can deny, or will dare deny their truth. I will again give them, at the expense of what some may deem a useless repetition.

Pereira says (p. 598, vol. 1), mercury, whether used externally or internally, becomes absorbed, and subsequently deposited in some of the solids of the body, or cast off by some of the excretions. "Mercury," says he, "has been found in the reguline state, in the organic solids, viz., in the bones, brain, synovial capsules, the pleura, the humors of the eye, the cellular tissue, the lungs, &c., In what part of the system reduction is effected, has not been made out." He further remarks that "mercury has been found in the secretions, viz., in the perspiration, the saliva, the gastro-intestinal secretion, the bile, the urine, and the fluid of ulcers."

If these facts do not prove its liability to lodge in the system, it is vain to search for proof of any fact in the science of medicine. No matter in what way it gains admission into the system, it is liable to lodge in it, and undergo chemical changes; but, in all its forms, it remains an irritant mineral poison to the system still; it is a foreign body; it cannot be assimilated or appropriated to any organ, or to supply any of the demands of the system; it remains, and must remain, a corrosive poison, and must act as such on any organ or tissue in which it may become lodged or deposited, or with which it may come in contact. As before stated, we may, with equal propriety, suppose the Indian's arrow, when dipped in a deadly poison, and shot into

the human body, innocuous or harmless, as to suppose that mercury can be lodged in it, and there remain without acting as an irritant poison, causing a greater or less degree of both local and constitutional disturbance. The arrow itself must act as a local irritant, while the poison with which it is imbued, must become diffused, and the entire system become morbidly impressed in proportion to the degree of local irritation, and the intensity of action of the diffused poison. Such, I apprehend, must be the influence of mercury, when retained in the delicate and highly sensitive tissues of the human system. As an *indestructible mineral substance*, it must, if retained, act as a local or general irritant, while the chemical changes to which it is subject, and which it undergoes in the system, render it a diffusive poison, and a source of general constitutional disturbance and disease. In confirmation of the position here assumed, I will again quote from Pereira to convince the skeptical, that mercury lodges in the system, undergoes changes, and acts as a poison.

He says it collects in the small vessels; that abscesses and tubercles have been found in the lungs after death, containing a globule of quicksilver. He further asserts that mercury becomes absorbed, but in what state is not known, and is deposited in the solids, or thrown off by some of the excretory organs, whose office it is to cast off foreign matter. He says it has been detected in the blood, "perspiration, saliva, gastro-intestinal secretion, bile, urine, and fluid of ulcers." If sulphur be given after the use of mercury, they unite as they escape from the surface, forming the black sulphuret of mercury, which is deposited on the skin or upon silver coin worn on the persons of those who have taken them.

Dr. Pereira asserts that "mercury has been found in the *reguline* (metallic) state in the organic solids, viz., in the bones, brain, synovial capsules, the pleura, the humors of the eye, the cellular tissue, the lungs, &c. In what part of the system reduction is effected has not been made

out." It will be seen from the language of Pereira, that mercurials are changed in their chemical character, in the system; i. e., undergo "reduction;" in other words, are reduced to their "reguline" or metallic state. He also says, "calomel is almost universally admitted to be an irritant to the bowels," while the bichloride of mercury, or corrosive sublimate, acts as a powerful corrosive poison by virtue of "its affinity for albumen, fibrin, and other constituents of the tissues."

The reader cannot fail to observe, that I am fully sustained in each position taken, by the unequivocal language of Dr. Pereira: First, that mercury lodges in the system; second, that it undergoes frequent changes; and third, that it acts as an irritant in every form which it may assume.

11TH. MERCURY IS A PROLIFIC SOURCE OF DISEASE; IT CAUSES MANY CHRONIC AFFECTIONS.

My eleventh objection to the use of mercurials is, that they cause numerous disorders, both acute and chronic, but more especially of the latter kind. Among the former diseases may be mentioned violent and destructive inflammation of the mouth, resulting in mortification and sloughing of the soft parts, necrosis of the jaw bones, *cancrem oris*, irritation and erosion of the mucous membrane of the bowels, and in some instances mortification, mercurial fever, depressed nervous and vascular energy and great exhaustion of the vital powers. It lessens the red corpulence of the blood; it changes negative, or healthy blood, and renders its electrical state positive, or unhealthy, says Pereira, (on the authority of Dieterich,); while it destroys the albumen, fibrin, and other elements of the body, deranges the functions of each and every organ of the system, and vitiates every secretion. In short, it proves itself to be an eminently disease-creating agent, and far more famous for that purpose, when its true merits as a curative agent, and its real therapeutic powers, are rightly understood, than for any positive or salutary curative powers or properties pos-

sessed by it. Its reputed value, as a curative agent, and its real value, bear but little relation to each other. Its reputed value is great; its real value small. The high praises bestowed upon it have not been based upon its true merits, but erroneously ascribed to it; and time is rapidly working changes in the mind of the profession, and will ere long fully confirm the truth of this proposition.

Mercury is still more fruitful in the production of chronic affections. Among them may be mentioned ulceration of the mouth, and necrosis of the alveoli, which, from their long duration, become chronic affections. The *cancrem oris*, of which so much has been said, is but a mercurial disease, in nineteen cases out of every twenty. I have never seen a solitary case, pronounced *cancrem oris*, that could not be readily traced, and that was not clearly referable to the use of mercury, and I very much doubt whether such a disease exists as a distinct affection, unconnected with the use of that drug. My reasons for questioning its independent existence are, first, that I never saw an instance of the kind occur in a system that had not been previously charged with mercury; second, in every case which has come to my knowledge, that has undergone a legal investigation, owing to a charge of mal-practice, it has been traced directly to the use of mercury. In every instance, most vigorous efforts were made by the defendant, to establish the independent existence of *cancrem oris*; but in every case tried, so far as I now recollect, they established the existence of *cancrem mercurialis*. In the third place, I have never seen a case attend, or heard of one following an Eclectic course of medication. So thoroughly convinced am I, that it is an artificial disease, induced, in most if not every instance, by the disease-creating effects of mercury, that I doubt its existence as an independent disease. In one instance, which underwent the ordeal of a rigid legal investigation, the physician had to pay some three thousand dollars for its production. Similar results have attended the investigation

of this subject in many instances. I am well persuaded that a thousand physicians may pursue the Eclectic system of medical practice for fifty years each, and that each may treat fifty thousand cases of disease, of every conceivable form, whether in hospital or private practice, and if no mercury is given, and if the patients had taken none previously, not a solitary example of *cancrum oris* will manifest itself among the entire number of patients so treated. I do not deny that fetid, gangrenous ulcers in the mouth, carious conditions of the jaw bones, and even necrosis, may occasionally arise, both in the diseases of infants and adults, which may bear a resemblance to the mercurial affection under consideration, but there is a similarity only, and no identity. The cases which have been brought before the public tribunals of the country, which have been pronounced by medical men, instances of *cancrum oris*, have been examples dependent upon the use of mercury for their existence.

It causes ulcers and eruptions upon the surface, hypertrophy of glands and other parts; destroys the red corpuscles of the blood, and renders that fluid crude and watery; perverts the action of every organ, vitiates and poisons every secretion, causes mercurial rheumatism, and an extremely sensitive and painful state of the limbs, and often of the entire body, which are symptoms very certain to be present whenever the weather is wet, cold, or changable; the gums are very liable to become sore and painful; dropsies are frequent; dyspepsia is common; torpid bowels, alternating with frequent attacks of diarrhea, a torpid, enlarged, and often permanently disordered state of the liver, both as it respects lesion of function and structure, dislocated limbs, mutilated visages, toothless jaws, and loathsome deformities, are a few among the vast catalogue of ills, which it entails upon its unfortunate, too credulous, and often unconscious victims. They confide in their physician, and in the efficacy of the drug which he administers, and often pay the penalty with a loss of life, or a suffering and ruined constitution

for the remainder of their days. Many of these conditions are of very frequent occurrence. Others are much less frequently witnessed.

I feel that I should do injustice to this agent, did I not give it credit for producing more disease of the glandular system than any other known cause. It is regarded by those in the habit of using it, as the greatest of all cholagogues, or hepatic excitants. I freely admit its action upon the liver, but, at the same time, know it to be far inferior, in this respect, to several simple vegetable agents employed by Eclectics. Did mercury produce a healthy action of the liver, and cause healthy bile to flow, it would not be so objectionable, but the bile is rendered so acrid by its use as to cause pain, and is so vitiated by it that many ascribe its reputed anthelmintic powers to this cause, rather than to any action which the mercury exerts upon the worm. In the U. S. Dispensatory, the opinion is indirectly expressed, that this may be or is the way in which it proves beneficial.

Many reasons induce me to believe that mercury has caused a very large proportion of the cases of chronic inflammation, induration, enlargement, and torpor of the liver, which have occurred in the South and West. Intermittent, remittent, bilious, and other forms of malarial fever, are so common in those regions, and mercury is so largely employed in nearly every case, (or was a few years ago,) that we can have but little or no difficulty in accounting for the great numbers of chronic affections of that organ in this way. The undue and excessive excitation of that viscus, by calomel and other preparations of mercury, is followed by chronic phlogosis, enlargements, torpor, obstructions, congestions, &c., accompanied with indigestion, frequent diarrhea, alternating with constipation, pain in the side and shoulder, sallow and husky skin, and sundry other concomitants too numerous to mention. It is but rarely the case that any of these results succeed those fevers, when the patients resort to the Eclectic system of practice. This, to

my mind, is conclusive evidence that mercury has much to do, yea, is the principal agent, the ostensible cause, of those disorders, and not the original disease, or primary fever, as has been erroneously stated. The over-stimulation of the liver, either as respects time or duration of action or degree, tends to exhaust, to destroy, to enlarge, to derange, and render torpid, that organ. Excessive action must necessarily be followed by loss of action.

For the same reasons, I am convinced that the functions of the pancreas, spleen, mesenteric glands, &c., must become disordered by its action. How is it possible that such should not be the case? Who can imagine it deposited in the organic solids, there acting as an irritant poison, without the unalterable conviction impressed upon his mind that it is, has been, and must be, a mighty engine in the hands of the infatuated mercurialist, in the multiplication of disease? As mercury loses its ascendancy in the catalogue of medicinal agents, (as it is sure to do,) the mercurialist will learn the truth of these remarks, and fully endorse them. A further discussion of the 11th proposition, will be resumed in my next article.

BY WHOM ARE THE PEOPLE HUMBLED?

A POPULAR LECTURE.

BY L. C. DOLLEY, M. D.

[CONCLUDED FROM LAST NUMBER.]

A word more about Hahneman, the discoverer, as he termed it, of "what medicines were really, surely, and positively serviceable for." Did his works prove that he had made such a discovery? or that he even believed he had? For about twenty years after he made the pretended discovery of the universal law upon which medicines cure diseases, he roamed from place to place, with little practice, and greatly reduced in property. Why did he not, like Sydenham, Rush, and other great

lights in the profession, go perseveringly to work and demonstrate to the world the extraordinary skill he claimed. If his knowledge was so far superior to that of other medical men of his time, it would have brought him patients from the remotest parts of the earth, and secured for himself and family wealth and palaces. He evidently loved money as well as most men, for, during the period I now speak of, he published the cure-all powers of his great discovery, the "alkali pneum." This nostrum, the preparation of which he kept secret, he sold for four dollars per ounce. It was analyzed by several chemists, and proved to be a solution of common borax, and nothing else! Failing to make money with this, he got up another nostrum, which he advertised as an "infallible preventive of scarlet fever," which proved to be an atom of belladonna swimming in an ocean of water.

Interspersed with his visionary theories, were some valuable observations respecting hygienic regulations, &c., which commend themselves to all enlightened physicians; but that his system is, in the main, a delusion, I need not present further evidence. But, says one, patients often recover under the administration of the infinitesimal doses. It does not follow that because one event succeeds another, the subsequent is the effect of the antecedent? A lady in Vermont, long in ill health, had faith in a pretended medical prophet in a distant part of the State. A neighbor was to visit the town in which the prophet lived, and the sick lady induced him to carry a letter to the prophet, in which was detailed her symptoms. She made careful inquiry as to the time he would arrive at the place, that she might know whether her disease was influenced by the power of the prophet. At the supposed time of his arrival, she began to amend; the next day day, she walked abroad, and extended the walk the day following, and when the neighbor returned was nearly well. On inquiry, she ascertained that the neighbor had not seen the prophet, and her unopened letter and money were returned.

Charles II, a profligate king of England, pretended to cure king's evil, a form of scrofula, by laying on his hands and hanging a piece of gold about the neck of each patient. Nearly 100,000 patients of this description were subjected to his royal touch, all of whom are said to have been essentially benefited, excepting in cases of deficient faith! Multitudes flocked to the several generations of Kings and Queens from Edward the Confessor, to Queen Anne, to be healed of scrofula by the royal touch. Three days in a week were sometimes appointed for "*His Majesty's gracious touch*." Often 600 were touched in one day. On March 28th, 1684, says the record, "there was so great a concourse of people, with their children, to be touched for the evil, that six or seven were crushed to death, by pressing at the surgeon's door for tickets." The great lexicographer, Dr. Samuel Johnston received the royal touch when $4\frac{1}{2}$ years old, by the advice of an eminent physician; notwithstanding, he suffered from the disease during the whole of his life.

A few weeks since, I visited professionally a family whose antiquated notions have never been very much disturbed by modern science and civilization. The old lady mentioned that she had often relieved the "old man" of rheumatism, and other diseases, by the use of "Perkins' Metallic Tractors," a pair of which she produced, having brought them from England many years ago. These "Tractors" were invented and patented about 1796, by Dr. Eliza Perkins, a physician in practice in Connecticut, and considered every way regular. They were composed of small, pointed pieces of brass and iron welded in contact. For the removal of diseases, they were drawn over the diseased organ toward the extremities. These very soon acquired, in this country, Great Britain, and other European countries, a great reputation. It is said that a million and a half of radical cures were announced as resulting from the use of these impotent and insignificant pieces of metal, and that 30,000 of the instruments were in use in

Great Britain at one time. I have in my possession a volume, written by Dr. Perkins, setting forth the value of the tractors, and you would be not a little amused in reading the monstrous certificates of cure and commendatory communications from Doctors of Divinity, Doctors of Medicine, and other individuals of the first literary character in the United States and Europe. Of course these marvelous instruments were generally discarded by the public, when it was ascertained that tractors of wood or lead, pieces of bone, slate pencils and tobacco pipes, would produce the same wonderful effects.

The celebrated weapon salve was composed of the moss of dead men's skulls, blood and fat; but it was long disputed by the learned doctors whether the man should grow absolutely in the skull of a thief who had hung on the gallows, and whether the ointment, while compounding, was to be stirred with a murderer's knife. When we see this curing wounds, not by applying medicine to the part injured, but to the instrument with which the wound was inflicted—when we contemplate the cures supposed to have been wrought by the thousands of amulets, talismans, and charms, for many ages in common use, in and out of the profession, we can readily conceive that it is possible that the patrons of Homoeopathy have been duped, and that the healing influence in all these cures are imparted by nothing else than their own minds, and the natural tendency of the system to relieve itself from disease.

Visionary physicians, a few centuries ago, could believe that medical substances bore upon their external surfaces the properties and virtues they possessed, impressed upon them by the planets; that there was a strict connection between the properties of medicines and their colors; that white medicines were refrigerant, and red, hot; that in treating small-pox and some other diseases, red bed-coverings, and furniture and curtains, only should be used, and the attendants must be dressed in red clothing; that certain medicines were to

be plucked, and not out, and this with the right hand, and then covered with the robe, and secretly conveyed to the left—to be gathered by a person clad in white, bare-footed, after having made sacrifices of bread and wine, during certain phases of the moon, or at the rising of the dog star. Modern visionaries can believe in the potentiation of infinitesimals, and can see the itch in all diseases. The difference is not great; both show the weakness and fallibility of human nature.

In our glimpses of Homeopathy, we discover that a principle or an idea, which, to a limited extent, may be applicable and true, is often made the alpha and omega of science, by which its advocates fetter their intellects and their hands. Many honest and industrious physicians greatly curtail their usefulness, by embracing some one or other of the exclusive theories of our times. Hydropathy, Chromo-thermalism, Electropathy, Thomeonism, and Inhalation, all have fragments of truth. But the many who embrace the particular theory or principle of some one of them, to the exclusion of every thing else, are most manifestly deluded. It is presumable that the limited and exclusive character of most of these isms and pathies, is so well appreciated, that I may pass them and consider those with which you may be less familiar. An examination into the history and nature of *inhalation* will not fail to show that those who are producing the recent excitement respecting it, have discovered goose-like peculiarities in the world, and have set themselves to "picking" in good earnest. If a Philadelphia dentist can elegantly sign his signature with "A. M., M. D.," convert a tin whistle into a "*breathing tube*," make it appear that it is a very complete breathing apparatus for those about to lose their lungs—that where these natural "*shoulder-braces*" are fast making their exit from the chest, full substitutes are found in his combination of straps and buckles—that the rest of the body, not provided for by the "*tube*" and "*braces*," may be saved from demise by an "*abdominal supporter*," and by means of these and

a volume of advertisements, called "*Six Lectures upon Consumption*," gather to himself great wealth from those already robbed of their health, the dying consumptives—if one man can do all this in the commercial metropolis of this continent, is not the field a good one for other adventurers? It is difficult for consumptive invalids to realize that men can be so base as to deceive and defraud them, when suffering under the worst of calamities. Impressed more by anxiety, hope, and confidence, than by judgment, they are very liable to accept assertion, exaggeration, and falsehood, for candor and truth. If one is disposed to make a fortune by pretence and fraud, no field of operation can be found more promising. It is only necessary that some measures be revamped or "*invented*," which, to the superficial million, will appear plausible, surround them with a good amount of mystery, puff them loud and strong through the most available channels, and success is certain. If Dr. Ramadge's inhaling tube, slightly modified, will sell for human lungs, set the world agog, and give a dentist a splendid up-town establishment, &c., cannot the hopeful and credulous victims of consumption be made to believe that their lungs can be reproduced by sucking into them anodyne, expectorant, and astringent vapors, hot or cold, through an apparatus similar to that used many years ago, by Dr. Middleton and others? The philosophy of the matter will "*take*," especially if expounded by a series of "*scientific*" (sophistical) letters. If these cannot be extensively disseminated by one means, they may by another; the end will justify the means; the profits will be an hundred fold. If the voices of the patients of these inhalists fail to proclaim, because soon silenced in death, that inhalation will save when all other means are unavailing, pamphlets, circulars, monthly journals, lectures and almanacs, are still available. Medical swindlers never take it for granted that their works will recommend them. Their thousands of pretended cures do not proclaim their skill, hence the necessity

of blowing loudly their own trumpets.

Do patients, before intrusting themselves to the care of inhalists, examine whether the claims of inhalation to great curative power are sustained by reason and science? Is it not well demonstrated, that tubercles, whether they occur in the lungs, the brain, the liver, the bowels, the spine, the bones, or the heart, depend upon a depraved state of the blood? And is not this condition of the blood owing either to a faulty innervation, faulty digestion, or embarrassed assimilation and admixture? Can inhalation control and correct all these functions and processes, upon which the constant supply of rich and healthy blood depends? If the digestive and assimilative organs furnish the blood only faulty and partially vitiated chyle and lymph cells, and imperfect white and red corpuscles, and thus produce tubercles in the brain, do we attempt to remove them and the conditions of the system upon which they depend, by local applications to the organ affected? If tubercles are supposed to exist in the liver, spleen, or the heart, do we direct our treatment chiefly to those organs for their removal? What is known as "king's evil," one manifestation of scrofula, shows itself in ulceration of the glands of the neck. Do any but empirics attempt to cure it by relying on local applications? In dropsy of the chest and heart, water is accumulated in the cavity of the pleura and pericardium. Are these diseases cured by introducing medicines into those parts? In erysipelas and scarlatina, the skin is diseased. Is the fever subdued, and are the deranged secretions of the system regulated, and the inflammation upon the surface overcome, by local treatment alone? To attempt all of these things as mentioned, would be quite as rational, as to rely upon inhalation for the cure of tubercular consumption. If we inherit narrow chests and other physical peculiarities favorable to the development of tubercles, or subject ourselves to influences and habits which depress and derange the vital functions, and consumption follow, to rely upon inhalation, a

breathing tube, or a nostrum, to counteract the same, is quite as absurd as to attempt always to regulate all smoking and otherwise deranged dwellings, by the operation of chimney sweeps. If cases are found where local symptoms are primary and idiopathic, inhalation may be relied upon for their removal; but in a vast majority of cases, such are only effects of, or concomitant with the constitutional disturbances, and but little or no benefit will be derived from local treatment alone. Every wise and honest physician will endeavor to understand the merits of inhalation, and give it the place it deserves. If, as pretended, thousands of patients are cured by it, would not their recommendation and influence alone overwhelm the champions of inhalation with fresh recruits from the limitless ranks of consumptives, and thus save them the necessity of such an extensive self-laudation?

If they are honest and humane physicians, why do they keep to themselves the means of treatment which they represent will save four-fifths of those who die with this disease? Other honorable medical men, upon making a valuable discovery, universally give early details of the same through the medical press, and forthwith it may be adopted over the whole continent. Would not a simple consciousness of saving thousands of lives be ample reward for committing the practice to other hands as well as their own? You are told that the great steamer Pacific is in a situation upon the broad ocean, which perils the lives of all on board. One man, as the great vessel is sinking, declares that he possesses the means of saving all from a watery grave, but he will only save those who may happen to hear his boast, and not even this comparatively few, unless they trust themselves to his secret plan, and pay him his price. You say he is an inhuman monster. Read the statistics of those whom consumption carries to a premature grave, and ask if he who professes to possess the means of saving these lives, and keeps a knowledge of the same to himself, is not a still greater monster. Is not

every species of medical fraud sustained by refusing to reveal the composition and character of the pretended cure? This being the case, is not *secrecy*, in inhalation, quite as good as *prima facie* evidence of quackery?

To the non-professional and superficial, inhalation appears plausible. The treatment promising so much popularity and profit, scores of charlatans now advertise to dispense such by mail and express from various cities. Each one pretends that his inhalation is not only superior, but the only reliable means of saving the consumptive. Inhalation has long been known to be of service as a palliative, and to possess some curative value. None but the "fogies" in the profession will refuse to give it the attention and use it deserves. Inhalation of the various medicines which have been tested in Europe and America, and found serviceable, have been prescribed from time to time in this city. But as such alone cannot be relied upon as cures for consumption, they have been and will continue to be associated with *more efficient* means. The diminished mortality from consumption, as alleged by the inhalists, in New York and other cities, has been produced more by other causes than inhalation, which may be demonstrated, if necessary. It is not long since, that the friends of cod-liver oil claimed for it the credit of having brought about this diminished mortality from consumption. Dr. Green's disciples may claim with equal propriety, that the local treatment with the probang has produced these results; and so may that "retired" villain, "whose sands of life have nearly run out," claim that it has resulted from the use of his cannabis indica. But far more than to any of these exclusive partizans, is the credit due to that large number of practical men in the profession, who have learned to adopt, with or without the above-named measures, proper invigorating constitutional treatment.

None the less reprehensible is the whole system of manufacturing and selling patent and secret nostrums. Of the thousand and

one modern manifestations of medical imposition, by those having no claim to the name of physician, I can only allude to a few. To detail the impositions practiced by the various "*Indian doctors*," who profess to have obtained their knowledge from the poor, untutored savages, who, for the cure of the sick, rely on incantations, charms, and medicine bags, and who strip the bark of trees upward for an emetic, and downward for a cathartic, and steep their roots in river water dipped down stream, that it may not go "*agin natur*"—or to recite the evidence of pretence and credulity exhibited by mesmeric, clairvoyant, and spiritualist doctors—would be but a waste of time.

I trust I shall be pardoned if I dispose very summarily of the secret nostrums. Those which, in deception, "*out-Herod Herod*," have reached such an extent, and their enormities are becoming so apparent, that a reaction must take place ere long. I cannot believe that it will always be said, that the world is averse to truth,

"But swallows nonsense and a lie,
With greediness and gluttony."

The extent and magnitude of this evil is but little appreciated generally. Community is not more burdened and cursed by any pestilence and evil than this. We cannot any where go amiss of these universal cure-alls, which, if they did not lie, would make man live forever, and leave death to play for want of work. In the shops, the stores, and the streets, they are found without number. Peddlers carry and harp them from house to house. Pharos, or some body else, has indeed hardened his heart, for these plagues find their way into our chambers, our kneading troughs, and our beds. Even the fences and the walls stare at us, and declare that "every body uses" Dr. Humbug's wonderful and celebrated Celestial, Hungarian, Spanish, Russian, Indian, and German pure Vegetable Syrup and Pills. That the trade is profitable may be inferred from the multitude who have rushed into it. The discovery of gold in California and Australia hardly called forth a larger number of adventu-

ners, or paid them better. The proprietor of the "Hygean Pills," which were advertised as manufactured by the "British College of Health," prosecuted John K. Palmer, of Mass., for selling a spurious article. From the testimony it appeared that the sale of these pills in the United States amounted to \$250,000 in one year, and Palmer had disposed of 100,000 boxes of the spurious kind before he was arrested. Said "British College of Health," with its high-sounding name, consists of a large building in the suburbs of London, with fixtures for the manufacture of "Hygean Pills," but has neither charter, professors, nor students. Its proprietor is neither physician, surgeon, nor man of science, but a cunning and knavish quack.

It is estimated that the notorious Morrison appropriated between the years 1830 and 1844, the enormous sum of \$540,000 to the advertisement of his nostrum. Dr. Townsend stated that, during eight years, he paid \$200,000 for advertising. We must suppose that this was only a tithe of his income. Who, in our large cities, own more splendid blocks or more elegant private mansions, surrounded with fountains and evergreens, and who ride with a richer equipage, than those who have gathered their wealth by such deception and false pretence? From three to eighteen columns of our daily and weekly papers, both secular and religious, are devoted to and repeat week after week, such interesting and instructive themes as that Messrs. Doctors Jayne, Jones and Jenks, Rose, Rodgers and Rosenbach, Myers, Mitchell and McClintock, Bryan, Buchanan and Bliss, Clark, Curtis and Kennedy, have each and all obtained from China, California, Russia, and India, or from the poor savage and ignorant red man, or from one of the most common pasture weeds, a remedy warranted to cure every kind of disease, from cholera, consumption, and fits, down to pimples and corns, and all without any regard to their stages, causes, or complications. The worst forms of each of the long list of diseases are warranted to be cured with from three to ten bottles of the

infallible remedy. Did "Sam Hill" ever lie any worse than this progeny of Aureolus Phillippus Theophrastus Bombastus Passavoelusus de Hohenheim?

Of nostrums generally, I may say, they are seldom composed of the articles alleged by the proprietors. It is well known to druggists, that Townsend's, Masury's, and other compounds sold every where as "Sarsaparilla Syrup," and which I am happy to say are now nearly defunct, never contained a particle, not even a Homoeopathic shadow of sarsaparilla. A gentleman in New York, having a large cargo of sarsaparilla consigned to him, was anxious to dispose of it immediately, even at a great sacrifice. He called upon one of the well known sarsaparilla-syrup men, and offered him the cargo at a remarkably low figure. The answer was "We are supplied." The cargo was offered at a still lower figure, but the answer was repeated; and when importuned further, the reply was "You press me into a corner; I will be candid with you: we never use it." It has long been known that these syrups are composed simply of molasses or licorice and water, flavored with sassafras or wintergreen, with the occasional addition of one grain of corrosive sublimate to each bottle. Yet one druggist, whom I could name, in a small town, sold, in one year, 4,000 bottles of this slop at one dollar a bottle. It is also well known, that "Swain's Panacea" was analyzed by several eminent chemists, and found to contain mercury. This was still further demonstrated by the medicine having salivated a number; still the proprietor declared in his advertisements, and by oath, that it was free from mercury. It did contain mercury, and was nothing but a prescription given to Mr. Swain, by an eminent medical gentleman, for the cure of a loathsome disease from which he was suffering. What think you of such means of obtaining eminence and wealth? The "Life Pills," manufactured and sent abroad by an English clergyman, were composed of red pepper. The "Balsam Rakseiri," for the cure of consumption, advertised as

a pure, genuine balsam, was found to be diluted alcohol, disguised by the addition of sugar and rosemary. How many poor, scrofulous and consumptive sewing women and wives of poor mechanics, have taken daily, for months together, one or two shillings from their hard-earned wages, or perhaps from the necessary bread and clothing of their suffering children, and expended them for these health-promising, but worse than worthless compounds. One of these swindling knaves told the truth when he said, "There is nothing that will not sell in the medicine way; I could bottle up and flavor with the oil of wintergreen, the water from the gutter, and sell it." Again, the fraudulent pretence often is, that the nostrum is composed of rare and expensive substances, and this is an apology for an exorbitant price. I say fearlessly, that ninety-nine per cent. of these medicines, when found to possess any power, owe it to agents in common use in the profession. For a few months past, an advertisement might be seen in nearly all of the widest circulating papers of the country, announcing that a "*retired clergyman*," of Brooklyn, had been cured of nervous dyspepsia, and that he would, with apparent philanthropic liberality, send the recipe gratuitously to all who might order it. A lady to whom I was giving a preparation of strychnine for a nervous affection, came to me with one of the clergyman's circulars, like a sensible woman, and said that she had been advised to try the "*nervous*" remedy, but wished the opinion of her physician as to the propriety of such a course. This circular gave a formula for making forty pills from the extract of the bean of St. Ignatius; but stated that, as the extract of said bean could not be obtained of druggists generally, he would furnish the pills at \$1 per box. His orders had become so numerous, that he had established a factory similar to the British College of Health, to supply them at \$1 per box. The lady was told that the extract of said bean contained no medicinal virtue except what was imparted by strychnine, each pill of which contained one-

third of a grain, a very dangerous and unjustifiable dose; and if she preferred to take the renowned clergyman's strychnine in hazardous doses, rather than the same from a physician, judiciously recommended, she was at liberty to do so. She did not choose to be a victim to the clergyman's fraud. This species of deception seems destined to have a run, for an opposition "*clergyman*" has started in New York, who furnishes a recipe for similar complaints, and more recently another "*clergyman*" in Philadelphia advertises a remedy for rheumatism, to be sent by mail to all who will send him a fee.

The expedients of the various medical imposters, by which to fasten themselves upon the pockets of the afflicted, are both piratical and numerous. In the papers of Michigan, and many other western States, advertisements are now published purporting to come from the Howard Association in Philadelphia. The ostensible purpose of these is to save from quackery and imposition, those suffering from a somewhat lengthy list of diseases. Such sufferers are informed, that by addressing and sending a fee to the President and Secretary of this Association, they will get the advice of the most eminent Philadelphia physicians. The Association and the men named are not known and recognized by any good citizens of the "city of brotherly love."

A gloomy evidence of delusion and fraud, in the system of secret nostrums, is the concealment of their composition, by which is prevented all fair inquiry into the real properties and merits of each. What other epithet than that of *knave* can we apply to a man who advocates and lauds, by every possible means, an article which he knows to be inert? What better title can we give him who mixes up with inert substances, to disguise it, a well known medicine, and ushers it into public notice as a discovery of his own, and claims for it healing power over diseases in which the experience of thousands of physicians for centuries have shown it to be of doubtful, if not injurious operation? And what shall be said of him who circulates as an efficacious and inno-

cent medicine, and as his own invention, that which experience has proved to be adapted to an exceedingly small number of cases, and even in such, if not given with caution, will act as a poison? The N. Y. Medical Gazette relates the case of a young lady who took "Watt's Nervous Antidote," and was made by it hopelessly insane. A prosecution followed, and the jury gave the parents a verdict of \$1100 against Watts. What is the character of him who keeps as a secret, and sells at a high price, that which, if it really contained any value, might be obtained by thousands at a trifling expense? Every proprietor of a nostrum must plead guilty to some of these charges, and they who sell or recommend such medicines are accessory to the fraud.

As a general thing, the claims of the advertiser are backed by certificates, which, if an attempt be made to trace them out, will, in nine cases out of ten, be found wholly fraudulent. Without vouching for the veracity of the deponent, I may be indulged in presenting a certificate, taken from the Philadelphia Mercury, which may be regarded as a fair sample:

"I, John Lubberlie, was supposed to be in the last stage of consumption, in the year 1848, suffering at the same time under a severe attack of rheumatism, liver complaint, gravel, dropsy, and cholera morbus; simultaneously, also, I took yellow fever and small-pox; the latter assuming the chronic form of scrofula, completely destroyed my lungs, liver, spinal marrow, nervous system, and the entire contents of my cranium. I got so low that I did not know my brother-in-law, when he came to borrow some money. For three months, I swallowed nothing but twenty packages of Kunklehauser's pills, which effected an immediate cure in two weeks. My late uncle Baachus Pottinger was afflicted so long with the gout (contracted by living so much on bear's meat and alligator's eggs) that his life became a burthen to him. He took only four boxes of said pills, and his life was a burthen to him no longer." Sworn and subscribed to, &c.

Presuming that you cannot now be ignorant of the more prominent symptoms of the delusion under consideration, as manifested in ancient and modern times, and that you are now able to recognize this

pestilence under its protean masks and outward similitudes of excellence, to mislead the ignorant and unwary, this avaricious "wolf in sheep's clothing," let me, as briefly as may be possible, consider the

Causes.—The lack of rational and physiological knowledge among the people, is one of the chief predisposing causes of quackery. To stick your finger through as many holly leaves as you have warts, has long been a sovereign remedy in Georgia. Other more formidable diseases are supposed to be cured by killing a mole in the hand, by tying cords to plum trees, &c. Imposition and popular credulity flourish and triumph in the midst of ignorance. "It is a great blessing that diseases will very frequently, nay, in a vast majority of cases, get well of themselves, without the doctor's aid, even in spite of his interference. But this blessing, like all else that is good, is liable to abuse, and may be converted into a curse, by fallen, depraved, and money-loving men. This curative power, so wisely and beneficently bestowed on organized beings, is converted into a means of livelihood, and breast-work of defence, by quacks and impostors—those worse than Gothic invaders of the medical profession. They administer their drugs; the patient recovers, notwithstanding their nullity or want of adaptation to the disease, and the case is trumpeted forth as a remarkable cure, attested by certificates from Tom, Dick, and Harry, and some preacher! Who can resist such testimony? But for this inherent healing power in the system, the hydra of empiricism would not have an existence. If, like a watch or clock, the animal machine, when it becomes deranged, had no power to repair itself, none but scientific workmen would dare undertake the task of repairing it. But it has this power in a great degree; and the dishonest pretender profits by it. He administers his impotent if not hurtful nostrums, when nature is doing the work of healing, and thus robs her of her well-earned glory. Nature indulges in the modest silence of merit. Not so the charlatan; he blows his own trumpet, and, pointing to the pills,

the elixir, or the globules, exclaims to a gullible public, these be thy saviors, Oh! suffering mortal. Life is precious—medicine an arcanum; the incurable still hope on, when science forbids it; the quack promises. The sick man cannot realize that human beings can be so base, as designedly to deceive him under circumstances so melancholy, and he takes the gilded bait, so temptingly held out. Thus it is, that these imposters levy heavy contributions, at the verge of the grave, on human frailty and misery."

Dr. Campbell's language is appropriate on this point. "It is remarkable that the popular mind is more in darkness and error concerning the true principles of medical philosophy, than in any other sphere of knowledge appertaining to the welfare of mankind—more insight into other sciences being commonly attained in general education. This being so profound and complicated a system of learning, depending upon a just appreciation of so many intricate branches of science, and the mutual dependencies and indispensable connections between them, that popular notions of medicine are mostly either erroneous deductions from a limited amount of information, or are imbibed from the declarations of charlatancy, which latter are more easily comprehended and appropriated by the ignorant. Thus the mass of mankind are not capable of discriminating between the true physician and the plausible quack, or of judging concerning the merits of their respective systems of medication. This cause operates favorably for medical imposition generally." We see humanity here met in its weakest and most unfortified position—not only ignorant, but overcome by disease, a frail and anxious suppliant for relief, to all who profess to hold in hand the reins of its infirmities. Need we wonder that it becomes an easy spoil of those whom avarice prompts to prey upon misfortune?

The low standard of attainment and skill, on the part of a large number in the medical profession, is a fruitful source of quackery; many of the causes, it will be

found, lie at the door of the profession. The truth must be spoken, though the heavens fall. So large a proportion of regular practitioners have possessed such limited acquirements and skill, that the public could not distinguish between their pretensions and those of empirica. *If there was no quackery in the profession, there would be but little out of it.*

A medical student at Montpellier was recently questioned by his venerable examiners, as follows: "You are aware, doubtless, that the spinal column consists of several pieces?" "Yes, sir; 70 or 80, I believe." "Not quite so many, but no matter. Do you know how the pieces are kept together?" "Yes, sir; they are united by—by—by a band." "Good, but what do you call the band?" "Sir, the band—is called—is—is—is, the vital principle." "Quite right, sir; to be sure, there are a few others, but they are quite secondary."

About thus definite and accurate is the knowledge of many who pass for educated and scientific physicians. So long as there are men in the ranks of the profession, who give medicines of which they know little, in diseases of which they know less, thus long will quackery and pretension in other forms find support.

Intolerance and illiberality on the part of the members of the regular profession, and the tenacity of physicians to certain heroic and destructive measures of treatment, may be considered another and a very important cause of quackery. Many times when discoveries, real or pretended, have been claimed by men, in and out of the profession, there has been an unpardonable slowness in investigating and testing their merits. They have, in not a few instances, been treated with neglect and contempt, and their originators scoffed at and persecuted. When men have claimed that certain indigenous and herbal remedies, on account of their safe and physiological action, should be substituted for some of the more harsh and hazardous mineral agents, they met in the profession a deaf ear and a scornful look. Such newly instigated remedy was left to fall

into the hands of the ignorant and the empiric, and add vitality to exclusive and limited systems.

Another cause has been the prevalent opinion, on the part of educated physicians, that it is derogatory to professional character and dignity, to speak or write in opposition to quackery. There seems to be a general apprehension on the part of some of the best medical men, that to expose quackery will only subject themselves to ridicule and perhaps to a diminished patronage. Which, let me ask you, should appeal strongest to a benevolent and honest man, professional dignity or these many villainous impositions, which not only rob every community of precious lives, but filch, in her distress, the widow's mite, and rob her orphans of their bread? "And here we are constrained to acknowledge," says an eminent medical writer "that whether from dereliction of duty, in neglecting the employment of efforts necessary for combatting the evil, or from an actual instrumentality in its cause, the burden of the offense weighs decidedly within the pale of the medical profession."

May I not presume that you are now impatient to learn the means of

Cure, for the various manifestations of the evil under consideration? The curative measures are not numerous, but that those which I shall name are both effectual and simple, I think will not be denied. The primary indication in the treatment of quackery, is the removal of the remote and predisposing cause, popular ignorance of matters pertaining to the human system in health and disease.

"Vice is a monster of such hideous mien,
That to be hated needs but to be seen."

If an evil is to be removed from society, in which popular sovereignty and the freedom of conscience and action run almost riotous, we must first produce a general conviction of its existence and extent, of the various disadvantages resulting from it, as well as the general and special benefits that will accrue from its removal. Our sovereign people must act voluntarily; to act unitedly and efficiently, they must act

from conviction. So far as they may come to understand and appreciate the evils of quackery, so far will quackery be eschewed, and ignorant and boasting pretenders be shunned like the adder and the rhus toxicodendron. Let the people be taught the simple truth in relation to the natural progress of most diseases, the great diversity of symptoms and constitution, the variation of the stages and degrees of violence each disease is liable to present; that medicines in the hands of the ignorant may accidentally do good, but that they are more liable to do harm; and that what are supposed to be cures, are often but the result of the inherent curative tendency of the system. In a word, let them have every means of judging correctly of the relative value of every thing offered for the cure of their maladies, and humbugging and swindling pretension will, to a great extent, be properly disposed of by the common sense, moral and legal assuasion of every community and State.

The low standard of attainment, as well as the illiberality, among those making pretension to scientific knowledge, must be counteracted. The influence and extent of these causes is now daily diminishing. A more eclectic and untrammelled spirit is very manifest among educated physicians; and the National, as well as other medical associations, the numerous and ably conducted medical journals, and other instrumentalities, are at work to make more efficient and praiseworthy the labors of the profession. Let communities prepare themselves, and resolve to sanction and support only those who are known to possess undoubted claims to *honesty, scientific knowledge, and liberality.*

Inasmuch as the legal restrictions and penalties concerning the circulation of spurious money, fraud in weights and measures, deception and extortion of hackney coachmen, the sale of intoxicating liquors, and other evils in society, are found necessary and wholesome for the protection of the weak and ignorant, let the people and the legislatures inquire if society would not be also protected by a few salutary

laws against the deception and the fraud of medical imposters, and such as will compel all who are to practice the healing art, by whatever system, to first satisfy some proper tribunal that they are well acquainted with the organism of man and his diseases?

And might it not be well to inquire whether those in every community, who would not suffer from selfishness and want of devotedness on the part of medical men, had not better select the most honest and competent physician accessible, and each family pay him a stipulated amount per year, to exercise over them a medical superintendence, and perhaps forfeit an item of his salary for each instance of death among his patients? Would not such an arrangement so harmonize the interest and the duty of the physician, as to lead him invariably not only to secure the most speedy recovery of his patients, but to furnish them with a knowledge of the laws of life and health, and the surest means of escaping disease?

Physicians are the proper guardians of the hygienic interests of the community; they alone can fathom the depths of the evil of this prevailing pestilence. From the position awarded them, by their education in the premises, their observation and experience, they can survey, as arbiters of human health and life, the field of man's physical interests, and can comprehend accurately the conflicting agencies which are warring upon them. By virtue of their office, there reposes in them not only the obligation but the power of remedying this mighty evil, and highly reprehensible are they for not searching out farther its causes, and the agencies which are tributary to its support and success, and for not wielding in its opposition the surest and speediest means for its eradication. Let only the intelligent in the profession shake off their supine resignation, their complacent dignity, and use their brains, their pens and their tongues, as they may, and they will soon relieve society from the degrading and perilous thralldom into which ignorance and credulity have betrayed it.

"It is every where complained that the public press, the mind-governing power of the masses, venal and prostitute, is the mercenary of charlatan imposters, aiding them to prey on society, to corrupt morals, and disseminate falsehood. This, in effect, appears to be sadly true. But why is it so? The press, the passive medium of communication, subservient to the wishes, the interests, the welfare of society, opens its impartial columns and wide-extended circulation for promulgating information purporting to contribute to the benefit of mankind. What if the charlatan should there obtrude his claims—extol the efficacy, the advantages of his medication, giving it currency under a counterfeit exposition of the laws of health and disease, which heartfully drafts in accordance with the uneducated appreciation of the non-medical mind? Can we look to the editor in this case, to decide upon the injurious qualities of the drug, so well testimonialized as it generally is, or to determine the heterodoxy of the principles set forth? Can we expect him to appreciate the intimate relationships of remedial means to the intricate derangements in the economy of the human organism? Physicians, the proper judicaries, have not essayed to gainsay them, and our silence is interpreted by the editor, as by the people, as an evidence of admission, if not approbation, of the merit and truth of the system. He himself is duped, and errs unwittingly. It is true that he is paid for such advertisements; so is he well paid for advertising generally. But his columns are alike open to the advocacy of true medical science, and the exposure of the fraud, and subversion of the influence of quackery, and it but remains for us to employ them." (*Med. News.*)

By judicious action in the matters thus briefly alluded to, medical science would ere long become so perfect, and all of its principles so demonstrable, as to command perfect confidence. The successful application of these principles will occasionally be defeated by the imperfection of its armamentarium, or by accidents and influences beyond human control. The principles

and the theories which constitute the science of navigation, are none the less demonstrable and true, because the tornado, the hurricane, and the sweeping typhoon, may occasionally overwhelm the vessel, which the skillful navigator may have conducted through gales and tempestuous storms. As the efforts, the knowledge, and the skill of the navigator, may prove at times insufficient for the adverse winds and the sudden tornado upon the deep, so in medicine, the sudden derangement, and perhaps overwhelming depression of vital force, the accidental lesions, effusions, and congestions, in vital organs, may drive the *life-boats* committed to the care of the physician, upon the iron-bound and fatal shore, and make almost futile, for the time, his medical knowledge and resources. But science is none the less to be commended and encouraged. Then "let society cherish and exalt its medical community; let it become aware, that if science cannot aid in its struggles with disease, neither can ignorance; that nothing can possibly be known to the quack-ealver and ignorant empiric, that is not familiar to the educated physician; that a youth of devotion to his profession is all too little to familiarize him with all of the varieties of disease, and the means of meeting them successfully; and that there is no access to the temple of medicine, save through the intimate knowledge of the laws by which 'we live, and move, and have our being.' "

REVIEW OF BUCHANAN'S ANTHROPOLOGY.

BY PROF. L. E. JONES.

The Man, "Fifty Years in advance of the Age," whose Head "appeared to be covered by a species of "Roman Helmet."

Amongst the vast number of American citizens, whose names have been recorded on the pages of our country's history, and whose fame is co-extensive with this continent, may be mentioned that of Ex-Prof.

Buchanan. His inventive genius and "brilliant discoveries" cannot fail to immortalize his name. Scientific and philosophic minds are already astonished at the rapid and gigantic strides of this veteran philosopher. They behold with wonder and amazement his profound and incomprehensible intellect. Prof. Henry and Agassiz sank into insignificance in his presence, and became mere cyphers in philosophy and science, when he spread his new and patent doctrines before them for their investigation. They were appalled at his bold conceptions and marvelous discoveries. All acknowledge them stupendous and unfathomable. All cheerfully accord to our author, as an original investigator, a position far in advance of that which he modestly assumes. He professes, as is understood, to be but fifty years in advance of the present period, while it is freely conceded he is more than a thousand years in advance of the age in which he lives.

These reflections have been prompted by an examination of his "System of Anthropology," but more by that of the "Sarcogenomy of the Selfish Region." "Buchanan's System of Anthropology" is an elaborate and carefully prepared production, and said to fully reflect the character and genius of its parent and author. After twelve years of laborious study and numberless experiments, this is said to be the deliberate emanation from his philosophic brain. By reference to it, the reader will be introduced to two naked females, (Disah and Peggy,) with their bodies covered from head to foot, in front and rear, both sides, arms and hands, thighs, legs and feet, with the newly discovered neurological organs of mentality and animality, as taught for practical Eclecticism in the halls of the Eclectic Medical Institute for ten years, by the author, Ex-Prof. Buchanan. Lack of the requisite amount of scientific research, has rendered that volume an enigma to all but him who claims the paternity of the many new discoveries which he says it discloses, (except it be to a very few young Eclectic neurologists.)

The organ to which I particularly call the attention of the reader at this time, is that of "Amativeness, or Reproduction." (See "Sarcognomy of the Selfish Region," p. 370.)

"The range of basilar organs, Profligacy, Felony, Desperation, Hatred, finds its location upon the back, just below Baseness, and extends to the thighs. These organs of the criminal region, are the seat of great physiological and muscular power. Vitality, Nutrition, and Reproduction, or Amativeness, are located among the baser organs; Vitality at the junction of the thigh and body; Nutrition just below upon the lateral posterior surface of the thigh, and Amativeness upon the median line at the end of the spinal column, where it unites with the bones of the pelvis—a location easily recognized by a slight depression which it usually exhibits. *This location is a matter of great practical importance, as the reproductive functions, in either sex, may be effectually controlled by local applications upon this spot.*"

Our author informs us, that Amativeness, or Reproduction, is located among the baser organs, at the end of the spinal column, and is marked by a slight depression. The pith and marrow of the text lies in the following sentence: "This location is a matter of great practical importance, as the reproductive functions, in either sex, may be effectually controlled by local applications upon this spot."

All is important that is practical, to the medical profession, and especially to Eclectics, and this was the practical and important teaching in the Eclectic Medical Institute for ten years. The humble votary of science, and the young neurologist in particular, will doubtless hail the announcement of this important and unspeakably brilliant discovery with delight, and award the learned Professor a tribute of praise for his contribution to science. Authors have erred, it seems, in locating the organs of reproduction, and the "reproductive functions," elsewhere. How easy it is for great men and authors to inculcate errors. The truth of this great innovation upon the errors of the past, will scarcely be questioned, when it is remembered, that the discoverer occupies a position many years

in advance of his co-laborers in the field of science. The learned Professor of sarcognomy, and bold and dexterous neurological investigator, might have removed some of the doubts and obscurity involved in this question, had he informed us whether the newly discovered organ of "Reproduction," so important to the perpetuation of the human species, has its existence in the skin of that depressed spot, in the superficial fascia, in the muscular fibre beneath, in the bony structure of the spinal column or sacrum, in the cartilages that unite the vertebrae, in the enclosed spinal cord or its neurilema, or whether seated still deeper in the sigmoid flexure of the colon, or in the small intestines.

Had the learned author carefully made known the kind of local applications meant, or what he had employed and found successful, and had he designated the time when they should be made, in order to control the functions of reproduction, he might have reconciled the queries of the ignorant and skeptical. He does not inform his readers whether, in his experiments, (for he publishes nothing that he has not proved absolutely true by his own practical experiments,) he made the proper applications before, during, or after coitus, in order to control that function; nor does he say whether a resort to them secures or prevents conception; nor does he state what he means by controlling it. He positively asserts that local applications to this spot effectually control the reproductive functions, but does not inform us when nor how they should be applied—whether cold or hot—a lump of ice, or a heated flat-iron—cold, wet cloths, or capsicum—anodynes or stimulants—blisters or narcotics—sinapisms or emollients—caustics or sedatives; nor does he say whether pressure, or the application of the hand of either party to the "spot" named on the other, is the local means meant by him; nor does he say whether they should be made to the male or female, or to the rump of both; neither does he say that his object in resorting to them is to increase or diminish the venereal propensity; and furthermore, he does

not say whether his appliances render it optional with the parties to beget male or female offspring at pleasure, by observing his rules. But the inference which is irresistibly forced upon the mind of the reader, by the broad and positive language of the text, is, that either he or she may secure or prevent conception at pleasure, or beget a male or female, agreeably to choice.

The reader will doubtless ascribe these trivial omissions, on the part of our great sarcognomist, to the multiplicity of his engagements, and to the rapid manner in which successive discoveries were made—thus affording him scarcely time to fully mature, by numerous and careful experiments, one, affix its name and locality, and record it, before another, equally *practical, equally important, and equally brilliant*, was made, and thus the whole series followed, in quick succession, requiring but twelve years to complete the vast undertaking. The kind, considerate, and indulgent reader will therefore extend that charity and forbearance to our author's efforts "which thinketh no evil," and certainly no incompetency on his part, for the magnitude of his engagements, and his arduous scientific researches, were so great, that detailed explanations were impossible.

The discovery of this new organ and the new means of increasing, reducing, regulating, and perpetuating posterity, is another valuable contribution to science and philanthropy, on the part of this great anthropologist. The medical profession at large, but Eclectics in particular, are under a lasting debt of gratitude to him for it.

The importance of this discovery cannot be told, neither can the utmost stretch of man's imagination conceive its magnitude, since it appertains to the perpetuation of the species, and the infinitude of generations yet unborn. It places the prevention, or secures the extinction, of the human race, in man's own hands, consisting of some trivial local applications to the rump of either or both of the sexes. If the text is reliable, these appliances do not in the least abridge the enjoyment of venereal intercourse, yet place posterity, the

very existence of future generations, under the voluntary control of the will, and dependent upon local applications of ice or snow, mustard or cayenne, pepper sauce, hot irons, or aqua ammonia, to the buttocks of interested parties. The inquisitive ask how Dr Buchanan came to make this discovery? How prove it true? How establish the proposition that the hollow or depression at the lower end of the back bone, "is a matter of great *practical importance*?" and how did he prove that "*the reproductive functions in either sex may be effectually controlled by local applications upon this spot?*"

The reader will observe the language is bold and positive—that of assurance—and such as arises from a consciousness of right and demonstrable facts, established by numerous experiments. Our author would not have made these unequivocal statements, had he not proved them absolutely true. The great philosopher and brilliant discoverer of this new philosophy, would not utter a falsehood, or be guilty of deception, for paltry gain—no, not he; then we know the text must be truthful—a stern fact, that does not admit a disapproval.

Having admitted our author's proposition incontrovertible, the next inquiry that arises is, how or by what means did he prove its truth? The simple answer is, by experiment, actual test, there being no other way possible; positive, practical experiments could alone prove its truth. A few dozen experiments would be insufficient to prove it true. Numerous experiments were absolutely necessary, and the only means of establishing the truth of the text. Then the act of venery, with the "local applications upon this spot," must have been the author's means, *his only means*, to confirm the truth of his doctrines respecting conception and reproduction. Now, the extreme delicacy and necessary privacy of the requisite experiments to prove our author's philosophy true, utterly preclude the presumption that the services of third parties were obtained, or could have been secured by him in sufficient numbers to answer any reliable purpose as proof

Modesty, if nothing else, would have prevented third parties from consulting our author as to the means, or making known to him the result of such experiments; and as it is absolutely impossible to establish the truth of his doctrine without such appliances, in connection with the act of veneration, and as it is unreasonable to suppose reliable third parties could be induced to resort to such experiments, and make public the result, it is therefore rendered certain, absolutely certain, (if the text be true,) that our author was the first and prime actor in making these experiments to prove the truth of his own "brilliant discovery." As it could not be regarded a discovery until established beyond a question of doubt, none other than the first discoverer could have made the "applications," and performed the manual exercises, indispensable to prove his doctrine true. A grave and important scientific proposition, involving such vast consequences as this does, could not be established as a *truth absolute*, by a single, or even a score of sexual embraces. Nor can it be by numerous experiments upon the same person, for conception might or might not occur, as the result of natural causes, regardless of Dr. Buchanan's local applications and intended experiments. Nor would sexual intercourse with a score of different females, by either a single anthropologist, or by as many different anthropologists, with all their "local applications," be sufficient to establish a mere reputed discovery of such moment true; for impregnation might or might not have taken place in either case, uninfluenced by any design on the part of either or both of the parties engaged in the experiment. But when the act, accompanied by the "local applications," is tested in several hundred cases, with a fixed purpose at the time, on the part of him or her, or on the part of him and her, to influence or control the result, and when, in every such case, it is as predetermined by one or both, then we may regard the proposition, that "*the reproductive functions, in either sex, may be effectually controlled by local applications upon*

this spot," as established, and not until then.

Now, as our author has always assured his pupils and readers, that he had tested and established, by his own carefully executed experiments, the truth of each and all of his published doctrines, it does not admit of a doubt as to the proof, and means of proof, in this instance. If his own statements be true, he must have performed all the experiments himself, in order to arrive at the truth of the text. The existence of such an organ, and the truth of this whole doctrine, are based on the experiments of Dr. Buchanan alone, for no other man, it is presumed, has ever tested their truth by actual experiment.

Had Ex-Prof Buchanan been a little more definite as to the kind of manipulations and appliances, to which he resorted in his laborious experiments to prove the truth of this doctrine, it would have been gratifying to many of his readers. The extreme delicacy of the subject, together with his great modesty, and great press of business, prevented details and examples. We hope, for the sake of science, he may yet enlighten the stupid reader and those that are skeptical. The text is broad, and leaves us to infer that conception may be secured or prevented at each and every embrace; that it may be effected long after the catamenia have ceased; that a male or female may be begotten at the will, and as predetermined by either or both of the parties, the acts and appliances indicated being used. The text is so vague and indefinite that none know how to proceed, or what applications to make, to render the experiment certain. Some young neurologists, who sat under the droppings of this teaching, attended private pay lectures, and received special and explicit instructions from the great teacher of neurology, may know the appliances, and know how to proceed, to render certain their predeterminations as to offspring. If there be any such, who have tested the truth of this doctrine by numerous experiments, we earnestly entreat them to set forth definitely their practice, as to acts and applications, for the benefit of all interested and

desirous to assist in the prevention, propagation, or perpetuation of the human race.

There are those who may regard these allusions as vulgar or obscene. False delicacy or mock modesty are unknown to the bold investigator of science. The author of the text designed it to be read by the most fastidious females, and large numbers of such are familiar with it and his writings. In this review, nothing obscene or vulgar is said, that is not fully warranted by the language of the text, which I sincerely hope every Eclectic will carefully read; for to the faculty and graduates of the Eclectic Medical Institute, mainly belongs the glory and renown of propagating this species of Eclecticism.

THE BLACK TONGUE CASES.

BY D. M'VOY, M. D.,

I was called, on Sunday last, to see several cases of the disease called "Black Tongue," about twenty miles west of the city, in the family of Mr. James Allen. I reached the house at sun-down, and found six cases of the disease, all young persons, from about eight to sixteen years of age. On a bed in the room lay the corpse of a young woman, the daughter of Mr. Allen, who died at 11 o'clock, A. M. Her husband, Mr. Simmons, died at sunrise the day before, of the same disease. Both these persons were taken on the Sunday previous, and died, one in five, and the other in six days from the time they were attacked. Of the six cases mentioned, some were recent, and others had existed four or five days. The symptoms were as follows: On the day before the attack, there were more or less *malais langueur* and depression of the nervous system; on the next day, or on the day after, soreness of the throat is felt on the right side, at a spot anterior to the parotid gland, and below the inferior maxillary. This soreness continues to extend itself, until the whole throat is complained of as sore.

About this time, a fever sets in, while the skin is dry, but with less heat than in common bilious fever. The head aches, the eyes are injected, and sometimes the bowels are constive, and do not readily respond to the action of cathartics; more or less nausea also exists, and unsuccessful efforts are made at vomiting. The pulse, at the commencement, is full and strong; after a few days it is feeble, quick, and near the fatal termination of the disease, intermitting. On examining the throat, the *venum pendulum*, the uvula, the tonsils and fauces, are found in a state of inflammation; the color bright red, with some tumefaction. In some cases the inflammation was disposed of in separate points or spots. Patches of ulceration occur as the disease advances. In one case, I observed ulcers on each tonsil twenty-four hours after the attack; in another case, which had existed four days, the anterior portion of the uvula was covered by an ulcer of a greenish yellow color. The breath was extremely offensive, the expectoration viscid and difficult to remove. The tongue was generally normal in appearance, but I was informed that near the termination, in fatal cases, the tongue became black, the lips purple, and bloody matter was discharged from the mouth and nostrils. As the disease progresses, the patient becomes very restless; the breathing is difficult, deglutition painful, and finally impossible; voice hoarse or extinct—noise is made like that of snoring, rattling or rale. The immediate cause of death is apparently asphyxia.

The disease is supposed to have been caused in this family by the use of cows milk—it having developed itself among the cattle about two weeks ago. The first two cases, which terminated fatally, and which received no regular medical aid, present some obscurity as to the cause, as they were absent from the family where they died, when attacked, and had used no milk, except in coffee.

As to the treatment, regarding the disease as a *cynanche maligna*, I adopted that which it indicates, so far as the limited resources of a physician at a distance from

the source where supplies of his art are furnished, would permit.

I commenced the treatment with an emetic. After emesis, from which the patients expressed themselves more or less relieved, I administered a cathartic, guarded in cases where the bowels exhibited a tendency to diarrhea, and of such a character as to act upon the secretions. An expectorant was then ordered to be kept up through the entire course of the disease, to be varied if necessary to suit the contingencies of the case. As a gargle—

℞ Capeicum one tablespoonful,
Table salt one teaspoonful,
Boiling water half a pint,
Strong vinegar half a pint. M.

Strain and use one tablespoonful every two hours. It will do no harm if swallowed.

Alternated with—

℞ Acidi gallici, ʒij,
Liq. sodæ chlorid. fʒiv,
Decoctum lini, ʒviij. M.
Ft. gargar.

Also—

℞ Argenti nitrus, gr. xx,
Aqua, ʒj. M.

Or—

℞ Acid hydrochlor. ʒj.

Apply once with a probang; afterward in a diluted state.

In order to remove the offensive odor, and as an antiseptic, I used a weak solution of copperas, having nothing else. The prescription containing chloride of soda was sent out subsequently. Pyroligneous acid would perhaps be still better. I did not perceive any benefit resulting from the use of poultices or fomentations to the throat; cold water or ice was not tried. A blister I think would be beneficial. I directed the whole body to be sponged twice a day, or oftener when there was fever, with a solution of saleratus, one teaspoonful to the pint of water, or in a weak ley.

One of the patients was very low when I left; the others were improving.

Mobile, Aug. 10, 1858.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
WINTER SESSION OF 1857-8.

SERVICES OF PROF. NEWTON AND FREEMAN.

REPORTED BY PROF. E. FREEMAN.

CASE 519. Dec. 18.—Joanna Colline, æt. 13. Scrofulous eruption of the scalp. There is a scrofulous eruption of the scalp, over the occiput, which has annoyed her for nearly one year. The left tonsil is enlarged; also the cervical lymphatic glands are considerably enlarged. Has had pain in her head, somewhat resembling common headache, during the last six years; also a dull heavy pain in the left side. Temperament is sanguine encephalo-bilious. Bowels regular, appetite good.

Treatment.—Abstain from the use of oleaginous diet. Use the alkaline bath, with brisk friction, four times a week. ℞ Comp. syrup stillingia ʒiv, iod. potass. ʒss. M. Take a teaspoonful three times a day. ℞ Sesq. carb. potas. ʒiiss, hydrastin gr. viij, water ʒiv. M. Apply as a lotion to the scalp, morning and evening.

Dec. 28.—The eruption has nearly disappeared; general health improved. Continue the treatment.

CASE 520. Dec. 18.—Mrs. Smith, æt. 28. Scorbutia. Has been affected some months slightly, and gradually becoming worse. Her gums are much ulcerated, her teeth much decayed, and tartar has collected around their necks; mouth looks foul, and her breath is fetid. General health not good. Bowels regular, appetite indifferent. Has attacks of asthma at times, accompanied with much wheezing. Gums bleed easily. The disease seems to be caused by debility, and neglect of proper attention to health.

Treatment.—℞ Tannin, gr. v., hydrastin gr. x, oxalic acid gr. ij, tinc. opii ʒij, water ʒiv. M. Wash the gums freely, morning and evening, with this application. ℞ Hydrastin gr. xv, ferri sulph. gr. x, syrup

simplex ʒiij, water ʒj. M. Take a teaspoonful three times a day. Avoid greasy diet.

Dec. 30.—Gums much improved: general health much better. Continue the treatment. Wash the gums also three times a day with a decoction of *prinos verrucillosos*.

Jan. 10.—Very much better. Continue the treatment.

Jan. 30.—No further report.

CASE 521. Dec. 29.—Mrs. McClure, æt. 38. Rheumatism. Has been affected about three months (was healthy previously) with pains in the limbs and joints, pains in the chest, and along the whole length of the back. Much pain in attempting a full respiration. Bowels constipated, tongue coated grayish white, breath fetid, urine scanty and of a reddish brown color.

Treatment.—R Iod. potas ʒj, vinum colchici ʒj, tinc. stramonium ʒss, water ʒv. M. Take a teaspoonful three times a day.

Jan. 10.—Has less pain, feels much improved, tongue cleaner. Continue the treatment.

Feb.—No further report.

CASE 522. Jan. 8.—David Goodpasture, æt. 10. Opacity of the right cornea. About three months ago there appeared upon the scalp an eruption resembling varicella. His mother applied to it some nostrum, which relieved the eruption, but the cornea soon became affected, the eye became inflamed, and when the inflammation subsided slowly, an opacity of the cornea presented itself. At present, the eye is slightly inflamed.

Treatment.—R Comp. syrup stillingia ʒiv, iod. potas ʒss. M. Take a teaspoonful three times a day. R Tinc. gelseminum ʒiij, water ʒvj. M. Use freely as a moist dressing to the eye.

March 26.—The eye has been entirely relieved, but from some cause it has since become inflamed.

Treatment.—R Pulv. senna ʒij, jalap ʒias, cloves ʒss. M. Take a large teaspoonful in four ounces of cold water every

three hours until it produces catharsis. R Morphine gr. v, water ʒj. M. Apply freely to the eyes until relieved.

April 3.—Much better; scarcely any inflammation. Continue the treatment first prescribed.

CASE 523. Jan. 8.—Mrs. —. Chronic erysipelas of the right mamma. Has been affected two years, at intervals, by slight swelling of the right mamma, but the swelling would disappear under treatment. The gland has gradually become swollen, inflamed, and much indurated, and now presents an aggravated appearance. The breast is much enlarged; at present the induration and discoloration includes the whole of the right mamma, and extends into the axilla, and beyond to the anterior border of the scapula, and in the opposite direction to the left mammary gland. The cervical lymphatic glands are much enlarged, and the right arm has become nearly paralyzed; the ends of the fingers have lost their natural sensibility, and the small glands around the nipple have suppurated, and discharge purulent secretion. Her general health is not good, although she has no symptoms of further organic disease.

Treatment.—R Tinc. aconite ʒj, tinc. gelseminum ʒij, tinc. ferri mur. ʒij, glycerine ʒij. M. Apply morning and evening over the affected surface. R Iod. potas ʒj, fluid ext. xanthox. frax. ʒss, myricin gr. xxx, simple syrup ʒiv. mix. Take a teaspoonful every four hours.

Jan. 12.—The affected part has improved much; she can use her arm in combing her head, which she could not do previously. The swelling is much reduced, and the induration lessened. The pain is nearly removed. Continue the treatment.

Jan. 15.—Her general health has improved; she feels stronger and more vigorous; every symptom has become ameliorated; has no pain excepting in the arm; the induration is less, also the extent of the disease; in fact, she is rapidly improving in every feature of the case. Continue the treatment.

No further report.

CASE 524. Jan. 22.—Eliza Beaman, *æt.* 46. Bronchial catarrh. Caused by a cold four weeks ago, since which time, she has had a severe cough, with difficult expectoration, accompanied with pain in the left side while coughing. Does not rest well at night; sensation of suffocation in the morning after rising. Bowels constipated.

Treatment.—*R* Syrup helianthus $\mathfrak{z}\text{ij}$, Syrup scilla $\mathfrak{z}\text{ij}$, syrup senega $\mathfrak{z}\text{ij}$, tinc. lobelia $\mathfrak{z}\text{ss}$, tinc. opii $\mathfrak{z}\text{ij}$. *M.* Take a teaspoonful every two hours, until the cough is relieved, and afterward three times a day. *R* Comp. cath. pills, two at night until they operate.

Jan. 30.—Feels nearly well; cough improved. Continue the cough syrup three times a day. Omit the pills.

No further report.

CASE 525. Jan. 22.—Mr. Ludwick, *æt.* 48. Bronchitis. Caught cold ten days ago, by exposure to cold, damp air; since which time he has had headache, severe cough, and difficult and painful expectoration; has pain in the lungs when coughing; constant uneasiness and slight pain through or between the shoulders; expectoration greenish and tough; sense of taste apparently absent; bowels regular.

Treatment.—*R* Syrup helianthus $\mathfrak{z}\text{ij}$, syrup scilla $\mathfrak{z}\text{ij}$, syrup senega $\mathfrak{z}\text{ij}$, tinc. lobelia $\mathfrak{z}\text{ss}$, tinc. opii $\mathfrak{z}\text{ij}$. *M.* Take a teaspoonful every hour through the day, and then afterward every three hours. Use the warm pediluvia at night. *R* Neut. physic $\mathfrak{z}\text{ij}$, magnesia sulph. $\mathfrak{z}\text{ij}$. *M.* Take in water at night. Apply the irritating plaster to the left side.

Jan. 26.—Cough not improved; no pain in the side or back; no soreness of the lungs. There is some crepitus of the middle of the left lung.

Treatment.—*R* Pulv. lobelia herb $\mathfrak{z}\text{iss}$, to be used in warm water as an emetic. Afterward, *R* Tinc. sanguinaria $\mathfrak{z}\text{ij}$, tinc. lobelia $\mathfrak{z}\text{ss}$, tinc. hyosciamus $\mathfrak{z}\text{ij}$, syrup scilla $\mathfrak{z}\text{ij}$, syrup senega $\mathfrak{z}\text{ij}$. *M.* Take a teaspoonful four times a day. Apply spts. terebinth freely over the chest, with brisk friction.

Jan. 29.—Very much improved; cough less, expectoration easier, no pain in the side. Continue the treatment.

Feb. 12.—No further report.

CASE 526. Jan. 22.—Pat Welsh, *æt.* 16. Tertian ague. Has been affected six months. Has the usual symptoms of the disease; bowels constipated, tongue slightly coated white.

Treatment.—Bath the entire body once a day with the alkaline bath. Use a cathartic once a day of, *R* Comp. powder of senna and jalap $\mathfrak{z}\text{ij}$, sulph. magnesia $\mathfrak{z}\text{ij}$. *M.* *R* Prus. iron gr. xx, hydrastin gr. xv, neut. cordial $\mathfrak{z}\text{ij}$, water $\mathfrak{z}\text{iv}$. *M.* Take a teaspoonful every three hours.

Feb. 5.—Discharged cured.

CASE 527. Jan. 22.—Mary Hagerty, *æt.* 14. Ophthalmia. Has been affected two months. The conjunctiva is reddened, effused and swollen; eyelids much swollen; much intolerance to light. Sometimes the effusion, redness and swelling, and headache, are not as severe as at other times.

Treatment.—*R* Hydrastin gr. v, zinc sulph. gr. v, tinc. gelsemium $\mathfrak{z}\text{ij}$, water $\mathfrak{z}\text{iv}$. *M.* Use as a collyrium three times a day, and at night use as a moist dressing to the eyes. Apply the mild zinc ointment to the inside of the eyelids once per day, and use the irritating plaster to the back of the neck. *R* Comp. powder of senna and jalap $\mathfrak{z}\text{ij}$, once in four days.

Jan. 30.—The eyes have improved much; can bear the light better. Continue the treatment.

Feb. 12.—Did not return.

CASE 528. Jan. 26.—Sanders, *æt.* 26. Gun-shot wound. In November, 1856, while a private in Gen. Walker's army in Nicaragua, he received a shot from a rifle in the right leg, which entered on the inside of the middle of the leg, gouging a piece out of the posterior face of the tibia, fracturing the fibula, and coming out on the outside directly opposite its point of entrance. At the time of the injury, the weather was quite warm, and the attention he received from the surgeon of the regi-

ment, was not adequate to his necessities. The contused border of the wound became slightly gangrenous, at the time, and sloughed out. From want of proper care, fly larvæ collected about the wound, which became exceedingly offensive and annoying. He has been under constant treatment ever since. The wound healed once on the outside, but soon reopened. Some small pieces of bone have come out of it at times. Now the aperture upon the inside of the leg has healed, but the outside one has become fistulous, leading in to the fractured fibula. The part around the aperture is indurated and swollen, and presents a reddened appearance. There are some exuberant granulations within the mouth of the aperture, and some small cutaneous ulcers in the neighborhood, upon the inflamed surface. The fistula is not painful, although he limps, which is from weakness of the limb. He also has quotidian ague.

Treatment.—For ague, *R* Quinine gr. xv, prus. iron gr. xij, hydrastin gr. xv, conserve roses q. s. *M.* Make pills xij; take one every two hours. *R* Sesq. carb. potas. \mathfrak{z} j, water \mathfrak{z} j. *M.* Inject the fistula once per day for three days, and if the part becomes more inflamed, apply a poultice of ulmus fulva. Dilate the mouth of the fistula with a cotton plug, so that the bone at its internal extremity may be exposed more readily.

Feb. 12.—Have not detected any loose fragments of bone—have allowed the aperture to contract; it is filling up with healthy granulations. Part not so much swollen or reddened; pain and stiffness less at the aperture. Ague has disappeared. Continue the treatment to the leg.

March 5.—The fistula has not healed; its inner extremity terminates at a rough piece of bone, which is not moveable. Prof. Freeman administered chloroform, and made an incision four inches in length, through the soft parts over the fibula, and beyond to the tibia; rasped the gouged surface of the tibia, and cut off the rough fragmentary end of the fibula with the bone forceps; cut out the fistulous tube,

and closed the wound, excepting a small aperture for the secretion to pass out.

April 6.—Part nearly healed; can not detect any rough bone; general health excellent. He left the city.

No further report.

CASE 529. Jan. 26.—Terence Eagon, æt. 35. Intermittent fever, double quartan type. Contracted it in Arkansas six months ago. Has had two paroxysms per day, of different degrees of intensity. His tongue is coated white, lips and gums pale, skin sallow, bowels constipated, and urine scanty and high colored. General health feeble. He says that he has taken a large amount of medicine; "calomel," &c.

Treatment.—*R* Comp. cath. pills two night and morning, until they operate. *R* Hydrastin gr. xx, prus. iron gr. xv, quinine gr. xx, tinc. gelsemium \mathfrak{z} ij, tinc. valerian \mathfrak{z} ij, syrup simplex \mathfrak{z} ij, water \mathfrak{z} iiia. *M.* Take a teaspoonful four times a day.

Feb. 10.—Improving; still has slight paroxysms once a day. *R* Quinine gr. xxv, prus. iron gr. xx, hydrastin gr. xv, podophyllin gr. x. *M.* Make powders xvj; take one every three hours.

March 2.—Has had only one paroxysm since. Tongue presents a red appearance; some pain of a rheumatic character in the ankle. *R* Quinine gr. xx, ferri sulph. gr. xx, xanthoxilin gr. x, hydrastin gr. xx, syrup helianthus \mathfrak{z} ij. *M.* Take a teaspoonful four times a day.

March 18.—No paroxysm since; feels well. Discharged cured.

CASE 530. Jan. 26.—Mrs. Handy, æt. 40. Jaundice. Has been affected six weeks. Her skin and conjunctiva are very yellow; has a bitter taste in the morning; bowels constipated, appetite indifferent, headache, feet cold; frequent vomiting of bilious matter.

Treatment.—*R* Comp. cath. pills two, night and morning. *R* Neut. cordial, \mathfrak{z} ij, hydrastin gr. x, prus. iron gr. xv, water \mathfrak{z} iv. *M.* Take a teaspoonful five times a day.

Feb. 12.—Discharged cured.

CASE 531. Jan. 27.—Margaret Melaney, *æt.* 25. Exanthemata. Is subject to pustular affections and diseases of the skin. Last winter we treated her at this clinic for chronic erysipelas, which was cured. Some small pustules have appeared upon the face, arms, neck, and body; those on the neck have degenerated into phlegmonous abscesses. Bowels regular, appetite good. The skin of the face is very much reddened, although she says that she does not use spirituous drinks.

Treatment.—*R* Tinc. ferri mur. *gtt.* xx, in one ounce of water, three times a day. *R* Comp. powder senna *ʒj*, in cold water, every third evening. *R* Tinc. gelsemium *ʒij*, water *ʒiv*. Apply to the inflamed eyes as a collyrium frequently through the day. Apply an elm cataplasm to the abscess on the back of the neck.

Feb. 11.—She seems entirely relieved. Discharged.

CASE 532. Feb. 9.—Mr. Williams, *æt.* 40. Cancer of the lower lip. It commenced about eight months ago, by a small pustular vesicle upon the middle of the lip. It was somewhat sensitive, and at times there was formication. This pimple soon assumed a slightly tubercular form, and obstinately resisted the treatment presented. At first there seemed to be no radiating processes, but gradually the induration, swelling, redness and sensitiveness extended toward the chin, until, at this time, the lip is much swollen, indurated and painful. This is the usual method by which cancer of the lip presents itself, and on account of the great distribution of the nerves and muscular development of the lip, the part becomes very painful and difficult of treatment.

Treatment.—*R* Apply the crystals of zinc chloride to the cancer until they dissolve upon it; then dress the part with a mild zinc ointment upon a soft piece of linen.

Feb. 12.—The caustic has penetrated the tubercle and lip quite deeply, and sloughing has commenced, which is desirable. Continue the chloride zinc appli-

cation as above directed, and follow with the dressing of mild zinc ointment.

Feb. 16.—Think it has been cauterized sufficiently. Omit the chloride zinc, and continue the mild zinc ointment dressing.

Feb. 23.—There is some induration of the border of the ulcer; it resembles a cicatrix somewhat. Will not apply the caustic, but apply the mild zinc ointment. Has pain in the left hypochondriac region; tongue slightly coated grey.

Treatment.—*R* Xanthoxylum *gr.* xx, hydrastrin *gr.* xv, iod. potass. *ʒss*, comp. syr. stillingia *ʒiv*. *M.* Take a teaspoonful three times a day.

March 10.—The ulcer has entirely healed; cannot detect any induration. Discharged.

CASE 533. Feb. 9.—Mary Eagon *æt.* 10. Scrofulous ulcer. Sanguine cephalic temperament. She has been feeble from her birth. This ulcer commenced as a boil, situated over the middle of the upper border of the scapula. It is now open, and discharging a purulent, sero-sanguineous fluid. The ulcer looks indolent, and its edges are slightly everted. The cervical lymphatic glands are considerably enlarged. Bowels regular, appetite good, abdomen slightly enlarged and tumid.

Treatment.—*R* Zinc sulph. *gr.* xx, May-er's ointment *ʒss*. *M.* Apply to the ulcer as a constant dressing. *R* Xanthoxylum *gr.* xx, phytolacin *gr.* x, comp. syrup stillingia *ʒiv*. *M.* Take a teaspoonful three times a day. Let her diet be nutritious; exercise freely in the open air.

Feb. 12.—The ulcer has improved; the granulations look healthy, and seem to be filling up the ulcer. Continue the treatment.

March 2.—The ulcer looks very healthy, and is nearly healed. Constitutional symptoms have improved. Continue the treatment. I presume the ulcer will soon be healed.

No further report.

CASE 534. Feb. 9.—Peter Flannegan, *æt.* 30. Direct inguinal hernia. About two months ago, while vomiting, during a

spell of sea-sickness, the bowel commenced protruding through the external inguinal ring. The protrusion is of the size of a hen's egg, and extends down to the lower border of the pubic bones. The bowel can be readily reduced by taxis.

Treatment.—Reduce the protruded part by taxis, and retain it with a truss.

No further report.

CASE 535. Feb. 9.—Patrick Flood, *set*. 30. Lumbar abscess. About five years ago, he was injured by a crow-bar, about four inches to the right of the second and third lumbar vertebrae. His general health is good. About one year ago the abscess commenced. It appeared as a hard lump or tumefaction. It was opened with the lancet, but only a sero-sanguineous exudation came from it. Some time afterward it was re-opened, when it discharged a large amount of pus. The abscess seemed to improve rapidly. Health and appetite normal.

Treatment.—*R* Zinc sulph. *3j*, water *3iv*. *M*. Inject into the abscess once in two days, for a few times. *R* Ferri phos. *3j*, comp. syr. *stillingia 3iv*. *M*. Take a teaspoonful three times a day.

Feb. 14.—Abscess is not secreting pus as freely as before. Continue the treatment.

Feb. 26.—Does not discharge pus as freely as on the last visit here. He has been at work some of the time. There has been some pain in the region of the abscess, deep-seated, but it has nearly disappeared. Has neither hectic nor colliquitive perspiration. Continue the treatment.

March 4.—The discharge of pus has been lessened to about one ounce per day. General health good, excepting slight night sweats. Abscess extends to the depth of three inches, and over surface four inches square. Opened the abscess about three inches from the original opening, because some pus had collected there, and near the surface. *R* Zinc sulph. *3j*, water *3iv*. *M*. Inject morning and evening. Continue the *stillingia* and *ferri phos.* as above. The abscess does not seem inclined to heal, therefore we passed a ligature through the

abscess, coming out at both openings. After three more injections, omit the zinc sulph.

March 2.—The abscess is improving. The ligature, on account of its being tied tight, has cut through one inch of the inclosed part. Continue the treatment.

March 20.—The abscess has entirely healed, and there is left a small particle of fungus, to which apply *aeq. carb. potas.* for a few days.

April 1.—Discharged, to all appearances sound and well. He is standing in market, his usual business.

CASE 536. Feb. 9.—Eliza Cassiday, *set*. 50. Laryngitis. Has been affected six months, and during that time she has been blistered freely, and her throat inside has been frequently washed with a solution of nitrate of silver. At present there is no enlargement of the tonsils, neither is the uvula elongated. The inside of the throat presents a reddened and purplish appearance, producing a sensation of constriction and dryness. Expectoration small in quantity and tenacious; has a slight cough; pain in the head on lying down; no appetite; some pain in the chest.

Treatment.—*R* Ext. *xanthox. fraz gr. xv*, comp. syr. *stillingia 3ij*. *M*. Take a teaspoonful three times a day. Apply *oleum tigllii* over the region of the larynx, as a counter-irritant.

Feb. 12.—Cannot appear at clinic to-day, in consequence of having carelessly applied the *ol. tigllii* extensively over the face, neck and chest, producing extensive pustulation. Omit the *ol. tigllii*.

Feb. 19.—Slight improvement. Has cough, but no expectoration. Cannot sleep well at night.

Treatment.—*R* Comp. syr. *stillingia 3ij*, tinc. *opii 3ij*, tinc. *lobelia*, tinc. *capaicum*, *aa 3j*. *M*. Take a teaspoonful four times a day. Resume the application of *oleum tigllii* to the neck, in the region of the larynx, (be careful in using it.)

Feb. 23.—She says she is much better; pain in the chest has been relieved. Appetite indifferent. Continue the treatment.

March. 16.—There is yet some irritation in the larynx, as evinced by pain on pressure, but can perceive no evidence of inflammation in the fauces. Otherwise her health is good. *R* Comp. syr. stillingia $\mathfrak{z}\text{iv}$, tinc. xanthox. frax. $\mathfrak{z}\text{iv}$, tinc. lobelia $\mathfrak{z}\text{ij}$. *M*. Take $\mathfrak{z}\text{ij}$ four times a day. Resume the application of the ol. tigllii over the larynx. Continue the treatment, and if you are not entirely relieved, return in two weeks.

April 6.—No report.

CASE 537. Feb. 12.—Jane Welsh, æt. 10. Urinary calculus. Has been affected four years. The symptoms commenced with severe and deep-seated pain in the region of the kidneys, accompanied with violent retching and vomiting. These symptoms obtain about once a month, indicating the passage of a calculus thro' the ureter. Bowels constipated, appetite indifferent; is unable to lie on her left side.

Treatment.—*R* Eupurpurin gr. xx, iod. potass $\mathfrak{z}\text{ij}$, syr. simplex $\mathfrak{z}\text{iv}$. *M*. Take a teaspoonful three times a day.

Feb. 19.—No improvement. The course of treatment suggested has not been carried out as was ordered. We will make a change from the former prescription. The druggist used the concentrated principle (eupurpurin), instead of the oleo-resinous extract of eup. purpureum. *R* Oleo-resinous extract of xanthox. frax. gr. xxx, spls. nitre dulc. $\mathfrak{z}\text{ss}$, iod potas. $\mathfrak{z}\text{ij}$, comp. syr. stillingia $\mathfrak{z}\text{ij}$. *M*. Take a teaspoonful three times a day.

Feb. 26.—She is very much better—almost entirely relieved from pain, and has passed since her last visit here, a phosphatic calculus, as large as the kernel of an almond. This was evidently formed in the bladder. Continue the treatment, and return if the symptoms re-appear.

April 6.—No further report.

DR. WILLIAM GREGORY, the eminent chemist, died on the 24th of June, 1858, at Edinburgh, from a violent rheumatic attack.

Part 2—Progress of Medical Science

CRIMINAL ABORTIONS.

The periodical medical press, which usually meets the eye of the medical man only, is the sole organ of defence that is used against this terrible crime, which is now so rife in what is considered an enlightened and virtuous community, and seems lately to have thrown off even the decency of concealment. Why are we thus left alone to exclaim against this burning outrage? Why is it that the daily press, which assumes to be the guardian of the public welfare, and the religious press, which assumes to be the custodian of the public morals, are silent on this revolting theme? We need not ask the reason why, when we take up any of the daily papers which come into the heart of every family, and are read at the fireside of every home. They are filled with the iniquitous advertisements of quacks, who, not contented, like our consumptive curers and scrofula exorcisers, with a traffic in the health of a credulous public, must attack its moral, as well as its physical integrity. On us, then, devolves the sole duty of fighting against this fearful evil; and so rapidly is it spreading, that we must awake, and do something. Let the matter be brought before our City, County, State, and National Associations. Let our Legislatures be memorialized, if we have no laws which can touch these money-thirsty and blood-thirsty scoundrels; and let laws be made, so that they may be exterminated, root and branch.

We shall have nothing to say in this article, in respect to quacks of an inferior degree—ignorant and money-getting men, who are always as ready to impose upon the public, as the public are ready to be imposed upon. We will always have them in one form or another. The credulity of the masses, and frequently of men of sense and education, is proportioned to their ignorance of a subject. About medi-

cine they know nothing, and are as ready to believe in a "natural bone setter," as in the most eminent surgeon. This we can never be free from; but we *must* be free from quacks whose business is to procure abortion, and whose flaming advertisements are undermining the strongest element of a Christian and enlightened society—female delicacy and purity.

In nearly every newspaper in our land, and even some of a *religious* character, we have advertisements of female pills for producing and regulating the menstrual flow, which "*are never to be taken during the first three months of pregnancy, as they are sure to produce abortion.*" What female could mistake the intention of this advertisement? Few do mistake it, as is shown by the unparalleled success of these nefarious compounds. This, however, is not all; we, as physicians, know that there is no absolute certainty of producing abortion by any article of the materia medica; and while these medicines have their success, their reputation suffers from repeated failures. The unblushing effrontery of these knaves has now carried them so far as to actually publish advertisements of *instruments avowedly for the purpose of regulating or limiting offspring without injuring the constitution.*"

This is an outrage on which we can no longer be silent; and every man should know and appreciate the blow which is thus aimed at the moral sense of a community. Females have now come to regard the production of abortion as one of the most innocent and natural things in the world; and our indignation cannot be unmingled with pity, when we are coolly asked to assist in getting rid of an embryo, with as much "*sans froid*" as we are asked to vaccinate. Our horror and indignation is not in the least understood, and the fair petitioner goes away entirely unconvinced of the nature of the crime which she wishes to commit. Nor is this feeling confined to females in the lower walks of life, or to those unfortunates who are suffering the consequences of the villainy of our own sex, who have before them a hopeless gulf

of shame, sin and misery. We cannot but compassionate the misfortunes of this latter class, and many a time has the heart of a good man been wrung with the recital of a tale of distress and wrong, and the human feelings have been almost willing to excuse the vile crime which a true physician can never commit. A fair fame blasted; a happy, innocent life changed to a wild and almost unavoidable career of crime and remorse—is a horrible picture to view with firmness. Yet we must look with firmness upon these consequences of frailty, and we must refuse to do the act which seems alone able to rescue and give back the penitent. There may be an excuse for this; but where is the excuse for those who wish to interrupt the *legitimate* processes of nature? Heretofore it has been thought sufficiently wicked to smother the maternal instincts with the whirl of fashionable gayety, and to leave one's own flesh and blood to the custody of servants. But now we have ladies, yes, *educated and refined ladies*, who patronize those persons who advertise to prevent an undue increase of family!—who use that instrument which does not interfere with the "*conjugal relations of the married state!*" In charity we must suppose that they know not the crime of which they are guilty. They certainly do not appreciate the extent of disease to which such abuses almost inevitably lead. Nor is it probable that they will ever know it; the daily press utterly ignores the subject, and contents itself with inserting these advertisements, and occasionally calling attention to the card of Dr. So-and-So, of Paris, "*who gives particular attention to the treatment of female diseases.*"

Let us glance for a moment at the moral wrong of criminal abortion. It is murder, and an unnatural murder which finds no parallel even in the brute creation. The innocent victim has a circulating, a nervous system, muscles, and all which constitutes life. In a moral point of view, there is no difference between the offences of taking the life of a fetus at three months, and a newly born infant, and even a mature human being; though in the former

case the crime is the more heinous from the entire helplessness of the victim. We can sometimes sympathize with one who has revenged a great wrong by taking the life of a fellow being. The sudden and uncontrollable passion, which sometimes leads to murder, we can explain. Even the necessities of a poor man, or the cupidity of an avaricious one, which prompt the crime of murder, make it excusable in comparison with the killing of a helpless infant, which the mere animal instincts of nature, never violated by brutes, though so often annihilated in the human race, teach us to cherish and protect—the deed actuated by an unwillingness to perform those maternal duties which should contribute so much to the happiness of every virtuous woman.

This picture, which might seem exaggerated to the unprofessional reader, is known by the physician to be plain and truthful; and few there are who do not know of such occurrences even in the highest walks of society.

Great as this evil is, we think that something can be done to remedy it, and it must be by us that the initiatory step be taken. The matter should be presented to every medical association throughout the land, which should appoint a committee of investigation, to consult with the public prosecutors, and ascertain if there be at present any means of reaching the difficulty by law. If there be, let it be tested. If there be not, let the profession, *en masse*, demand of our legislative bodies a law to prevent this horrible destruction of human life and public morals. A united and powerful movement will effect the end, and the sooner it is done the better. We can not believe that the proprietors of respectable newspapers, and that respectable druggists who sell the medicines, view the subject in its proper light; and must think that when they do, they will aid us in our endeavors at reformation.

We are confident that editors of medical journals hold the views which we have expressed, and hope that they will not consider the evil hopeless, but make a strong,

a united effort to remedy it. The task will be difficult; but our enlightened age will not suffer the shame of acknowledging that it is impossible.—*Buffalo Med. Jour.*

ON THE CHANGES WHICH HAVE TAKEN PLACE IN THE CONSTITUTION OF FEVERS AND INFLAMMATIONS IN EDINBURGH, DURING THE LAST FORTY YEARS

BY ROBERT CHRISTISON, M. D.

Read before the Medico-Chirurgical Society of Edinburgh, March 4, 1857.

For some time past, to those whose professional life embraces a period of thirty years or upward, and to others whose curiosity has led them to look thus far back upon the experience of their predecessors, it has appeared a remarkable fact, that blood-letting, a principal remedy formerly in almost all fevers and acute inflammations, has been gradually abandoned, in a great measure, for the treatment of these diseases in Edinburgh, and throughout the country at large.

So radical a revolution in medical practice required explanation, and two have been offered. According to some, the change in practice has been owing to an improved acquaintance with the pathology of diseases, rendering it obvious that bleeding never was the proper remedy for fevers and inflammations. According to others, a change has arisen by degrees in the constitution of such diseases, rendering the loss of blood, though formerly useful, an inadmissible treatment in the present day.

Among the supporters of the former view, the most conspicuous hitherto has been my colleague, Dr. Bennett. The only advocate of the latter, who has yet appeared in print, is Dr. Alison.

It is not every one who is in a condition to speak to this question with the authority of a personal observer. For it is chiefly among those who have had long experience in hospital practice, that the requisite di-

rect knowledge is to be found. In this city there is now, besides Dr. Alison, no practitioner but myself, whose hospital experience extends continuously so far back as we must go for the facts. It is, therefore, in present circumstances, almost a debt due by me to the history of medicine in our country, to record what I have been able to observe illustrative of the question that has arisen among us.

But the cause of the abandonment of blood-letting as a remedy, is far from being a new or recent subject of consideration with me. The views I have been led to entertain, and which I propose to lay systematically before the Medico-Chirurgical Society on this occasion, are not at all the offspring of the present controversy. They were come to in part three and twenty years ago, were adopted in their entirety soon afterward, and owe to controversy, whether past or present, nothing except the time and mode in which they are now promulgated; for they have often been categorically stated, though in disjointed fragments, in my lectures on materia medica, as well as in those of clinical medicine, since so early a date as 1835. This will be shown presently.

It is, I think, about eight years ago, that, conversing with Dr. Alison about the abandonment of bleeding as a familiar remedy by both of us, as well as by our professional brethren generally, I found he had been led by his own experience to entertain the same ideas with myself, as to an important change having taken place in what may be called the constitutional part of many febrile and inflammatory diseases. I therefore took the liberty of urging upon my colleague, that, as he and I were the only hospital physicians of sufficient standing and opportunities of continuous observation, to be able to speak to the point in dispute from direct personal knowledge, it was a duty on his part to commit the results of his experience to print; and I promised that I should one day follow his example. It may be in some measure owing to this exhortation, that he first took some notice of the sub-

ject, in a clinical lecture, in May, 1850, (*Monthly Journal of Medical Science*, xi, 157,) and again in a clinical summary, published in the following January (*Ibid.* xii, 71). To these sources, and to his more recent express dissertation, entitled, "Reflections on the Results of Experience as to the Symptoms of Internal Inflammation, and the Effects of Blood-letting during the last forty years," (*Edinburgh Med. Jour.* March, 1856,) I refer for an able and dispassionate statement of numerous facts, which cannot be denied; and cautious deductions, which it will be difficult to refute. These papers enable me to avoid many details on the same topics, and to produce my own observations in a different shape. For I propose to state the results of my experience in the form of a disquisition "On the Changes which have taken place in the Constitution of Fevers and Acute Inflammations in Edinburgh during the last forty years."

I wish that, in the following remarks, it were practicable to avoid entirely the controversial element. I hope to do so in general. But it is impossible to escape observing, in the outset, that in the very ingenious inquiry and eloquent exposition brought before the Medico-Chirurgical Society, on January 31st, by Dr. Bennett, on the question whether the disease pneumonia has undergone any change in its character to account for the abandonment of bleeding as its remedy in the present day, he made two omissions, to his own advantage in the controversy, but not to the illumination of the matter in dispute.

In the first place, he confined himself in a great measure to the local portion of the disease which he investigated, overlooking the fact that it has a constitutional ingredient also. Fevers and acute inflammations alike consist of local derangement and constitutional disturbance—the local affection in inflammations, and the constitutional one in fevers, being primary. The essence of the local inflammation in pneumonia, no doubt, as Dr. Bennett forcibly urged, may be quite the same now as it was when Dr. Gregory practiced, and even

when Hippocrates flourished. But it does not follow that the constitutional accompaniment—consisting of a disturbed circulation and a disordered nervous system—has likewise been always the same. Nor did Dr. Bennett advance a single argument to prove it to be so, though in this proof lies the whole essence of the matter. For, in the treatment of pneumonia, for example, the constitutional element of the disease cannot be discarded, merely because it happens to be secondary to the local morbid action. On the contrary, it is often the main object of regard in the treatment; because, on the one hand, it may be such as to aggravate local mal-action, or on the other, to forbid remedies otherwise available for its removal.

Secondly, Dr. Bennett also omitted, or made little mention of, other acute inflammations besides pneumonia, and altogether overlooked idiopathic fevers; in all of which the same change of treatment, the relinquishment of bleeding, has equally occurred, as in the instance of pneumonia, which alone he took into consideration. It cannot surely, however, be represented, that in point of fact the change of treatment in pneumonia led to the same change in treating all other acute inflammations, and still less all fevers. I can bear witness, at all events, that the abandonment of bleeding in idiopathic fevers preceded, by a good many years, in this city, its abandonment in acute inflammations; and that its gradual abandonment in the latter took place simultaneously in all acute inflammations; and not, as Dr. Bennett urges as to pneumonia, because of an improved diagnosis; for there are several internal inflammations whose diagnosis did not make any sensible progress either immediately before or during the change in their treatment.

In truth, the disappearance of bleeding from the method of cure for fevers, though now almost forgotten, is a much more remarkable fact than the surrender of it for the cure of local acute inflammations. And I believe we shall not be far from the truth, if the latter event be ascribed mainly to

the former; and simply because the attention of practitioners having been first drawn to the change occurring in the constitution of fever, they were thence led naturally to observe an analogous change going on in the constitution of the symptomatic fever attending acute inflammation.

At any rate, the question—Whether a constitutional change has taken place in fevers—stands on its own basis, is altogether as important as the question of a constitutional change in inflammations, and may be considered quite apart. It has I think, important bearings on the latter question. But it ought to be inquired into independently, and on its own merits. And therefore, first of all, I shall treat of—

1. *The Constitutional Changes which have taken place in the Fevers of Edinburgh, during the last forty years.*

This may seem a long period for me to include, since I propose, to confine myself entirely to personal observation and its fruits. But the fact is, that while only a medical student of two years' standing, I became virtually a practitioner, by commencing the duties of Resident Medical Officer in our infirmary, in the autumn of 1817. That period was critical in two important respects. For, in 1817, continued fever first began to show itself in Edinburgh as an extensive epidemic, or at least first attracted attention as such; and within a few months afterward, blood-letting, which had been brought into vogue by the prelections and example of Dr. Gregory, then Professor of the Practice of Physic in our University, attained its highest reputation and widest range in the cure of diseases at large. Perhaps I may have had even some share in propagating it. Certainly no one practiced it with more energy and confidence; and this I acknowledge partly because it is of moment with reference to what appear to me the sound principles of practice in the present time.

For two years I enjoyed ample opportunities of observing the features of disease, while holding the position of Medical Clerk or Resident Physician in our Royal Infirmary, or in a fever hospital, which it be-

came necessary to add for relief of the ordinary infirmary wards from the increasing epidemic. After this I lost sight of the fevers of Edinburgh for a period of eighteen months, while absent in London and Paris. On my return, I was for a few years more an observer only of the practice of others in our hospital. In 1827, however, I was again a responsible observer, having been appointed Ordinary Physician in that year; and this chanced exactly at the outbreak of a second wide-spread epidemic of fever, requiring the temporary establishment of a fever hospital of 150 beds, of which I had sometimes sole charge. This office I resigned in 1832, when my translation to the chair of *Materia Medica*, with a share in the duties of Clinical Professor, gave me an opportunity, which I have annually made use of ever since, except during the first session, for extending my acquaintance with the diseases of the working classes of the community.

These facts are stated merely in order that it may be seen what opportunities have been at my command for direct and continuous observation during a long term of years. No one, as it appears to me, can possess such adequate opportunities for the inquiry, which it is my desire now to elucidate, as one who has had long and continuous hospital experience—no physician, at least; for in early life, his means of observation in private practice are necessarily much too limited.

It will be seen from the accompanying table, derived from the annual reports of our Infirmary, that in the year 1817, continued fever spread in Edinburgh to an extent wholly unexampled before, so far as can be shown by any available records. The causes of this calamity need not be inquired into now, but it was traced, with much likelihood, to the united agency of a succession of previous defective crops; a want of employment, and consequent poverty, among the laboring classes; and the commencement, on a great scale, of that migration of the poorest class of the Irish, which has streamed more or less ever since into the great towns of Scotland, overstock-

ing them with laborers, condensing their population, and planting among the native citizens habits of overcrowding, uncleanness, and improvidence.

TABLE SHOWING THE ANNUAL NUMBER OF FEVER CASES IN THE ROYAL INFIRMARY, SINCE THE BEGINNING OF THE CENTURY.

Twelve months to December, 1800,	-	339
" " " 1801,	-	161
" " " 1802,	-	156
" " " 1803,	-	222
" " " 1804,	-	323
" " " 1805,	-	178
" " " 1806,	-	95
" " " 1807,	-	110
" " " 1808,	-	111
" " " 1809,	-	126
" " " 1810,	-	143
" " " 1811,	-	96
" " " 1812,	-	103
" " " 1813,	-	75
" " " 1814,	-	87
" " " 1815,	-	96
" " " 1816,	-	105
" " " 1817,	-	486
" " " 1818,	-	1546
" " " 1819,	-	1063
" " " 1820,	-	626
" " " 1821,	-	827
" " " 1822,	-	355
" " " 1823,	-	102
" " " 1824,	-	177
" " " 1825,	-	341
Nine months to October, 1826,	-	450
Twelve months to October, 1827,	-	1875
" " " 1828,	-	2018
" " " 1829,	-	771
" " " 1830,	-	844
" " " 1831,	-	758
" " " 1832,	-	1394
" " " 1833,	-	878
" " " 1834,	-	690
" " " 1835,	-	896
" " " 1836,	-	652
" " " 1837,	-	1224
" " " 1838,	-	2244
" " " 1839,	-	1225
" " " 1840,	-	783
" " " 1841,	-	1872
" " " 1842,	-	843
" " " 1843,	-	2060
" " " 1844,	-	2389
" " " 1845,	-	684
" " " 1846,	-	693
" " " 1847,	-	2628
" " " 1848,	-	4695
" " " 1849,	-	726
" " " 1850,	-	590
" " " 1851,	-	956
" " " 1852,	-	691
" " " 1853,	-	574
" " " 1854,	-	745
" " " 1855,	-	991
" " " 1856,	-	180

The nature of that epidemic is a point of much greater immediate interest. For, to its peculiarities, I apprehend, may be traced the unreserved adoption of blood,

letting as a principal remedy for many years afterward, in most fevers and inflammations.

The epidemic fever of 1817-1820, presented two well defined forms. One was that which it has been for some fifteen years the fashion to call *relapsing fever*, on account of its extreme tendency to return after a perfect intermission of some days. Its proper nosographical name, however, is *Inflammatory fever*—the *Causa* of older authors, or *Synocha* of Cullen and his contemporaries—by which last convenient name we all knew it when it first appeared, but which writers of the present day seem to have a dread of using, probably through fear of being thought to adopt Cullen's pathology along with his nomenclature.

This fever, which is described in detail in a paper supplied by me on the subject of continued fever, to Dr. Tweedie's "Library of Medicine," in 1840, was characterized by its very abrupt invasion, often rendering the patient prostrate within an hour; by the continuous and urgent suffering from febrile anxiety, restlessness, burning heat, rending headache, and irritability of the organs of sense, throughout the whole period of perfected fever; by its abrupt departure, often in two hours, with free sweating between the fourth and seventh days, most generally on the fifth; by a complete apyretic intermission succeeding, so that in a few days the patient might be out of bed, or even walk out of doors, or sometimes actually travel to some distance without difficulty; by an abrupt relapse, ushered in with severe rigors, taking place on the fourteenth day from the beginning of the primary attack, and not to be averted by any precautionary management; and finally, by a second abrupt sweating crisis on the third day of relapse, leaving the patient greatly prostrate, and with a slow convalescence to pass through, but without any vestige of fever after the expiry of the few brief hours of critical sweating.

I must omit here, for brevity's sake, all minor characters, and all varieties, of
WHOLE SERIES, VOL. XVII—30

which there were several of great interest; confining myself to the prime features recognizable in a great proportion of the whole cases. These features, as now sketched, are so peculiar and so prominent, that one would imagine it impossible not to recognize such a fever. And nevertheless, when it re-appeared, after an absence of fourteen or fifteen years from our city, it was not at first recognized, though my account of it in the "Library of Medicine," had been published only two years before. It was accordingly christened with a new name, *Relapsing Fever*; and an author had advanced far in printing a book about it, before he discovered that he was not a new observer in nosology.

This fever, or *Synocha*, as it appeared in the epidemic form in 1817-20, was eminently of the athenic, phlogistic, or inflammatory type. Essentially, it was a primary fever, without local inflammation. The pulse ranged from 120 to 160; it might be large or it might be small; but if the latter, it was wiry, if the former, cordy, that is, always hard and incompressible; and no contrast could be greater than the sudden descent of this accelerated, irresistible pulse, to the soft fluent pulse of 72 or less, which marked the influence of the resolving critical sweat. Then, the heat of the body ranged from 102 to 105, at times even to 117; the patient's sense of dry burning heat was intense, so that he would lie, and still suffer from heat, with only a linen sheet over him, and the window open, in such cool weather as, for instance, we have now in the month of March; and the feeling of heat, imparted to another person touching the skin, was decidedly great and often pungent. Another remarkable fact, was the florid hue of the venous blood, and its extraordinary impetus in escaping from the open vein. The blood indeed sometimes appeared as if it spouted from an artery. "*Aliquando sanguinem e vena ita floridum et per saltum fluentum vidi, ut mihi metum arteriæ subjacentis vulneratæ primo perculerit.*" (*Thesis Auctoris*, etc. 1819, p. 29.) In conformity with this state of things, the skin presented a vivid glow,

not on the countenance merely, but likewise over most of the body; the thirst was excessive, the sense of pulsation in the head and chest distracting; and, as the senses were acute, the suffering was extreme. I am able to speak with some confidence to all these facts; for, besides observing them on numberless occasions in others, I experienced them myself no less than three times during fifteen months of this first epidemic. Two other peculiarities may also be mentioned. There was not often much delirium, except in children, who, it is well known, are apt to rave in all febrile diseases. And there was little tendency to local secondary inflammation, in those not exposed to cold and other privations at the time of invasion, or recently before; but again, a great proneness to such complication in the class of society constantly liable to the predisposing and exciting causes of local disease.

I here describe a disease which many now present have never seen; because, according to another remarkable law in its constitution, it never occurs, at least I have never seen it, except in the epidemic form. But, from my description, no one ought to have any difficulty in recognizing it as a very peculiar form of essential, idiopathic, or primary continued fever, characterized, among other particulars, by a truly sthenic, inflammatory, or excited state of the circulation. We shall see presently what became of it. But, in the first place, let me describe the rest of the epidemic of 1817-20.

Nothing in the shape of fever can be more unlike this form of it, than what is known to all in the present day by the name of typhus. In the ordinary run of cases of typhus, the invasion is slow and gradual. There is nothing like vigorous reaction, or sthenic fever, at any period of its course; the pulse being easily compressible, the heat little elevated, the skin dingy, seldom florid, the jactitation trivial, the senses benumbed, the mind clouded or disturbed by delirium. Then the fever runs on unabated for at least eleven days, more generally for fourteen or seventeen,

or even more. There is seldom any tendency to crisis by sweating; the rule of critical days is very often violated; the fever never ceases abruptly, but, as it commenced insidiously, so does it pass off by little and little. The liability to relapse is very slight. And when death results, which is a frequent event, a state of congestion of almost every important organ of the body precedes death for many days, and occasions delirium, coma, and many other deplorable symptoms, which it would be inconsistent with the necessary brevity of the present sketch to describe. Lastly, this form of fever is not confined to epidemic seasons, but may be met with at all times. Hence it is, possibly, that the name *typhus* is rooted in medical language, and has even passed into common speech; while the name *synocha* is unknown in the latter, and is too little known even to professional men.

Now, this form of fever was comparatively little seen during the epidemic fever of 1817-20. A true unmistakeable typical typhus, as all physicians have understood it in this country since the days of Cullen, could scarcely be said to form part of that epidemic. I doubt whether there was more of it than its ordinary sporadic proportion, or even as much. This is no "*pro re nata*" proposition, got up for the occasion—now for the first time—the offspring of controversy. Fortunately I can satisfy every one of the contrary, by testimony of the time—by my own testimony in my Inaugural Dissertation, presented to the medical faculty of this University, March, 1819, and consequently in the very middle of the epidemic. "*Febris continua Edinburgi formam typhodem, raro assumere dicitur; et in hac peste equidem rarissime aliquem signis typhi a Cullenno notatis laborantem vidi.*" (p. 9.) I well remember, indeed, the interest excited among the students of our hospital, by the admission of a case of characteristic typhus into the wards.

Instead of a true typhus, the epidemic was principally made up of a different form, which would be classed as typhus in the present day—and perhaps correctly—

but which, at the period in question, when external characters, or grouping of symptoms, were fully as much considered, in nosological arrangements, as the pathological essence, or anatomical characters of disease, was called synochus. Synochus, in the Cullenian nosology, is an essential fever, beginning as synocha, or inflammatory fever, and ending as typhus. However much it may be the fashion with anatomical nosologists, to underrate Cullen's system of classification, and to throw aside his descriptions and definitions of disease, I must say, that I even now do not know a better descriptive definition than his of the fever which constituted the most frequent form of the epidemic of 1817-20. For, at the beginning of the attack, no one could distinguish this variety from the inflammatory (or relapsing) fever already described. There was the same abrupt invasion, the same vehement pulse, the same high temperature, the same intense restlessness. In a word, for six or seven days there was no sign to show that the attack was not to end, like the inflammatory fever, in an abrupt sweating crisis. But, instead of that, the pulse and heat, at the close of the first week, abated somewhat in force; the acute, anxious inquietude passed by degrees into prostrate torpor; the mental faculties became clouded, and either delirium or stupor, or both, stole on imperceptibly, till at length, in ten or eleven days, the features of typhus were clearly unfolded.

Still, however, traces of the primary æthenic fever remained. Some cases ended by a slow, gentle diaphoresis, beginning on the eleventh, and going on till the fourteenth day—a termination, by the way, which I have seen about half a dozen times in the true typhus, both mild and grave, which has prevailed sporadically during the last three or four years. Other cases seemed to yield slowly, about the eleventh or fourteenth day, to blood-letting, without any critical sweat or other evacuation. Occasionally, too, a crisis by spontaneous hemorrhage appeared to justify the treatment by bleeding, and illustrated the never-

failing descriptions of ancient authors. It is also worthy of mention that the termination of fever by hemorrhage, has not been witnessed for many years in Edinburgh, either in epidemic periods or during the non-epidemic intervals. Another very important fact was, that in every mode of progress, in fatal cases equally as in recoveries, the pulse was generally observed to retain very long a considerable measure of that fundamental volume and force, which formed a predominating character of the early stage of the disease, as well as of the whole course of the inflammatory fever, or synocha. One consequence of this state of the circulation was, that, in the secondary typhus stage, blood-letting, even practiced from a vein, was borne well in general; and another consequence, not less remarkable and undoubted, was, that wine was not sustained with the ease and certainty which might have been expected from the proofs of typhoid prostration actually present. In my thesis, wine, as a remedy, is thus adverted to: "*Stadio synochi icterodes progressu, typhoque puro, sed varietati præterea vix ulli, beneficio fuit.*"

It will not seem unnatural, that at this period, and long afterward, the two most prevalent forms of the epidemic—the one which terminated generally on or before the seventh day by sweating, and the other, which, instead of doing so, passed into a subsequent stage of typhus—were regarded as one and the same disease. Were we wrong? There was a time when, impressed by new phenomena in the progress of our epidemics, I was inclined to conclude, and have actually admitted in my lectures on clinical medicine, that we had been in error; that synocha, or relapsing fever, is a separate disease, "*sui generis*;" that true typhus is another, and that our synochus, or intermediate form, is only a modification of typhus. But, on later reconsideration, I am much inclined to revert to the original doctrine, so far as to see in synochus an ally of synocha, rather than of typhus, and possibly nothing else than an unresolved synocha. We have an analogue in malignant cholera. As observed for many

years in the East Indies, if it did not prove fatal in the stage of diarrhea, spasm, and collapse, cholera came to speedy resolution, without any remarkable consecutive phenomena. But, after it reached Western Europe, the patient had generally to pass through a secondary stage, much resembling profound typhus, and dependent apparently on suppression of urine. Nevertheless, the two forms are the same disease, however different in their course; and no man has hitherto thought of making two diseases of them. Synocha and synochus, as they occurred in 1817-20, were not more different in their characters and progress. And yet, if they be assumed to be one and the same disease, what is to be thought of the relations of typhus, into which, undoubtedly, a characteristic synochus may be easily traced by the imperceptibly varying shades observed in a long succession of cases, even in one epidemic, but still more in several epidemics—the inflammatory introduction being, so to speak, softened by little and little, in a series of cases, till at length it is suppressed and lost altogether.

Thus, by contemplating the many varying forms and shades of fever, in one or more epidemics, we are irresistibly led to the great question, Are all these forms of continued fever essentially different, or essentially the same, in origin and essence? As to this question, I will only say here, that, instead of becoming clearer as our information about fever extends, it has hitherto seemed to me to be rendered, on the contrary, more dubious than formerly; and that, above all, it is not to be solved in the negative, with the facility and confidence which have been brought to the inquiry by some purely anatomical physicians of the present day.

But I must not allow myself to be diverted by this theoretical episode from the main action of my subject.

I think that, if what I have said of the great features of the remarkable epidemic fever of 1817-20 be dispassionately viewed, no one can feel surprise that bleeding became for it a much-favored remedy. When

the epidemic broke out, two other modes of treatment were in vogue—the diaphoretic plan and the cold affusion. Diaphoretics, though utterly useless, were generally given then, as they are given still, for the sake of doing something. We certainly did no good with them in 1817-20. The cold affusion, too, a potent agent, and indicated by the great increase of animal heat, proved equally useless. It gave relief for half an hour, but was of no permanent advantage, though often repeated; and after myself experiencing the agonizing central headache, substituted instantly by it for the prior and more bearable general headache of the fever itself, I felt no desire to inflict such intense suffering upon any fellow creature. But a fever, with such vivid reaction, demanded some sedative. Blood-letting, the most powerful and certain of all, was resorted to. And such were the good effects apparently obtained with it, that it soon came into universal credit, and was carried to what will very naturally now seem extravagant lengths.

The following are extracts from my own account, in 1819, of these proceedings:—*"Febrin adultum implicantem raro uncis sedecim, frequentius viginti, viginti-quatuor, viginti octo, tringintave missis expulsum vidi; et aliquando e viro procero, forti, et toroso, tres libras, vel amplius insigni cum beneficio eductæ sunt."*—*"Aliquando venam iterum iterumque feriri opus fuit."*—*"Aegroti, quos solos tractavi, raro tertie venæsectionis indiguerunt; alii autem in compluribus exemplis ter quaterve cum exitu optato uti sunt."*—(*Diss. Inaug.* pages 48, 49.)

This was vigorous practice; and it was honestly and impartially enforced—sometimes to the terror of older, but less experienced fever physicians. I well remember the repugnance and distress of an elderly medical friend in Ayrshire, when, on my taking a third attack there in the autumn of 1819, and persuading him, much against his will, to sanction blood-letting, I insisted on his waiting till I recovered from faintness on losing fourteen ounces of blood, and compelled him to finish the

legitimate allowance of thirty ounces in all. And let it be remembered, that we did by no means slay our patients by such blood-thirstiness. On the contrary, the mortality from the whole forms of fever collectively, in that epidemic, did not exceed one in 22 at any period, and was reduced to one in 30, as the epidemic spread, and the remedy became more and more familiar. It was at the time universally believed, that bleeding had a tendency to ensure the resolution of synocha by critical sweat—to prevent, in this way, the passage of synocha into the secondary typhus stage—to moderate the secondary typhus phenomena,—and even to relieve the evil tendencies to visceral congestion, which characterized the pure typhus occasionally encountered among the other forms of fever. I confess I am still loth to believe, with younger critics who never saw the epidemic of the time, that all these convictions were hallucinations. But, nevertheless, it must in candor be admitted, that the cure by blood-letting was resorted to by many too indiscriminately, and inflicted by others too energetically—*Edinburgh Med. Jour.*

[TO BE CONCLUDED NEXT WEEK.]

DEATH FROM CHLOROFORM.

BY JOSIAH W. STROUT, M. D.

From the peculiarities of the case, as well as to further arouse the fears and excite the caution of the profession in the use of chloroform, I am induced to report it.

A gentleman, named Welsh, aged about 35, called upon me on the 25th April, for the purpose of having a ball extracted from his wrist-joint, which he had received nearly two years before in a drunken brawl. He informed me that although the ball could not be felt, he was satisfied of its presence, as when he had worked for any length of time, his wrist became painful and almost useless. He seemed determined and anxious to have the effort made to extract it, whereupon I concluded to do so the next morning, as it was then near night.

He then said I must give him something to prevent his feeling the pain of the operation. I told him he could, if he chose, take chloroform, but rather dissuaded him from its use, as he seemed so determined in the matter that I thought he could endure the operation without it. He, however, did not think that he could, and upon his saying that he had taken it once before, (soon after he was shot,) I agreed to administer it. Another conversation ensued between us in the course of the evening upon the same subject, in which I told him of the ill results which had sometimes occurred from the use of chloroform, although I had never, in the course of my practice, experienced any such from its use.

On the next morning, after all necessary preparations had been made, I again endeavored to dissuade him from its use, but with no avail. I therefore seated him by a table. The chloroform was administered by inhalation through a sponge at the hands of an assistant, I, the while, observing the impression upon his pulse. After a few inhalations I pinched him slightly upon the arm, asking him if he felt it; he replied rather hurriedly, and in quite an irritated manner, "Yes, I did; you pinched me—don't you do it again." I then let him continue the inhalation a few seconds longer, and again pinched him, at which he said nothing. I then ordered the removal of the sponge. He seemed to be chloroformally impressed; his eyes were upturned, and partially closed; his respiration somewhat heavy; his muscles relaxed, and his pulse reduced. He sat in this condition about half a minute, not more, I having merely time to give his maimed arm into the hands of an assistant, and to reach for my scalpel, with which to make the contemplated incision, when he arose from his seat in a violent rage, grasping the basin of water and upsetting the table on which it stood; his anger seemed to be turned toward me; he hurled the basin at me with all his force, accompanying the action with fierce glances and muttered oaths. He presently seemed to recover himself; a change came over his face, an

expression of sorrow took the place of that of rage which had distorted his features, and he said, "Doctor, is that you? I am very sorry for what I have done; I did not know what I was doing; give me your hand and let us be friends, and come and get this ball out." At the same time he approached the seat from which he had risen, and whilst making the effort to sit down, fell back in what was apparently a fainting state. Supposing such to be the case, I ordered him to be laid in a recumbent position, and applied water freely to his face, but I soon discovered that it was not an ordinary case of syncope, for his lips and face became livid, his pupils dilated, and a foaming ensued from his mouth; he gasped two or three times after he was laid upon the floor; various means of resuscitation were used with no avail—the man was dead.

I am informed by persons who have known him for a long time, that he was much addicted to the use of spirituous liquors, and one of my assistants, who was well acquainted with him, tells me that his actions, after he rose from his seat, were very much like those usually produced in him by the combined influence of whisky and anger. I regret that a *post mortem* examination could not have been held, but his family were not near enough for their consent to be obtained in time. I am satisfied that he was not under the influence of chloroform at the time of his death, yet, at the same time, I believe it to have been the exciting cause of his death. His death, I believe, was brought about by a condition in connection with his brain similar to that which exists in apoplexy. His habits of drunkenness doubtless weakened the blood-vessels of the brain, and rendered the brain itself more susceptible to the influences such as chloroform induces.

The chloroform used with this patient was, to all appearances, a pure article; it was procured from an accomplished druggist, and possessed all the sensible characters of the genuine. The exhibitions upon this patient, from its inhalation, were very

similar to those sometimes produced from inhaling æther, or the protoxide of nitrogen.—*Nashville Jour. of Med. and Surg.*

WILL VERATRUM VIRIDE PRODUCE ABORTION?

As the use of *veratrum viride* is daily becoming more prevalent, we have thought it might be useful to our readers to publish the following from the *New Orleans Medical News and Hospital Gazette*. Should it be discovered that this agent possesses such properties as the cases alluded to would seem to indicate, great caution must be observed in its administration.—*Maine Med. Rep.*

WILL VERATRUM VIRIDE PRODUCE ABORTION?—An esteemed correspondent writes us as follows: "I wish you would give your experience with *veratrum viride* in pregnant women, in the next number of your Journal—whether or not it acts like ergot on the uterus. I give you a case.

"I was called to see Mrs. —, æt. 32, said to be about six months advanced in pregnancy with her seventh child. She had never miscarried. I arrived at the house about 10 o'clock A. M. She had been confined to her bed about eight or nine days; had had no physician attending her. I diagnosticated her disease typhoid fever, and prescribed *veratrum viride* in the usual doses during twelve hours. When I returned to her, she told me she felt some pains in the lower part of the abdomen, like labor pains. As she had never aborted, but little attention was paid to it. I continued the *veratrum*, together with two grain doses of calomel. At 9 A. M. next day I was called in haste. On my arrival, I found that she had miscarried. She then told me that she had felt pains like labor pains after taking the second dose of the *veratrum*.

"I also have a friend who gave it to three negro women, laboring under pneumonia in the first stage. They were all encients, and all aborted. I also heard an old and

experienced physician say that he had met with a similar misfortune in a case of typhoid fever."

We are sorry that we cannot speak from experience in regard to the administration of this remedy in the class of cases indicated. We have never seen the remedy administered to a pregnant woman. The written testimony furnished in our Journal is conflicting, but the mass of evidence, so far as we are aware, is against the proposition of the remedy acting like ergot. According to our reading, it has always appeared that the abortions might be traced to other causes, or to the fact of the medicine having been given so as to produce excessive nausea or vomiting, to which latter the abortion might be attributed. A patient freely nauseated or vomited by ipecac or tartar emetic, will sometimes abort, but surely not as a consequence of the specific effect of these medicines on the uterus.

We do not think that either of the typhoid fever cases mentioned by our correspondent will stand as evidence of the specific power of the *veratrum viride* over the uterus. Women affected with typhoid diseases during pregnancy, are exceedingly apt to abort, and we think all the probabilities are in favor of coincidence, rather than cause and effect, in the cases cited. It is well known that an attack of yellow fever almost certainly produces loss of the foetus—certainly if the disease is of an adynamic form.

Of the results in the cases of the three negro women with pneumonia, we can not express our opinion. We should have been pleased to have seen the accurate and complete data. A thing is not *propter hoc* merely because it is *post hoc*.

DISEASES OF QUININE MAKERS. LOBELIA LONGIFOLIA.

M. A. Chevallier, at a recent sitting of the Academy of Sciences, Paris, communicated a paper on the diseases to which workmen employed in the manufacture of

sulphate of quinine are subject. It appears from his statement, that one of the disorders is a cutaneous affection, severe enough to force them to suspend work for a fortnight, a month, or sometimes altogether. M. Chevallier further quotes M. Zimmer, of Frankfort, to testify to a particular kind of bark fever (*das China Fieber*), which affects workmen engaged in pounding bark. This has not yet been observed in France. It is described as so painful that those who have once suffered throw up employment rather than risk a second attack. As for the cutaneous affection, it attacks not only workmen, but those about the place, and affects alike the sober and the intemperate. No remedy has, as yet, been discovered.

M. Baudelocque announced that he had used *lobelia inflata* with advantage, as a sedative, in the cases of a young idiot who, when angry, showed a disposition to bite, and of a deaf boy with the same tendency. He further stated it as his belief, that a plant of the same family (*lobelia longifolia*) was used as a sedative in the feats of horse-taming which now engage public attention.

THE KIRKPATRICK POISONING CASE, PHILADELPHIA.

The medico-legal aspects of this case claim a short notice in this Journal. From the testimony it appears, that in January last the family of E. Kirkpatrick received a minced pie, purporting to have been sent by a favorite relative, which subsequently proved to have been poisoned. Although all that partook of it were sickened, a suspicion that it was not right, excited by the remark of a child, prevented its being eaten. For various reasons, which appeared in evidence, the family suspected the pie to have been sent by R. B. Kirkpatrick (a brother) and his wife, who were, in connection with two others, indicted for conspiracy, etc. The trial commenced on the 6th of July, and continued through the entire July term, lasting more than a

month. The two principals were convicted of an assault with intent to kill, in the technical language of the law. As the circumstantial evidence, sustaining the charge that the pie was sent by the accused, was very strong, it became highly important in the defence, to invalidate the chemical witness, and the chief interest of the case, so far as we are concerned, centered in this point.

After several preliminary testings of portions of the pie by non-professional chemists, about a quarter of the whole was placed in the hands of Prof. Robert Bridges, of the College of Pharmacy, with the simple request that it should be examined for arsenic. At this time no legal action had been taken. From the published testimony, we learn that Dr. Bridges first examined the sugar sifted over the surface of the pie, which was found to be free from poison. He then examined the whole of the contents of the pie, and afterward all of the crust, by decocting them in water in a porcelain dish, applying the liquid tests to the filtered decoction, and subsequently treating them in Marsh's apparatus, using a separate instrument for each decoction. Owing to the abundant evidence of the presence of arsenic by the latter test, Dr. B. did not take the usual steps to destroy the organic matter, so as to get unequivocal results from the liquid tests, to prove in what state of combination the poison existed, which occasioned a temporary difficulty with the jury, as the indictment alleged that the poisoning was effected with "arsenious acid, or some other poison." The latter expression, however, covered the difficulty when explained. It was not until after the parties were indicted that Prof. Bridges was called upon to determine the quantitative proportion of the arsenic, and as he had not reserved any of the pie, he could only determine the proportion remaining in the unexhausted liquid of the Marsh's apparatus. An accurate portion of this was carefully examined, and the quantity of 2.92 grains of arsenic proved to be present in the whole of this residual liquid. How much had

been removed in the numerous preliminary experiments could not be determined, but the proportion isolated was amply sufficient to prove that the pie had been effectually poisoned.

In the cross-examination Dr. Bridges stated that he employed a piece of commercial zinc, two inches by eight, in his Marsh's apparatus, which he cut from a large sheet of zinc bought for the use in question, and which he had had in possession for five or six years, and had frequently tested and found to be free from arsenic; but he admitted that he had not, in this instance, tried the zinc *immediately before* using the apparatus, nor had the sulphuric acid been so examined, though also known to be pure by previous trial; but, as a portion of that mixed for use in the experiments was left, it was tried after the Marsh's apparatus had been put in action, and found pure.

In attempting to destroy the force of Dr. Bridge's testimony, the counsel for the defence relied mainly on the three points above indicated, as weakening his evidence, and endeavored to make it appear that the arsenic may have been derived from the zinc or sulphuric acid, both of which are known to sometimes contain arsenic; and that as it had not been shown unequivocally that *arsenious acid* was in the pie, some *innocuous* preparation of metallic arsenic might have given the metal as obtained by Dr. Bridges.

To more effectually gain their object, Dr. B. H. Rand was employed to prompt the cross-examination, which was very long and sifting, and worked in many irrelevant points regarding other preparations of arsenic, and dwelt pointedly on the impurities of zinc and sulphuric acid, and on the probable manner in which a pie might be poisoned, after it was baked, with arsenite of potassa, etc.

Dr. Rand, after thus officiating, was subsequently called to the witness stand, having prepared himself by special experiments, to weaken the testimony of the prosecution. Dr. Rand gave as his opinion, that Reincsh's process was the best

test for arsenic; that Marsh's apparatus was unexceptionable when used with the proper precautions. These he detailed at great length, especially in reference to the use of pure zinc and sulphuric acid, and considered it absolutely necessary to try these immediately before testing for the poison, to give vitality to an analysis. He said that he would have no confidence in the liquid tests, if organic matter of any kind was present, unless the results were proven to contain metallic arsenic by subsequent treatment.

He stated, as his belief, that commercial sheet zinc generally contained arsenic, but could give no idea of the per centage of that metal it had been shown to contain. When asked how often he had used Marsh's apparatus to test for arsenic, he admitted about twenty-five times. He stated that he had used in those trials both distilled zinc and sheet zinc, and, when questioned as to whether he himself had thus detected arsenic in sheet zinc, he admitted that he *never had*; and that the sulphuric acid of this country *rarely* contained arsenic. When questioned as to whether a piece of zinc cut from a large sheet, various portions of which had been found to be free from arsenic, might yet contain that metal, *he believed it might*; but when asked if a piece of sheet zinc, two inches by eight, after it had been used in various trials in a Marsh's apparatus, might yet yield 2.92 grs. of arsenic to the liquid surrounding it, he admitted that *it would not*. At the close of Dr. Rand's examination, the defence asked him whether there was not a preparation containing metallic arsenic that was not poisonous. Dr. Rand answered that there was. When asked to name it, he replied, *cacodyl*; and in answer to the prosecution, admitted that he had never made it, nor had he seen it, nor was it to be procured in the shops. Why this statement was made in view of the unstable and decomposable character of *cacodyl* in contact with atmospheric air, and the offensive nature of its vapor, was at least singular, and calculated only to mislead the jury.

In conclusion, we will observe that this case points to the importance of observing strictly the following rules when a poisonous material is accepted for analysis: 1st, to preserve a portion of the material intact; 2d, to take all the preliminary precautions in using Marsh's apparatus, however certain one may be of the purity of material; 3d, to make the experiment and indictment correspond as regards the existing condition of the poison. We have not been able, even in Gmelin's Hand-book, to find any statement regarding the proportion of arsenic in arsenical zinc and sulphuric acid, and believe it will be well to have this point settled by analysis; and also the extraordinary statement made by Dr. Rand, that one part of a sheet of rolled zinc may contain arsenic and the rest not.—*Amer. Jour. Pharmacy.*

COLLODION AND CASTOR OIL AS AN ARTIFICIAL CUTICLE.

This mixture has been used of late with success, in King's College Hospital, as an application to burns and abrasions, to form a sort of artificial cuticle. It has been used at the suggestion of Dr. Savage, at the Samaritan Hospital, in two cases of vesico-vaginal fistula, now there under the care of Mr. Spencer Wells. In one of these cases there is a recto-vaginal fistula also. In both the excoriation of the labia, perineum, and thighs, from the constant dribbling of urine, and the consequent smarting, have been very distressing. Extreme cleanliness, careful drying of the parts, and the use of simple ointments, afforded but little relief. The mixture of one part of collodion with two parts of castor oil, was therefore used, and gave the most marked relief. It causes some smarting for a few minutes after its application, but it then forms a smooth, elastic coating or varnish, which resists the action of the urine for many hours, and effectually protects the excoriated skin from the irritating fluid.—*North Amer. Medico-Chir. Rev. May, 1858.*

SUBPŒNAING SCIENTIFIC MEN TO GIVE EVIDENCE.

From the Medical Times and Gazette for March we perceive that Lord Campbell has recently given a judgment at Warwick to the following effect, viz:

"A scientific witness having asked his opinion as to whether he was bound to attend upon being served with a subpoena, he would say that a scientific witness was not bound to attend, and ought not to be subpoenaed. If he knew any question of fact, he might be compelled to attend, but her majesty's subjects were not compellable to give their attendance to speak on matters of opinion."

This is certainly a very important little item to medical men. If there is a nuisance connected with the fact of being a medical man, it is that we are at all times liable to be picked up in the street, and hauled off to court to give scientific opinions in cases in which we have not the slightest interest, and from the parties engaged in which we receive no remuneration whatever for our detention and trouble. If there is a correct principle among men, it is that which teaches that the laborer is worthy of his hire. If scientific men are necessary in courts of justice, then they are as much entitled to pay for their services as are the lawyers who question them, and our laws should be so amended as to compel the parties concerned to pay them. We have always felt rebellious against this system of extortion of gratuitous services from medical men—for it is the medical man who is mostly preyed on—and we earnestly believe that if the prevalent principle were tested before our higher courts, the matter would be decided in our favor. At the very moment that we write, a case in point occurs to demonstrate the absurdity and injustice of the present practice. A woman is found dead; a physician is called in to make a post-mortem examination; he makes it, and his opinion is carried before the court, be-

cause another party is accused of having caused the death. But other medical testimony, in the shape of *opinion*, is deemed necessary, and another physician is stopped from his business—actually detained from doing his duty to himself and his patrons—and hauled off to the court to give this opinion, and with no earthly prospect of being paid one dime for his detention and services. Is there any show of justice in this? Not medical men are as liberal in the gratuitous dispensation of their services as any men living, and it is their pride to be so; but there is reason in all things, and we are for rebellion against this abuse of our services and our good nature.—*New Orleans Hospital Gazette.*

PRESERVING BODIES FOR DIS- SECTION.

Prof. J. C. NORR gives the following formula, as one which he uses in New Orleans with perfect success, and says if a subject be perfectly injected, it will keep as long as desirable. "Take two parts, by measure, of muriatic acid, and one part of water, and as much metallic zinc as they will dissolve—use it undiluted. Cut down on the arch of the aorta, and throw in as much of the fluid (according to the size of the subject) as can be injected without excessive force—say from two to four quarts. If it is well done, the muscles will become of a slate color, and the tissues firm. A body may be well injected, if done with skill, by the carotid or femoral artery, but when the apparatus is imperfect, it is better to saw the sternum longitudinally, force the chest open, and place the pipe in the arch of the aorta."

Dr. Bennet Dowler, however, in the same number of the New Orleans Journal, says he was in the habit, some years ago, of preserving bodies, in very warm weather, perfectly free from unhealthy or offensive emanations, by simply keeping them immersed in brine.

Part 3.—Editorial.

ECLECTIC MEDICAL INSTITUTE.

The prospects for a large class during the coming fall and winter are very flattering, and we are much gratified in being able to assure all who may desire to attend, that the Institute never possessed the same facilities for imparting a thorough and scientific course of lectures on every branch as it now does. The building has been painted and otherwise renovated both inside and outside, so that the graduate of the Institute may look with pride upon the material structure of his *alma mater*. The large and valuable pathological museum recently purchased from the late American Medical College, is a great acquisition to the Institute. It has been placed in the lecture room, the walls of which are now completely covered with paintings and specimens in anatomy, materia medica, and obstetrics. Many valuable additions have been made to the chemical apparatus, which is now most complete, as well as numerous additions to the library of the Institute.

Every arrangement has been made to constitute the clinical department the efficient exponent of the doctrines inculcated in the school; here every thing is brought to the test of experience; here the student learns his first and most permanent lessons in practice, materia medica, and surgery. No hospital in the city furnishes a greater variety of diseases than are presented before the student here every session, and there are none where disease is treated with such marked success.

Most of the Faculty are on hand to commence the preliminary course, and before the commencement of the regular session all will be present. Students will find it much to their advantage to attend the preliminary lectures, and it is very desirable that all should be present on the first day of the regular course.

PROCEEDINGS OF UNION ECLECTIC MEDICAL SOCIETY.

The Society met, according to previous adjournment, at the office of Dr. Ingalls, in Olive Branch, O, July 14th, 1858.

The meeting was called to order by the President, after which the name of Dr. Stroup was added to the list of members. The meeting was thinly attended, from sickness in the different locations of members; but it is hoped that our next meeting will make up the loss in interest and attendance.

The subject of dysentery was the theme of discussion, which elicited remarks from Drs Blythe, Ingalls, and Stroup.

Dr. Blythe stated that his mode of treatment consisted as follows: Cathartics, for adults, anti-bilious physic, children, the neutralizing cordial, sufficient to produce catharsis once in about three hours. Injections of starch-water, with hydrastin, and, if attended with much tenesmus, tinct. opii gr. xx, or more to suit the case. He sponged the surface with tepid water, and occasionally chloride of sodium with tepid water.

Dr. Stroup used mucilaginous drinks, cathartics, oil, &c. Commonly used the following cathartic:

℞ Leptandrin, gr. iij
Podophyllin, gr. ½. M.

Give every three hours until free catharsis takes place. Thinks the use of diaphoretics indispensable.

Dr. Ingalls' mode consisted in the following general treatment:

℞ Juglandin, gr. xij
Podophyllin, gr. ij
Gelsemin, gr. ij. M.

Divide into four powders; give one every two hours until free catharsis takes place. In the treatment specified, it is necessary to produce three or four operations from the upper bowels per day, until a change takes place. Where there is much tenesmus, uses for an injection the following:

℞ Cold water, 3iv
Tinct. opii, gr. xx. M.

Use as often as the case demands. This

treatment, with local applications, sponging, and the free use of mucilaginous drinks and diaphoretics, constitutes his plan of treatment.

The discussion of the treatment of pneumonia next claimed the attention of the convention, which elicited the attention of Drs. Blythe, Ingalls, and Stroup, and the result of their experience with the following remedies: lobelia, veratrum viride, and asclepin.

It was the result of close observation, that recommended the above remedies as valuable agents, far preferable to venesection, or the more slow process of mercurializing the patient, as laid down in the standard works of that school whose disciples claim for it as *only* being "good for men."

The subject of cholera morbus was brought forward, and the treatment of several members was presented.

Dr. Blythe commonly used sulph. morphia and carb. soda, to allay irritability of the stomach, and neutralize the existing acidity, with gentle cathartics, and prohibiting the use of cold water.

The subject of prolapsus uteri was presented, and the treatment of several members discussed.

The next quarterly meeting of the Society will take place at Olive Branch, on the second Saturday in October. All members, and others who believe a radical reform necessary, are respectfully solicited to attend, as business of importance will come before the convention, such as an election of officers for the coming year, &c.

W. M. INGALLS, *President*.

COMMERCIAL HOSPITAL FEES.

We learn that the Ohio Medical College clique have so managed matters as to get the students' fees to this old, dilapidated concern raised to ten dollars. The terms of admission now stand thus: "All male, white students who will pay ten dollars, can enter" this great institution, in which

more deaths have occurred since its establishment, in proportion to the number of patients, than in any other hospital in the country. Certainly the fees should be, to some extent, in proportion to the wonderful advantages afforded.

ACCIDENT FROM LIQUOR AMMONIÆ FORTIOR.

We copy the following account, with the accompanying useful remarks, from the last number of the American Journal of Pharmacy:

"A correspondent in Baltimore, in whose store an accident occurred in opening a pound bottle of strong solution of ammonia, by which two of his assistants were seriously injured in the eyes and face, requests us to notice it with a caution. The cause of the accident is attributed to the fact, that manufacturing chemists usually make this preparation in the winter, and bottle it at as low a temperature as possible; and when, as in this instance, the bottle is opened in mid-summer, without any precaution, the expanded air in the bottle is greatly increased in its tension by the liberated ammoniacal gas, drives out the stopper the moment it is loosened, and a large portion of the solution is lost by the rapid effervescence which instantly, and almost explosively ensues from the escape of ammoniacal gas. Several accidents of the kind have occurred in Philadelphia, and we doubt not elsewhere. It has been our custom for many years past to keep this solution in summer in a refrigerated closet, to prevent loss by evaporation, and always to refrigerate a newly received bottle before attempting to open it, if in warm weather, and even then, to hold the stopper with some force whilst loosening it. The same precautions are applicable to concentrated ether, nitro-muriatic acid, and similar preparations. In accidents to the eyes from ammonia, after the immediate use of cold water, rose water, with sassafras mucilage, holding in solution a

grain of acetate of lead to four fluid ounces, should be freely applied; and to the blistered skin, lime water and lin-seed oil, spread on linen cloth."

Having suffered from an explosion in the manner above indicated, notwithstanding considerable degree of care was exercised in opening the bottle, we can testify from experience to the danger incurred in handling this article, and to the importance of the precautionary measures here recommended.

NEW MEDICAL BOOKS.

CONCENTRATED ORGANIC MEDICINES; being a Practical Exposition of the Therapeutic Properties and Clinical Employment of the combined proximate Medical Constituents of Indigenous and Foreign Plants. To which is added a very brief History of Crude Organic Remedies, Constituents of Plants, Concentrated Medicines, Official Preparations, etc. By GROVER COE, M. D. Published by B. Keith & Co., 590 Houston street, New York. 1858. pp. 432. Price \$2.

We are at last able to say to our readers and the profession generally, that this long looked-for work on the concentrated remedies is out of press; a copy of it is before us, and it does credit alike to the publishers and author. It needed not the "figure head" opposite the title page, to assure its readers that it was the production of Grover Coe. Almost every page bears the impress of the astute and analytic mind of its author. He deals not in mere generalisms, nor does he content himself with skimming over the surface of things, or following in the beaten track of others, without examination. He possesses no fondness for mere theory, but brings every thing to the test of careful and patient experience. He bases not his conclusions on the result of a single fact neither, but deduces them from all the sources which nature and science have developed.

We regret exceedingly that we have not time to give it that thorough examination which both it and the important subject

upon which it treats, demand at our hands. But as this number of the Journal is about going to press, we are compelled to postpone further remarks, and shall content ourselves with giving an extract from the chapter on the

"ADMINISTRATION OF CONCENTRATED MEDICINES.

"Among the acids most destructive in their action upon the organic remedies, is the *lactic*. Podophyllin is not hindered in its operation by acetic acid, but the presence of a considerable quantity of lactic acid will almost entirely suppress its action. This will account for its failure in many instances in not producing its legitimate impression upon the system. We have known the operation of fifteen grains of the resinoid principle to be immediately checked, and all further manifestations of therapeutic power arrested, by the administration of sour milk. It is all-important to the successful exhibition of organic remedies, that undue acidity of the system be first neutralized. Attention to this necessity will save disappointment and loss of time, besides preventing many an excellent remedy from being unjustly condemned. Super-carbonate of soda is generally the most convenient antacid at hand, and may either precede or accompany the medicine. When the acidity is considerable, it is best to administer the soda half an hour before the medicine. From one-half to one drachm is sometimes required. In other cases, from five to ten grains will be sufficient. Common salt, chloride of sodium, will answer when soda cannot be obtained. But when a full dose of podophyllin is administered, the free use of salt during its operation will sometimes have a tendency to produce hyper-catharsis, while the remedy is in consequence liable to be unjustly blamed. We have repeatedly observed this fact.

"The proper combination of concentrated remedies is a subject of much interest to the practitioner. Multiplicity of remedial agents is to be avoided as much as possible. We have observed, with regret, a fondness amongst physicians for numerical combi-

nations. In the old dispensatories, formulas are given for pharmaceutical compounds containing as high as sixty ingredients. The philosophy of the combination was, that where so many agents were combined, one, at least, would reach the case. The fact seems to be overlooked now, as then, that organic medicines are capable of and liable to mutual re-actions, decompositions, and combinations. In this respect, many of them are quite as susceptible as inorganic substances. Tannic acid will combine with vegetable alkaloids, and render them insoluble. It will also almost entirely suppress the action of alteratives, particularly those designed to influence the liver. The practitioner may avoid the mistake of combining incompatible remedies by making it a point to treat diseases with simple substances, and to never add an adjunctive remedy unless a thorough knowledge of its influence over the remedy already administered, or the indications of the case render it justifiable. The true value of the concentrated remedies can never be estimated unless they are singly and thoroughly tested. One simple remedy will often answer a better purpose than half a dozen combined, although each one singly would be admissible and appropriate to the case. Many combinations may be judiciously formed, whereby the activity of a special therapeutic property may be augmented or modified, and by which the number and kind of remedial powers may be multiplied, instances of which we shall give in the following pages. Some writers have recommended the admixture of six and seven of the concentrated medicines, many of them incompatible and contraindicated by the described features of the case. Such promiscuous combinations could have only been devised in the absence of practical knowledge, and a proclivity for plausible hypothesis. Brilliant theories in medicine are like the lightning's flashes; although they dazzle for a time, their explosion is followed by the thunders of discord, and intensified darkness. We were forcibly reminded of some formulas we have seen recommended for com-

bining concentrated remedies, by a prescription which recently came under our observation. It read as follows:

“R Comp. fluid extract of sarsaparilla,
Simple syrup,
Phytolacin,
Irisin,
Alcohol,
Con. comp. stillingia alternative,
Iodide of potassium.

“The compound fluid extract of sarsaparilla contains five ingredients, viz., *sarsaparilla*, *liquorice*, *sassafras*, *mezerion*, and *guaiacum*. The concentrated compound stillingia alternative contains seven ingredients, viz., *stillingia*, *corydalis*, *phytolacca*, *iris versicolor*, *xanthoxylum*, *chinaphila*, and *cardamon seeds*. Here are twelve ingredients besides the syrup, alcohol, and iodide of potassium. As to the *modus operandi* of such a combination, we confess our entire ignorance. It may be a very scientific and eligible preparation, but we doubt whether its inventor could explain its precise therapeutic action, or how nature could ever succeed in unraveling the web of its composition. If all the therapeutic powers attributed to each single ingredient were to be displayed at the same time, we can imagine a very lively and complex excitement of the various functions of the system.

“We would respectfully, yet earnestly, advise practitioners to observe simplicity as much as possible, assuring them that the best results will accrue from such a course. By closely observing the independent action of each remedy, he will be better enabled to judiciously effect proper combinations where occasion requires. Not only this, but he will also be able to distinguish the *remedy* from the *auxiliary*, a feature quite important in the treatment of disease.

“Various suggestions have been made in regard to the manner of administering concentrated medicines. The trituration of the active principles with sugar is advocated by many. To this plan, however, we cannot yield our assent. We have already shown the impropriety of sweetened decoctions, syrups, &c., and can make no

distinction between the latter and triturations with sugar. It is argued in favor of the employment of sugar, that it will prevent the local action of the medicine on the stomach. This would seem to us to be an untenable position. In order to produce a local impression upon the stomach, the substances administered must be soluble in that organ. Will sugar prevent them from entering into solution? If so, it will negative their action entirely, and their remedial influence will be lost. But such is not the case. Sugar will not *prevent* the local action of the remedy upon the stomach, but it will *diffuse* it. Again, the local action is one that is frequently desirable. All neutral principles are soluble in the stomach, and are absorbed directly by that organ. Sugar will not promote their solution nor absorption. It only furnishes an additional, and, under the circumstances, an unnecessary constituent, requiring of itself to be digested and assimilated. If the stomach be competent, all is well. But if not, the sugar undergoes a fermentative decomposition, and gives rise to the production of acids which not only aggravate the existing disorder, but attack and decompose the accompanying active principles, and thereby destroy their power over the system.

"Another argument in favor of the trituration of concentrated medicines with sugar is, that it enables them to become more readily absorbed and conveyed into the circulation. This we also deem an erroneous view. If the remedy and the sugar required the same solvents no advantage would be gained, as the presence of the sugar would require more labor to be performed without any prospect of equivalent benefit. The sugar itself is not a solvent of the active principles, hence is of no utility in that respect. But as the constitution of the sugar and the concentrated medicines vary, it follows that different solvents are required, and that the dissolving, absorbing, and circulating of the active principles is an action quite independent of the presence of the sugar, which not only does not promote this action, but requires

of itself to be similarly acted upon; hence is a greater expenditure of digestive action occasioned to no purpose. We hold it a fixed and truthful principle in the practice of medicine, that the purer medicines are administered, and the less they are compounded with inert or nutritive matters, the more certain and satisfactory they are in their operation. Sugar is most objectionable in the treatment of many disorders of the digestive apparatus. We have succeeded in curing many cases of indigestion with the same remedies with which others have failed. They administered them in syrups, sweetened decoctions, etc., while we exhibited them in their purity, without sugar or other extraneous admixture, at the same time prohibiting the use of sugar and other fermentescible substances. Notwithstanding our objections to the use of sugar, we are in favor of trituration some of the concentrated medicines, with a view to their proper diffusion. We have devised and practiced a method of trituration which we now have the pleasure of submitting to the profession, and which we can assure them will answer a better purpose than any yet suggested. As most of the concentrated remedies are soluble in water, but few articles require trituration on that account. But with some of the more potent remedies, such as veratrin, podophyllin, digitalin, sanguinarin, etc., diffusion is desirable in consequence of the high degree of power attained by their concentration, and their more kindly operation when diffused over a larger nervous surface. Our plan is to triturate one agent with another. In this way is not only the desired object attained, but the activity of the remedy may be augmented or modified at the option of the practitioner. Our usual agent employed in trituration is the *asclepin*. No remedy with which we are acquainted, is so seldom contra-indicated as the *asclepin*. In fact, we do not know a single indication in which this remedy could be used amiss. By referring to the article on the employment of *asclepin*, the reader may learn our reasons for so esteeming it. The *veratrin* may be triturated

with asclepin in the proportion of one grain of the former to ten or more of the latter, at the option of the practitioner. The Asclepin will not only not counteract the veratrin in any respect, but will enhance its diaphoretic property—an advantage instead of an objection, and an effect always desirable to be produced when veratrin is indicated. The podophyllin may be triturated in the same way, either with asclepin or caulophyllin, according as the diaphoretic or antispasmodic property may be desired. The asclepin is nearly all soluble in water, and will render other of the concentrated remedies capable of being administered in that menstruum. So with the caulophyllin. We shall treat more fully upon this subject in the second part of this volume, when detailing the employment of the concentrated medicines.

"In the employment of the concentrated medicines combining the various active principles of the plant, combinations are not so frequently necessary as when single resin, resinoid, or alkaloid principles are used. Nearly all the remedies of which we shall have occasion to speak, possess several distinct and well marked therapeutic properties, hence are capable of fulfilling an equal number of indications. *Veratrin* is emetic, arterial sedative, diaphoretic, etc., and with it we may evacuate the stomach, reduce the force and frequency of the pulse, promote the cutaneous exhalations, abate febrile excitement, relieve local congestions, etc. *Populin* is diuretic, diaphoretic, febrifuge, tonic, etc. With it we may relieve and cure suppression and scalding of the urine, fevers, night sweats, indigestion, etc. Each remedy is already a natural combination in itself, and as such is generally better adapted to the necessities and assimilative powers of the system, than any artificial combination."

This work may be had of J. G. Henshall, 110 Sixth street, Cincinnati. Postage on the work, 25 cents.

THE AMERICAN ECLECTIC MATERIA MEDICA AND THERAPEUTICS. By L. E. JONES, M. D., Professor of Materia Medica, The-

rapeutics, and Medical Botany in the Eclectic Medical Institute, Cincinnati; formerly Professor of Theory and Practice of Medicine in the same; and J. M. SOUTHER, M. D., Professor of Obstetrics and the Diseases of Women and Children in the Eclectic Medical Institute, Cincinnati; late Professor of General, Special and Pathological Anatomy in the same; author of a Treatise on the Diseases of Women, etc. In two volumes. Cincinnati: Moore, Willetsch, Keys & Co. 1858. pp. 311. Price \$2.

It is with pleasure we again invite the attention of the profession to the first volume of this work, the result of many years of patient thought and experience, and in the preparation of [which, Prof. Jones has spent the most valuable portion of his life. It bears the impress of his vigorous mind, and whoever has heard him lecture, will not fail to recognize the paternity of the volume before us.

For sale by the authors, box 2209, Cincinnati, and J. G. Henshall, 110 Sixth st.

AN EPITOME OF THE AMERICAN ECLECTIC PRACTICE OF MEDICINE; embracing Pathology, Symptomatology, Diagnosis, Prognosis and Treatment. By WM. PAINE, M. D., Professor of the Principles and Practice of Medicine and Pathology in the Eclectic Medical College of Pennsylvania. Philadelphia: H. Cowperthwaite & Co. 1857. pp. 417.

We are glad to be able to state, that this excellent work is having a very extensive sale. For sale by J. G. Henshall, 110 Sixth street, Cincinnati. Price \$2.

ANTHROPOLOGICAL REVIEW, BY BY PROF. L. E. JONES.

This number contains the last of the series of articles on Buchanan's Anthropology. Dr. Jones has given the subject much attention, and he has given the readers of the Journal his opinion of the whole subject. We have devoted a considerable space in the Journal to this matter, and we are now informed by Prof. Jones that this is his last article.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

NOVEMBER, 1858.

NUMBER 11.

Part 1--Original Communications.

YELLOW FEVER.

BY A. T. HOWE, M. D.

Much has been said and written in regard to this pestilential scourge, and various are the views entertained of this common fever of certain climes, evincing how little is understood of its character and treatment. Theoretical speculation and dogmatism have no doubt led to this desultory and unsatisfactory result.

So appalling has the name *yellow fever* become, that nearly all look at it through green glasses, not excepting the profession, and common-sense views give way to far fetched ideas and theories. Consequently, a quarantine, the spirit of which is, "so far shall it go and no farther," is established, with just as much success as the physician has in controlling the disease, who loses sight of the functional derangement and symptoms of his patient, and treats the name, yellow fever, by striking promiscuously right and left at his patient, either with wrong means, or at the wrong time.

We have no satisfactory evidence that the so-called yellow fever is more or less than malignant bilious, with cerebro-spinal complication.

Malignant fevers of the intermittent, re-

mittent, and continued type, the congestive or pernicious variety, with irregular paroxysms, are endemic in southern climes, and are ever likely to be, more particularly south of the 33d degree of north latitude, or thereabout, and may become epidemic in other latitudes, under certain modified circumstances; and it is a well established fact, that those different types run into and partake of the precise character or prevailing diathesis, which, under extremely modified conditions, originate the characteristic epidemic called yellow fever.

Simple cases of yellow fever simulate so nearly some one of the types of bilious fever, that there is no perceptible difference; and malignant cases of bilious fever simulate the so-called yellow fever, as nearly as does one case of yellow that of another, occurring at the same time, or an epidemic of one season or locality that of another. The synonyms of yellow fever prove clearly its different type and character in different localities and seasons.

Inflammation of an organ, under certain modified conditions, becomes gangrenous; and the fever which, under ordinary circumstances, is *simple bilious fever*, is, under other extreme conditions, *yellow or malignant fever*. And many cases terminating fatally, during an epidemic, do not present regularity of symptoms, or the yellow hue of the skin.

Yellow fever, as it occurs in New Orleans, I believe to be a malignant, *neuro-bilious* fever, an endemico-epidemic, re-

quiring no *importation* for its origin or its propagation; consequently, a *quarantine* will be found worse than useless. How exceedingly foolish and ridiculous, to enforce quarantine regulations on persons coming from healthy parts of the world, (when they are dying at the rate of some five hundred a week in New Orleans,) unless it be that we have none on whom to bestow the exceeding *philanthropy* we bear those at a distance. It is a most important question, whether this fever be capable of being communicated, or be communicated, by contagion.

It appears strange that any well informed individual could be found to maintain its contagious origin or propagation, after the ample evidence to the contrary. That it appears to be infectious to the pre-disposed, at certain times, I do not deny; but it is by reason of its besetting an infected locality or district, through a combination of extremes, which may act as a focus on the predisposed, brought within its influence. There is not a reasonable doubt that isolated cases are constantly occurring, which is sufficient to destroy the contagious hypothesis, for a contagious disease propagates its kind by direct or indirect contact.

Observation seems to show that immunity from subsequent attacks is nearly complete, especially where there is nearly uniformity of temperature during the different seasons of the year; but in this climate, and others, where the winters are cold, it will not hold good, and the old inhabitants need not be astonished at creoles, and those who have had the disease, taking it, and perchance dying with it, of late years, when they remember that the winters are colder than they were a half century ago.

The mystery of this disease we think scarcely greater than that of more simple disease, when we examine the minutiae. Who pretends to advance more than hypothetical etiology of the periodicity governing the paroxysms of the most simple intermittent? How exceedingly absurd to pretend to give any standard of regularity for its phenomena, including its occur-

rence, increase, culmination, or decline, in addition to what may be extended to other fevers, when there is not a rule in regard to their erratic phenomena without an exception.

As to the cause of this class of fever, whether remote or proximate, we know chemically nothing; all that has been advanced is at most hypothetical. Heat and moisture, dead vegetable and animal matter in a state of decomposition, constitute all the hypothetical elements of hypothetical malaria, which have held the front rank, as the causes of this variety of fever.

But all these supposed causes operating at the same time, do not always produce the disease in question, and we must look for something more. Most probably atmospheric changes are the principal exciting cause, in conjunction with solar heat.

The primary cause of yellow or bilious fever, most probably affects first the *cerebro-spinal* or nervous system, destroying innervation, or the nervous influence, necessary for the maintenance of life, or the functions of the various organs on which life depends—an influence of which we are ignorant, excepting that it seems to resemble the galvanic or electrical agencies.

In the ratio of the primary or exciting cause, and the susceptibility of the subject by predisposition, will the disease manifest itself in some one of the various forms, from a simple intermittent to a malignant fever.

Supposing the *cerebro-spinal* system to be the primary seat of the disease, we would expect just such symptoms as we observe in this fever, viz, pain in the head, back and extremities, lassitude, restlessness, and jactitation. The nervous system being incapable of properly sustaining the functions of the body, on which health depends, we find great functional derangement; consequently suppressed secretion and excretion of the liver, skin and kidneys, with torpidity of the bowels.

The blood undergoes changes from deranged nervous influence, and also from insufficient excretion; consequently, we have the sequel to many of the phenomena

presented in the course of the disease, and from *autopsia cadaverica*. The bilious and other matters remaining in the blood by non-excretion, is evidently the principal cause of the yellow hue of the skin, enhanced by a tendency to decomposition.

The intimate and sympathetic connection between the stomach and cerebro-spinal system, by the distribution of the pneumogastric nerve, accounts for the irritability of the stomach observed in these fevers.

The great anxiety evinced for breath, and the mode of the approach of final dissolution, have their origin in a want of innervation, no doubt enhanced by changes in the blood. Life consists in vitality arising from a composition of constituent elements of a body; destroy the proper relation of the constituents of a body, and we destroy its life and vitality.

The cerebro-spinal system is acknowledged to be pre-eminently the life-sustaining principle. Prostration of this system is most probably the primary cause of the tendency to decomposition of the solids and fluids of the body, observed even before death is complete; and decomposition of the coats of the stomach, mixed with extravasated blood and other matter, constitutes genuine black vomit, in all probability.

The diathesis of this, and every form of bilious fever, is so evidently asthenic, that it is strange that any physician could be found to maintain or treat it otherwise. A well developed case presents extreme prostration of all the powers of life.

The irregularity of the *lesions* found after death, evince clearly that it is not a local disease of any particular organ. The lesions are produced by softening, from decomposition of the constituent elements.

The exacerbation or paroxysm of the fever is no doubt a healthy process, viz., the system is making a final effort, struggling hard to rid itself of the poisonous matter retained in the body.

We need not be surprised at the great mortality when we consider how subtle and serious is its onset, striking at the foun-

tain head of health and life, if we admit the views set forth in the premises. Then how extremely uncertain are the effects of getting the proper treatment at the proper time. Persons will be seen walking about for several days after the time they should be quietly remaining in bed, with the germs of death in them, maturing and ready to break forth. And how seldom does a physician get a patient who has not hastened his end, by dosing himself with somebody's celebrated *cure all*; or can any one calculate the mischief done the sick by their ignorant, meddlesome friends and visitors, or the increased mortality by bad nursing and mistakes; for instance, from the administration of melted butter, in tablespoonful doses, instead of porter, and every other conceivable error; or of the deaths that occur from relapse, caused by indigestion in eating and exposure?

Fogyism, with its routineism, expects to find the so-called yellow fever, of course, always precisely the yellow fever; consequently many patients get routinely physicked, regardless of the functional derangement, or the indication that should govern the treatment in the particular case.

Next is a patient who is taking quinine, at the rate of *an ounce a day*, and in an adjoining room may be found a patient being *bled, cupped, blistered*, and *fed* on calomel. Not far from this scene, may be seen a patient *smothering* to death between two feather beds, not allowed any water to drink, and his next neighbor being *chilled* to death by the constant application of ice and iced water, lying, probably, in a cool draft of air, with as much as he chooses to drink; when, just across the street, may be one who, disregarding the fashionable mode of treatment, being a little eccentric, prefers to "shuffle off this mortal coil" under the steaming process; and his friend in the next room, possessing some peculiar notions, prefers to be treated by *infinities*.

Then hobbyism comes in for a share of the spoils, and its *all* emetics, or *all* cathartics, or *all* something else, as if there could be a specific course of treatment suc-

cessful for any disease of such varying phenomena.

What are the indications to be fulfilled in treating a case of malignant bilious or yellow fever?

1. Be governed by common sense, and the expectant plan of treatment, avoid extremes, and do not attempt too much.

2. Rid the system of the deleterious matter, by restoring the secreting and excreting functions, if possible, without jeopardizing other important considerations, by which means we relieve the cerebro-spinal system from the depressing influence of poisonous matter in the circulation.

3. Support and strengthen the cerebro-spinal or nervous system, by which means we restore the proper nervous influence, which governs and sustains the different functions.

4. Equalize the circulation, which will be principally accomplished by fulfilling the preceding indications.

5. Preserve, by all means, the strength of the patient.

Fulfill the first indication by avoiding theoretical sophistry; expect much from *vis medicatrix naturæ*; treat each case as indicated by symptoms, and avoid routine. To fulfill the second indication, at the outset of the disease, the patient, in nearly all cases, should take a thorough cathartic, a combination that operates freely on the stomach, liver, and intestinal canal; by this means ridding the body of much offensive matter, and restoring the portal circulation, thus preparing the way for other important measures. After which nothing should enter the stomach of this nature, till after convalescence is established. The bowels should be moved two or three times a day, subsequently, with appropriate enemas. During the revolution and relaxation produced by catharsis, is the proper time to use hot mustard foot-baths, which will generally induce diaphoresis; but, if used before the turgescence of the circulatory system is partially relieved by purging, they will generally do more harm than good, by heating and stimulating the existing state.

After the sweating is established, the patient should drink moderately cold flaxseed water, at short intervals, which determines from the center to the surface, and replaces healthy fluid in the blood, by absorption and assimilation, instead of the morbid sweat passing off through the skin.

By these means, which generally may be accomplished in three hours, we have the way prepared to strike at the fountain-head of the existing disease, viz., extreme prostration of the powers that sustain life, primarily originating in the cerebro-spinal system.

Consequently, we fulfill this, the third indication, by administering substantial *nervines and tonics*; to which combination may be added diaphoretics and diuretics, which aid materially in fulfilling the fourth indication, viz., equalizing the circulation.

R̄ Tinc. valerian,	℥iiss
Aq. cinnamon,	℥iijss
Diaphoretic powder,	gr. xxxv
Quinia sulph.,	gr. xiv M.

The diaphoretic powder in the above is made thus:

R̄ Potass. bitart.	℥j
Camphor powder,	℥ij
Ipecac powder,	℥ij
Opium powder,	℥j. M.

Triturate into a fine powder—dose, five to ten grains.

The above tonic mixture is a favorite prescription with us as soon as thorough catharsis is accomplished, given in tablespoonful doses every two to four hours, as the case may require. But, if given before the turgescence of the organization is reduced by thorough purging, it will do more harm than good, by increasing the existing turgescence of the organs. This mixture should be continued until convalescence is established, then it should be given in half tablespoonful doses for a day or two, and discontinued.

Many cases will be benefited by a blister over the stomach, which will have a tendency to allay the irritability and prevent black vomit.

Cupping is seldom beneficial; it will increase the existing state of prostration.

Sponging the surface with cold lotions will seem to benefit the patient for the instant, but will *really* do more harm than good, by *constringing* the sudoriferous ducts or glands.

R Chloroform,
Acetic acidum,
Ol. olivæ, aa. 3j. M.

Applied to the spine and painful parts, with friction, will be found beneficial.

The head may be kept wet with *eau sedative*, to quiet the pain. The patient should not be allowed to rise up in bed to take medicine, or to use a chamber. Food of no kind should enter the stomach until after convalescence; then a little chicken or rice-water may be allowed.

Such are the views derived from my experience in the fever of 1853-54-55, and the present season, and I lay them before the public, being convinced that the mortality could and should be very much reduced.

Gretna, La., 1858.

MERCURIALS.—No. 11.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

11TH. MERCURY IS A PROLIFIC SOURCE OF DISEASE.

In my last article I attempted to prove that mercury is a prolific source of disease, especially those of a chronic character. At this point I resume the consideration of the same subject.

I have already adduced the authority of Dr. Pereira, to show that mercury, when injected into the veins of animals, becomes deposited in the lungs and other organs, causing a deposition of tuberculous matter, within which particles of mercury were found. These tubercles softened and suppurated, ending in the formation of abscesses. The striking analogy in the physiology of man and animals, forbids the idea that a different result would follow, when that metal was introduced into the

stomach of man, or when absorbed from the surface, as in either case it gains access to the circulation by absorption, and is liable to become deposited in the various tissues of the body, as has been shown by being found in the brain, lungs, pleura, humors of the eye, synovial capsules, bones, liver, &c. Nor does it matter in what form it is exhibited, since, from the authority given, it is proved that reduction to its metallic state is liable to take place. By the same high authority it is asserted that mercury has been found in all the secretions.

Let us inquire what results may be expected to follow from its deposition in the system? What inferences or deductions flow from the knowledge that it lodges in the system? If mercury causes tubercles and abscesses in the lungs, does it not, or may it not be expected to cause consumption? For many years past I have been convinced that such is the case. Rob the system of the pabulum of life, the blood, and saturate it with mercury, and who can doubt the foundation is laid for the deposition of imperfectly organized aliment in the form of tuberculous matter in the cellular tissue of the lungs and other organs? The deposited globules of mercury irritate the parts, and invite a deposition of this imperfectly animalized matter, in the form of tubercles, which ultimately undergoes suppuration. For this reason, who can doubt the use of mercury has added greatly to the number of consumptive patients? If it causes tubercles in the lungs, is it not equally probable that it will produce them in the liver, pancreas, mesenteric glands, and other structures of the body? It cannot fail to irritate and inflame organs, when deposited in them, any more than a grain of sand can the eye, when allowed to remain in it. Now it must be admitted by every medical man, that no foreign body or substance can exist long in any gland or structure of the body, without inducing a degree of local irritation and disease, corresponding to the amount of the substance, or intensity of its irritant action upon the parts involved.

Then, as it has been found in nearly every organ and every secretion—"in the bones, brains, synovial capsules, the pleura, the humors of the eye, the cellular tissue, the lungs, &c."—also in the blood, perspiration, saliva, gastro-intestinal secretion, bile, urine, fluid of ulcers, &c.—as has been proved by the testimony of Dr. Pereira—the presumption is, that each organ in which it was found, must have been the seat of disordered action, and that each secretion must have been deranged, vitiated, and rendered unfit to fulfill its allotted purposes in the animal economy.

If mercury has been detected in the few instances only in which careful search has been made for it, in so many different parts of the body, there can be no doubt it might have been discovered in nine-tenths, and probably in ninety-nine hundredths of the cases in which it has been freely used, had a search equally minute been made for it. Dr. Pereira has omitted to mention the discovery of mercury in the mammary secretion, although another writer has. Reasoning from analogy, it is but fair to suppose it present in that as well as so many other secretions. The existence of its presence in both solids and fluids is conclusive evidence of its disease-creating properties.

The diseases which follow its use, at an early day after its administration, are not disputed by any, and to convince those who have any doubts as to its liability and great power to develop chronic disorders, but a season or two need be spent in the South and West, in observing the condition of those who have had the misfortune to suffer from the fevers incident to those localities, and had their systems saturated with mercury. The enlargement of the liver, spleen, torpor of the bowels alternating with diarrhea, dyspepsia, dropsical effusion, &c., with which many are afflicted, and which are usually ascribed to the effects of the primary disease, are, in most instances, but the ordinary and necessary results following the morbid action and disease-creating tendency of mercury.

And why should we not look for such

results since the mercury enters the circulation by absorption, either from the surface or stomach, and then floats in it through every structure of the body. It seems to excite, irritate, inflame, and ultimately exhaust the energies of any and every part whose functions it thus disturbs. Many of the capillary vessels are so minute they do not admit the passage of the red globules of the blood in a state of health, but in case of inflammation, they enlarge sufficiently to admit of their entrance. Into these delicate tubes the particles of mercury enter, and often lodge, obstructing the circulation and causing local irritation and disease, unless cast off by some of the eliminating organs or surfaces of the body. When retained, it may cause many diseases, either local or general, according to its limited or diffused deposition in the various structures of the human system. If experiments prove that it causes the formation of tubercles in the lungs, from analogy of reasoning, we are not permitted to doubt, that similar consequences may and must arise in every part of the body. The various nervous, neuralgic, and rheumatic affections, torpid liver and bowels, alternating with an abnormal excitation of those organs, clearly demonstrate its disease-creating powers. Its action in the production of acute diseases, and its competency to produce them, are evinced in the violent acute inflammation in the mouth and adjacent parts, inflammation and erosion of the stomach and bowels, excessive flow of saliva, acute mercurial fever, extreme exhaustion, &c.; while among the chronic affections caused by mercury, Dr. Pereira names the following: "*Eczema mercurialis*, *diarrhoea mercurialis*, *Uterorrhoea*, *hidrosis*, *miliaria mercurialis*, chronic skin diseases, inflammation of the bone or periosteum, and the consequent production of nodes, hypertrophies, ulceration and sloughing, *neuroses mercurialis*, *neuralgia mercurialis*, *tremor mercurialis*, *paralysis mercurialis*, *cachexia mercurialis*," &c.

It also eats up the albumen and gelatine of the blood; destroys its coagulability and healthy negative condition, rendering its

electrical state positive; imparting to it an inflammatory crust, as in actual inflammation; increases its watery elements, while it diminishes the number of its red globules; and furthermore, it softens and destroys the cohesive character of the solids.

Such is a synopsis of the baneful effects of mercury, as left upon record by Dr. Pereira. Much other authority, deserving of high consideration, may be adduced, corroborative of the testimony of Dr. Pereira, and in direct confirmation of the position taken in the text, that "Mercury is a prolific source of disease."

I will here introduce the testimony of sundry physicians of much eminence in the profession, which, as I conceive, conclusively proves the destructive and disease-creating powers of mercury.

One writer asserts that the affinity of calomel and corrosive sublimate for the *albuminous* and *gelatinous* constituents of the fluids and solids, is such as to destroy their nutritive and vital qualities—the red and white cells of the blood; inducing paleness and prostration, from want of nutrition; that they cause extreme and exhausting irritation in the capillaries, ending in chronic inflammation, ulceration, &c.; and lastly, that mercury lurks in the system for years, susceptible at any time of being brought into action, upon the occurrence of an appropriate exciting cause, thus existing in the tissues of the body as a concealed enemy to health and life.

Dr. James Hamilton, Fellow of the Royal College of Physicians, London, asserted, many years ago, that "When the effects of mercury upon the human body are accurately investigated and duly considered, it cannot fail to appear, that infinite injury must accrue from its use."

Language so emphatic and conclusive, emanating from the ranks of our opponents, ought to outweigh all arguments in favor of mercurials, as it seems to me.

Dr. Hiram Carson, late President of the Pennsylvania State Medical Society, in his address before the annual meeting of that society, in 1853, after showing the results

of a reckless and indiscriminate use of mercury, says: "Many physicians pertinaciously adhere to the free use of mercury, as though they could only thus establish their right to a place in our profession; they turn with contempt from all remedies offered as substitutes for the mercurials. They do not seem to know that the prejudice against mercury did not originate with quacks, and is not kept up by them alone."

The late Prof. J. P. Harrison employed the following language respecting the violent and uncertain action of mercury:—"We once saw a little girl, four years old, with an attack of fever, who died from the mercurial cancrum oris. Other children we have seen, more advanced in years, who fell victims to the disease, or who were mutilated by it, their countenances being shockingly deformed by the sloughing and subsequent puckered cicatrization. Upon this topic my thoughts have been much directed, from the melancholy termination of cases of mercurialization in children, which *we have witnessed in our own practice*. We lost a case from the ravages of mercury on the mouth, in a boy of eight years old, who was apparently recovering from hydrocephalus. It has been my lot to see more cases in consultation than in my own practice, in which death or mutilation has occurred from continuing the use of calomel too long, or from giving it in disproportionate doses, in attacks of sickness in children. One dose of eight grains brought on gangrenopsis in a boy of ten years of age, who had, several years anteriorly, been mercurialized. Death, under the most revolting mutilations of the face, took place in three weeks after he took the calomel."

Dr. Reese, of London, and member of the Royal College of Surgeons, many years since gave utterance to the following very expressive language: "Poor must be the resources of that physician's mind, and very narrow his knowledge of medical botany, who cannot, from the vegetable kingdom alone, cure most of the diseases of the human frame. Even the specific of

mercury, if we were driven to the necessity of a substitute, might probably be rivaled in some of the productions of nature. *We know not whether we have most reason to hail the discovery of mercury as a blessing, or regard it as a curse, since the diseases it entails are as numerous as those which it cures.* There are serious objections, also, to other articles of the metallic world; antimony and arsenic are dangerous remedies in the hands of the ignorant, and mankind perhaps, in the aggregate, would be benefited by their expulsion from medical practice."

Thus writes Dr. Reese. The italics are my own. Let every advocate of the use of mercury ask why he resorts to it, since, viewing it as a remedy in its most favorable light, according to the testimony of Dr. Reese, "*the diseases which it entails are as numerous as those which it cures.*" Let the young, infatuated mercurialist learn wisdom from the wise and truthful admonitions and admissions of Dr. Reese. If it entails as many diseases as it cures, and cures none that cannot be as easily cured with other remedies, and with equal, and as I verily believe, with far more certainty, it has nothing to recommend it to the favorable consideration of the profession.

Prof. Graham, of the University of Glasgow, says of mercury: "When I call to mind the numerous cases of ruined health from the excessive employment of calomel, that have come to my own knowledge, and reflect on the additional proofs of its ruinous operations, which still daily present themselves, I cannot forbear regarding it, as commonly exhibited, as a minute instrument of mighty mischief, which, instead of conveying health and strength to the diseased and enervated, is made to scatter widely the seeds of debility and disease of the worst kind, among persons of every age and condition."

It will be observed that Prof. Graham denominates it an "instrument of mighty mischief," and one which "scatters widely the seeds of debility and disease of the worst kind." Who knows how to use it judiciously, and who does so? He who

uses the least, among the advocates of its use, succeeds the best, and hence employs it most judiciously; but he who uses none at all, views with mingled surprise and regret, the erroneous arguments daily adduced in favor of its use, by those who have never condescended to test other means. I will here close the introduction of quotations from the writings of our Allopathic brethren, with the following extract from the lectures of Dr. N. Chapman, M. D., Professor of the Institutes and Practice of Medicine in the University of Pennsylvania, located in Philadelphia. He thus discourseth on the use of mercury:

"Gentlemen—If you could only see what I almost daily see in my private practice, in this city, persons from the South in the very last stages of a wretched existence, emaciated to a skeleton, with both tables of the skull almost completely perforated, in many cases, the nose half gone, with rotten jaws, ulcerated throat, breath more pestiferous, more intolerable, than the poisonous upas, limbs racked with the pain of the inquisition, minds as imbecile as the puling babe's, a grievous burden to themselves, and a disgusting spectacle to others, you would exclaim, as I have often done, 'Oh! the lamentable want of science that dictates the abuse of that notorious drug, calomel, in the Southern States!'"

CHIONANTHIN.

BY L. J. M. GOSS, M. D.

Chionanthin is a resinoid from the *Chionanthus Virginica*. It is of a dark brown color, nauseous bitter taste, dissolved in alcohol, and slowly in ether. I am not aware that this resinoid has been prepared by any one except myself—at least I have seen no account of its preparation anywhere. I prepared a saturated tincture from the bark of the root of the *Chionanthus*, then evaporated the alcohol by a sand-bath, which left a thick, black residuum, into which I slowly mixed cold

water, three parts. When it had stood in a cool place for some twenty-four hours, I poured off the water through a fine linen cloth, which collected the floating remains of the resinoid, which I washed with cold water, together with that which settled in the vessel, then placed it in the shade to dry.

The chionanthin possesses the powers of the crude chionanthus, in every respect, as far as I have had opportunity to try it. It is an excellent cholagogue alterative, and one of the best catalytics that I have ever tried—having that peculiar tendency to combine with and carry out of the system, the *materies morbi*, in various diseases, as scrofula, syphilis, jaundice, *et omnibus id genus*. It has a very happy effect in chronic gonorrhœa, also in skin diseases, as itch, tetter, &c.

From the prompt action of this remedy in the above affections, I am of the opinion that it is capable of a far more extended range of action. In some previous numbers of this Journal, I have given some of the trials that I had made of the chionanthus virginica, but the extract is far preferable, as being less uncertain in the dose, and much less repulsive to the taste. It admits of quite a number of combinations. In scrofula I combine it with the scrofula syrup of King. In syphilis I usually combine it with the alterative syrup of King, or with the iodide of potassa. In jaundice it may be administered alone, with confidence, for, in my hands, it has never failed in a single instance. In scrofula I have given it with the iodide of potassa, and with the scrofula syrup, and it very much increases the efficacy of these remedies, for I have tried cases of this disease with the syrup, combined with the iodide of potassa, and they would improve but slowly; then I have added the chionanthin in due quantities, and the disease would give way immediately, which convinces me that this is a superior remedy in such affections.

It may be given in doses of one to two grains, three or four times a day, triturated with sugar of milk, or dissolved in alcohol, or in pills, as fancy may dictate. It should

be remembered that it is a sialogogue, consequently it sometimes produces soreness of the gums, and increases the action of the salivary glands to excess. In such cases, its use should be suspended for a time, and then resumed in diminished doses.

Although this article is found thus to act upon the glands somewhat similar to mercury, yet it is one of our best anti-mercurials, ridding the system of this poison sooner and more effectually than any agent I have ever tried. It thus appears to be a true catalytic, combining with, and carrying out of the system, the offending matters.

I have never tried it in cancer, but would it not exert a beneficial influence in destroying the blastema that is daily accreting to the morbid nucleus? Or, is it fancy to suppose, that so active an agent as this would remove the nucleated strata of scirrhoid growth, after it has attained a considerable degree of development? I think it is worthy of a trial in such cases, and from its activity as a catalytic, I should expect much benefit therefrom.

CASES IN PRACTICE.

BY DR. J. W. C. EATON.

1. BITE OF A RATTLESNAKE.—Benjamin H., aged 7, was bitten by a rattlesnake, on the 6th of the present month (Sept.) I was called the next evening, and found the little patient in the following condition. There had been constant bleeding from the nose for fourteen hours, with the exception of about one hour at one time, and nearly thirty minutes at another. Pulse not perceptible at the wrist, extremities very cold, head hot, skin dry and husky; considerable delirium; stomach very irritable, every thing being ejected almost as soon as swallowed; constant desire for cold drinks. The wound was on the top of the left foot. The foot and ankle were considerably swollen, and very painful.

Hot applications were made to the extremities, and water, as cold as could be procured, was poured from a considerable height on the head, until the hemorrhage ceased, which it did in about ten minutes. Large mustard poultices were applied to the extremities and over the stomach, and a fomentation of hoarhound, as hot as could be borne, was applied to the wounded foot. One grain of sul. quinine was administered every two hours. The vomiting ceased soon after the first dose was given, and did not return.

Visited the patient next morning, and found him slightly improved, although the bleeding had returned during the latter part of the night, and had continued slowly up to nine o'clock, the time the visit was made. The pulse was perceptible, but quite weak; the extremities were warm, and the skin moist. The quinine was continued, and a small portion of gallic acid was blown up the nostril from a goose-quill, which arrested the hemorrhage immediately and permanently. On the third day of treatment, carb. of iron was added to the quinine. He continued to improve rapidly, and in a week was entirely well, but somewhat feeble.

2. A little girl, aged 7, was bitten by a rattlesnake on the 23d of August. I was called on the 28th, five days after the accident, and found the symptoms very similar to those of the case noticed above, with this exception—there was not nearly as much bleeding from the nose, nor as much prostration, but the delirium was more excessive. The wound was on the foot, and the whole limb, to the knee, was very much swollen, and exceedingly painful.

The treatment consisted of one grain of quinine every two hours. There had been a cathartic of some kind of pills given a few hours previously. The patient was perceptibly better in an hour, and continued to improve so rapidly that I did not find it necessary to visit her again, after the third day. Nothing else was given, except a mild cathartic on the third day.

I had treated several cases previously, after the common method, but in none was

the recovery so prompt. I do not claim quinine as a *specific*, nor shall I attempt to explain its *modus operandi*; but I do believe that it will be found as *near* a specific as any thing else known at present, and certainly a valuable remedy in this dangerous and painful complaint. I should be glad if others would test it, and publish the result in the Journal.

3. PARTURIENT CONVULSIONS.—Mrs. B., a small, delicate woman, with light hair and eyes, fair complexion, was taken in labor on the evening of the 10th of September. At nine o'clock I was called in great haste, the messenger stating that there were strong symptoms of "fits." On my arrival, I found that the patient had already had four convulsions, at intervals of from fifteen to twenty minutes, and was entirely insensible. Shortly after my entrance into the room, she was attacked with another fit, harder than any preceding it. The symptoms were of the usual character, indicating convulsions of the epileptic variety—stertorous breathing, foaming at the mouth, stiffness of the extremities, beating of the temporal arteries, great agitation of the facial muscles. On inquiry, I ascertained that the pains had been regular through the night, but not very strong, and gradually lessened in intensity until they entirely ceased, an hour or two previous to the appearance of the convulsions. The patient had complained of a severe pain in the head during the night, which would suddenly cease, and as suddenly appear in the small of the back. The os was dilated sufficiently to receive the end of the finger, firm and rigid, and no signs of uterine contractions.

Treatment.—℞ Tinc. gelsemium f3j, every half hour, until two doses were given. Then gave an infusion of lobelia, fʒss, and tinc gelsemium f3ss, as often as the patient could swallow. I had no tincture of lobelia with me, or I should have given it in preference to the infusion. The medicine was continued until the patient was fully under its influence. The convulsions ceased in an hour, and did not return for several hours. The uterus was fully dis-

ted at the expiration of five hours, when ergot was freely given, in order to stimulate contractions. Pains were induced in a short time, and the labor progressed finely, until the head of the child had entered the lower strait, when the pains suddenly ceased, and the convulsions again returned with increased violence. Delivery was promptly effected with the forceps. The child was still-born, but by the use of the warm bath, friction, and "Marshall Hall's Ready Method," was resuscitated in half an hour. The patient had several convulsions at intervals of an hour, until they gradually ceased. She remained entirely insensible for thirty hours.

On the second day, there were strong symptoms of abdominal inflammation, but it was controlled by the use of aconite and fomentations of green stramonium leaves to the abdomen. She was entirely blind for four days, but her sight gradually returned, and at the end of a week, was fully restored. Milk was secreted on the fifth day, and the patient soon recovered.

STRANGULATED FEMORAL HERNIA—SUCCESSFUL OPERATION.

BY R. FREEMAN, M. D.

Of all the operations in surgery, perhaps there is no one that requires a more exact knowledge of the parts involved, than the one about which we are now to treat; not only in order to give confidence to the operator, but also to secure a successful result. The hernia may have troubled your patient but little for years, when suddenly, from some violent fit of coughing or straining, or other cause, it assumes an entirely different aspect. The alarm, anxiety, and intense suffering of the patient, call for immediate relief; for the danger is imminent, and without relief, death will soon close the scene. Taxis and every other means are tried and fail, and now there must be no delay in operating. How well would it be for every physician to under-

stand well the anatomy of the hernial region, and thus be able to rely on his own resources in such an emergency.

The femoral or crural ring, through which the bowel protrudes, in this kind of hernia, is that space between the femoral vein on the outer side, and the pubic eminence on the inner, and bounded in front by the lower insertion of Poupart's ligament, called Gimbernat's ligament, and behind by the horizontal ramus of the os pubis. It is sometimes occupied by a lymphatic gland, at others merely by loose cellular tissue, with fat and lymphatic vessels. In the latter condition, protrusion can of course occur much more readily than in the former, more especially if there be much laxity of tissue from previous debility. In females, from the greater width of the pelvis, the crural ring is much larger than in males, and consequently, femoral hernia occurs more readily and frequently in the former than in the latter. There is a thin fascia passing across this opening, from the inner surface of the pubes to the femoral vessels, which becomes pushed out before the peritoneum as the bowel protrudes, and assists in forming the hernial sac. This is called the septum crurale, and becomes sometimes so intimately connected with the peritoneum, that it is impossible to separate them. The fascia lata forms a complete investment for the muscles of the thigh, from Poupart's ligament down, and is connected with the transversalis fascia beneath that ligament. It is pierced, however, by the internal saphenous vein, which is superficial to it, and passes inward to the femoral vein just below Poupart's ligament. The external or iliac portion of the fascia stretches across above the vein, to be attached to the pubis just at the insertion of the lower border of Gimbernat's ligament; and this portion is called the falciform process of the fascia lata, and its extremity, Hey's ligament.

I am thus particular, for it is Hey's ligament that is generally the cause of the stricture, when it occurs outside of the neck of the sac. When the bowel pro-

trudes through the crural ring, it forces itself through the saphenic opening in the fascia lata, and upward toward Poupart's ligament—sometimes, from the position of the swelling, much resembling inguinal hernia; and consequently, in making taxis, pressure should be made on all parts of the tumor at once, downward and toward the center of the thigh. Sometimes the stricture is within the neck of the sac, and it is such a case that I am now about to describe.

Mrs. H., aged 60 years, of New Boston, Ohio, had been afflicted with femoral hernia of the right side for years, and had been wearing a truss, the bowel sometimes coming down, and she as often reducing it herself. On Sunday, July 27th, she got up without the truss, having taken it off while lying down. In a fit of coughing the bowel came down, and could not be reduced. Her physician, Dr. Blythe was sent for, but he could not succeed in reducing it, though he attempted it once or twice each day, trying all the ordinary means. On Tuesday night I was called upon to go and operate. Wednesday, at daybreak, I arrived there, and found the lady complaining of great pain in the hernial region, radiating throughout the abdomen. She had passed a very restless night, was anxious, and much alarmed, for all had given her up to die. There was a tumor about the size of a small lemon on the right thigh, just below Poupart's ligament, opposite the saphenic opening. It was quite tense, and tender upon slight pressure, without the pulsation of an aneurism. I flexed the thigh upon the abdomen, and adducted it so as to relax the falciform process and Hey's ligament as much as possible, and then tried to reduce it by taxis. Not succeeding, Dr. Blythe elevated her hips at an angle of forty-five degrees, while I made taxis. Still not succeeding, and thinking that already sufficient time had been lost, I administered chloroform for the purpose of operating. When she was fully anesthetized, I again tried the taxis, but without success. The knife then became the last resort.

I operated by a straight incision, extending from Poupart's ligament downward over the tumor, and cutting at first only through the integument. Proceeding carefully, I pinched up and cut the successive laminae of fascia until I came to the sac. And here I would say, that it is useless to try to distinguish the six different hernial layers described by anatomists, but it is well to bear them in mind, that you may not cut too deep, and thus wound the gut. I then severed the tissues carefully over the neck of the sac, and could feel Hey's ligament pressing quite firmly upon it. Passing the point of the director carefully under the ligament, and the blunt-pointed bistoury upon this, I severed a few of its fibres, so as to relieve the pressure. I then tried, by pressure upon the sac, to reduce its contents, but could not. It then became evident that the stricture must be within the neck of the sac, and to relieve it the sac must be opened. Cautionally separating the fibres, I discovered a deposit of fat in a thin net-work of tissue, which very much resembled the omentum, but which afterward proved to be between the septum crurale and peritoneal portions of the sac. Soon I opened through, and found it filled with a bloody-looking fluid and a knuckle of the bowel two or three inches long. Within the neck there was a firm constriction around the bowel, so that it was barely possible to pass beneath it the finger nail. Not feeling the obturator artery, which sometimes passes near or across this opening to its destination, I passed carefully along my finger and nail the flat surface of the blunt-pointed bistoury, and turning its edge upward, severed the stricture. We then examined the bowel, which was considerably reddened, but not gangrenous. The trouble being relieved, and every thing else being favorable, the bowel was returned, and the incision closed up by interrupted sutures. The chloroform was then suspended, and when the patient had recovered, she said she knew nothing of the operation, and expressed herself delighted at the result.

I suggested to the Doctor that, as she

had taken purgatives which had not operated, it would be well to use often a tepid water injection into the bowels, and keep constantly applied over the hernial region fomentations of arnica and aconite. He agreed in this opinion, and after the effects of the chloroform were dissipated, if any pain arose, one-fourth-grain doses of morphine were left to abate it. In the afternoon I saw her, when she was doing finely, much better than I had expected, considering her advanced age. I then left her in the charge of Dr. Blythe, and returned home.

August 5.—The Doctor writes: "She has been doing as well as heart could wish; has never complained of much soreness—very little inflammation; to-day not a particle of swelling that I can detect; the incision nearly healed; sleeps and eats well. In fact, she says, if she dare, she would be up, notwithstanding the sentence of death that was passed upon her by my 'old hunker' friends. I made no change in the treatment from what was agreed upon. She had no fever after the first twenty-four hours after you left. I gave her a cathartic the next morning after the operation."

Since then I have not heard from her, but presume she is doing well. I feared much for the success of this operation, as the patient was so old, the bowel had been strangulated so long without relief, and the sac had to be opened, which created a liability to peritonitis.

Cincinnati, Oct. 14, 1858.

A SINGULAR CASE.

BY W. W. RANNEY, M. D.

J. M. T., aged 48, has pain in the lumbar region, extending along the course of the ureter of the left side; tenderness from the top of the ilium down to the pubis; also lateral tenderness in the perineum. Testicle of left side retracted, and lies in the groin, having the appearance of an inguinal hernia. The testicle can be pushed

down into the scrotum, but not without considerable force, attended with severe pain. When first taken, he is always inclined to draw his left knee up to the abdomen, and hold it there with all his strength. Pulse variable; during spasms it will fall to 20 beats per minute; when they pass off it will rise to 80—always soft and full. In the spasms the whole muscular system is perfectly rigid. Sometimes it takes three or four strong men to keep him from injuring himself by beating the floor with his hands, and scratching himself—throwing himself about, and screaming with all his strength. As soon as the spasm passes off, he appears to be perfectly senseless, and lies like one that has fainted. He picks at objects near him at times, and cannot speak or understand anything said to him. There is no numbness of the glans penis, but there is considerable numbness of the thigh. He does not urinate until he gets relief, or in other words, whenever he urinates freely, we know he will have no more spasm at that time. His urine is bloody after these attacks, and when they have been very severe, he will, in from two to three days, pass a considerable quantity of pus, mixed with blood—at one time it amounted to a pint. The only sediment found in the urine is sero-sanguineous, and that only for two or three days after the spasm. The urine is alkaline. He does not complain of any thing the day following the attack, except soreness of the muscles and abdomen; but is able to ride about in his carriage; cannot ride horseback at any time; severe exercise, jolting, and severe cold, seem to bring on the attacks.

The disease has been of ten or twelve years' standing. The first symptoms were frequent calls to urinate, with considerable difficulty of passing it; and from this he continued getting worse and worse, until he got to his present condition. He has been subject to the attacks first described about three years. He is robust, looks healthy, and weighs 180 pounds.

Gentlemen of the medical profession, please give your opinions of this case freely.

What is it—its nature?—its treatment?—its termination? Have you met with a similar case? Did you relieve it? How?

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,
WINTER AND SPRING SESSION OF 1857-8.

SERVICES OF PROFS. NEWTON AND FREEMAN.

REPORTED BY PROF. S. FREEMAN.

CASE 538. Feb. 12.—Catherine Eagon, æt. 30. Rheumatism. Has been affected four months with a pain in the left shoulder, occurring periodically every evening, after retiring. The pain has extended to the neck, which at present troubles her the most. She has vertigo when arising from a sitting posture, and walking a short distance. Bowels constipated, appetite good, tongue coated grayish white, though not apparently enlarged. The whole of the symptoms present somewhat the circumstances of obscure ague.

Treatment.—R. Tinc. gelseminum ʒij, iod. potass. ʒij, water ʒiv. M. Take a teaspoonful four times a day.

Feb. 16.—Has taken a severe cold, and the pain is as severe as when here previously—pain during the last part of the night. R. Iod. potass. ʒij, tinc. opii ʒss, tinc. gelseminum ʒss, comp. syrup stillingia, tinc. xanthox. frax. aa ʒij. M. Take a teaspoonful every four hours.

March 30.—Much better; every symptom improved. Continue the treatment.

No further report.

CASE 539. Feb. 18.—Michael Fitzpatrick, æt. 22. Erysipelatous inflammation of the axilla. Commenced three weeks ago with a pain in the left arm and hand, accompanied with numbness and a tingling sensation. The axillary glands are swollen and much inflamed, and slightly indurated; bowels regular. Has been applying a poultice of elm to the inflamed axilla, which has relieved it much. Integument of the arm near the axilla slightly reddened.

Treatment.—R. Juglandin gr. xxv, xanthoxilin gr. xx, syrup stillingia ʒiv. M. Take a teaspoonful three times a day. Continue the poultice of ulmus fulva.

Feb. 20.—Patient much improved; the swelling has nearly disappeared from the axillary glands. Continue the treatment.

No further report.

CASE 540. Feb. 16.—Elizabeth Bateman, æt. 35. Prolapsus uteri. Has been affected six months. Has pain in the loins and hips, and in the calves of the legs; sensation of bearing down through the lower part of the back; pains also in the iliac region, and the region of the broad ligaments. The uterus is prolapsed to the inner border of the vulva; rather profuse leucorrhœa. Has borne six children, the last two of which are twins. Thinks she was injured by the accoucheur during the birth of the last children. Has eructation from the stomach, and globus hystericus; headache; some constipation; urine passes frequently, is scanty and high-colored; appetite indifferent, tongue coated grayish white. Occupation washerwoman.

Treatment.—Apply an irritating plaster four inches square over the loins; continue it for two weeks if she can bear it. R. Iod. potass. ʒss, vinum colchici ʒss, apta nit. dulc. ʒj, tinc. jalap ʒss, syrup ginger ʒij. M. Take a teaspoonful three times a day. Omit hard labor for a few days.

Feb. 23.—Feels much improved; less pain, bowels regular, appetite good. Continue the treatment.

March 6.—Is improving rapidly. Omit the irritating plaster on account of the soreness induced by it. The pains in the back have been much relieved; leucorrhœa much less; pains in the joints less, and the uterus does not lie so near the orifice of the vagina as formerly. Continue the treatment, except the irritating plaster.

CASE 541. Feb. 16.—Eliza Phelton, æt. 32. Asthma. Has been affected about two weeks. (Had an attack about one year ago, which in time became relieved.) Tongue coated grayish white; expectoration thick, tenacious and frothy. Has sen-

sation of stricture in the larynx, but there is no pain upon pressure. Cannot sleep well at night, on account of the paroxysms of coughing. Some tenderness upon pressure of the trachea. The lungs are not diseased, as far as auscultation and percussion can determine, excepting a slight crepitus in the right lung.

Treatment.—℞ Tinc. gelseminum ℥ss, syrup scilla, syrup lobelia, syrup sanguinaria, aa ℥ss. M. Take a teaspoonful every four hours. ℞ Tinc. belladonna ℥ij. Apply over the thorax and chest, with friction, once per day.

Feb. 26.—Symptoms improved; can sleep nearly all night; expectoration easier and mucous less tenacious; less constriction of the lungs and dyspnoea; tongue cleaner; coughing less severe. Continue the treatment, adding an equal part of the spirits terebinth to the tinc. belladonna for bathing the throat and chest. Some crepitus in the supra-mammary region of the right lung. Apply an irritating plaster four inches square on the chest in that locality.

April 16.—Seems nearly well. We will change the treatment. ℞ Iod. potass ℥j, tinc. gelseminum ℥ij, tinc. hyocissimus ℥ss, hydrastin gr. x, simple syrup ℥iv. M. take a teaspoonful four times a day. Omit the previous treatment.

No further report.

CASE 542. Feb. 19.—David Holmes, æt. 45. Spasmodic pain in the arm. On the morning of the 15th inst., when he arose he discovered a severe pain in the arm (in the deltoid muscle), resembling cramp, which has continued ever since. The part is neither inflamed nor swollen; pain very severe on attempting to raise the arm to the head. He does not know what caused it.

Treatment.—Prof. Freeman grasped the deltoid muscle tightly with his right hand, and with the left hand elevated the arm to a vertical position above the head, without causing any pain, and much to the astonishment of the patient and class. He left the room swinging the arm to and fro, and elevating it above the head.

CASE 543. Feb. 19.—Cornelius Mulky, æt. 40. Ophthalmia. His eyes have always been weak and watery, and at times he has suffered severely from acute attacks of ophthalmia. The present attack commenced about four weeks ago, and was induced by getting his feet wet. The right eye is the most affected; the conjunctiva is reddened, and considerably congested; vision dimmed; pain over the eye; both eyes are constantly lachrymose, the secretion presenting a slightly turbid appearance. The eyes have a peculiar squinting and flabby appearance, as though they had been diseased a long time. Intolerance to light most with the right eye. General health apparently good, bowels regular.

Treatment.—℞ Comp. powder senna and jalap ℥ss. Take at night in cold water. ℞ Tinc. gelseminum ℥ij. Take gr. xii, four times a day. ℞ Tinc. gelseminum ℥ss, water ℥iiss. M. Bathe the eyes with it through the day, and apply it as a moist dressing at night on retiring. Sinapism to the back of the neck. Warm pediluvia at night. Pursue this treatment until the active symptoms have disappeared.

March 6.—The right eye has improved much; both eyes look much improved. Continue the tinc. gelseminum as before prescribed.

CASE 544. Feb. 23.—Simon Brown, æt. 34. Bronchitis. Has recently taken a cold, which aggravates a cough, to which he has been subject for some time. The cough is not as severe as it was a few days ago. Has a sharp pain in the left lung, in the supra-mammary region; a feeling of general uneasiness in both lungs; percussion exhibits a dull sound over the seat of pain; some bronchophony; pain under the dorsal region opposite; expectoration rather profuse and puriform, slightly tinged with blood; tongue slightly coated, bowels regular, pulse 90 per minute; considerable labored action of the heart.

Treatment.—℞ Tinc. sanguinaria, tinc. lobelia, aa ℥ss, syrup helianthus ℥iv, hydrastin gr. xx. M. Take a teaspoonful four times a day. ℞ Keith's concentrated

tinc. veratrum viride $\text{gtt. } \text{ij}$, morning and evening, in a little water, to allay cardiac excitement.

March 6.—Feels very much improved; expectoration nearly natural; no pain in the lungs; pulse 86 per minute. Continue the treatment, but omit the concentrated tincture veratrum.

No further report.

CASE 545. Feb. 23.—Hugh Dagner, $\text{æt. } 34$. Sprain. A few days ago he fell, and sprained his ankle, injuring the fibula about three inches above the malleolus. His foot was turned inward, yet there is no indication of either luxation of the ankle or fracture of the fibula.

Treatment.— \mathcal{R} Tinc. arnica $\mathfrak{z}\text{iv}$, water Oij. M. Apply constantly to the ankle as a moist dressing.

Such sprains are generally very tedious of cure, and require much attention and patience to secure permanent relief, sometimes requiring weeks of care.

No further report.

CASE 546. Feb. 23.—Ann Ford, $\text{æt. } 15$. Anæmia and chronic rheumatism. Sanguine encephalo-bilious temperament. She has been affected about one year with pain and swelling in both hands and wrists, in the knees and instep. In the tarsus, the articular cartilages of the cuboid navicular and astragulus seems painful and swollen. In the hands the swelling is mostly confined to the base of the metacarpal bones, and in the knee joints to the articular cartilages. She is of an anæmic habit, has never menstruated. Appetite indifferent; bowels inclined to constipation, tho' irregular; urine scanty and high-colored. The swellings pain her at night, and also when walking. Tongue red; skin pale and sallow. She has a feeble look, and I presume the reason she does not menstruate is from her general debility. By inducing the menses she will probably be relieved.

Treatment.— \mathcal{R} Iod. potass. $\text{gr. } \text{xx}$, vinum colchici $\mathfrak{z}\text{ss}$, hydrastin $\text{gr. } \text{x}$, simple syrup $\mathfrak{z}\text{ij}$. M. Take a teaspoonful three times a day. \mathcal{R} Oleum terebinth $\mathfrak{z}\text{ij}$. Apply

over the swelled joints morning and even.

Feb. 26.—Improved; joints not so much swollen, red or painful; appetite improved; bowels open more freely; the catamenia has appeared. Continue the treatment.

March 2.—The appetite has improved, but since the catamenia ceased, the joints have again become painful and swollen. Her anæmic habit needs correcting.

Treatment.— \mathcal{R} Prus. iron, hydrastin, $\text{aa } \mathfrak{z}\text{ss}$, tinc. geleemium $\mathfrak{z}\text{ij}$, best brandy $\mathfrak{z}\text{ij}$, simple syrup $\mathfrak{z}\text{ij}$. M. Take a teaspoonful three times a day. \mathcal{R} Tinc. iodine $\mathfrak{z}\text{ij}$, water $\mathfrak{z}\text{ij}$. M. Use as a moist dressing as constantly as possible.

March 19.—Appetite middling; bowels slightly constipated; joints not so painful or swollen; the peculiar crackling about the joints is removed for the present; pulse fuller and stronger than formerly. \mathcal{R} Macrotin, hydrastin, ferri sulph. $\text{aa gr. } \text{xx}$, ext. valerian q. a. M. Make pills xx ; take one four times a day.

April 6.—Improving; bowels regular, swellings and pain less, although the parts are slightly swollen. Continue the internal treatment. \mathcal{R} Spts. terebinth, ol. olive, tinc. iodine, $\text{aa } \mathfrak{z}\text{ss}$. M. Apply to the joints. The catamenia reappeared, and has passed away.

April 16.—All the secretions seem natural; her general health has much improved. Continue the treatment until she seems entirely well.

No further report.

CASE 547. Feb. 23.—Eliza, $\text{æt. } 16$. Dentalgia. Extraction of the second right molar tooth of the lower jaw by Prof. Freeman. No further treatment suggested.

CASE 548. Feb. 23.—Jeremiah Pheetos, $\text{æt. } 37$. Pneumonia. Has been affected about three weeks. His breathing is difficult (dyspnoea); cough dry and harassing; expectoration difficult, tenacious mucus; tongue thickly coated; pulse feeble and almost imperceptible; appetite indifferent; bowels constipated; some headache, with sensation of stricture in the chest.

Treatment.— \mathcal{R} Panduratin, juglandin, $\text{aa gr. } \text{vj}$. M. Make powders ij ; take one

three times per day. *R* Syrup senega $\mathfrak{z}\text{ij}$, tinc. lobelia $\mathfrak{z}\text{j}$. *M*. Take a teaspoonful every four hours as an expectorant.

March 11.—Bowels regular; the unfavorable symptoms have passed away. Discharged cured.

CASE 549. March 2.—George Beckett, *set* 30. Intermittent fever (quotidian type). Has been affected about eight months. The fever is not very high during the hot stage. Has ophthalmia (palpebral and ocular). Has cataract in the left eye; was not aware of the cataract until vision had become considerably affected. Bowels constipated.

Treatment.—*R* Trillin *gr. xx*, gelsemin *gr. xv*, hydrastin *gr. xx*, xanthoxilin *gr. x*, syrup helianthus $\mathfrak{z}\text{ij}$. *M*. Take a teaspoonful four times a day. For the constipation, *R* Podophyllin *gr. ij*, pouduratin *gr. vj*, juglandin *gr. viij*. *M*. Make powders *iv*; take one night and morning.

March 5.—Has had no paroxysm of ague since his last visit here; bowels regular, appetite improved. Continue the treatment. The condition of the eyes has improved much.

No further report.

CASE 550. March 2.—Mary Flanagan, *set* 30. Ophthalmia tarsi. Has been affected three months. Some granulation of the upper lids of both eyes; tarsi inflamed and slightly scabbed; lids slightly adhered in the morning. Her eyes are somewhat painful. She also has some headache over the eyebrows. The superior portion of the scalp is unnaturally warm.

Treatment.—*R* Con. tinc. verat. viride *gtt. xx*, tinc. gelseminum *gtt. xv*, water $\mathfrak{z}\text{ij}$. *M*. Use as a collyrium three times a day. *R* Hydrastin ointment; apply to the eyes night and morning.

March 5.—The eyes have considerably improved. Continue the treatment.

No further report.

CASE 551. March 2.—Thomas Holmes, *set* 21. Intermittent fever (tertian type). Has been affected about one year, although

for two or three weeks at a time the paroxysms have not presented themselves, and then have returned, plainly indicating that the condition of the system which induced the ague had not been removed. The chill and its succeeding fever are quite severe. Skin sallow, tongue broad and coated grayish white, appetite good, bowels regular.

Treatment.—*R* Quinine, prussiate iron, *aa gr. xx*, conserve roses *q. a. M*. Make pills *xx*; take one every two hours. Use corn meal diet. I have known many stubborn cases of ague, after they had resisted the usual course of medication, cured by using solely corn meal diet, and drinking cold water mixed with raw corn meal. (*F*.)

March 10.—No paroxysm since; his general appearance is much improved. Continue the treatment.

April 6.—Has renewed the prescription once. Seems entirely well. Discharged.

CASE 552. March 5.—Thomas Fitzpatrick, *set* 40. Dyspepsia. Bilious sanguine temperament. Has been affected five years; sometimes quite ill, and at other times apparently much better. Bowels inclined to constipation, but irregular, in consequence of making too free use of cathartics. Bowels seem quite sensitive, and are very susceptible to cathartic medicines. Appetite indifferent; tongue a little reddened on the sides and tip, and slightly coated grayish on the surface; skin rather dry. Does not sleep well at night; has unpleasant dreams of suffocation, and starts in his sleep.

Treatment.—*R* Tris nitrate bismuth $\mathfrak{z}\text{j}$, hydrastin, gelsemin, *aa gr. x*, ext. valerian *q. a. M*. Make pills *xx*; take one three times a day. Apply an irritating plaster three inches square over the epigastrium. Bathe the body once per day in cold water, and use friction freely.

March 20.—He feels much improved; bowels regular; skin improved in being more moist, and sleep is better and more refreshing. Continue the treatment.

No further report.

CASE 553. March 5.—John McCroven, set. 30. Anæmia. Had intermittent fever about six months ago; since which time he has been quite feeble, and unable to work. Has pain almost constantly from the precordia to the left mammary region. Bowels constipated, having only one evacuation per week, and only from using a cathartic. Appetite indifferent; tongue coated grayish, inclined to yellow; extremities cold; pulse small and feeble; urine sometimes high-colored, at other times pale; skin sallow, and rather dry; spirits much depressed.

Treatment.—℞ Quinine, prussiate iron, aa gr. xv, hydrastin, gelsem'in, aa gr. vj, conserve roses q. s. M. Make pills xv; take one every three hours. ℞ Comp. cathartic pills, two every night, until the bowels become regular. Abstain from spirituous liquors, smoking tobacco, and the use of oleaginous food. Use the cold bath with friction, every other day.

March 20.—Has improved much; bowels regular, appetite better, skin improved, pain in the chest less; thinks he is recovering rapidly. Continue the treatment, but use only one comp. cathartic pill every night, or other night, as long as necessary. No further report.

POISONING FROM CALOMEL.

I prescribed for two children the following: Hyd. cum creta gr. iv, aromatic powder gr. iv. M. ft. iij, one to be given every four hours. In a few minutes I was recalled to both cases—severe symptoms having followed in both. Found the children much prostrated, bathed in cold sweat, and pulseless; had been taken with severe vomiting immediately after swallowing the medicine. Prescribed brandy and water, the medicine having been thrown up. On examining the hydrarg. cum creta, found it resembled, in color and appearance, oxide of silver. We have no doubt this preparation had been carelessly kept. By exposure to light and moisture, in time a new substance was formed, (containing, probably, oxide of mercury.)—*Dr. McConahy, Belmont Med. Jour.*

Part 2—Progress of Medical Science

THE ACTION OF COD-LIVER OIL, AND THE SUBSTITUTION OF ORDINARY FATS IN FOOD.

BY EDWARD SMITH, M.D., LL.B., L.R.C.P.

I am desirous to ask the profession to reconsider the question of the administration of cod-liver oil, with a view to determine if the good which it effects cannot be brought about by ordinary articles of food. I know that, with the existing state of popular and professional feeling, I shall be thought premature in so doing; for, notwithstanding the great experience which we have had in its use, many intelligent men decline all inquiry as to its mode of action; many others have inquired, and arrived at the conclusion, that its efficacy does not depend upon one element alone, but upon all its elements combined, just in the degree in which we find them; and many others are influenced chiefly by authority; and thus they all agree in the call for cod-liver oil, and nothing else. I do not think, however, that these classes have all the truth on their side, but that the matter is still open to inquiry; and if the opinion which is commonly entertained, as to the mode of action of the oil, be correct, viz., that it acts as a nutrient, I cannot but believe that there is good reason for renewed consideration in the direction which I now advocate. I am one of those who attach much value to the oil, from having witnessed its good effects upon a large scale; and hence, while I do not join in the universal cry of "Cod-liver oil, and nothing but cod-liver oil!" I would be far from unduly depreciating it. It has, however, its dark as well as its bright side, and its powers for good are far from being illimitable; and hence there are good grounds for oft-repeated inquiries as to its real merits.

I am influenced to make this appeal by the following considerations:—

1. An amount of blind, uninquiring faith in its efficacy has been, and yet is, accorded to it, which is inimical to rational medicine. This has also led to its almost indiscriminate use, to the unwise neglect of other remedies, and to the exaggeration of its own virtues.

2. In reference to a large body of the profession, it has carried away the attention from the essential nature of the disease, and fixed it upon a symptom and an unessential though important condition.

3. We have lent ourselves to mercantile men, who, for the gain which they may make from the oil, have made good use of the profession.

4. By our public and universal patronage of the remedy, we have become the patrons of an article which, from its universal and indiscriminate employment by the laity without medical advice, may be very properly termed the most popular quack medicine of the day. This has, to a great extent, lessened the gains of the profession, and has led the public to step over the line which should distinguish them from the profession. It has also led the public to estimate at a lower value the exclusive knowledge which is professed by us, and hence to extend the spirit which, in our day, so largely fosters error.

5. The expense of the oil has become a burden to our already overburdened hospitals, dispensaries, and poor-law surgeons; and it has, in no little degree, brought dishonesty into the physicians' room, by inducing people to attend there to obtain oil, which may be given to others, or sold, or burnt. This has been abundantly proved at our hospital; and indeed it may well be so, when a patient may take away a wine bottle full, or more, of the oil, pure and alone, at a time.

6. In private practice the last objection has, of course, no weight, but the former still remains valid; and, in addition, there can be no doubt that the high price which is paid for the article is an unnecessary, and not unfrequently burdensome, expenditure of money.

If these evils should have far less impor-

tance in the estimation of others than in my own, they surely will abundantly justify a consideration of the subject; but if the good effect of the oil cannot be produced in other and less objectionable ways, we must submit to them. If, however, the good has been exaggerated, and can be effected without the evils, I feel assured that unprejudiced minds will seek to effect some improvement. My own belief is, that the evils to the profession are great, and demand a severe remedy.

In the following paper, I purpose to reconsider the effects of the oil in a class of diseases, by showing what the oil offers, what the system requires, and the results of experience.

Cod-liver oil possesses many chemical constituents; but, so far as has yet been proved, it has none peculiar to itself, upon which its efficacy depends, and hence its merit must lie in the combination of certain substances, the properties of each of which are already known to us. The component parts of cod-liver oil are, according to Dr. De Jongh:—

1. Oleic and margaric acids, combined with glycerine as a base, in the manner common to fats.

2. Biliary compounds.

3. Peculiar but unnamed substances.

4. Iodine, iron, chlorine, bromine, phosphorus, phosphoric acid, butyric acid, acetic acid, and sulphuric acid.

5. Lime, magnesia, and soda.

The quantity of iodine in 100 grains, or nearly two teaspoonfuls, is about .03 of a grain, of chlorine with bromine combined .1 of a grain, of phosphorus .01 of a grain, of phosphoric acid .05 of a grain, of sulphuric acid .01 of a grain, of acetic acid .12 of a grain, of butyric acid .15 of a grain, of iron an unestimated trace derived from the pot, of lime .08 of a grain, of soda .01 of a grain, and of magnesia .003 of a grain.

When these very minute quantities are compared with the doses of the substances ordinarily employed, it is impossible, *a priori*, to attach much value to them. Thus, 3 grains of the sulphate of iron contain more than $\frac{1}{2}$ grain of iron; 5 grains of

iodide of potassium, or 12 m of Lugol's solution, contain $3\frac{1}{2}$ grains and 1 grain of iodine respectively; 5j of dilute phosphoric acid contains $\frac{1}{4}$ grain of phosphorus; 10 m of dilute sulphuric acid contain 1 m of sulphuric acid; there are 5 m of strong acetic acid in every $\frac{1}{2}$ drachm of the dilute; butyric acid is found in rancid butter and many fruits, and eaten largely; and it is unnecessary to refer to the lime, magnesia, and soda, as being remedial in the quantities contained in the oil. The biliary products are together from .05 to .1 of a grain in the 100 grains of oil, while we give from 5 to 10 grains of ox-gall as an ordinary dose. Hence the only elements which exist in quantities at all compatible with our therapeutic notions, are those common to fats, viz., oleine and margarine combined with glycerine.

I will now turn to the disease, viz., phthisis, in which its greatest triumphs have occurred, and mention the circumstances which distinguish the phthisical from the normal state.

1. There is cough, more or less, associated with an irritable, inflamed, or desquamated condition of the mucous membrane of the pharynx, with extension of a similar condition, at various stages of the disease, to the whole or a large part of the alimentary and respiratory tracts.

2. Expectoration in various quantities, but increasing with the disease, of matter containing much albumen and fat.

3. Dyspnoea on exertion, increasing as the activity and capacity of the lungs diminish.

4. A state of mal-nutrition, as shown by the wasting, loss of color, and altered state of the blood.

5. Debility of muscular system and general sensitiveness.

6. Vomiting, associated with cough, irritability of the system, and impediment to the descent of the diaphragm (the then almost exclusive mode of inspiration) by the stomach when containing food, and sometimes (although unfrequently in proportion to the number of cases of phthisis) with continued dyspepsia.

7. Appetite somewhat capricious, but permitting the patient to take much food, and chiefly of the nitrogenous kind, until an advanced period of the disease. The usual carbonaceous articles of diet, viz., starch, sugar and fat, are taken, the two former freely, and the latter in a less degree; and to these may be added a relish for alcoholic, and therefore of carbonaceous drinks.

8. No state of the excretions which is either peculiar to or constant in phthisis; but phosphorus is said to be somewhat varied in quantity in the urine, and the amount of perspiration is increased in some periods of the disease.

Thus, while there is no great fault to be found either with the quantity or quality of the ingesta and egesta, the disease exists and the body is ill-nourished. The disease also advances until the supply of food is much diminished, and that which is eaten is often rejected before or at the commencement of the act of digestion. The leading idea, therefore, in the treatment, is the improvement of the general nutrition, the improvement of the tone and condition of the mucous membrane of the throat and other parts, and the increase in the function of the lungs.

There is not much in this description upon which I need to dwell; but the quantity of fat which is taken by phthisical patients has been discussed of late, and seems to have no little importance. This, I presume, may be represented by the existing appetite for or dislike of that element of food, and in that direction I have made numerous inquiries.

I have had in hand for two years, at the Hospital for Consumption, a detailed inquiry into the predisposing causes of phthisis, and therefore of the influence of fat and food in general; but, as that is far from being completed at present, I have abstracted the returns from 500 cases for this communication. Of these, 150 are phthisical in-patients; 213 phthisical out-patients, in three stages of the disease; 73 cases of chronic bronchitis; 50 of debility, without local disease; 10 of dyspep-

	Phthisis.					Bronchitis.	Debility.	Liver, etc.
	In-patients, all Stages.	Out-patients.						
		All Stages.	De-struction.	Consol-idation.	Very Early.			
Brought forward, . . .	77	124	54	47	22	56	27	7
F B Mk . . .	1							
F B Mk . . .							1	
F S Mk . . .							1	
F S Mk Ba . . .						1		
F S Mk Ba . . .		1			1			
F S . . .							1	
B S Mk Ba . . .	1	7	5	1	1	1	1	
B S Mk Ba . . .		1	1					
B S Mk Ba . . .	1	17	9	4	4	5	2	3
B S Mk Ba . . .		4	1	2	1	1		
B S Mk Ba . . .		1	1					
B S Mk Ba . . .		2	1		1		1	
B S Mk Ba . . .		2		2				
B S Mk Ba . . .		1		1			1	
B S Mk Ba . . .							1	
B S Mk . . .	34	28	12	7	4	2	7	6
B S Mk . . .		1	1					
B S Mk . . .		2	1		1		1	
B S Mk . . .		2	1		1	1	2	
B S Mk . . .	1	1	1				1	
B S Mk . . .		3		2	1			
B S Mk . . .		2		1	1	1		1
B Mk Ba . . .		1	1					
B Mk Ba . . .		2		1	1		1	
B Mk . . .		2	2					
B Mk . . .	12	3	1		2		1	1
B Mk . . .	1	2		1	1	1	1	
B S . . .	1	1		1		1		
B S . . .	1							
B . . .	3	1	1					
S Mk Ba . . .		1	1					
S Mk Ba . . .		1	1					
S Mk Ba . . .						1		
S Mk . . .	1	2	2			1		
Mk Ba . . .		1			1			
Mk . . .	3	3	2	1			1	
Total number examined,	137	213	99	71	45	72	61	18

Of the 213 phthisical out-patients, 46 per cent. ate all the kinds of fat; 28 per cent. ate four kinds; 18 per cent. ate three kinds; $\frac{1}{2}$ of 1 per cent. ate only two kinds; and not 2-10 of one per cent. were limited to one kind only. By way of parenthesis, I may state, that if milk be objected to as one of the fats, only three patients ate milk exclusively, and hence some of the other fats were taken by 210 of 213 cases. The number of cases by which each of the fats was taken, was in the out-patients as fol-

lows: Fat meat was taken by 58 per cent.; bacon fat, 66 per cent.; suet, 93 per cent.; butter, 95 per cent.; and milk, 98 per cent. The quantities are, in each case, a little higher than those obtained from the in-patients; but I rely upon them, since the in-patients, being asked the question in parties, were somewhat influenced in their answers each by the other, as shown by a tendency to uniformity in the answers of each party of patients; whereas, the out-patients were asked singly. It is also quite

possible that their tastes may have been slightly changed during their residence in the hospital, and thus fewer persons liking suet may be owing to the surfeit which some of them get in the milk and suet supper.

There is also a curious fact in reference to the stage of the disease, viz., that fewer persons liked fat in any form in the very earliest stage, and in the stage of softening, than was found in the state of undoubted

consolidation. Thus, whilst 53 per cent. in the earliest, and 55 per cent. in the last stage, liked fat, 65 per cent. liked fat in the intermediate stage; and the only exception was in reference to bacon fat, in which the greatest per centage was in the stage of softening. It is also of interest to note, how much the returns from cases of mere general debility, apart from local disease, correspond with those of phthisis.

TABLE SHOWING THE PER CENTAGE OF THE CASES IN WHICH THE VARIOUS FATS WERE TAKEN IN DISEASE.

	Phthisis.					Bronchitis.	Debility.	Liver, etc.
	In-patients, all Stages.	Out-patients.						
		All Stages.	3d.	2d.	1st.			
Fat,	56.1	58.3	55.5	65.2	53.5	79.1	58.8	33.3
Bacon,		66.8	76.6	66.6	65.1	84.7	60.7	50.
Suet,	83.5	93.3	94.	95.6	88.	98.6	64.7	95.
Butter,	94.2	95.7	95.	97.1	95.3	95.8	94.1	100.
Milk,	92.8	98.1	98.	98.5	97.6	97.2	98.	100.
5 Elements,		46.4				72.2	47.	38.8
4 "		28.4				16.6	1.7	16.6
3 "		18.				.7	2.7	38.8
2 "		.52						.55
1 "		.19						

It is impossible, in a paper of this nature, to enter largely into statistical details; but the general result may be stated, that whilst there are nearly one-half of phthisical patients who dislike fat meat, and one-third who dislike fat bacon, nearly all like suet in puddings, butter, and milk, and there is no case in which the dislike to fat food is absolute. I do not know how far these results would correspond with those which might be obtained in a state of health; but I should presume that, in reference to the fat of meat, they are much below health. It is, however, quite evident, that this defect is not peculiar to phthisis, and that it exists in even the same degree in a class of persons much predisposed to the attacks of the disease.

Thus we have, on the one hand, a remedy which contains much fatty matter,

and on the other, a diseased body from which the fat has been removed, and which, from the want of appetite for fat, does not receive the quantity which is natural to it. Hence, as fat is essential to the system, the conditions seem favorable to the beneficial result which so often has followed the use of the remedy.

I now turn to the results of actual experience in the employment of this remedy; but, *in limine*, I would ask by what mode we may seek to determine this influence with accuracy. Nothing, in my judgment, is more difficult, for—

1. We scarcely ever depend alone upon cod-liver oil in the treatment of the disease, and therefore the few cases in which this might be done, for the purpose of experiment, would be regarded as exceptional, or as insufficient to establish a rule.

2. In hospital practice, we must remember that, for in-patients, the following co-ordinate influences have importance, viz., rest, comfort, lessened anxiety and exposure, new associations, improved food in quantity and quality, regulation of the functions of the body; besides that of medicines, which are almost always of a nature to tend to produce the influence which is ascribed to the oil, viz., tonics and such as improve the digestion and the state of the blood; and all these, apart from the cod oil, may have acted upon a system unduly attenuated by the opposite conditions acting apart from the tubercular disease. Amongst the out-patients, the contrary conditions in no small degree lessen the influence of all remedies.

3. Novelty, faith, and universal use, must have an influence in exaggerating the return of good results, and probably in increasing that good.

We may certainly affirm, that it does not, in most cases, remove the disease; for the deaths from consumption continue much as before it came into general use. The advocates of the remedy do not contend for this; and, indeed, if they affirm that it can cure phthisis, they limit the occurrence of such a result to the very narrowest bounds. Hence the influence is practically limited to a diminution in the rate of progress of the disease, and in a few instances, it is said, to its arrest.

We may seek for testimony in two directions, viz., both from the patient and the medical attendant. I questioned the 150 in-patients, to whom I have already referred, as to their own opinion of the result and the mode of its action, and the following is the return obtained; it being, however, understood, that in nearly every instance, other medicines were taken at the same time, and that the separate influence of the oil could only be guessed at by the patients.

83 stated that it benefited them;
16 that it benefited them at first, and injured them afterward;
16 that it injured them; and
35 that it had no influence.

Thus, those which were, in their own opinion, more or less benefited, were 83, against 67, or 55 per cent. of the whole; or, if we add those in whom it was at first beneficial and then injurious, 66 per cent. of the whole. The mode in which they believed that it benefited them was variously stated. Thus,

Both stronger and stouter,	22
Stronger, - - -	33
Stouter, - - -	13
Appetite improved, -	8
Digestion " - - -	5
Breathing " - - -	6
Cough " - - -	4
Chest " - - -	4
Voice " - - -	1
All respects " - - -	7
Removed sensation of sinking,	1
Chest stronger, - - -	2
Less pain in side, - - -	2
Healed lungs, - - -	1
Less pain in chest, or soothed,	6
Less hoarse, - - -	1
Did eyes good, - - -	1
Nourished, - - -	2
Checked expectoration,	1
Prevented getting thin,	1
Eased stomach, - - -	1

Each person described the result in his own way, and some of the answers included two of the above headings; but, notwithstanding the heterogeneous nature of the answers, it will be observed that, in the great majority of the cases, the benefit is referred to improved nutrition.

Of those who were not improved or were injured—

36 were made sick.
2 were made weaker.
6 had no appetite.
8 had oily eructations.
2 were made bilious.
1 had headache.
2 it never agreed.
1 better since he ceased to take it

Thus, in nearly all these cases, the objections arose from the organs of primary digestion, as distinguished from assimilation.

The above cases were in different stages of the disease, many being in the last stage, and some near to their end. In all the disease had endured for a lengthened period, and the remedy had been employed,

within and without the hospital, from several years to a few weeks.

The medical report of these 136 cases, as given by the Clinical Clerks, showed that in—

- 64 the disease was progressing more or less quickly;
- 43 the disease was stationary; and in
- 18 there was an improvement.

So that in one-half the cases the disease advanced in spite of the remedy, as indeed it must, from the continued rate of mortality; and in only one in seven was there pulmonary improvement.

I thought it would be interesting to know how far the degree of appetite for fat food would correspond with the results from the administration of cod-liver oil, and the returns show—

1. In the patients' own report of the effects—That in 80 cases in which good was received, 3-5ths had appetite for all the fats, and 1-4th for three of them, viz., butter, suet, and milk. Whilst in 29 cases in which the oil caused sickness or eructations, only 1 in 3½ had appetite for all fats, and 1 in 3 for butter, suet, and milk. It is also remarkable, that whilst in those who received good, only 2 out of 80 had no appetite for fat and butter together, in those with whom the oil disagreed, 11 in 29 were in that position. Hence, so far it appears, that where the oil was assimilated and did good, there was much greater appetite for natural fats, than where it was rejected in the first acts of digestion. But it would not thence follow, that wherever there was an appetite for all fats in phthisis the oil would do good, and *vice versa*; for in 19 cases in which no effect was produced, 10 could eat all kinds of fat.

2. In the medical report,—Of 43 in whom the disease was stationary, 28 could take all kinds of fat, and 8 could eat butter, suet, and milk; and of 18 who were reported as improving, 10 could take all kinds of fat, and 7 could eat butter, suet, and milk. Hence, in this report also, it appears that a majority of those who were improved during the use of the oil, had appetite for the ordinary fats in food.

We may now inquire as to the precise mode in which the oil acts when it produces a beneficial effect.

Dr. Hughes Bennett attaches importance to the iodine, although it exists in so small a quantity as the .03 of a grain for a dose; but his opinion is not now commonly received. We have shown that the good effect of the oil is not in the removal of deposits, if that could occur from the use of a substance which excites the absorbents; and moreover, in how few cases, comparatively, are we enabled to employ iodine with any hope of effecting this result!

Phosphorus has also had its importance, in the opinion of some, and is doubtless valuable in some conditions of phthisis; but, considering the limitation in its sphere of usefulness, as proved by experience, and the small quantity in which it is found in the oil, I think its importance is not greater than that of iodine.

The direction in which the foregoing inquiries lead us is in that of nutrition, and to this end it is clear that iodine at least is not conducive.

The fatty material is that which, from analogy, may be presumed to have the required influence: and hence it is important to know the reason for its requirement. It has already been proved that, in a large proportion of phthisical patients, there is a diminution in the quantity of nutrient fat which is taken by them; and hence the presumption is, that the oil supplies this deficiency. But the point of interest is, the inquiry as to the cause for the lessened supply of fat. It clearly may be two-fold: from absence of appetite for it, and from a diseased condition in which fat is not tolerated. The latter is, I believe, a comparatively rare occurrence, for the most frequent answer to the inquiry is, "I dislike it." And that the former is the truer reason, is proved by the facts, that if one kind of fat is disliked another is taken; and that, by a judicious selection of fats, the quantity to be introduced into the system of such persons may be greatly increased. The advocates of cod-liver oil,

who admit that it acts as a fat and a nutrient, contend that it has a superiority over ordinary fats, in the greater ease with which it is assimilated; but I do not find this to be the case universally. The above returns show that, in a large number of cases, the oil is rejected, whilst in those very cases some kind of nutrient fat was eaten, and in one-third of them, even the fat of meat was not objected to. Moreover, as just stated, in those cases in which one kind of fat food is not liked, we may always increase the quantity of another kind of fat, so as abundantly to make up the deficiency.

The true explanation appears to me to be, that by giving the cod-liver oil, we force upon the system an amount of fat of which it has need, from the deficiency of appetite for it, which has existed for a longer or shorter period, and thus render to the system whatever good fat naturally affords; and that, in so doing, we do no more than could be effected if an ordinary fat were selected, to which the patient had no dislike, and given in the quantities in which the oil was administered. It must not be forgotten, that mere dislike to any article of food is often capricious and temporary, and may pass away without any apparent reason, but more particularly if the judgment be appealed to, and his objection so far yielded to, that a variety of the article shall be employed to which he has less or no objection. If the objection to take fat is the result of some imperfection in the digestive function, it would extend also to cod-liver oil; and I appeal to all who have had much experience in the use of it in phthisis, if this is not a condition in which it is found necessary to suspend the use of the oil until the imperfection has been remedied. So far from cod-liver oil being especially suitable, because some kind of ordinary fat cannot be digested, it can not be taken at all when there is much functional indigestion. It can only be regarded as one of the fats, which may be liked or disliked like other fats, and, like other fats, may be taken when some one kind of fat is rejected. To state that it is

as good as fats used ordinarily in food, is to give it great praise.

But some hold that, whilst cod-liver oil acts as a fat, it also has power beyond that of ordinary fats. I see no ground for this assumption; for if it refer to the relative quantities of the ultimate elements, that difference is met by a variation in the quantity of the fats supplied; and if it refer to any peculiarity in the fats, apart from the ultimate elements, I reply by asking, in what the peculiarity consists? If the appeal be to experience, I venture to state that experience does not support the statement, if this one condition be kept in view, viz., *if due attention be given to the increase of such ordinary fats as the patient can take*; and upon the whole, I believe, that in this respect, cod-liver oil has no advantage over the fats which nature has abundantly supplied to us in our ordinary food.

A word should be said in reference to the value of the biliary principle. It does not appear that in general, in phthisical patients, the liver is at fault more than in any other chronic disease, and hence, that there is any deficient supply of bile; but there are undoubtedly cases in which, after death, a state of atrophy or of fatty deposit is found, both of which must have been inimical to the due use of the organ during life; and therefore, there are cases in which the administration of a biliary compound may be valuable. But when we compare the quantity of this principle which is contained in one drachm or three drachms of the oil, administered twice or thrice a day, with the large quantity of bile which the liver is said to pour into the intestines in a day, the former is ridiculously small, and it seems to be a dose which is scarcely compatible with reason.

There is another quality to which I would refer, and one to which I attach great importance, viz., the physical quality of viscosity. I think this has its importance in reference to the local action of the oil, when given alone or in an emulsion, and exerted over the mucous membrane of the pharynx and inferior parts. In this

mode, the surface receives a temporary protective covering, by which the influence of the air is materially lessened, and the cough, which is the very common result of the action of the air and temperature upon the sensitive, inflamed, or desquamated mucous membrane, is thus avoided, or occurs with less force and frequency. This condition of the throat is most common in chest disease, and in affections which simulate chest disease; and in phthisis occupies a very prominent position in the chain of evils by which the system is at length made to succumb. It is one to which I attach great importance, and in treatment give constant attention. In this respect, cod-liver oil is on a par with neatsfoot and whale oils (which I believe would be its serious competitors, if the flavor permitted), and much better than olive oil. It may not, however, add to its value when employed through the skin; a plan which has been extensively adopted by one of my colleagues, and by many other gentlemen, and one which, according to Dr. Simpson, results beneficially from certain trades, as wool-weaving, in which oil is largely used.

From the foregoing observations, I think we are entitled to sum up the following deductions in reference to the effects of the administration of the oil in phthisis:—

1. It does not remove the disease.
2. The cases of arrest of the disease are very few.
3. Commonly the disease progresses.
4. In about one-half the progress is lessened.
5. The patient may report himself both stouter and stronger, and yet the disease silently progress.
6. When it disagrees, it is chiefly from its influence upon the digestive organs.
7. When it agrees, it is chiefly by improving nutrition; but in an appreciable number of cases, it is believed by the patient to have a local influence, more or less apart from the state of general nutrition.
8. This local influence is most important in the pharynx and other parts of the mucous tract, and there results from the

direct application of the oil to the mucous surface.

9. It acts almost exclusively by its fatty elements supplying a nutritive material of which the system has been in defect.

10. In this respect, it has no advantage over the fats used in food, and may be rejected by the appetite like any other fat.

11. There is a large class of cases in which it is not beneficial, and it is our duty to administer it with discrimination. As a rule, it is more commonly beneficial in those cases in which there is an appetite for the ordinary kinds of fat, and is rejected when ordinary fats are rejected; and hence the substitution of ordinary fats for the oil, in equal quantities, is not difficult.

12. Upon the well known and beneficial principle of separating food from physic, it is our duty to supply this desideratum as an ordinary article of diet, to be selected from those which are commonly used in food, and to instruct the patient that we administer it as food.

13. Although we may thus supply an important element in nutrition, and thereby avert many evils, we do not touch the essence of the disease, or do any thing which shall necessarily remove the deposition which maintains the disease, and tends to its further progress; and in fact, we leave the disease much as we found it. It is not, therefore, a specific remedy, but an adjunct to treatment; and the great temporary good which it has so frequently effected, proves the great importance of fat in the animal economy.

My own practice may be readily inferred from these statements. If I desire to produce a local effect upon the throat, I often employ the cod-liver oil, either alone or in an emulsion, giving it in small quantities, and directing that it be swallowed slowly. If I have reason to believe that the patient has diminished the quantity of fat, either with or without other kinds of food, I direct him to increase it; but I do it with moderation, and by substituting a form of fat which he likes for one which he does not like, to take a moderate quantity of some kind of fat with every meal. An im-

crease in the quantity of butter, and also of suet, when added to rice or other puddings or when boiled in milk, is that which may be the most easily effected; but if the quantity directed is unreasonable, as, for example, the common plan of boiling half an ounce of suet in half a pint of milk, it often disgusts the patient, defeats the object, disturbs the digestion, and is wasted by the bowel. I recollect an instance in which, having asked an Irishman the usual questions about fat meat, butter, suet, milk, and bacon, and directed him to increase the quantity of all of them, he mixed them all together and took them, to his great delight and benefit.

In the foregoing paper, I have not discussed the mode by which fats exercise so beneficial an influence over the system, but have assumed that this benefit is admitted. I purpose to defer this inquiry, and consequently the consideration of the relative value of various other oils, and of cod-liver oil. I may, however, state, that the patients' objections to many oils, viz., the flavor and the ill effect upon the bowels, do not in any degree apply to the ordinary fats of food, for the simple fact that they are such implies that the flavor and general effect are commonly agreeable and good. The best contrast, therefore, is not that of cod-liver with other medicinal oils, but with such ordinary fats in food as nature has provided for us and made agreeable to us; and it is to this contrast alone that I have desired to direct attention.

The chest diseases, other than phthisis, in which I have found cod-liver oil beneficial, are some states of chronic bronchitis, and various pharyngeal affections of a more or less acute form. In these cases, it produces its immediate action upon the mucous membrane of the pharynx, and, if properly administered, certainly relieves the cough, with the expectoration and its train of evils. In the latter class of diseases, which often closely simulate phthisis, its influence is often exceedingly marked, and impresses the mind very deeply with the importance of the condi-

tion of the throat, in reference directly to the production of cough, expectoration, and slight hæmoptysis, and indirectly to the degree of irritability of the general system. Indeed, I have no doubt that the most serious disease often originates, or first manifests itself, in that locality.

The table we have given shows how readily, in cases of chronic bronchitis, ordinary fats may be substituted for the oil, for they are liked in a much larger percentage of cases in bronchitis than in the other diseases referred to. Thus, fat of meat and the fat of bacon were taken respectively by 79 and 85 per cent. of cases in bronchitis; whilst in phthisis the percentage was 57 and 69, in debility 59 and 61, and in liver disease only 33 and 50.

What then, if these views be true, is our duty as hospital, dispensary, and parochial medical officers? Are we justified, in the two former cases, in giving, or should we be compelled in the latter case to give, an article of diet in the form of medicine, and more particularly when the form in which we administer it is much more expensive than an equivalent in ordinary food? I do not think that we are justified, or ought to be compelled to do so; and hence, as a hospital physician having charge of out-patients, I limit my prescription of cod-liver oil almost exclusively to the cases in which it has a local effect, and one for which I do not find a convenient substitute.

Some months ago, I noticed in the *Lancet* an objection expressed by a parish surgeon to his being compelled to find cod-liver oil out of his homœopathic salary; and it is an objection with which I sympathize. I do not presume that these gentlemen indulge their patients largely with this fashionable luxury; but I should think them quite justified in not prescribing it at all, on the ground that it is the duty of the parish to supply necessary food—a duty which is not fulfilled by giving bread alone.—*Edinburgh Medical Journal*.

INVESTIGATIONS UPON THE SUBJECT OF VACCINATION.

We have received the Address of Horatio Adams, M. D., of Waltham, before the Massachusetts Medical Society, at its last annual meeting, May 26, 1858.

This is really the best paper which has appeared on this subject for many years. It details the experience of its author in relation to vaccination in a clear and forcible manner. We consider the following account as especially valuable:

"On the 11th of January, 1840, I made several punctures with the point of a lancet, under the cuticle on the right labium pudendi of two different cows; none of the punctures were sufficiently deep to draw blood. Into each of them was introduced a pointed quill well deluged with variolous matter, and allowed to remain for half an hour.

"On the 15th, the punctures were barely visible, but not apparently inflamed.

"On the 16th, two of the punctures made on the youngest cow were more distinctly visible; in drawing the finger over them, a slight hardness was felt. None of the other punctures had inflamed.

"17th. These two punctures were more inflamed and a little raised, showing a pearly white, flat top, rather small.

"18th. Punctures larger than yesterday, and each capped with a pearly white, flat vesicle, with center depressed.

"19th. The punctures (now vesicles) are enlarged, centers depressed.

"20th. Each of the vesicles is nearly four lines in diameter; surface pearly white, flat, with centers depressed, areola not formed, slight crust in center. This afternoon, end of ninth day of disease, punctured one of the vesicles; found cuticle thick, spongy, and breaking, like what is seen when a vaccine vesicle is early punctured on the arm. Vesicle distinctly cellular. Transparent lymph oozed from the opening, with which I charged twenty quills. Cow appears perfectly well.

"21st. No material change.

"22d. Vesicle larger and more full, areola forming. Dipped several quills today; lymph pellucid. Drs. J. D. Fisher, C. Putnam, and Gregerson, examined the case to-day.

"23d. Crust forming rapidly, areola somewhat increased in extent, three-fourths of an inch in diameter, round and regular, and somewhat raised above the surrounding skin. Cow eats as usual. From this date the disease rapidly subsided; a very dark crust was soon formed. On the 27th Drs. Fisher and Putnam brought me virus taken from a child vaccinated on the 21st instant with the matter taken from this cow. The vesicle, as they both affirmed, exhibited the characteristic marks of the true cow-pox on the sixth day of the disease. Many persons were subsequently vaccinated with matter taken from this cow, and in every instance the true vaccine disease was the result."

The conclusions to which he arrives are as follows:—

"Our own observations have led us to the following conclusions, viz: that it is of the utmost importance that the first vaccination should be performed with great care; that if the susceptibility to receive small-pox is once extinguished in the system, it remains so, and re-vaccination is superfluous. In order that we may be sure that this susceptibility is extinguished, vaccination should be repeated so long as it produces any specific effect; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind, or a diseased diathesis, existed. Then, as so much looseness in the manner of performing vaccination, and in the selection of the virus, has been shown to exist, it would be well always, as a matter of precaution, to re-vaccinate all who may at any time be directly exposed to small-pox. If this be done on or before the fifth day after exposure, it will usually take precedence of, or essentially modify that disease. This precautionary measure would, we believe, be entirely unnecessary, could we be

perfectly satisfied that the above pre-requisites had been strictly observed."

This discourse has been ably reviewed by Dr. B. E. Cotting, of Roxbury, in the Boston Medical and Surgical Journal, from which we take the following:—

"The selection of proper virus is urged by all as of the greatest importance. Yet most writers intimate that it is regarded by operators with seeming indifference. The condition, health, good constitution, and other characteristics of the subject, a perfect vesicle, and the proper stage of the disease, are all rightly insisted on. Dr. Adams says, (p. 241,) 'matter taken from a perfect vesicle at too late a period will produce a spurious disease; pus will be so far mixed with the lymph as to produce, when introduced into the arm of another, an inflamed sore, and a pustule, which will exert but a very feeble, if any protective influence on the recipient.' Other writers equally urge the necessity of using only pure lymph, and deprecate with great earnestness the employment of any having the slightest chance of purulent admixture. If there be just ground for such scrupulous care—and who will deny it?—what is to be said of the very common practice of propagating the vaccine disease by the scab? Dr. Adams has not alluded to this point, unless possibly in the sentence above quoted. He, however, as well as others, repeatedly insists upon pure lymph, free from the slightest mixture or chance of mixture with purulent matter. Now the scab must necessarily contain a large proportion of pus intimately combined with the virus. It is impossible to use the one, in dry or dissolved scab, without introducing the other with it. If the virus, so obtained, have power remaining sufficient to propagate the vaccine disease, the pus must also be sufficiently active to vitiate the protective influence. The amount of 'spurious disease,' and consequent imperfect protection, so engendered, is well worthy of investigation. It must be very large, if the fear entertained by writers, in regard to the admixture of pus, has any just foundation."—*N. H. Jour. of Med.*

ON THE CHANGES WHICH HAVE TAKEN PLACE IN THE CONSTITUTION OF FEVERS AND INFLAMMATIONS IN EDINBURGH, DURING THE LAST FORTY YEARS

BY ROBERT CHRISTISON, M. D.

Read before the Medico-Chirurgical Society of Edinburgh, March 4, 1857.

[CONCLUDED.]

On consulting the Table, it will be remarked, that the next epidemic of fever occurred in 1826–29. The causes of its spread on this occasion were much the same as before. In 1825, immense failures took place in all branches of commerce and trade in the British Islands; and the exhaustion of the country from that cause, with subsequent bad crops, reduced the demand for labor, raising at the same time the price of provisions. Fever seems always to burst into an epidemic in any such conjuncture.

There is nothing further to be said of that epidemic than that it presented precisely the same forms of fever, and the same constitution, with the prior epidemic. I had a full share in treating it, having been Ordinary Physician of the Infirmary and Fever Hospital during the whole period. It was during this second epidemic that I recognized more truthfully the relapsing tendency of the inflammatory fever; and that, finding the relapse could not be prevented either by any precautions or by quinia, and observing it always to occur on the fourteenth day, I regarded this event no longer as a true relapse, but rather as an integrant part of the fever. The form of synochus, or, if the term be thought fitter, of typhus, with a primary stage of a week's vehement reaction, was again the most prevalent. And all forms were alike treated by general blood-letting.

At the end of it the form of enteric typhus or Dothinenteritis, first came into notice in Edinburgh, concurrently with an epidemic of dysentery, viz., in 1829. I may mention, however, that this form of fever had occurred as early as 1817, though

it was not recognized at that time; for I have lately found, in some old notes, a case of the date of October, 1817, which was clearly one of enteric typhus, and another which occurred in January, 1819. This fever had always been rare in Edinburgh, and even in 1829 the cases of it were very few in number.

A brief lull ensued, as the Table will show. But in 1831-33, a minor epidemic presented itself. I know less of this than of others, because two attacks of fever in the early period, and in 1832-3 my first course of lectures on *materia medica*, withdrew me from the study of its features. In 1833-4 I began my duties as Professor of clinical medicine. And now my attention was first drawn to a change apparently going on in the constitutional phenomena of our continued fever.

From 1831 onward, for the long period of two and twenty years, it is obvious from the Table, that our fever never receded altogether from the tendency to put on the epidemic form. During that long interval the annual number never fell, except in one year, below 700 in round numbers; and on four occasions, in 1837-39, 1841, 1843-4, and finally in 1847-8, it gathered strength, and became a formidable epidemic—the numbers increasing to twice, thrice, and on the last occasion, actually to six times the rather high average of the quiescent intervals. In the last of all, consequent on the distresses arising out of the failure of the potatoe crops, we had 8400 cases of fever treated in our hospital in the course of two years. From the year 1826, till 1854, there has been no want truly of opportunities of becoming familiar with the phases of continued fever.

In 1834 I became satisfied that a change had taken place in the constitutional character of our fevers. *Synocha* had disappeared. *Synochus*—a name which I may be allowed to use, now that my meaning in using it is clear—had also disappeared, or rather its early stage had become much less clearly marked by the symptoms of vehement reaction, and so it was undistinguishable from a mild typhus. True

typical typhus was much more common; and what did not come up to Cullen's mark of fully formed typhus, was what physicians would now universally consider as mild typhus, with more of introductory reaction than we observe now, but much less than in the two epidemics of 1817-20 and 1826-29.

Accordingly I doubted, and all the physicians of our hospital also doubted, whether blood-letting was applicable as a remedy to that fever. We could not bring about resolution by a sweating crisis with it. We could not lessen by it the depth of the typhoid prostration. And, worse than all this, our patients ceased to sustain free venesection, a few ounces of blood bringing on faintness, and the constitution refusing to rally afterward.

It is very important for me to introduce evidence that the statement now made is not the result of an afterthought of the present day, but was come to at the time. This proof fortunately can be given from my lectures on *materia medica*. I cannot supply it so early as 1834, because I can not fix precisely the date on which the lecture I shall quote on general blood-letting was first delivered, but it was written out, as I shall quote it, certainly in 1836, probably in 1835.

I could show indeed from my lecture on wine in fever, written in November, 1833, that, even at that earlier date, my attention had been pointedly turned to a change going on for some time in the constitution of fevers, and rendering that remedy much more frequently necessary than in earlier epidemics. And it is evident from this circumstance, that blood-letting must also have been noticed to be inappropriate. But, for brevity's sake, I shall confine myself to my direct observations on blood-letting, written two, or perhaps three, years later.

"Much discussion has arisen among physicians as to the propriety of employing this remedy in *synochus*, some forbidding it entirely, as unsafe, or as tending, at the very least, to protract the disease; and others maintaining that, when em-

ployed at an early stage, it is invariably one of the best means of mitigating the violence of the primary, and thereby lessening the danger of the second stage. The truth is, however, that each party is in error, and has been led to form an absolute or too exclusive opinion, from having reasoned on two narrow a basis of observation—from having observed the phenomena only during the prevalence of a single epidemic constitution.

"I conceive that in synochus, the employment of blood-letting, as a general remedy, is sometimes signally useful, and at other times decidedly injurious; and that the main cause of the difference, is a difference in the intrinsic constitution of different epidemics.

"When the primary stage of synochus is well marked, that is, when the inflammatory state of the circulation runs high—in short, when the fever distinctly commences in the form of *synocha*—blood-letting will often prove a valuable remedy."

I then go on to describe how, in such circumstances, it may be employed, to cut the disease short, by promoting a sweating crisis—to mitigate the force of reaction, and so obtain a milder typhus in the secondary stage—and to combat incidental local inflammation. And next, noticing the opinion of some, and especially of Dr. Welsh, a well known writer on the Edinburgh epidemic of 1817–20, that "the practice or neglect of general blood-letting is the main cause of the absence or prevalence of a typhoid character in different epidemics," I proceed thus:

"Had Dr. Welsh survived a few years longer, he could not have failed to alter his opinion. Since the time he wrote, the dominant type of our fever has been gradually changing, the typhoid character having by degrees taken place of the inflammatory tendency then prevalent; and this alteration has occurred in defiance of the practice of copious depletion. At present, (1835 or 1836,) cases of pure synocha are scarcely ever seen; cases of mild typhus are exceedingly common; and in cases of synochus, which are also frequent, the

primary stage is imperfectly marked, the reaction seldom rising high, and the stage of depression coming on unusually soon.

"In this form of epidemic fever, then, if I was correct in laying down, a short while ago, the indications for blood-letting in synochus, free depletion must be seldom called for. The inflammatory fever seldom runs high enough in the early stage to require active depressing measures; diaphoretic crisis being almost unknown, we can scarcely expect to check the disease in its early stage, by inducing that mode of resolution; and as for the third object of general blood-letting, the arresting of local inflammation, it would be absurd to resort to so active a measure, if the local detraction of blood will answer the same purpose—which is actually the case.

"But this is not all. General blood-letting is not merely uncalled for in the synochus which has appeared for some time past; it is also in general positively hurtful. A close observer of nature cannot fail to remark, that, compared with former epidemics, our fever, for some years past, has been accompanied with a marked depression of the nervous system. This affection, which appears the main source of danger in most cases, and which ought, therefore, to be chiefly borne in mind in the treatment, generally shows itself very early in the progress of the fever, commonly toward the close of the first week, or beginning of the second, and is out of all proportion great, compared with the previous or co-existent reaction. It has invariably appeared to present itself in an aggravated form in those individuals who had been copiously bled at the commencement of the attack; and any attempt to draw blood from the general system after its formation, is followed by speedy faintness, sinking of the pulse, and increase of general depression. So much, indeed, have these facts forced themselves on my notice, that, from having been at one time an uncompromising and somewhat promiscuous venesector in continued fever, I feel now inclined to avoid it on every occasion; and I have seldom been induced,

by incidental violence of reaction in the early stage, to depart from this reserve, without subsequently seeing cause to repent having done so.

"To conclude, in former epidemics of fever in this city, the prevailing type of the disease was inflammatory reaction; in the later epidemics, the prevalent character has been nervous depression. And accordingly, if free depletion was the principal remedy in the former instance, the main remedy in the latter has been wine, with other stimulants. As a general practical rule in all epidemics of continued fever, it may be assumed that blood-letting will be safe and useful as a remedy in the different stages of synochus, for the purposes specified above, provided the epidemic constitution of the fever present frequent cases of pure synocha, and a strongly marked stage of reaction in the early period of synochus."

The two epidemics of 1837-39, and 1841, which occurred subsequently to the first date of these observations, amply confirmed the doctrine of a progressive change going on in the constitution of the epidemic fevers of Edinburgh. The only fact in the history of these two epidemics, sufficiently important to require distinct mention in this summary, is, that synocha, or simple inflammatory fever, which had disappeared with or soon after the epidemic of 1826-29, did not recur with the next two epidemic visitations. At least I never saw or heard of it; and for ten or twelve years about that period, younger practitioners used to listen with something like incredulity to my description of a fever so singular in its character and course.

In the epidemic of 1843-44, a more vehement one than any before it, synocha re-appeared. My first encounter with it was one of those professional incidents which are not easily forgotten. In the commencement of the epidemic I had been some months off duty in turn as clinical professor, when I called to see my colleague, Dr. Bennett, who was convalescing from an attack of it. He had suffered severely from that complication of fever

in which there is an icteric hue of the integuments; but, though still confined in a great measure to bed from debility, he was well otherwise, and enjoying the genuine pleasures of a fever convalescent. When he had detailed to me his case, I told him he had sustained, to all appearance, an attack of my old acquaintance, synocha, whose face I had not seen for a good many years; that he was not yet done with it; and that he would have another three-days' attack, commencing with rigor on the fourteenth day. Dr. Bennett, surprised—I will not say incredulous—replied that the relapse had no time to lose, as there was only three or four hours of the fourteenth day to run. It did, indeed, lose no time; for I must have scarcely reached home from his house, a distance of one mile, before the rigor set in with violence; and he had the old three days of fever again, terminating, as the primary attack had done, with an abrupt crisis by sweating. I do not know whether it may not occur to some to think that the relapse was brought about by the "Influence of Suggestion," concerning the remarkable operations of which my colleague has since discoursed lately with so much ability and eloquence. But hundreds of similar cases occurred afterward, for which the blame could not be laid upon any such mesmeric agency. They became so frequent, indeed, as to attract universal attention; and they were thought to constitute a form of fever new to Edinburgh, until reference was made to my prior description.

This synocha, however, though so prevalent, by no means presented the same strong phlogistic or athenic character, as in the earlier epidemics of 1817-20 and 1826-29. The pulse was neither so frequent nor so strong; the heat was not so pungent; the glow of the integuments was less lively and less general. In short, some influence seemed to have existed in one epidemic which did not exist in the others, and by which the force of the circulation was kept down. So, too, typhus, a very frequent form in 1843-44, showed itself in its most characteristic adynamic,

or asthenic shape. And what I have called synochus presented a first stage of reaction, so feebly phlogistic, that the disease was very generally and perhaps correctly regarded as typhus; and it was only those acquainted with the high phlogistic introductory stage of that form of fever in the earlier epidemics, who might at this time suspect the co-existence of a third form of fever, intermediate between synocha and typhus. In the epidemic now under consideration, there never was a question raised about the revival of blood-letting as a remedy. And the reason must be too apparent to require mention.

A very short interval of imperfect repose ushered in the fearful epidemic of 1847-49, which consigned $5\frac{1}{2}$ per cent. of the whole population of Edinburgh and Leith, in little more than two years, to the care of the infirmary physicians, raised the hospital population for some time to seven hundred, and rendered it necessary to treat many of the patients in wooden erections, raised from time to time, and at last even in military tents borrowed from the garrison for the purpose.

The cause of fever passing into the epidemic form on this occasion, and the probable cause of the magnitude of the epidemic, was the unprecedented hardships inflicted on the working classes by the failures of the potato crop in several successive years. To the general influence of privation thus arising, may also be probably added a change in the bodily constitution of the community, caused by a change in the kind of food; at least the existence of a morbid constitutional condition was amply proved by the concurrence, unprecedented for a long term of years, of scorbutus, in the city and neighborhood.

In the epidemic of 1847-49, typhus was the prevailing form of fever, and typhus of the most adynamic kind that I have hitherto seen epidemically. There could scarcely be said to be any intermediate form betwixt typhus and synocha, the prefatory stage of reaction being so feebly marked. Synocha itself, however, was extremely common, but with the same

comparatively inert reaction which was observed in the previous epidemic of 1843 and '44. Enteric typhus also came in for a share, but, as usual in Edinburgh, a very small one. Here, again, there was no question raised about the revival of blood-letting as a remedy. Many cases did very well with little else beyond attention to their comforts; and in the rest, the dominant remedy was wine, with other stimulants.

With the year 1849, there set in a series of favorable seasons, producing abundant crops, and indirectly ample employment for the laboring classes. Under the blessing of Providence, we have been reaping the result in a continued immunity from fever, such as Edinburgh has never experienced since the dawn of my medical life.

In the interval, our authorities have vigorously done their duty, by improving the drainage of the city, toward perpetuating the exemption we now enjoy from the pestilence. But there still remains to be attained, the far more important and less easily attainable preventives, space, ventilation and cleanliness, in the dwellings of our working population. How sad and oppressive is the feeling, that the attainment of these conditions would most positively deprive continued fever of its epidemic character, but that the means, simple as they are, seem wholly out of reach! There is really positive evidence that nothing more is wanting. I have often publicly stated—but the observation cannot be too often repeated—that I have attended a great number—not less, I am sure, than one hundred—of young medical friends and pupils, who had caught fever, chiefly during epidemics, by infection in hospital or dispensary practice, and that not in one single instance was their fever communicated at home to their relatives, companions, or other attendants. The very simplest means, therefore, by stopping the spread of continued fever from the sick to the healthy, will divest the disease of its epidemic tendency. A little atmospheric air to breathe; a little water for cleansing; these are all the preventives necessary.

But, for want of these elements—lavishly as nature supplies them—the epidemic developments of fever in Edinburgh, during the last thirty-five years, have added to the small number of inhabitants, who would otherwise have resorted to our hospital on account of this malady, 38,000 sick and 2000 deaths, and at a cost of £110,000 to their fellow citizens for hospital management alone.

Such is a sketch of the epidemic fevers which have ravaged Edinburgh during my medical experience. If the members of the Society have received from this sketch any material share of the ineffaceable impression made on my own mind by personal observation, they cannot fail to recognize something in our continued fevers, which is liable to change, though the fever itself changes not; something which, with our present knowledge, we cannot, without a hypothesis, correctly define otherwise than as "a change in the constitutional element of fever."

There has been no new fever. There has been no new exciting cause of fever. A varying intensity of cause is a pure assumption—useless, too, because inadequate as an explanation. Even the predisposing cause has been the same. In one epidemic only was there a discoverable difference in that respect, for, in the last and worst of all, there had been a preparatory change of food, as well as a deficiency of it. But the change in the constitution of our fever had begun at least twelve years sooner, and was perfected in the previous epidemic of 1843-44, when no such predisposing complication had been at work.

What the real essence of that change may be, it is impossible as yet to tell; and as little can we say on what causes it may depend. If we look for light on the subject to the anatomical pathologist, who owns no pathological explanation except what the scalpel and the external senses can discover, we appeal to him in vain. If we turn to the modern chemical pathologist, who puts faith only in changes in the composition of the blood and other fluids, we appeal also to him in vain. If

we call to our aid the toxicological pathologist, who sees only morbid poisons every where in fever, we still appeal in vain—for any thing more than a hypothesis. But if a hypothesis will content us, may we not find a better by referring to the mysterious agencies exerted by external nature on the nervous system? That the nervous system plays an important, although perhaps little understood, part in governing the phenomena of fever, no one can doubt. That it may be directed and ruled in the exercise of such government only by changes in the structure of the tissues and composition of the fluids, few will maintain. When we know that the nervous energy may be powerfully influenced in asthma, neuralgia and other diseases, by atmospheric agencies of mysterious import, and of which temperature, moisture, barometric pressure, and electric state can give us no adequate account, it is no vain hypothesis, that some such unseen agency, exerted enduringly or frequently on the body, may so modify the governing power of the nervous system, as to engender for a time a change in the constitutional part of fevers.

It would not be difficult to advance much that is plausible in favor of a hypothesis of this kind. But hypothesis is no part of the aim of this inquiry. Its object is a theory—a branch of the great theory of epidemics—a pure theory, or generalization of facts—and of facts which cannot be denied. This theory I beg once more to repeat: "In epidemic fevers, a change may take place in the constitutional part of the fever; and this change has been exemplified in Edinburgh during the last forty years, by a transition from the athenic or phlogistic character in the first twelve years, to the asthenic or adynaminc character in the twelve years which have just elapsed."

If this change be admitted to have been proved, there is an end to all difficulty in accounting for the abandonment of blood-letting, in the treatment of our fevers. In point of fact, I am able to state very positively, that the abandonment of bleeding in fever was suggested by observation of a

change in the constitution of fever, and in the effects of the remedy on it, and not by any other circumstance, whether by extraneous or intrinsic. It is impossible to ascribe such change of practice, as Dr. Bennett has done in the instance of pneumonia, to an improved knowledge of disease. We have improved our knowledge of fever so far as to have been for some time well acquainted with the form of enteric typhus (dothi-enteritis) which was unknown, or not recognized, at the commencement of our epidemics. But this is a rare form of fever in Edinburgh, scarcely belonging to its epidemics at all. And as to our only undoubted epidemic fevers, typhus and synocha, with their intermediates, we cannot be truthfully said to be better acquainted with them in 1857 than we were in 1830.

I have given, I hope, a sounder explanation; less flattering, perhaps, to the rising generation of physicians, but surely more honorable to physic itself, more creditable to medical observation and experience, more consonant with the advanced state of medical philosophy. My own convictions on the subject are so strong, that I regard nothing as more likely, than that, in the course of time, some now present will see the day, when a reflux in the constitution of fever will present it again in its æsthetic dress, and again make the lancet its remedy. And, in that event, it is not impossible, that, while we are now charged with giving up blood-letting, because it was discovered to have never been the proper method of cure, we will hereafter be assailed by some new enthusiast in blood-letting, who, in imitation of Dr. Welsh, and regardless of the fate of his doctrines, will accuse us, with equal justice, of having made our late fevers æsthetic and typhus by blindly withholding their fittest remedy.—*Edinburgh Med. Jour.*

THE PANDURATIN, as prepared by W. S. Merrell & Co. of Cincinnati, is a valuable diuretic, and may be used in all cases where such a remedy is indicated.

HÆMOSTATICS.

BY H. H. TOLAND, M. D.

Remedies possessing hæmostatic properties have long been a great desideratum in the profession. Richardson, in his recent work on the coagulation of the blood, maintains the doctrine that the actual cautery is the only agent that will infallibly produce this effect. Numerous articles supposed to possess such properties, have been prepared, eulogized and forgotten. Thirty years ago, Eau Brocheirri was considered for a time as an exceedingly valuable acquisition to surgery, and many believed that hemorrhage from deep-seated vessels was as completely under control as that from those sufficiently exposed to be readily ligated. But experience proved the incorrectness of the statements made by its discoverer, and very soon it was not only abandoned, but almost forgotten. This was composed of Vosges turpentine and dragon's blood. Subsequently, Eau Fagleiari was for a brief period considered infallible, but, being unable to stand the test of experience, was also abandoned. Recently benzoinated alumina was prepared by Mentel, and recommended to the profession as superior to any hæmostatic agent that had been employed. This, although useful, has failed to sustain the reputation it so speedily acquired, and is now regarded only as a valuable astringent.

A few months only have elapsed since Monsel, Surgeon of the Military Hospital at Bordeaux, announced the discovery of a new remedy of this character—a persulphate of iron, or, as he calls it, a new persalt of iron—which bears a strong resemblance to the citrate of iron, and is unquestionably superior even to the actual cautery, because it controls hemorrhage from small vessels as speedily, and does not destroy the most delicate tissues, or interfere with the restorative process.

From its prompt and exceedingly satisfactory effect in the cases given below, I feel perfectly confident in the correctness

of his statements in reference to its properties. I have recently used it in three cases, in which vessels of considerable magnitude were wounded, and in which great difficulty would have been experienced in applying a ligature.

CASE I.—Recently, a case of fistula in ano of long standing, in which extensive sinusses existed, was operated upon, and, in consequence of the enlargement of the vessels from long-existing irritation, the hemorrhage was very profuse from the deep-seated hemorrhoidal vessels. Having obtained from Mr. Dickey, one of our most intelligent and enterprising druggists, a small quantity of the salt, (the first that was prepared in the State,) it was introduced upon lint, and the effect was as speedy as satisfactory. Neither pain nor inflammation followed the application, and there was no recurrence of the hemorrhage.

CASE II.—A prominent member of the legal profession of this city had suffered for many years from an excessive enlargement of the tonsils, accompanied with ulceration. On Monday, the fourteenth day of June, 1858, they were both removed. The hemorrhage, although considerable, was not sufficiently profuse to excite any alarm, and nothing unusual occurred until Thursday morning, at 3 o'clock, when the patient came to my office bleeding freely from the left side. The hemorrhage had existed for more than an hour, and was arrested for a short period by the application of a saturated solution of sulphate alumina. Nitrate of silver was then applied, which controlled it until 9 o'clock, when it returned, and was more profuse than before. The nitrate of silver was again applied, but without the slightest effect, although ice was freely used, both externally and internally. Having bled rapidly two hours, I became apprehensive for the safety of the patient, and determined before resorting to the actual cautery or the ligation of the internal carotid, to try Monsel's salt, although, notwithstanding its effect in the previous case, without any expectation that it was sufficiently powerful to avert the difficulty. A piece of lint

an inch in width and three inches long, saturated with water, was covered with the salt, placed upon the forefinger of the left hand, and applied to the bleeding surface, and held there about ten minutes, when the finger was removed. The flow of blood was arrested, and did not return, and two days afterward the patient was in the street, almost perfectly well, no pain or soreness having resulted from the application. As soon as fluid blood comes in contact with the salt, a firm black coagulum is formed, absolutely insoluble in water, serum, or saliva.

CASE III.—A child was brought to my office by the mother, accompanied by her physician, June 18th. She had received an incised wound on the external side of the ring finger of the left hand three weeks before, and bled profusely every time the wound was dressed. The coagulum by which the wound was closed being removed, it was filled with the salt. The hemorrhage was arrested instantaneously, and did not return.

If applied to a superficial wound as soon as made, not a drop of blood escapes, and no pain results from the application. It acts by producing instantaneous coagulation of the blood, and will be found invaluable in hemorrhage from the mouth, nose, and throat, when it is impossible to ligate the vessels, and may be efficacious in alarming uterine hemorrhage, either active or passive. In solution it could be readily applied; it is very deliquescent, and dissolves speedily in water. I hope the profession will give it a trial, as I believe it to be the most valuable article of this class that has ever been discovered.—*Pacific Surg. and Med. Journal.*

A REMARKABLY SINGULAR CASE.

BY H. E. FIRTH, M. D.

Mrs. Yancy, residing in Brooklyn was taken sick with intermittent fever in the spring of 1855, and was attended by an Allopathic physician for two months; he

failed to remove the disease, and at the time I was called to take charge of the case, she was extremely debilitated, and unable to leave her bed. I found her disease to be intermittent fever of the tertian type, and attended with an unusual amount of congestion. I gave her a light purgative composed of leptandrin and podophyllin, after which the disease readily yielded to gelseminum and sulphate of quinine. Restoratives were employed, and the patient regained her usual health, which continued without much interruption until the spring of 1857.

Her convalescence was somewhat retarded by amenorrhea, which occurred as a result of the chills, and which rendered the assistance of medicine necessary to overcome. I should not have alluded to the circumstance of her having had chills, did I not believe that congestion of the uterus, during this attack of sickness, laid the foundation for a disease of the womb, which first made its appearance two years afterward. At the time above alluded to, I was again called to see her. She complained of pain and soreness in the lower part of the abdomen, and (as she supposed) swelling of the bladder; the urine was passed in small quantities, was of a very high color, and the act of micturition painful. The pulse was quick and feeble, and there was fever of a remittent type. Upon digital examination per vaginam, I found the uterus much distended and painful to the touch. Externally, the tumor could readily be felt, and from all the symptoms and circumstances elicited from the patient, was evidently in a stage of rapid development. From the character of the fever, and the rapid increase of the tumor, I thought the uterus must be distended by a fluid. Means were employed to arrest the growth of the tumor without any apparent effect. A number of physicians were called in to see the case, all of whom pronounced the disease obscure.

As the case was an unusually severe one, I proposed to the family to call Prof. Bedford, of the University Medical College, New York, hoping, from his long experi-

ence, he would be able more fully to determine the character of the disease. She was at this time (some three months after enlargement commenced) as large as a woman four months advanced in pregnancy. After examination, the doctor agreed with me in reference to the character of the tumor; recommended me to continue tonic and antiperiodic treatment, to order a generous diet, to closely watch the case, and said that he would meet me again at any time I would send him word.

In two weeks he was again called, when he attempted to introduce a uterine sound, but without success. He advised me carefully to put forth the attempt to introduce the sound, and to give a teaspoonful of the tincture of secale three times a day, for the purpose of producing a contraction of the uterine fibres, and with hopes of producing a contraction of the womb.

Owing to the position of the uterus, I found it necessary to procure a flexible sound. This I succeeded in introducing within the cavity of the womb; no discharge followed, and upon subsequent observation, I began to mistrust our diagnosis.

I then called Prof. Carnochan, surgeon-in-chief to Ward's Island Hospital, and Professor in the New York Medical College. He pronounced it a fibrous tumor of the uterus; said but little could be expected from medical treatment, except to relieve urgent symptoms, and that he had never known one to develop so rapidly. He remarked that it was an extremely interesting case, and desired to be present at the post-mortem examination.

As the opinions of these two prominent professors conflicted, the patient desired that Prof. Valentine Mott should be consulted. His services were procured, and his opinion given without any reference to previous opinions. He said it was evidently a fibrous tumor, but he believed there were sacs or cysts in it, containing fluid, as he could distinctly feel fluctuation. He advised a plaster of diachylon, sprinkled over with pulv. opii, to relieve the soreness, and to give iodide of potassium internally. He had no faith in the cura-

bility of the tumor, and remarked that no man could tell the precise nature of such a tumor. He said younger men might speculate and assert, and become quite positive about such difficulties, but his experience taught him that the diagnosis was difficult and uncertain.

During the development of this tumor, there was considerable derangement of the neighboring parts, caused not only by sympathy, but from mechanical pressure. She would constantly have either diarrhea or constipation, either gastric or enteric irritation, accompanied with considerable flatus. The bladder, from its proximity to the uterus, and from the encroachment made on it by the tumor, shared largely in the morbid excitement; in fact, all the organs of the body participated more or less in the diseased condition of the womb. The catamenial discharges were for a time suspended, but re-appeared before there was an apparent diminution of the size of the tumor. Not only did it not decrease in size, but for three months after the menses returned it still continued to enlarge. About six months from the first appearance of the tumor, appeared to be the culminating period, when medicine, assisted by the efforts of nature, seemed to arrest its growth.

It was at this point of time, when Prof. Mott was called to see the case. When he saw the patient she presented the appearance of a female at the full term of gestation. Nodulated protuberances could be easily discovered on the anterior surface of the uterus. The os uteri was thrown toward the sacrum, and nearly obliterated by the surrounding tumor. The speculum brought into view the distorted anterior lip of the os tinæ, with its blood-vessels enlarged, but assisted very little in revealing the character of the disease.

Treatment.—In the commencement, and during the intermitting stages of the fever, I gave her quinia sulphas and ferri-ferrocyanuretum. To allay the irritability of the bladder, cooling and mucilaginous diuretics were administered. During the period of constipation, she used the neu-

tralizing compound, together with leptandrin. Tonics of the following character were exhibited in alternation with the syrup of stillingia compound and iodide of potassium: *hydrastis canadensis*, *prunus virg.*, *anthesis nob.*, *serpentaria rad.*, and *aurantii cort.*, to which was added sulphate of quinia. During the first three months of treatment it was impossible to use the iodide, on account of the irritable condition of the stomach. The compound stramonium ointment with the tincture of iodine, and various other means, were employed externally, to assist in arresting the growth of the tumor. The following tonic, suggested by Dr. Bedford, was for a time employed to a good effect: \mathcal{R} Pulv. rhei gr. xx, sulph. quinia gr. x; \mathcal{M} fiat in chart No. x. Dose, one night and morning.

Thus, by pursuing the tonic treatment, and changing the formulas to suit the various conditions as they presented, she gradually recovered strength. As the gastric difficulty subsided, the compound syrup of stillingia, with the iodide of potassium, was employed in alternation with the tonic treatment before alluded to. Care was taken that the iodide of potassium was not continued for too great a length of time, before it was suspended, and the tonic used instead.

It will be seen that there was nothing peculiar in the treatment of this patient. It was simply the continuation of an effort for one and a half years, and the use of various means that would have suggested themselves to any Eclectic practitioner.

The size of the tumor has gradually lessened until it is now scarcely perceptible. I have no doubt that the iodide of potassium, and similar means, promoted the absorption of the tumor.—*N. Y. Med. and Path. Journal*, Oct. 1858.

[Doctor, were all correct in their diagnosis? If not, which was right?—Ed. E. M. J.]

CALCAREOUS SALTS IN TREATMENT OF RICKETS AND OTHER MORBID CONDITIONS.

BY DR. W. BUDD.

[Dr. Pidduck has recently recommended the employment of calcareous compounds in the treatment of certain defective nutrition. Dr. Budd considers that the most striking illustration of its good effects is in the treatment of rickets.]

But short of rickets, which may be regarded as an extreme case, there are many states of very common occurrence, in which their remedial power is no less manifest. Among the out-patients of the Bristol Royal Infirmary, are numbers of children with large heads, tumid bellies, and pasty complexion; whose spines are too weak to support their bodies; who are slow in intellect and backward in teeth and speech, and who have reached the age of sixteen, eighteen months, and perhaps more, without ever having shown any desire to take to their feet. These characteristics, varying, of course, more or less in degree, make up a pathological portrait which most physicians to large hospitals situated in great towns, will recognize as the type of a numerous group. In all such cases, I have, for many years past, been in the habit of giving a simple combination, consisting of from five to ten grains of phosphate of lime, three times a day, in chalk mixture. Where there is a palpable degree of anæmia, some simple chalybeate is added to the treatment. Theoretically, bone earth would seem to be the more appropriate agent; but when I began this practice, having no bone earth at hand, I adopted as a temporary expedient the mixture I have named, and found it answer so well, that what was first tried as a makeshift, has since been purposely adhered to. Nothing can be more satisfactory than this plan of treatment. At the end of a week, the improvement in the patient is already very apparent; at the end of a fortnight, it is generally conspicuous. The result is

not only a rapid consolidation of the bones, but, what perhaps is still more interesting, an equally rapid development of the mental and other powers. It is no doubt owing to the nature of the case that this result is as uniform as it is complete. In these two characteristics this method reminds me more of the virtue of lemon-juice in scurvy than almost any thing else I have seen in physic. The two things have probably this much in common, that, in supplying the one thing needful, they act on the same principle. Remedies which act thus have this paramount claim on the physician, that they admit of no substitute. In scurvy, unless the food or the medicine contain the antiscorbutic, all nature may be ransacked in vain for a remedy. In many of these states of defective nutrition in children, there is reason to believe that the same is true of the calcareous salt.

I have long thought it deserving of the most anxious inquiry, whether the growing deterioration and tendency to early decay, which dentists have remarked in the teeth of the rising generation, may not be due to the insufficient supply of the inorganic constituents of these important organs in the food by which children are nourished during the period of dental development. In towns especially, the whole mode of living, not only of man, but of the animals which minister to man, is so artificial, and so few articles of diet are supplied under the primary conditions of nature, that such a contingency is quite possible. In default of better, Dr. Pidduck's biscuits, which contain lime derived from teeth, would furnish a simple means of meeting it. Rather more than a year ago, I suggested to an eminent druggist here the manufacture of biscuits of precisely similar composition, with a view at once to the teeth-bones of these young subjects.

I may add, that if my experience do not deceive me, the same mixture is a very sure remedy in that anxious and sometimes fatal disorder, *laryngismus stridulus*. At least, in some ten or twelve cases in which I have now tried it, the speedy subsidence of the malady has followed the employ-

ment of the medicine. In some instances the cessation of the morbid phenomena has been so rapid, that I have been led to suppose the virtue of this calcareous mixture in this last disease must be due simply to its antacid properties. But this is a question into which I have not cared to inquire.—*British Medical Journal*.

THE LATE GEORGE COMBE.

We extract from an article in the *New York Evening Post*, written by Mr. ANDREW BOARDMAN, an intimate friend of Mr. Combe, the following:

"On the morning of the 14th of August, at Moor Park, on the pleasant banks of the Wey, in Farnham, Surrey, thirty-eight miles from London, died George Combe. His remains were removed to Edinburgh, where, on the 20th of August, they were interred in Dean Cemetery.

"The announcement of Mr. Combe's death will be the cause of profound sadness to many, though it can hardly excite surprise. The wonder rather is that he should have been spared to society so long, than that he should be now taken away; inasmuch as his constitution was in early life permanently impaired, and his health ever afterward infirm. He lived to the age of three-score years and ten. No one more clearly than himself saw that his end was nigh, and he dwelt upon it with a calm, resigned, and even cheerful spirit; yet death must have come to him somewhat unexpectedly, as he died from home, though amidst attached friends, and attended by that gentle lady, the daughter of the great Siddons, to whom he had, on the 25th of September, 1833, nearly a quarter of a century before, been married, and who had contributed so much to make the downward path of life pleasant to him, that he said his married life seemed to him like a happy day. We have seen a letter written by him at Moor Park, on the 5th of August, in the clear, firm hand of twenty

years ago, in which he says: 'I have been very well all summer, till yesterday, when a heavy cold seized me, from what cause I cannot discover. I am now a very shrunk, thin, old man, and sleep a great deal, but I have very little suffering, and my brain, though weakened, is healthy and clear.' This was the disease which, nine days afterward, proved fatal. He died as he had wished to die. He suffered no protracted illness, and his mind remained unclouded to the last.

"Very few are the men whose names become household words in every civilized community; Combe was one of those men, and his name, when mentioned, brought with it the idea, if not the lineaments, of a 'guide, philosopher, and friend.' Such a man can not be allowed to leave the world in silence.

"There is, we think, no room for doubt that he has secured his place among the immortals; that he has made his mark on the age in characters which are indelible. His works, and especially that by which he is chiefly known, 'The Constitution of Man,' have had a greater circulation in England and America, than any work on such a subject ever had. It has been translated into almost every European language. Hundreds of thousands of it are now in circulation, and it is daily influencing the opinions of vast numbers of men, many of whom look upon Combe as the foremost man of the age—an opinion shared by many of the most cultivated minds. We have just seen a letter written by the able and learned superintendent of one of those great state asylums for the insane, which are among the glories of our country, who thus speaks of Mr. Combe: 'A great light—yes, the greatest light of the century—in mental and moral science, has disappeared from the earth. His writings have been to me "as a light to my feet and a lamp to my path," during the whole of my adult life, and hence you will not wonder when I say that I deeply feel his loss. I honor and revere him as the benefactor of my mental and moral life.' Happily the works which call forth such

expressions still live, and are continuing the benign work of their author.

"Mr. Combe was born in October, 1788, at Livingston Yards, a suburb under the south-west angle of the rock of Edinburgh Castle, and was the fifth child and third son of a family of seventeen children. His father was a man of remarkable worth, and great force of character; his mother was a woman of great general activity and practical good sense.

"Mr. Combe was bred to the law, and his reputation as a lawyer of learning, strict integrity, and sound judgment, soon became established; but his business was chiefly of a peaceful character, such as the care and management of estates, and the settlement of controversies, by bringing the parties together, or by arbitration. He received his reward in a competence which enabled him to retire from business some time prior to his visit to this country in 1838.

"When Spurzheim visited Scotland, Combe's attention was arrested, and he devoted himself to the investigation of the new science by actual observation, became convinced of its truth, and thus, happily for the world, the current of his life was turned, and his fine natural faculties and great force and pertinacity of character found fitting objects for life, and the noble results are embodied in his works. We will not undertake to pass his various writings in review. There are none which we wish unwritten, none we could spare, though we cannot attribute to all of them especial merit. His great works are those which relate to phrenology, to mental and moral philosophy, and to the nature of man and his relation to external objects.

"Phrenology was fiercely assailed by the learned when the Combe's stepped into the lists to do battle for the right. They and a few friends established, in 1823, the *Edinburgh Phrenological Journal*, and for more than twenty-three years they gratuitously contributed to its pages its most valuable articles. The twenty volumes of that Journal will remain an enduring monument of their learning, their fine ana-

lytical talent, their firmness, perseverance, and dignity. They fought the fight eternally, manfully, and persistently. Their logic was scathing, but not their words. In their controversial papers, both brothers evinced great qualities, but, in our judgment, the papers of Andrew bore away the palm.

"Mr. Combe combined the rare qualities of a profound thinker and great teacher; hence his works satisfy both the mature philosopher and the inquiring student; they are at once the chosen companions of many of the leading minds and ripest scholars of the age, and the revered guides of the humble inquirer; they are on the table of the library and the mechanic's bench. No works on mental and moral philosophy ever had so wide a range of readers. With a combination of rare prudence, forethought, benevolence and skill, he cast his works into such form that the truths he taught should enter the minds of men with as little shock as possible to ancient prejudices and erroneous opinions. He treated established error tenderly, knowing how readily its cherisher turns fiercely away from any direct attack, but with great clearness, force, and persuasiveness, he presented the new truths, which, on being accepted, did quietly and gradually cast off the false doctrines, unhouse the old prejudices, and disenthral the mind without jar or pain, by a natural and healthy process of mental elimination.

"It would be a great error to infer, because of Mr. Combe's great devotion to phrenology, that he confined his labors to promoting its extension. He was a man of comprehensive views and most benevolent emotions. There was no good work which had not his sympathy, and, so far as he was able, his aid.

"A large number of persons in this country will remember Mr. Combe's visit to the United States. He landed here with Mrs. Combe, on the 24th of September, 1838, and left on the 1st of June, 1840. While here, he labored very assiduously. He delivered one hundred and fifty-eight lectures in different parts of the United States, each of two hours' duration. He

was received by all with the respect and courtesy due to his high character and beneficent labors and purposes. His audiences were of the highest intelligence, and the impression he produced was well expressed by the able editor of the *Boston Medical and Surgical Journal*. 'With a few interruptions,' he said, 'we have bestowed thorough attention on the lectures of this distinguished philosopher, since their commencement in Boston. We feel no half-way sentiment upon the matter, nor are we disposed to suppress what we unflinchingly acknowledge to be true—that Mr. Combe is a profound man, who gains upon the understanding from day to day by the simple presentations of truth. He must be regarded as an able, nay, unrivaled teacher of a system which can alone explain the phenomena of mind.'

"Mr. Combe, as we recollect him on arriving in America, just before reaching his fiftieth year, was a tall, slender man, of narrow chest, and nervous, bilious temperament, of grave, thoughtful, yet benign expression, with an occasional touch of sternness, however. His form was slightly bent, his hair of snowy whiteness. His features were not handsome, but his head was large and very finely developed, especially in the upper frontal and in the coronal regions. His voice was firm, and not very flexible, but his language in lecturing was full and flowing, his style familiar, chaste, and earnest. He had, in an eminent degree, the power of riveting attention and imbuing his hearers with a deep interest in his subject. For the two hours which each lecture lasted, no eye would be found wandering, no symptoms of weariness in his hearers, but their countenances would show more eager attention at the close than at the start.

"We can not close without referring to the beautiful harmony between the teachings and the life of the departed philosopher. Whatever he taught he practiced, and hence the beauty of his life and the serenity of his death. To him every natural law was a revelation of the will of God, and to do that will be deemed at once

his highest duty and only means of happiness. Like the lamented Spurzheim, he thought men looked upon God too much as a being to be thought of only on great occasions, whereas he looked upon him as everywhere present, and believed and taught that every act should be one of cheerful homage to the Divine will.

"To his friends, the loss they have sustained in the death of Mr. Combe is irreparable. Without being very genial or demonstrative in his manner, his mind was a well-spring of just and benevolent emotions, guided by rare experience and sound judgment. These qualities rendered his friendship of the utmost value. He watched over the interests of his friends with solicitude; was always ready with judicious and sagacious words of caution or of counsel, with the needful encouragement or the required aid. To the young, just starting in life, and doubting or faltering, his clear, kind, firm words were very precious, and the more so as he generally attempted to implant a principle which would germinate in good works. The fact is more difficult to discern, he would say, but be assured that there is as much certainty in moral as in physical causes. Still, industry, honesty, and courtesy, must succeed in the end. It is in the very nature of things that they should obtain in the long run the advantage over the reverse qualities. God has so ordained it. Never be weary of well-doing.

"For forty-five years George Combe devoted all his leisure time, and for the last twenty years of his life, all his time, to promoting the welfare of his fellow-men. The least we can do is to render our share of homage to his memory." A. B.

REMARKABLE CASE OF MALFORMATION.

BY WM. A. GREEN, M. D.

I was called to Mrs. L., Monday, January 5th, 1858. She had been in labor with her second child. Nothing unusual occurred during gestation or parturition. She

gave birth to a child, over the average size, which cried lustily, seeming to indicate that every function was regularly and properly performed. Upon a close examination, the following deformities were found to exist: The spine began a curvature at the superior third of the cervical vertebrae, in a direction toward the right hypochondrium, to the top of the sacrum. The concavity of this curvature was filled with two or three sac-like appendages, containing, apparently, a fluid and gas, moveable and compressible. "A want of the spinous processes of three or four contiguous vertebrae, is not a very uncommon species of monstrosity." "This constitutes *spina bifida*." "There is usually a soft, fluctuating tumor, in the situation of the malformed bones, caused by water contained within the sheath of the spinal marrow." Vide Ramsbotham's *Obstetrics*. (Keating.) Appendix M, p. 622. Below, upon each side of the sacrum, were two appendages, resembling the mammae of woman. In front, between the point where the umbilicus was attached, and the symphysis pubis, was a protrusion of intestines, within the peritoneal sac, reducible by pressure, but returning when removed. Immediately under this hernia, the urine trickled, continuously, from two or three small openings, which could not be entered by the smallest probe. Below this, and hanging pendant from the middle of the symphysis pubis, were the testicles, perfectly formed. There was no trace nor any portion of the penis. Behind the symphysis pubis, in juxta-contact, and at the extreme anterior portion of the perineum, was an anus, well formed, through which the feces passed. About an inch and a half behind this, at the point of the os coxycygis, was another anus, which, upon examination, proved to be imperforate—a cul de sac.

The face of the infant, when first born, was perfectly black, but is changing to a mulberry hue. Numerous marks are upon its body, such as are frequently seen upon children. Every other portion of the child seems perfectly and symmetrically developed. Its bowels are regular, it is healthy,

and rapidly growing. The complete, entire absence of the penis, or any portion of it—the unusual, unheard-of positions of the anus, testicles, and anomalous passage of the urine, are extremely remarkable and interesting. The bladder has no urethra, through which to pass its urine, so these apertures must come in direct contact with, and even enter the fundus of the bladder.—*Southern Medical and Surgical Journal*.

DEATH FROM MORPHINE.

It is with sorrow that we announce the death of Prof. John Wilson, of "Southwood School," at Talladega. He died at 5 o'clock, on Monday morning last, from taking morphine for quinine. He was a useful citizen, and his death will be deplored by a large circle of friends. He leaves a wife and several children to mourn his loss.—*Selma Reporter*, 25th.

We were yesterday shown a private letter containing the particulars of the above unfortunate occurrence. The morphine which caused the death was procured at a drug store by Mr. Wilson's son, who had been sent for quinine—that medicine having been ordered by a physician for a negro woman belonging to the Professor, who was lying dangerously ill. She died shortly after its administration, apparently from the disease under which she had been laboring. Nothing particularly was thought of this; but shortly afterward Prof. W. was attacked by a chill, and was ordered to take twenty grains of quinine in two doses. He took what he supposed to be quinine, but which was really the morphine purchased by his son, and soon after fell into a stupor, in which he died. A Mrs. Lawler also died a few hours subsequently from the same cause. The excitement in Talladega in consequence of these sudden deaths is said to have been intense.—*Montgomery (Ala.) Daily Advertiser*.

EXCISION OF TONSILS.

Mr. SYME expressed, at the Edinburgh Royal Infirmary, a strong opinion as to the desirability of abscising the tonsils when their enlargement is considerable and of long standing. Two cases came under notice on Thursday, July 29th, in one of which both tonsils required diminution, and in the other only one. Both patients were children. The instruments employed were a probe-pointed curved bistoury and a common vulsellum, by which the gland was first seized and dragged forward. Adverting to the importance of excising a large portion, Mr. Syme stated that he did not think this could be nearly so well accomplished by the guillotine as by the knife, and said that he considered the latter much the safer instrument. A large majority of our London surgeons who practice this operation also prefer the less complex instruments. To the original forms of the guillotine there is, doubtless, the objection that they do not provide any means for lifting the tonsil well into their blades. A more perfect instrument has, however, long been made, which has a sort of lever fork, which serves this purpose admirably. I can not but think that by its aid the surgeon acquires a considerable advantage in respect to his being independent of his patient. Now and then, a child will get unruly or lose self-control on feeling the knife, and then the completion of the operation by the bistoury and vulsellum plan is by no means easy.—*Med. Times and Gaz.*, Aug. 14, 1858.

RAW MEAT IN DYSENTERY.—Dr Wiesse of St. Petersburg, in 1845, first advised the employment of the lean of raw meat, very finely minced, in the chronic diarrhea of children. Since then the same practice has often been extended to various forms of obstinate diarrhea with good effect. M. Pensa, now practicing in Egypt, reports the benefits he has derived from its use in severe adult cases.

Part 3.—Editorial.

ECLECTIC MEDICAL INSTITUTE.

The introductory to the regular Winter course of Lectures in this institution was delivered at Melodeon Hall, on Friday evening, October 15th, 1858, by Prof. G. W. L. Bickley. Subject—Dynamic Physiology. The lecture elucidated some of the most interesting facts in the history of man, of which the following is a brief synopsis:—The Pantheistic Principle, or Force of Growth; Influence of Physical agents on Man; the Element of Time; Development of Man; Mortality at different Periods of Life; Differences in the Form, Habits and Customs of Men; Question of the Unity of the Human Race; Causes of Color in Men; Peculiarities of different Tribes; Intellectual qualities of nations; Language of the Human Body; The Destiny of Man, &c.

One of the largest audiences which has ever attended our introductory lectures, was present upon this occasion, all of whom manifested quite an interest in the lecture; and at this time, we feel safe in saying, that the Eclectic Medical Institute never had more warm friends and well wishers than it has now.

DR. COE'S NEW WORK.

In the last number of the Journal, we gave a short notice of this work, and advised our readers to procure it. We did this upon a casual examination of the same—but since that time we have read every chapter of the book including the preface, and we will now say, after this careful perusal, there is no work upon the subject of Positive Medicine to compare with it in any way; more is to be learned on the subject from this volume than any work we have ever seen or studied. Dr.

Coe has shown in this work that he is every way qualified to handle his subject.

The subject of concentrated medicines is one that has engrossed much of our thought, and much space in this Journal, for years past, and now we are truly rejoiced to be able to say that nearly every physician in the country is using more or less of these medicines.

The work above named is a true guide upon the subject; it is condensed, clear, and to the point, upon every topic discussed. Every line of this work shows that it came from a mind fully acquainted with, and fully decided upon the merits and demerits of every article and principle involved.

We copy the following notice of this work from the Scientific Artisan, of this city:

"CONCENTRATED ORGANIC MEDICINES.— By Grover Coe, M. D. The publishers, Messrs. B. Keith & Co., of 590 Houston street, New York, have laid on our table this handsome octavo volume of 432 pages, printed in the best style, on good paper, and in substantial binding. Dr. Coe, the author, is a gentleman of large experience in the use of concentrated medicines, a thorough scholar and a polished gentleman. The book is illustrated with a likeness of the author, which, except that it is a little too full in the cheeks, is to his friends worth double the amount of the cost of the book. Dr. C. has one of those pleasant, good faces that does us good to gaze on—all intelligence, honesty, frankness and aboveboard sentiments. To the literary world he is an acquisition, and we cheerfully extend to him the right hand of peace and fellowship.

"As an addition to the medical literature of our country, his book will be an invaluable gem, for it touches and probes to the very bottom a subject on which too little has been said by medical writers. Messrs. Keith & Co. have done very much for this branch of manufacture, and we wish them success in their business. Our columns are not suited to the review of medical books, or we would present our

readers with a thorough analysis of the above work, which may be ordered of B. Keith & Co. New York, or James G. Henshall, Cincinnati. Price \$2."

REV. W. P. STRICKLAND, D. D.

We had the pleasure, a few days since, of a visit from our old friend, the late President of the Board of Trustees of the Eclectic Medical Institute. He has been for many years, one of the strong friends of this college.

Dr. Strickland has resided in New York for the last two years. He has our warmest regards and wishes for his present and future success.

STUDENTS IN THE CITY.

At this time, the number of students in attendance upon the lectures in the Eclectic Medical Institute, is larger than at any previous session, except one, for the last five years, with every indication of a very large class. No college in the country, at this time, offers greater facilities to medical students, than the Institute.

R. W. KING, M. D.

It always affords us pleasure to hear that the graduates of the Institute prosper in their chosen profession. The following extract of a letter just received from the gentleman whose name heads this notice, will be gratifying to his former colleagues.

"I am doing a good practice here, and prospects are brightening for me to do a large practice. I have strong opposition among the Allopaths; for I am a whole-souled Eclectic, and I wish to enroll my name with the foremost of them. My 'alma mater' shall never be ashamed to own me, but I trust she may be proud to claim me as her son—I have that spirit. I want to see mercury annihilated."

The doctor's location is Stantonsburg, North Carolina.

NEW PUBLICATIONS.

NEW YORK MEDICAL AND PATHOLOGICAL JOURNAL. Edited by WM. W. HADLEY, M.D. Published by H. M. Sweet, M.D. H. S. Firth, M.D., and H. Fearn, M.D., for the New York and Brooklyn Medical and Pathological Society. Monthly, at one dollar a year.

We welcome this new Journal to our list of exchanges, and recommend it to the members of the medical profession. We copy their own announcement, which fully explains itself:—

"In presenting another medical journal to the public, it will be expected that some reasons will be given which have led to this determination on the part of those who have projected it, and who believe that the necessity exists for its continuance. There are already several ably conducted journals, devoted to progressive medical science, depending upon the support of the profession. Some have been in existence for several years, and are receiving, we believe, a merited and well bestowed patronage; and engaged, as they are, in disseminating the wholesome doctrines of sanative medication, it might to some appear needless that another should present its claims for popular favor. But, while Ohio and Pennsylvania issue to large subscription lists, interesting and deservedly popular journals, the North and East are at this present writing without an organ to speak the sentiments of those who are endeavoring to give character and permanence to the many valuable improvements, characteristic of this advancing age of true medical philosophy.

"The city of New York being the great metropolis of this continent, reaching with her ships of commerce to the various foreign climes and isles of the ocean, and by lines of railroad, canals, rivers and lakes, communicating internally with every portion of our great country; rendering it the most central and accessible locality on this continent; her unbounded wealth and liberality manifesting themselves in her

noble hospitals and benevolent institutions, in which are collected a great variety of diseases of almost every type, and where students can have opportunities of seeing more forms of disease in a brief period than they would in ordinary practice in a number of years—all these combine to make this point more peculiarly adapted in these respects, for acquiring a medical education, than any other in our country. But while these unrivaled facilities have existed here from almost time immemorial, and while the city of New York and its immediate vicinity boasts nearly one hundred Reform medical practitioners, and the State furnishes some hundreds more, they are unrepresented by a medical paper advocating the peculiar doctrines to which they adhere.

"New York has been among the first to promulgate the principles of medical reform; her noble sons have, as much as any, done good service in the cause, endeavoring to substitute for the pernicious features of old school medication, safer, more certain and efficient means of removing the diseases incident to humanity. And to prove that their success has been comparatively commensurate with their efforts, statistics of their practice show a less percentage of deaths according to the number treated, than that of any other known practice. Besides, the effect of their principles is manifest in the public mind, and we need only refer to the general repugnance there exists to the use of calomel, antimony, lead, arsenic, and other dangerous poisons; also to the popular prejudice against blood-letting at the present time, as compared with what it was a quarter of a century ago. We can see by this that the world does move, scientific truths in medicine are being better understood and appreciated; and all this has been accomplished by the zealous and persevering efforts of those who have been convinced of the right, and have dared maintain it against the barbarous and unscientific mode which had hitherto been the generally received, and, as its votaries delighted to style it, the 'regular' practice. It is

well to bear in mind that this deep-rooted and increasing antipathy to such an ignorant method of medication, was not induced by the high priests of medicine themselves, but the credit is due to those noble pioneers of medical reform, who have, through much opprobrium and contumely, exposed its fallacy and shown its danger, and instituted in its stead a safer and much better way.

"While claiming the honors for those to whom the honor is due, we would not withhold from others the meed of praise to them belonging, but would accord to all whatever their merits may deserve; consequently, we say that we observe with great pleasure that those cases in which phlebotomy is at present prescribed are very rare, as we might stop to notice if space permitted—the knights of the lancet themselves being convinced of its injurious effects *after* every body else had found it out. And though not believing so much as formerly that calomel is the great 'sheet anchor' of their hopes, the *sine qua non* in all cases, yet, when in their unlearned wisdom they do employ it, they find it convenient to cover its evil reputation with some cegnomen not understood by their unfortunate patients before they can induce them to swallow it. While these changes have been occurring all around us, 'many have run to and fro in the earth, and knowledge has been increased,' and it has been deemed necessary for the preservation of discoveries in medicine, for the interchange of opinions among medical men, and for the promulgation of our views to the world at large, that a journal breathing the sentiments and sustaining the principles of sanative medication, should be established among us; and we herewith present the profession the first number, filled with imperfections, it is true, for man is not infallible, but such as it is we send it forth, and ask for it a candid consideration, and a share of the patronage bestowed upon those of a kindred character. The Journal will be devoted to the cause of progressive medicine; to a record of any valuable agents or methods in the treatment

of disease; to the dissemination and defence of the true principles of sanative medication; the general amelioration of the physical condition of man, and the onward march of improvement in the practice of medicine, so characteristic of the age in which we live.

"In our intercourse with our cotemporaries and the profession, we shall endeavor to cultivate kindness of feeling and expression, and emulate them in liberality of sentiment, cherishing those principles of medical philosophy which have given us a name and standing among the other systems of the earth. While we shall allow any to differ from us in their estimate of the safety of many agencies employed in medication, we shall claim the same privilege for ourselves, not subjecting ourselves to any authority we may deem subversive of truth, nor any opinions or deductions, however plausibly expressed, that will not bear the rigid tests derived from philosophy and experience, bearing in mind constantly, as strictly as any, the great and prevailing idea of innocuous and safe medication. Trusting to harmonize, as far as possible, any discordant elements that may exist among the adherents of reform in medicine, we hopefully distribute this number, praying that the little influence it may possess, may tend to promote the best interests and strengthen more firmly the bands which unite the profession together."

THE SCIENTIFIC ARTISAN.

This continues to be one of the most interesting and useful publications upon our table. Prof. Bickley, who stands at the helm as its editor, certainly is doing himself full justice and great honor in its management. We learn that the circulation of this paper is already very large, and its pecuniary arrangements are such, that there is no danger of its suspension, for it is fully and ably established. We would advise every one of our readers to subscribe for this paper. To every one who wishes to keep pace with the improvements of the age, such a paper is indispensable.

THE

ECLECTIC MEDICAL JOURNAL.

FIFTH SERIES, VOLUME II.

DECEMBER, 1858.

NUMBER 12.

Part 1—Original Communications.

MERCURIALS.—No. 12.

BY L. E. JONES, M. D.,

Professor of Materia Medica in the Eclectic Medical Institute.

12TH. ARE NOT ITS PERNICIOUS EFFECTS TRANSMITTED TO AND ENTAILED UPON THE OFFSPRING OF THE MERCURIALIZED PARENT?

In our previous remarks we have shown from authority which none dare dispute, that after a "course of mercury," it has been detected in all the solids of the mercurialized patient—even in the humors of the eye—likewise in nearly all, if not in every secretion. This proves the intimate diffusion and interspersion which exists, and clearly demonstrates the great facility possessed by it of inflicting injury upon the constitution, if not innocuous. I leave others to decide whether I have satisfactorily proved the preceding propositions, and now proceed to the consideration of my twelfth and last, which involves the discussion of the transmitted effects of this pernicious drug to the offspring.

If the vital forces of the parent be depressed, it is obvious the offspring must inherit a similar defect. "An enfeebled sire begets a sickly son." In those instances in which there is some inherent

vice of constitution on the part of the parent, it is usually imparted to the child; hence it is that a predilection to scrofula, consumption, and sundry other diseases, is transmitted by such parents to their offspring. No physician of any experience has failed to observe whole families whose constitutions were frail and incapable of any great degree of endurance or hardship. Any unusual effort, any excess in eating or drinking, any exposure to wet or cold, is far more liable to be followed by disease and great constitutional disturbance, in case such defect obtains, than in the offspring of those not affected by any such depravity of constitution. The vital powers are weak and incapable of resisting morbid impressions. These are facts pretty universally admitted. Constitutional imperfections of this kind are common and often observable in the descendants of such parents for three or four generations. Authors of much eminence have said that scrofula may and often does exist in the system of certain families, in a latent form, for three hundred years. If it exists in this occult state for so many generations, it certainly exists much more frequently in some visible form, in families whose constitutions are similarly contaminated by the lurking depravity.

If these well established inherent defects of man, are transmitted from system to system, we know from analogy that a similar transmission and entailment of defective vital powers must exist in animals. These are facts equally well known, and

hence it is that farmers carefully select the most healthy and vigorous of their flocks and herds, from which to propagate and improve the species. The same remark applies to all agricultural products. The best is selected to sow or plant.

But to return to man: if one of the parents only possesses a vice of constitution, their offspring may possess either feeble, medium, or great energies, according to the degree of vital force of the other parent. If both are the possessors of depraved constitutions, then their offspring will most certainly participate in the defects of both. If the parents possess the same or a different vice of constitution, then their offspring may possess either a single or simple defect, or one of a compound character, in accordance with the constitutional imperfections of the parent or parents.

If I have stated facts relative to the transmission of certain abnormal conditions from parent to child, will not the same train of reasoning apply when the depravation results from saturating the system with mercury? It may be said, the argument does not apply, as the mercurial impression upon the parent is acquired, and not hereditary or constitutional. I answer that such is the case with syphilis, and yet no medical man will deny its transmission from parent to child. Who then can deny that the parent, every element of whose body is morbidly impressed—in other words, poisoned by being saturated with mercury—will certainly impart a similar condition to his offspring, if begotten during the existence of such morbid state? If both parents are similarly affected, then the abnormal condition will be doubly impressed upon their offspring. If they be dissimilarly affected, or the subjects of different disorders, then will the morbid impression upon the offspring partake of the nature of both affections. Much observation has convinced me that children begotten under such circumstances inherit a depraved constitution analogous to that with which the parent was afflicted at the time of conception. Children born

of parents thus afflicted are sickly and feeble, when compared with those born of the same parents previous to the saturation of the system with mercury. In some instances, a mercurial eruption and ulceration appear, corresponding to those upon adults who have been afflicted with a chronic mercurial disorder. "Eczema mercurialis," "miliaria mercurialis," and other "chronic skin diseases," are among the chronic constitutional affections named by Dr. Pereira, following the use of mercury. To what cause can we ascribe these and other evidences of a vitiated and depraved constitution of the new-born babe, whose parents are known to be the subjects of long-continued mercurial action, but to a transmitted mercurial impression? Mercury is all-pervading in its morbid influences upon the system, and why should it not affect injuriously the unborn child? The child is begotten by parents whose systems are saturated with the mercurial poison; it permeates every structure of the parent; it is found in the blood, and consequently must reach the fœtus in utero, mingling with the very pabulum of its life (the blood) and the elements of its growth; it is found in every secretion, as well as all the solids, and is ejected by every eliminating organ and secreting surface. Then, if the system of the parent be disordered by it, and if it pass into the fœtus in utero through the natural circulation, and thus impregnates, vitiates, and depraves all the fluids, the very materials which are appropriated in the embryotic and fœtal state to its sustenance and growth; and if, after extra-uterine life commences, it is nourished by the milk elaborated by the mother whose entire system is disturbed by the existence of a chronic mercurial disorder; and if the very fluid which supports the child is charged with the same poison when drawn from the maternal breast, how is it possible for the child to escape its baneful influences? Our most vivid conjectures, our keenest imaginations in favor of mercurials, do not permit us to entertain a reasonable doubt, that the offspring does not and cannot, by any pos-

ability, escape the disease-creating power of the drug.

Let us inquire, do not other and less potent impressions upon the mother, often affect both the fetus and infant? In many instances comparatively slight causes destroy the fetus. The mother sustaining her infant child by the mammillary secretion, who indulges in the use of acids, sour fruits, green vegetables, crude articles of food, &c., is often sorely annoyed by the flatulency, griping, colic pains, bowel complaints, various eruptive disorders, &c., which afflict the babe, all arising from her own indulgences and indiscretions. If such trivial causes often produce diseases of serious import, it requires no stretch of imagination to become thoroughly convinced that mercury, when lodged in the system of the mother, there exerting its influences and developing disease, must produce those of a simular or far worse form on the delicate infant.

It is asserted by high authority, that the fetus in utero is subject to paroxysms of intermittent fever, as the tremors felt in the uterus of the affected mother during the interval prove. In this instance, the remote cause of the chill operating upon the mother, is transmitted to her unborn offspring. Measles, scarlet fever, small-pox, and lues venerea, all afford additional examples of the transmission of disease from the mother to the fetus in utero. It is pretty generally conceded that these diseases produce their specific effects upon the unborn infant; and this principle is strikingly illustrated in the transmission of syphilis. I have repeatedly seen well marked tertiary syphilis at birth, exhibited in the form of syphilitic ophthalmia, syphilitic ulcers, and syphilitic eruptions, with many other evidences of great depravation of both solids and fluids, together with an abnormal condition of all the mental and physical manifestations. In some instances the departure of the mental or intellectual faculties from the normal state, was so great as to render the subject idiotic. In one instance, which came under my own large, an obstinate ulceration commenced

around each finger nail, and continued to progress until one or two of the phalanges of each finger were destroyed. Ulcers appeared on other parts of the body, and a well marked syphilitic eruption upon the surface. The child lived to be but a few months old, and died. The mother, though married at the time of the birth of the child, had previously been notoriously lewd, having spent much of her time in houses of prostitution; for which the husband had repeatedly left her. The difficulties between them having been finally compromised, they commenced living together again, and the above child was the fruit of their re-union. The mother was seriously afflicted before the birth of the child. Physicians practicing in large cities have many opportunities to witness tertiary syphilis in infancy, and, as a matter of course, it exists in all such cases only as hereditary disorder, transmitted from one or both of the parents to their offspring.

It seems to me the facts adduced should remove all doubts from the minds of the skeptical (should there be any such), as to the transmission of the mercurial disease from parent to child, in some of its multifarious forms. Though its effects upon the infant may be imperceptible, or less observable in outward manifestation than when it is given to the adult, and though the horrors which it occasions be less visibly depicted to our view, yet its pernicious influence upon the offspring may be none the less certain and potent, though it may be and usually is attributed to other causes, and more mercury exhibited for its removal.

Such is an outline or synopsis of what I conceive to be the valid objections and arguments which may be urged against the use of mercurials.

CONCLUSION.—In my remarks on the subject of mercurials, I have endeavored to present a few of the many valid objections against their use as curative agents, which I think may be justly urged against them. It has been my purpose, in presenting my views on the action and administration of mercurials, to discuss the question as to

their merits, divesting myself of all prejudices against them, arising from personal knowledge of their evil effects, on the ground of their uncertainty of action, and their perverting and disease-creating properties, which they are admitted to possess by the friends and advocates of their use. I have also desired to examine the subject divested of all prepossessions in favor of other remedial means. The amount of evil which I have witnessed arising from the unnecessary use of mercury, has afforded me the most abundant proof of its unfitness as a therapeutic agent. I think it impossible to exaggerate the extent of those evils. Its friends and the strongest advocates of its use, have often seen and deplored their occurrence. They have often exhibited it with high hopes of doing good, but at the same time, have looked forward with dread and fear to after consequences. Had they been certain of the mild and kindly action sought to be attained, then their fears would have been groundless; had they not had reason to anticipate and fear after-effects of a mortifying and even appalling character, then they could have had no reason to dread such effects. Sad experience has often taught them that their dread and fears were but too well founded.

Are not brighter days dawning on the noble science of medicine—that science designed by God to allay our pains, alleviate our ills, and assuage our woes? Is not the old destructive mercurial practice now rapidly passing away, and a new, more scientific, and more rational one taking its place? I rejoice that such is the case. The old heroic mode of medication, embracing as prominent therapeutic agents, mercury and the lancet, is rapidly sinking into oblivion. That practice which was regarded but a short time past as sound orthodoxy, is fast losing its former majestic away. Mercury, long the "Samson" and boasted champion of orthodoxy, or "legitimate medicine," is now being fast shorn of his hoary locks, and will ere long be looked upon by his former friends, as the once proud and boasting, but now fallen

and lifeless Goliath of the profession. Many of his living and suffering victims will then exult and rejoice with exceeding great joy over his fall. They will unite with succeeding generations in chanting the requiem of this once great but now obsolete destroyer. The signs of the times are not to be mistaken. The star of Young Physic is rising, and will soon gain a triumphant ascendancy. Much of the teaching of the past will be viewed in the future as baseless theory and unscientific practice. No observing mind can fail to discover that the practice of medicine is in a transition state. No effort can stay the revolution already in rapid progress. The increasing liberality of the young and rising members of the profession, will hasten the consummation of that happy event, while the increasing intelligence of the people will sustain the progress made. Public sentiment has long since been in a state of revolt against the old heroic and destructive mode of medication.

A REVIEWER REVIEWED.

BY PROF. H. D. GARRISON, M. D.

Whoever dares to raise the hypercritic's pen, thereby makes himself a public target. Especially is this the case in matters of science, where pompous style and bombastic diction are deemed subordinate to accuracy in thought and statement. It is indeed painful to witness the carelessness in the use of language manifested by the majority of otherwise good authors, in every branch of the medical profession. When, however, morbidly sensitive critics assume the responsibility of correcting those inaccuracies, it becomes our privilege, if not our duty, to determine their abilities; and if, when weighed, they are found wanting, to expose them to the public gaze.

The editors of the "College Journal" seem to consider this species of literature their special province; hence, in reviewing works, they ruthlessly brush away the violets and roses, to expose the thorns;

misrepresent the author's objects and ignore his valuable precepts, to enable them the more effectually to satiate their cynical propensities, by exposing his imperfections. Since they are so wondrous free in descending upon the discords of others, may not we presume to strike a few notes upon their "harp of a thousand strings," to determine whether or not it be in perfect tune? On page 512, (Nov. No., 1868,) we find the following "refreshing" paragraph:

"In refreshing contrast to the narrow and bigoted persons of whom the writer of the above is a specimen, is the course pursued by Sir Benjamin Brodie, Mr. Wakely, the editor of the London Lancet, Sir Jno. Forbes, Dr. David Reed, who has passed years in enlightening the public in regard to matters pertaining to the public health, and hosts of others in Great Britain and Europe who occupy high social as well as professional positions; and the State Medical Society of the State of New York, who annually delegate one of their number to deliver an address on some popular medical topic to the assembled Legislature, which lecture and other papers is afterward published at the expense of the State and distributed gratuitously for the benefit of the people."

A paragraph containing more syntactical errors than the above, would indeed be a rare literary specimen. We shall notice only a few of the most palpable. First, it is improper to contrast one thing "to" another; but we may contrast one thing with another. Second, it is nonsense to contrast a "bigoted person" with the "course pursued by Sir Benjamin Brodie," &c., there being no contrast between a man and a course. Third, the relative pronoun "who," referring, as it probably does, to all the proper nouns which immediately precede it as antecedents, should have been followed by *have passed*, instead of "*has passed*"—the latter form of the verb being singular. Fourth, these good men are represented as having enlightened not only the "public," but "hosts of others in Great Britain and Europe." Fifth, "Great Britain" is represented as being distinct from "Europe." Sixth, "society" is a neuter noun, in the singular number, and therefore cannot be antecedent of the relative

pronoun "who," which is made to relate to it. For the same reasons, the terms "delegate" and "their" are incorrectly used. Seventh, the verb "*is published*," being singular, cannot agree with the nouns "*lecture*" and "*papers*" as nominatives.

On the same page, we find the following very questionable advice:

"The people need and *will have* instruction, more or less *commingled with error*, in regard to these [hygienic] matters; and it is a matter of policy as well as of the highest duty, for physicians to impart the proper and needed instruction."

It may be good "policy" "for physicians" to impart hygienic instruction, "*commingled with error*," but we do not recognize the "duty."

On page 514 we find the following assertion: "This statement is rendered *interesting*, inasmuch as *no* concentrated medicines are *described* in the work." On the next page we find the following harmonious counterpart: "Much might be written in regard to the doses named of the medicines *described*." &c.

On the same page occurs the following; "It [the book] purports to be written by one person, yet the word *we* occurs in it as representing the writer," &c. How puerile does this attack upon a well established idiom of our language seem, especially when we reflect that it is made by editors; the editorial fraternity having originated and established the idiom.

On page 518, occurs the following sentence: "The vast and rapid *increase* in the sale and use of extracts containing the essential qualities of medicinal plants, and the *convenience* of using them in place of the drug from which to manufacture syrups, infusions, etc., renders a work of the character of the one this doubtless was designed to be, very desirable." Besides the school-boy error of using the singular verb "*renders*," as the predicate of the compound (and hence plural) subject, "*increase*" and "*convenience*," the collocation of the words is such as to render the entire sentence exceedingly inelegant and ambiguous.

On the same page, we find the following

literary display: "We know the preparations of this Company have heretofore given very general satisfaction, and no attempt at secrecy in regard to their products have been charged against them." In this sentence the singular noun "attempt" is made the subject of the plural verb "have been charged."

On the same page the "editors" get off the following very eloquent but somewhat chaotic effusion: "But what the profession feel they have a right to know, and must know, ere they can have confidence in any preparation sufficient to warrant them (in) administering it to their patients, *its* the mode of preparation, so far as shall enable them to judge of the products obtained."

On page 519, those astute critics, the "editors," say: "And Prof. Goadby has shown to us by his descriptions, and remarkably lucid illustrations, how closely allied are the peculiar structure of parts in animal and vegetable growths." This sentence affords another instance of a singular nominative, "*structure*," governing a plural verb, "*are allied*."

On page 520 "occurs the following uncertain and inelegant" sentence: "On page 60 occurs the following uncertain and inelegant sentences." In this sentence the plural nominative, "*sentences*," is made to agree (?) with the singular verb, "*occurs*." In reference to the above sentence, which was penned as a *preface to a syntactical criticism* passed upon Dr. Wells, editor of the "Annual of Scientific discoveries," we beg to use the language of the "editors" in a preceding sentence: "This shows either ignorance or a carelessness which is inexcusable in a work claiming to teach science."

On the same page, those unmerciful cynics, the "editors," say: "That the book contains much which is new and not readily procured in other text-books is true, and occasions the more regret that *they* should be found in company with error." What is nominative to the verb "*occasions*"? and what does the pronoun "*they*" represent in the above sentence? As we ponder upon these questions, and recall

the familiar names of Kirkham, Bullions, Green, Brown, Andrews, and Piano, it seems as if each particular name, as recalled, whispers in our ear, "*libel*," "*slander*," "*murder*."

On page 521, the "editors" speak of "*preserving health and averting disease*," and are therefore guilty of tautology.

On the same page occurs the following elaborate period, which, lacking but one degree of perfection, becomes a huge intellectual and literary monstrosity: "We earnestly advise all *who* in any way, as builders, controllers of the erection of buildings, or any gatherings of the people in buildings, but particularly those of our profession, to obtain and carefully read this work."

On the same page the "editors" speak of "differing" from Swedenborg "in his religious views." We can differ from Swedenborg in our religious views, but not "*in his*."

Although dizzy and fatigued from following our "editors" in their sublime literary evolutions, we must yet present the reader with another sparkling gem from this rare collection. Here it is (p. 522): "The subject is one of deep interest, and that the master minds of the profession are willing to investigate it is *very hopeful*, and if any one is fully prepared to examine this book as critically as its author does the doctrines and practices of others, its pursuit may do good, but those whose time is limited and whose tastes are not critical, we cannot commend it."

We beg to be excused from regaling the reader longer with these brilliant literary gems; and only wish to add, in the language of Prof. Cleveland when speaking of *his own essay*, that nothing need be said of this rare collection, "other than that it bears the imprint of a master mind."

Prof. Simpson reports to the Edinburgh Medico-Chirurgical Society, that he has used metallic ligatures to tie the vessels laid open in a surgical operation.

VERATRUM VIRIDE.

BY JAMES SMILEY, M. D.

Since the time of the publication of Dr. Norwood's article on the therapeutical properties of *Veratrum Viride*, doubtless many experiments have been made by members of the profession, some of which have been very unsatisfactory to its employers, and consequently this valuable agent has been laid aside and discarded by them, as unsafe and uncertain in its action upon the human system; others have used it with better success, proving to them to be the most certain and reliable agent in the whole materia medica, for controlling arterial action, and arresting the progress of fever in all its protean forms. And yet, notwithstanding all this, but little has been published through the medical journals for the benefit of the profession, of the therapeutical properties of this agent, or its applicability to different abnormal conditions of the human system. And although my article may not present any additional light or knowledge to the profession, on this valuable agent, yet it may enable us to see, to some extent, whether we have been administering it in a similar manner, and in the same range of morbid phenomena. I will, therefore, give some of the cases in which I have used it, as briefly as possible.

CASE I.—Sept. 1855, Mrs. S., aged about 40, mother of two children, and in the eighth month of pregnancy, had chills and fever successively for seven or eight days, got no sleep in consequence of her husband being very ill, and in this condition, in a hot sun walked five miles to town and back on Friday. She gave birth to a child the same night—she and the child lying in their filth from ten to fifteen hours, when a neighbor woman per chance came in, no person knowing the condition of the family up to this time. The child and placenta being removed by the lady, nothing further was done with the patient but to apply a bandage outside her clothes. I being then summoned, arrived some twenty hours after the birth of the child;

found Mrs. S. with pulse 130, tongue brown, center and cracked tip, edges very red and dry; very restless; some muttering, and partially delirious; skin hot and dry. Ordered warm alkaline bath every six hours, with seven drops tinc. *veratrum viride* every three hours.

Sabbath morning, thirty-five hours from confinement, found all her bad symptoms increased; had vomited her medicine soon after taking it. Further examination revealed more trouble; found the uterus protruding, dry and swollen, as though it had been in that condition from the birth of the child. At this stage, in order to have the woman well nursed, we removed her two miles; replaced the uterus, and sustained it in situ by a sponge saturated with a solution of sulphas zinci, and again ordered five drops *veratrum viride*, with the alkaline sponging.

Monday. Patient had rejected her medicine soon after taking it, and was thrown into paroxysms of severe pain until she would vomit. The case now presented a very formidable appearance. Coma had come on, flatus and diarrhea—discharges involuntary. Ordered ten drops tinc. opii with eight drops tinc. *veratrum viride*, every two hours, until copious vomiting should take place, which came on after the fourth dose, when she threw up a very large quantity of very fetid, bilious matter, almost black, and passed by the bowels and from the uterus, a large quantity of very offensive matter. At this moment her pulse was lost at the wrist, the skin cold and clammy, and when the paroxysm of vomiting had ceased, the bystanders said she was dead; but re-action took place in a few hours, with some stimulus, and sufficed to say, that small doses of *veratrum viride*, guarded with tinc. opii to keep her from vomiting, completed the cure. From that time she steadily improved.

I have given this case somewhat in detail, because of its complicated and formidable character, treated exclusively by *veratrum viride*.

CASE II.—A case of *puerperal peritonitis*. Mrs. F., being treated by an Allopath, was

given up; he said she could live but a few hours longer, when I commenced giving *veratrum viride* every two hours, which brought on copious vomiting after the fifth dose, at which time every unfavorable symptom gave way, pulse reduced from 140 to 55 beats per minute in ten hours, and small doses completed the cure.

I also used externally a liniment composed of equal parts of chloroform, aqua ammonia, and olive oil.

CASE III.—Mrs. B. aged about 45, was attacked with erysipelas of the whole head; involving external and internal surface, as far as I could see, the palatine arch, uvula and tonsils resting on the tongue; nasal passage entirely closed; head swelled to its utmost extent, when I was called to see her. Ordered collodion to the external surface, except the scalp, to which was applied solution acetate plumbi; to the mouth and throat a solution of argent nitra (40 grs. to water 3j). Also gave eight drops *tinc. veratrum viride* every three hours, which brought the pulse from 128 to 65, in twenty-four hours, and in about thirty-six hours, free emesis took place, after which small doses kept the pulse to about 60. Redness and swelling faded and sunk away, without any suppuration, except from the posterior nares. Discharged in six days.

These cases are each one of a class, showing the extensive range of administration. I combine it with various agents in different affections; but still depending on the *veratrum* to control arterial action, which can be done as certainly with this agent as chills can be arrested with quinine. I administer it in fevers with a certainty of arresting every type in a few days, typhoid not excepted. In pneumonia, combined with pulmonary balsam, or alone, it is all that is needed. I have treated several cases of inflammation of the brain most satisfactorily with it.

I see in your valuable journal a question asked respecting the emmenagogue properties of this agent. I answer by my experience. A case of suppressio-menstrui having resisted all other treatment, for

some seven or eight months, I prescribed *tinc. bloodroot 3j*, *tinc. veratrum viride gtt. viij*, three times a day for five days before the expected menstrual period, and at that time the same dose every three hours until free emesis took place, which resulted in the return of the menstrual discharge copiously. Other similar cases might be cited; also, many cases of fever treated by this agent have menstruated at an irregular period, making me believe that it is possessed of strong emmenagogue properties. It is a valuable agent in external injuries causing much inflammation and consequently fever, given so as to control arterial excitement.

The fact is, with this agent carefully administered, the physician can bring the pulse to any point he may wish, in any inflammatory disease, giving rest to an inflamed or congested organ, and giving the recuperative energies of the system a chance to repair the lesion. This agent will less frequently disappoint its employer, and will admit of a wider range of administration than any other of the materia medica with which I am acquainted.

Salem, O., Oct. 20, 1868.

TREATMENT OF FEVERS.

BY C. F. KIRK, M. D.

The treatment that I have generally found to be successful, in periodical fevers, is the following:

℞ *Tinc. Ipecac.*,
Tinc. Lobelia, aa.

In small doses, every fifteen minutes, until vomiting ensues. This generally prepares the system for the reception of anti-periodics. The cathartic should be given during the intermission of fever; it will act better, and have a better effect. Hence, if the fever should come on in the morning, I would not give any cathartic until evening, when give the following:

℞ *Podophyllin*, gr. ij
Leptandrin, gr. ij
Dover's powders, gr. v
Lactin, gr. iv. M.

Triturate and give at one dose. As soon as the fever abates, give the following anti-periodic:

℞ Quinine, gr. iv.
Hydrastin, gr. iij
Phosphate iron, gr. ij
Gelsemin, gr. ss. M.

This should be given every four hours, while the patient is clear of fever. As soon as the fever rises again, commence with diaphoretics.

℞ Tinc. gelsemin,
Tinc. lobelia,
Tinc. ipecac.,
Syrup of squills, aa 3j
Spirits of nitre,
Paregoric, aa 3j. M.

Give one teaspoonful every hour, until diaphoresis is produced, or the fever abates; but during the time, cold water should be applied to the head, and the spine bathed with the following liniment:

℞ Chloroform, 3j
Oil of sassafras,
Oil of juniper,
Tinc. of capsicum, aa 3j
Spirits of nitre, 3ij. M.

If it should burn too severely, add one ounce of sweet oil. This seems to tone up the nervous centers, relieving the pain in the back, and quieting the nervous system generally. After which, give the anti-periodics, and the fever will be broken up in two or three days, if of an intermittent or remittent type.

In the treatment of bilious fever, I give the compound podophyllin pills for a cathartic; use the same anti-periodics as for remittent fever, and liniment to the spine frequently, with the following diaphoretic:

℞ Syrup of squills, 3j
Acetate of ammonia, 3iv
Spirits of nitre, 3j. M.

Give one teaspoonful every hour and half, and to every other dose add—

℞ Gelsemin, gr. ss.
Sulph. morphia, gr. ʒ. M.

This should be continued, until the fever abates, then commence with anti-periodics.

In typhoid fever, the treatment differs according to the symptoms present, the constitution of the patient, and the tem-

perament. Hence, if I am called to a case and find the patient in the following condition, viz., tongue coated to a greater or less degree with a yellow or brown fur, bowels constipated, the hepatic functions torpid, urine high colored, stupor more or less all the time, no pain on pressure, and complains of nothing but the want of sleep, with pulse full and tense, about 20 beats too many per minute, a dry cough, &c., my treatment first is to arouse the nervous system; to accomplish this, I have the patient to turn on his breast, while I rub his spine as far up as the back of the neck, with the following liniment:

℞ Chloroform, 3j
Oil of sassafras, 3ij
Oil of Juniper, 3j
Spirits of nitre, 3ij
Spirits of turpentine, 3j
Tinc. of capsicum, 3ij. M.

After rubbing the spine, turn the patient, and rub some of the same liniment on the chest. The next thing in order is to unload the alimentary canal, to arouse the liver to increased action, and to divert the blood from the congested organs. Then, to accomplish this, I give—

℞ Anti-bilious powder, q. s.
Leptandrin, gr. iv. M.

This should be repeated until the bowels are moved once or twice; after which, leptandrin alone in small doses will be all that is required. I now commence with diaphoretics and tonics.

℞ Chloroform,
Tinc. veratrum viride,
Tinc. aconite,
Gum arabic water, aa. M.

Give from ten to fifteen drops every two hours. The whole body should be sponged with the following bath, night and morning:

℞ One tablespoonful salt,
" " soda,
" pan of water. M.

The patient should be rubbed dry with a coarse towel, and the liniment rubbed on the spine again. I have never found any time to give anti-periodics, only early in the morning, during the partial remission of fever, at which time I give the following:

R Quinine,	gr. v
Hydrastin,	gr. ij
Phosphate of iron,	gr. ij
Gelsemin,	gr. j. M.

Give at intervals of four hours, until the fever rises, when discontinue and commence with the diaphoretic above named. This, as a general thing, will break up the fever in four or six days, but should the disease progress without any abatement of fever, tongue dry, with a dark fur in the center, brown and rough on the sides, edges red and glossy, with dryness of the mouth, thin and fetid evacuations, tympanitis, pulse quick, &c., I commence the treatment with small doses of leptandrin and geranium. This seems to correct the discharges; they become less frequent and more consistent, with a better color. After which I generally give the following tonic, fever or not:

R Quinine,	gr. ij
Cornin,	gr. ij
Leptandrin,	gr. iiss
Hydrastin,	gr. ij
Gelsemin,	gr. ss. M.

This should be continued for some time, alternated with the following diaphoretic:

R Chloroform,	
Tinc. veratrum viride,	
Tinc. aconite,	
Gum arabic water,	aa. M.

Dose ten to fifteen drops every three hours. The body should be sponged frequently with weak ley, and the chloroform liniment applied to the spine and bowels. Should this treatment not succeed in arresting the fever in two or three days, I discontinue the tonic above-named, and substitute iron as a tonic. The muriated tincture or chloride, in fifteen-drop doses, three times a day, is the best. The turpentine emulsion should now be given every four hours, which is composed as follows:

R Gum arabic,	3j
Loaf Sugar	3j
Spirits turpentine,	3j
Water, q. s. to form an emulsion.	

Dose one teaspoonful. If great prostration exists, the emulsion should be more stimulating—carbonate of ammonia added or French brandy given in half-drachm doses one hour after giving the emulsion.

The above sketch embraces what I regard as the best treatment of typhoid fever in the South.

Fearn Springs, Miss.

INTRA-UTERINE POLYPUS SUCCESSFULLY REMOVED.

BY G. A. MARTIN, M. D.

On the 17th of July I was requested to see a negro woman, a slave of Mr. Coyle, living near Hickory Plain, (Ark.) twenty miles distant. She was about twenty-four years old, had had three children, none living; her pains recurring periodically, and resembling labor. On examination I found that the pains were produced by regular and strong contractile efforts of the uterus, the mouth of which was open to the size of a quarter, with very firm margins, and becoming very tense during each pain. I then introduced a tri-valve speculum, and observed the end of a vascular tumor partially protruding through the os, and passing into the uterus; in fact, there was within the cavity of the uterus a polypus of considerable size, which the organ was endeavoring to expel by efforts like those of labor. There was also a tumor in the abdomen, inclining toward the left side—the ovary. She was suffering so severely, and exhausted by the pain, and the weather extremely warm, I gave her an anodyne and cordial, from which she derived relief; the uterine efforts ceased, the polypus receded, and the os uteri gradually closed. She was then given tonics, under which her health improved, and no further change of importance occurred until the 18th of August, when I found the os uteri somewhat thinner and relaxed, and the tumor descending gradually with every pain. She was so exhausted from hemorrhage the night preceding, that I gave her cordial and opiate.

On the 19th, could perceptibly feel the tumor in the vagina and the os clasping the stem. I passed a ligature round the neck of the polypus an inch within the os

uteri by means of Goode's double canula. On the 22d, symptoms of putrefaction were perceptible, and continued to increase, with excruciating pains in the left ovary, and symptoms of peritonitis supervened. With drew the canula on the 23d, and called on my esteemed medical friend, Dr. J. C. Goodwin, to assist me in excising the polypus. The Doctor administered chloroform; I then drew down the tumor gently and excised it with the curved scissors, and cauterized the stem—no loss of blood. As soon as the polypus was removed, the tumor in the abdomen became reduced in size, and in a few days was no longer felt. Her recovery was rapid and uninterrupted.

CLINICAL REPORTS.

NEWTON'S CLINICAL INSTITUTE,

WINTER AND SPRING SESSION OF 1887-8.

SERVICES OF PROF. NEWTON AND FREEMAN.

REPORTED BY PROF. S. FREEMAN.

CASE 554. March 9.—Mrs. McConkey, æt. 37. Dyspepsia. For about twelve years, nearly every thing that she has eaten, in about half an hour, ferments and irritates the stomach, causing severe pain in the epigastrium, and is then ejected in an acid and acrid condition. Her appetite is good; she could eat constantly; but eating causes pain, and she cannot retain the ingesta. At times the material ejected is exceedingly bitter. Tongue seldom coated; no pain upon pressure over the region of the stomach; pain in the back on pressure over the three middle dorsal vertebræ; bowels constantly constipated; has to take an active cathartic to relieve them whenever dejection is required; cold extremities—feels colder than normal; skin sallow; dispirited, and nervous system morbidly sensitive; skin dry and husky.

Treatment.—Alkaline and saline bath every second day, accompanied with brisk friction. R Irritating plaster four inches square over the epigastric region. R Po-

dophyllin gr. v, ext. jalap gr. xx. M. Make pills x; take one at night. R Tris nit. bismuth, water ʒvj. M. Take a teaspoonful three times a day.

March 15.—Improving; can retain food upon the stomach; scarcely any ejection; less gastric acidity; alvine evacuations of a semi-fluid character, twice per day; some flatulency. Continue the treatment.

March 22.—Bowels emptied once per day; they seem regular. Does not vomit so frequently; think she is improving. The tris nit. bismuth seems to produce nausea; omit it for the present.

Treatment.—R Hydrastin gr. xx, ferri phos. gr. v, prunin gr. xv, simple syrup ʒij. M. Take a teaspoonful in water three times a day. Omit the irritating plaster from the epigastrium on account of the soreness produced, and apply the Balsilican ointment. Correct the gastric acidity by using aqua calcis diluted.

April 3.—Still improving; bowels regular; slight vomiting once per day; tongue looks well. Apply the irritating plaster over the middle dorsal vertebral region. Continue the treatment as prescribed at our last clinic.

April 23.—Has stayed away from clinic too long; is not as well; bowels constipated, stomach acid; some pain in the stomach after eating; some vomiting; some pain in the back. R Tris nit. bismuth ʒj, morphine gr. vj, water ʒvj. M. Take a teaspoonful three times a day.

No further report.

CASE 555. March 9.—John McCleary, æt. 49. Chronic bronchitis. Has been affected forty years. He has a severe and harassing hoarse cough; sputa and expectoration tenacious and frothy; pain on pressure over the region of the left lung; cannot lie on the left side; has to have his head and shoulders elevated before he can sleep; occasionally some difficulty in breathing; some crepitation and rhonchi in the left bronchial tubes; a sensation of constriction in the left lung.

Treatment.—Apply apts. terebinth freely over the left lung, twice a day, accompanied

with brisk friction. *R* Prunin gr. xlv. Make powders xv; take one four times a day.

March 22.—Feels much better; every symptom is much ameliorated. Continue the treatment.

March 16.—Complains of pain in the left hypochondriac region. Bowels constipated, appetite indifferent. Omit the prunin. *R* Morphine gr. iij, gelsemin gr. vj. *M*. Make powders xij; take one three times a day. *R* Podophyllin gr. vj, jalapin gr. xx, ext. jalap q. s. *M*. Make pills x; take one at night as a cathartic.

CASE 556. March 9.—Elizabeth Flanagan. Ophthalmia. Has been affected one month. Ophthalmia both ocular and palpebral; much intolerance to light; conjunctiva much reddened; acidity of the stomach, and indigestion. Has been treated some time by a physician.

Treatment.—*R* Neut. cordial ʒiij. Take a tablespoonful morning and evening. *R* Hydrastin gr. vj, tinc. aconite ʒss, tinc. gelseminum ʒss, water ʒiv. *M*. Apply to the eyes as a moist dressing, night and morning. Use elm cataplasma to the eyes on retiring at night.

March 15.—Eyes much improved; not so painful on exposure to light; less inflammation; less acidity of the stomach. Continue the treatment.

CASE 557. March 9.—Thos. McCrantz, æt. 14 months. Sub-mucous irritation. Has for a few weeks been affected with paroxysms of coughing, accompanied by vomiting, which relieves the cough. Some dyspnoea, but no pain in the chest, although the lungs at times seem sensitive and sore. Frequent copious discharges from the bowels; tongue slightly coated grayish; eyes reddened; urine normal. The mucous membrane of the stomach, bowels, and lungs, seems irritated.

Treatment.—*R* Syrup senega ʒj, syrup helianthus ʒij, tinc. lobelia ʒss. *M*. Take a teaspoonful every three hours. This is more particularly for the lungs. For the bowels, *R* Syrup rhei and potass. (neut. cordial) ʒj three times a day.

March 15.—Much improved; cough less, bowels regular. Continue the treatment. No further report.

CASE 558. March 9.—Ann Hart, æt. 14. Tinea capitis. Has been affected about four weeks. The whole of the anterior and superior portion of the scalp is covered by a scaly eruption, dotted in a few places with small ulcers. The hair is much matted together, and emits a sickly odor. There is much itching, and scratching in this case is a great luxury.

Treatment.—Shave off the hair, and cleanse the scalp with soap water. *R* Oxalic acid gr. xx, creasote gtt. xx, water ʒiij, acetic acid ʒj. *M*. Apply to the eruptions three times a day. After each application apply the mild zinc ointment.

15.—Head much better; was a little irritated. Continue the treatment.

April 6.—Head nearly well. Apply the oxalic acid lotion only once per day. Continue the mild zinc ointment.

No further report.

CASE 559. March 12.—Mary J. Brown, æt. 3 months. Cynanche laryngea. Has had for one week, some cough, with difficulty of respiration; some irritation of the larynx, with tenacious mucous secretion, and slight hoarseness.

Treatment.—*R* Syrup scilla, tinc. lobelia, aa ʒss, tinc. tolu ʒss. *M*. Take one-third of a teaspoonful three times a day. Apply over the larynx and trachea, *R* Spirits camphor, olive oil, aa ʒj. *M*, three times a day. Warm pediluvia night and morning.

18.—Child much better. Continue the treatment a few days longer.

No further report.

CASE 560. March 12.—Henry Brown, æt. 2. Scrofula. Sanguine encephalic temperament. Disease hereditary. The lymphatic glands of the upper part of the neck and under the angles of the lower jaw are enlarged; tonsils enlarged. Some time ago, he had a thick, purulent, fetid discharge from the right ear, which has ceased; and now there is a small ulcer,

which discharges freely, in the fossa navicularis of the pinna of the ear.

Treatment.—R Comp. syrup stillingia ʒiv, ferri phos. ʒss. M. Take half a teaspoonful three times a day. Avoid greasy and indigestible diet. Use alkaline bath every day.

April 16.—Face looks better; less swelling of the cervical lymphatic glands. The sore on the ear is inclined to heal. Alternate the alkaline bath with the simple water bath. Continue the treatment.

No further report.

CASE 561. March 12.—F. Cook, æt. 4 months. Hydrocephalus. His head commenced enlarging about two months ago. The head is nearly twice its normal size. The sutures are open, and the bones considerably separated. When the patient was four weeks old, it was affected with convulsions. The function of the optic nerve is evidently affected by the pressure of the water on the brain. We presume that no relief can be given under the circumstances, unless by tapping, which will be performed next clinic day, if the mother assent to it.

15.—The child died this morning.

CASE 562. March 12.—Geo. McNiskey, æt. 3. Direct scrotal hernia. About one year ago the bowel protruded into the scrotum, and now the scrotum is elongated nearly six inches. The part is quite painful, and the skin over the external inguinal ring and upper part of the scrotum, is considerably inflamed. The bowel is kept within the external ring as much as possible, by a kind of truss bandage. Bowels regular.

Treatment.—Lay the patient upon his back; apply cooling lotions to relieve the inflammation over the external ring, and then apply a proper truss to press properly upon the external ring; relieve the difficulty by retaining the bowel.

April 10.—Is much better. Continue the treatment.

CASE 563. March 16.—Anna Stevenson, æt. 9. Posterior curvature of the spine. The curvature commenced when she was

three years old, and it now implicates all of the dorsal vertebrae. The sternum has an anterior convexity or curve to correspond with the spinal curvature. The clavicles are both thrown forward and upward, and give the shoulder a rounded appearance. Has some pain in the middle of the dorsal region of the spine; some dyspnoea; appetite good. Patient otherwise healthy. The cause of this disease is unknown.

Treatment.—Apply oil tiglii over the middle of the curve on the back once per day, to produce pustulation, and thus relieve the internal inflammation. Wear a spinal prop to straighten the spine, by extension between the hips and axilla.

April 2.—Less pain in the back; curve less. Has not used the prop. Continue the oil tiglii. Obtain the prop for the spine.

No further report.

CASE 564. March 16.—Mrs. Murphy, æt. 40. Partial paralysis of the muscles of the tongue and left side of the face. About two years ago she received a fall, striking the mastoid portion of the temporal bone against some hard substance. There was hemorrhage from the right ear at the time, and a few days afterward there was a purulent discharge from the left ear. The purulent discharge has ceased. There is now a tremulous motion of the lower jaw, more apparent on the left side; also the left side of the face looks somewhat puffed. Has not perfect control of the muscles of the tongue and face. When the tongue is protruded it inclines toward the left side. There seems to be an abundant degree of heat about the base of the brain. Appetite indifferent, bowels constipated.

Treatment.—R Irritating plaster three inches square, immediately behind each ear. R Tinc. iodine ʒj. Take gutt. viij in one ounce of water three times a day.

March 22.—Less dizziness; has more control of the muscles of the face and tongue. Bowels obstinately constipated. Continue the above treatment. R Podo-phyllin gr. v, jalapin gr. xx, ext. jalap q. s. M. Make pills x; take one every evening

or oftener if necessary to relieve constipation.

29.—Bowels more regular; muscles of the face and tongue seem improving; some dizziness. Continue the treatment. Dress with the irritating plaster every day.

No further report.

CASE 565. March 16.—Mary McLaughlin, *æt.* 40. Jaundice. Has been affected with this disease about one year. There is much yellowness of the ocular conjunctiva, also of the skin behind the ears, and of the rest of the body. Tongue coated grayish; bowels constipated; appetite indifferent; urine very yellowish; tenderness on pressure in the right hypochondriac region; very susceptible to atmospheric vicissitudes; languid and stupid through the day, and rather sleepless at night.

Treatment.—*R* Comp. cath. pills, one every night. *R* Hydrastin \mathfrak{zj} , prussiate iron \mathfrak{zj} , simple syrup, water, *aa* \mathfrak{zjss} . *M.* Take a teaspoonful four times a day.

March 22.—The pills did not produce catharsis. Patient apparently not improved. *R* Podophyllin gr. v, jalapin gr. xx, ext. jalap q. s. *M.* Make pills x; take one three times a day, until catharsis is induced, and then every evening. Continue the hydrastin and iron as above.

26.—Cathartic pills operated only slightly. Patient feels better. Take two pills every three hours, until they operate freely. Continue the hydrastin and iron.

April 6.—Is much better; bowels regular, skin and conjunctiva clearer. She thinks she is improving rapidly. Take only one pill at night. Continue the hydrastin and iron.

No further report.

CASE 566. March 16.—Mary A. McCleary, *æt.* 14. Opacity of the cornea of the right eye. The cornea has been opaque for three years, and is a sequel to ophthalmia. At present there is scarcely any conjunctivitis, but there is some scleritis, and the eye is very sensitive to light. The blood-vessels leading toward the opacity and lying in the horizontal axis of the eye, are considerably injected, and keep up the

irritation. General health otherwise good.

Treatment.—*R* Iod. potass \mathfrak{zj} , tinc. gelseminum \mathfrak{zj} , simple syrup \mathfrak{ziv} . *M.* Take a teaspoonful three times a day. Apply as an anodyne collyrium, *R* Morphia gr. xx, water \mathfrak{zj} , *M.* four times a day. *R* Ol. tiglii \mathfrak{zss} , to pustulate behind the ears, avoid animal food.

March 16.—The eye is considerably improved; the blood-vessels spoken of above are not so much injected. Continue the treatment.

22.—Eyes not so well to-day. The patient has been reading. I shall prohibit using the eyes to read. Continue the treatment.

26.—Eyes improved; less redness and sensitiveness of the eyes. General health good. Continue the treatment. It will be exceedingly difficult to relieve the opacity, but by removing the distension of the blood-vessels that supply it, the opacity may in time pass away.

CASE 567. March 19.—Thos. Golface, *æt.* 17. Chronic rheumatism. Has been affected six weeks. The joints of the upper and lower extremities are painful, and somewhat swollen. There is considerably increased temperature about the joints; does not rest well at night, from uneasiness and some pain. Bowels regular; appetite vitiated; pulse 110 per minute, rather hard; tongue slightly coated white, with red tip.

Treatment.—*R* Iod. potass \mathfrak{zj} , hydrastin gr. xx, tinc. opii \mathfrak{zj} , syrup helianthus \mathfrak{ziv} . *M.* Take a teaspoonful four times a day.

March 26.—The difficulty, Prof. Freeman thinks, is in the articular cartilages, from the fact that he can move the leg when sitting with his leg swinging, while he cannot move the leg when standing. The treatment relieved him for a few days, when it failed to afford any further relief.

Treatment.—*R* Morphine gr. iv, tinc. gelseminum \mathfrak{zss} , tinc. stramonium \mathfrak{zj} , syrup simplex \mathfrak{ziss} . *M.* Take \mathfrak{zj} four times a day.

April 9.—Is much better; can walk

about; some pain in the cardiac region. *R. Tinc. gelsemium 3ij. Take gtt. xx, three times a day. If it produces general relaxation, lessen the quantity.*

No further report.

CASE 568. March 19.—Patrick Regan, *æt.* 24. Scorbutia. Has been affected six weeks. Cause, general debility. Gums reddened, swollen, and slightly ulcerated. The gums have swollen into processes which rise between the teeth, and bleed freely while chewing food; lips and tongue reddened, slightly ulcerated, and painful; some gastric irritation and nausea; pain in the precordia; appetite indifferent; breath fetid and offensive; skin pale; and the patient seems considerably debilitated.

Treatment.—*R. Pulv. hydrastis canadensis 3ij. Make parcels ij; put one in a tumblerful of cold water, mix and wash the mouth and throat frequently through the day; swallow some of the mixture. Drink freely of cider; also drink vinegar and water freely, as long as palatable, and wash the gums with it.*

March 22.—Is considerably relieved of the scorbutia; gums not so much swollen or ulcerated, do not bleed so easily; mouth and lips not so sore; breath less fetid; appetite good, bowels regular. There is effusion of serum into the peritoneal cavity; also cedema about the ankle joints.

Treatment.—*R. Pulv. podophyllum peltatum gr. xx, jalapin gr. xx. M. Make powders \mathfrak{rj} ; take one night and morning. Reduce the amount of cider. Omit the vinegar. Continue the use of the hydrastis canadensis.*

No further report.

CASE 569. March 22.—Rebecca Long, *æt.* 20. Opacity of the cornea of the right eye. The opaque spot covers the internal inferior border of the cornea. Vision is not entirely obscured, as the pupil is not entirely covered. There are a few injected blood-vessels extending into it. The opacity does not extend entirely through the cornea, but is mostly in and under the conjunctival covering. She says it was

caused by an injury when she was quite young.

Treatment.—Scarify the opaque spot with a scalpel, and apply to it hydrastin ointment night and morning.

April 2.—The opacity is very much disorganized; appearances indicate a favorable termination of the disease; the prominence has disappeared.

April 15.—Opacity less in size—is not more than half its former diameter; she can see much better. Scarify the opacity lightly with the scalpel, and continue the hydrastin ointment.

No further report.

CASE 570. March 22.—Patrick Kelly, *æt.* 31. Rheumatism, aggravated by mercury. Has been affected since last Christmas with pain in the precordia and between the shoulders; pains the most severe at night. Bowels constipated; appetite poor; pulse one hundred per minute, full and hard. Has taken much calomel, and is difficult to salivate. Was attending the Allopathic clinic, and did not improve under their treatment. Has a dry cough; tongue slightly coated.

Treatment.—*R. Iod. potass. 3ij, syrup simplex 3iij, morphine gr. x, tinc. gelseminum 3iij. M. Take a teaspoonful three times a day.*

April 30.—Feels much better in every respect. Continue the treatment.

May 7.—Is improving rapidly; scarcely any pain. Continue the treatment.

CASE 571. March 26.—John Comings, *æt.* 8. Wry neck. Has had toothache for two weeks, and cannot use any but liquid food. Had severe diarrhea a few weeks ago, but not for two weeks past. The right trapezius muscle seems contracted somewhat; the left sterno-cleido-mastoid muscle seems quite firm. The chin is turned a little toward the right side, while the left ear and side of the head are directed toward the tip of the left shoulder. This condition was caused by cold, which induced the neuralgic pain in the teeth, and also affected the nerves distributed to the

trapezius and sterno-cléido-mastoid muscles.

Treatment.—R Hydrastin, prussiate iron, aa gr. x, ext. valerian, gr. xv. M. Make pills xv; take one four times a day. R Ol. terebinth, ol. olive, tinc. capsicum, aa 3j. M. Apply to the right side of the neck.

April 9.—Appetite good, bowels regular; the neck is nearly straight, and but a little stiff. Continue the treatment.

No further report.

CASE 572. March 26.—Ellen Riley, æt. 47. Spinal irritation. She had an attack of intermittent fever about five years ago, and has not experienced any health since. Has tenderness upon pressure of the spinal column over the sixth and seventh dorsal vertebræ. Has some pain through the abdomen and thorax of a dull, aching character, and sometimes more acute. Bowels constipated, appetite middling good, tongue slightly coated grayish, urine natural. At times she is affected with tremors resembling paralysis agitans.

Treatment.—R Prunin 3j. Make powders xv; take one three times a day. Apply an irritating plaster three inches by four, over the point of irritation of the spinal marrow. R Ol. terebinth 3ij. Apply as a liniment to the chest anteriorly, night and morning.

April 2.—Feels some better; bowels constipated. R Hydrastin gr. xv, tris nit. bismuth 3ss, tinc. hyosciamus 3ss, simple syrup 3ij, water 3ij. M. Take a teaspoonful three times a day. Take one comp. cath. pill every night until the constipation is relieved.

No further report.

CASE 573. April 6.—Michael Mehan, æt. 4. Spinal curvature. Has been affected since last summer. It commenced as a sequel to anasarca. At present, his limbs are not swollen, but are exceedingly small and emaciated. His abdomen is tumid, and contains a small amount of serum, although it seems to have been lessening in quantity for some time past. He can scarcely walk from weakness, and the spinal curvature seems to be caused by

atony and general debility. He has a posterior curvature of the upper dorsal vertebræ, with a slight left lateral curvature a little below. The left shoulder is more elevated than the right, but the hips are horizontal. There is no curvature of the sternum (pigeon breast) to correspond with that of the spinal column. His appetite is good, bowels regular. The dropsy may have been induced by suddenly checking the diarrhea, while the skin was not performing its function of perspiration properly, and the kidneys were torpid; thus the serum and fluids of the body were poured into the cavity of the peritoneum, and into the cellular tissue, as a vicarious function.

Treatment.—R Ol. terebinth 3ss, ol. tigelli 3ss. M. Apply over the curvature of the spine once per day, as a suppurative revellent. Apply a spinal prop, as prepared by Dr. Daniels, of this city, for the purpose of straightening and supporting the spine.

April 9.—The back over the curvature is pustulated freely, and the curvature does not look so prominent. Continue the treatment. Also use—R Ferri phos., hydrastin, aa gr. xv, Malaga wine 3iv. M. Take a teaspoonful four times a day.

April 22.—The curvature has been corrected very much. Continue the treatment. No further report.

CASE 574. April 6.—Mary A. Roack, æt. 3. Vermea. About one week ago, she had a slight chill, followed by some fever, since which time she has been confined to bed. Appetite indifferent, bowels constipated and painful, lips slightly puffed, a livid circle around the eyes, starts in her sleep, picks her nose, and presents the usual symptoms of worms. Worms produce these symptoms by irritating the stomach and bowels. Poisonous and improper medicines, or acrid and indigestible matter, in the stomach and bowels, may produce the same class of symptoms. The diagnosis of worms is difficult, unless you see the vermea.

Treatment.—R Ol. chenopodii 3ss, fluid

ext. spigelia, ol. terebinth, aa ʒj, hydrastin gr. v, ol. ricini ʒj, ess. peppermint ʒj. M. Take ʒj three times a day. I use the above prescription frequently as a vermifuge, with great relief to my patients. (F.)

CASE 575. April 9.—Anna Mahan, æt. 18 months. External scrofulous sore head. Commenced about six months ago, by boils appearing on the scalp, and terminating in a continuous scab, covering all the superior portion of the parietal and occipital regions. There is a dry and branny appearance of the scalp, when it is removed. The scalp is very red and inflamed; the cervical lymphatic glands are much swollen.

Treatment.—R̄ Comp. syrup stillingia ʒiv, iod. potasa, gr. xv. M. Take a small teaspoonful three times a day. R̄ Creasote gtt. xx, oxalic acid ʒss, water ʒiij. M. Shave and cleanse the scalp, then apply this solution once per day. Apply the mild zinc ointment morning and evening.

April 15.—Improving rapidly; continue the treatment.

CASE 576. April 30.—Mr. Spilman, æt. 25. Stone in the bladder. Has been troubled with symptoms of urinary calculus since his earliest recollection. It has affected his health of late more than formerly, and has incapacitated him to attend to any kind of business for the last four or five years. His skin is rather pale and sallow; he looks thin and feeble. The urine, while flowing freely, is suddenly checked by the calculus dropping forward into the opening into the urethra; urine passing very frequently. Sounding the bladder, detected a stone.

Chloroform was administered, and Prof. R. S. Newton extracted the calculus by the lateral operation of lithotomy. It was a mulberry calculus, and very large, so that it was quite difficult to draw through the opening made by the gorget. The parts were dressed with a tube for passing the urine, and the patient laid upon his left side. Light diet and quiet were ordered.

May 1.—Has some pain, for which use the the diaphoretic powder, gr. iij, once in

three hours. Continue the cold water dressing. Some slight hemorrhage occurred, which was arrested by tannin upon a sponge compress.

July 2.—The patient has been well for some time, the wound healed, and he has returned home.

I have given only a brief report of some of these cases, from the fact that they were presented near the close of the spring session of the clinic. Many of the other cases did not return after the second, third, or fourth time; they were improving at their last visit, and we supposed that if they had not continued improving, they would have returned; thus we write of them, "*No further report.*"

The certificates of attendance at the clinic lectures were presented to the class, as usual, accompanied by appropriate laudatory remarks. F.

Part 2—Progress of Medical Science

VERATRUM VIRIDE AS AN ARTERIAL SEDATIVE

A Mutual Paper made up of Contributions from the Members of the Middlesex East District Medical Society, Massachusetts. Compiled for the Society by EPHRAIM CUTLER, M. D., TRUMAN RICKARD, M. D., and WM. INGALLS, M. D.

It has been said that he who causes two blades of grass to grow where before there had been but one, is justly entitled to be called a public benefactor. How much more, then, does this honorable appellation belong to him who extends the boundaries of therapeutics, who increases the number of truly valuable remedial agents, thereby adding strength to the panoply wherewith we seek to break or turn aside the shafts of disease and death. It has ever been the belief of some that nature has in store an antidote for every disease

to which the human race is subject. Be this as it may, one thing is certain—if we interrogate her within her hidden retreats, and seek to extort truth from her grasp by the tortures of the retort and the crucible, she has been wont not seldom to reward our labors and our researches by disclosing to us facts not only of the highest interest to science, but often of untold value to the health and well-being of mankind.

The thought must have occurred many a time to the experienced practitioner, while looking anxiously upon the wasting and unchecked ravages of fever, by whatever cause produced, that, could he summon to his aid some potent remedy, the sure effect of which would be a marked reduction in the frequency of the pulse, without danger to life, he would have it in his power to exert a control over the disease, and render the restoration of his patient more sure and speedy.

Among the recent additions to the materia medica is to be reckoned the *veratrum viride*. As early as 1845, Dr. Samuel Osgood, of Providence, R. I., a pupil of Prof. Tully, of New Haven, called the attention of the medical profession to this plant, by an article in the *American Journal of the Medical Sciences* (vol. xvi, p. 296). Even before that time its properties were not wholly unknown, and it was used, to a limited extent, in certain diseases, particularly rheumatism. Nevertheless, it ere long fell into disuse, for the reason, it may be, that it failed of proving a specific in rheumatism, while colchicum, whose star was then in the ascendant, bid fair of attaining to that distinguished honor. Some seven or eight years ago, attention was called anew to the American *veratrum*, by Dr. W. C. Norwood, of Cokesbury, S. C. Articles appeared occasionally in some of the medical journals, respecting its properties. In November, 1856, the Middlesex East District Medical Society, in Massachusetts, had its attention invited to it by one of its members, and a quantity of the tincture was prepared by him, and distributed among them for trial. Since that time they have been in the constant use

of it, with results which they deem very important. Much valuable testimony has accumulated upon the pages of their notebooks, proving conclusively, to their minds, its reliability as an *arterial sedative* in most inflammatory affections. In March, 1858, the Society appointed the writers of this article a committee to bring this remedial agent to the direct attention of the Massachusetts Medical Society, by distributing a quantity of the tincture among its Fellows. Accordingly, they prepared and presented a bottle of the tincture to each member present at the annual meeting in May last. Accompanying each bottle was a brief circular, containing certain leading facts derived from the experience of the District Society. For additional testimony, reference was made to the cases which make up the most important part of this paper. Aware that new remedies, brought forward with no sufficient guarantees of their merits, are received by the profession with a degree of distrust, they adopted this course, believing that a trial alone was needed to establish the medicine in the confidence of their medical brethren. It is an interesting fact that it has already been subjected to a widely extended and close scrutiny—a scrutiny such as has seldom befallen any other article of the materia medica within the same period of time—and that, too, with results the most pleasing and satisfactory. We question whether there is any one who has given it a fair trial, who does not regard it as worthy of taking its rank among the few therapeutical agents upon which physicians may place the strongest reliance when contending with giant diseases.

Botanical Characters.—*VERATRUM VIRIDE*, Ait. (V. album Michx.), *American White Hellebore*, *Indian Poke*, *Meadow Poke*, *Lich Weed*.—The American *Veratrum* belongs to the natural order *Melanthaceae*. The stem is stout, very leafy, from two to four feet high; leaves broadly oval, pointed, sheath-clasping, strongly plaited, of a yellowish-green color, the lower from six inches to a foot long; inflorescence paniculate, panicle pyramidal, the dense spike-

like racemes spreading, perianth yellowish green, spreading. Grows somewhat abundantly in swamps, moist meadows, open woods, and along the banks of mountain streamlets, from Canada to Georgia. In New England it begins to send up its leaves early in April, and blossoms the latter part of May, continuing in flower till July. According to Dr. Gray, this species is very closely allied to the *V. album*, the true white hellebore, a native of the mountainous regions of Central and Southern Europe.

Part Used.—The official part is the root, consisting of a thick, fleshy rhizoma, truncated above, while the lower part is solid, sending off numerous long white or yellowish-white radicles. These are smaller and whiter than those of the *symplocarpus foetidus*, by the side of which it frequently grows.

Physical Properties.—The root, both in the green state and when dried, has a sweetish bitter taste, and produces a burning sensation in the mouth, upon the tongue, in the fauces and throat, together with a sensation of dryness and heat, extending even to the stomach, and continuing for a considerable time. When dried and powdered, it acts as a powerful sternutatory and errhine, causing an abundant flow from the Schneiderian membrane. Applied locally, it is capable of producing irritation, rubefaction, and even vesication of the skin. (Wood, *Therapeutics and Pharmacology*.)

Chemical Composition.—From a careful analysis, Mr. Henry Worthington (*American Journal of Pharmacy*, vol. x, p. 97) found the root of the *V. viride* to contain gum, starch, sugar, bitter extractive, fixed oily matter, coloring matter, gallic acid, an alkaloid substance identical with veratria, lignin, and the salts of lime and potassa. According to Griffith, the veratria exists in the form of a super-gallate. The alkaloid principle is very nearly insoluble in water, more soluble in ether, and entirely soluble in absolute alcohol. This shows that high-proof alcohol should be used in preparing the tincture.

Time of Collecting the Root.—The proper time for collecting the root is late in the fall, after the decay of the leaves and stalk. The Middlesex East District Society, however, have used specimens of tincture prepared from root dug in the fall, and also from that dug in the spring, without discovering any appreciable difference in the strength of the preparations.

Preparation of the Tincture.—The following is the manner in which the tincture, presented by us to the Massachusetts Medical Society, was prepared. The root was dug in the month of April, just as the leaves were beginning to make their appearance. After being thoroughly cleaned by repeated washings, the fleshy portions were sliced into quarters, without separating the radicles from the rhizomas. About a bushel of these cuttings at a time were put into a common flour-barrel, prepared by removing both heads and substituting a diaphragm of coarse cloth, about three and a half inches above the chime. The diaphragm was extended upon a hoop, and this was kept in place in the barrel by resting upon nails projecting through holes made in the staves. The barrel, thus prepared and charged, was placed over the register of a common house furnace, by which means the mass of roots was permeated constantly by a current of heated air. At the end of about twenty-four hours they became sufficiently dry, and were replaced by a fresh lot. The comminution was effected by breaking up the thick pieces with a pebble and mortar, and then passing the whole through a small coffee mill. Pulverization as fine as this, however, is not necessary. The ground root was then macerated a few days in 94.1 per cent.—common burning fluid—alcohol. It was the intention to employ eight ounces of the dried root to each pint of the menstruum, but it was found that eight ounces of the ground veratrum could not even be wet with a pint of alcohol. Consequently the proportion was reduced to about four ounces to the pint. We believe that the tincture thus produced is sufficiently strong for ordinary use. A greater strength could

easily be secured by evaporation, if desired. After maceration, a portion of the tincture was displaced by 94.1 per cent. alcohol, one part, and water one part. Additional liquid was obtained by subjecting the wet mass to strong pressure under a powerful screw. By these means there resulted from twenty pounds of dried root about ten beer gallons of tincture.

The preparation thus obtained possesses the physical properties of the article heretofore used by the Society, and upon trial was found to produce the same therapeutical results.

Therapeutical Effects.—The *veratrum viride* was subjected to trial in this Society, in the first place, to ascertain whether the New England plant possessed the properties ascribed to that growing in the Middle and Southern States. The result showed very conclusively that it is not at all inferior to that growing in warmer regions, while there is some reason to believe it is even stronger.

It is as an *arterial sedative* that we have employed this agent. Although possessing great power and virtue, it is by no means a specific, nor will it cure or even benefit every disease to which the human frame is subject. Indeed there could be no surer way of bringing it into disrepute and neglect, than by claiming *too much* for it. We have derived satisfactory results from its use externally as well as internally, but we wish this one idea to be kept distinctly before the mind, that the good resulting from its use is essentially due to its sedative power over the circulatory and nervous systems. In respect to the particular diseases, in the treatment of which we have found the *veratrum* an invaluable agent, the reader is referred to the cases which follow, being from notes recorded at the bedside of the patients during the daily visits of their medical attendants.

Dose.—The dose of the tincture thus prepared, and as we employ it, is as follows: For infants, $\frac{1}{2}$ to 2 drops; children, 2 to 5 drops; adults, 3 to 10 drops—every two hours, or *pro re nata*. When the characteristic effect is not produced upon the

pulse, and nausea, vomiting, or diaphoresis, does not supervene, the dose may be cautiously increased, while the effect is carefully watched. If either of the results last mentioned are secured, a diminution of the dose, or a temporary suspension of its use would be proper.

General Remarks.—The tincture of *veratrum viride* has given great satisfaction to those who have fairly made trial of it. Were it not our design to confine ourselves to the testimony of our own Society, we could add the names of many men, eminent among the physicians of our country, who have employed it with the most beneficial and gratifying results. From its use by the members of the Middlesex East District Society, we derive three important conclusions, which we desire strongly to impress upon the minds of all who may read this article.

It is *reliable*. As an *ARTERIAL SEDATIVE*, the Society has found it more certain than any other medicine of the class. In some cases, however, from idiosyncrasy or other causes existing in the patient, the dose must be pushed beyond the directions given, both as to quantity and frequency.

It is *safe*. The first indication of a sufficiently full use being nausea and diaphoresis, one or both; these effects show when it has been carried sufficiently far, and a diminution of the dose, or a suspension of the medicine is temporarily demanded.

It is not a *specific*, as was claimed by those who brought it forward several years ago, and even by some recently. All that we claim for it is, that it is an arterial sedative of great power and reliability.

A minor, though important consideration, in connection with this medicine, is the fact that it grows abundantly in all parts of the country, rendering it easy for every practitioner to prepare the tincture for himself. This will obviate the necessity of paying an exorbitant price for it, under the pretence of its being a new remedy.

From the well known drastic action of the *veratrum album*, it was presumed that the American *veratrum* possessed similar

cathartic properties. But the reported experience of almost all who have tested the action of this medicine, goes to establish the fact that it *very seldom, if ever, purges.*

* * * * *

The succeeding portion of this paper embraces the evidence which the Middlesex East District Society offers in favor of the veratrum viride as an arterial sedative. It has been divided into general and special.

General Evidence. — WILLIAM INGALLS, M. D., of Winchester, thus writes: In functional and organic diseases of the heart, in measles, scarlatina, pneumonia, typhoid fever, and other diseases and conditions of the system, attended by high arterial action, I have found the veratrum viride most reliable in combatting that particular symptom, and it need hardly be added, that the headache, restlessness, and other attendants upon an excited circulation, will almost always yield with that. In a great number of instances I have given it intentionally, in repeated doses, until it has produced vomiting, both in children and adults, and in no one instance has any alarming effect been produced by it. I always inform the nurse or attendant what effects may be expected from its administration, and order them to lessen or increase according to circumstances. This I mention because some have said that this medicine needs much watching, and one in full practice cannot give it. It is true that it has had most vigilant watching from the gentlemen of this Society, and they are well repaid for bestowing it. But let me ask if we ought not to watch the effects, as narrowly as possible, of all the medicines we give and the remedies we employ? Have we indeed learned everything about the action and effects of those agents we most habitually employ?

BENJAMIN CUTLER, M. D., of Woburn, remarks: During the year and a half past I have used the veratrum many scores of times, in various diseases, by itself, and in conjunction with other remedies, and I am ready to acknowledge my satisfaction with its medicinal powers in general, and to

admit that the longer I use it the better I am pleased with it. Its efficacy I have found more marked in some diseases than in others. Thus, its controlling power is most manifest in inflammatory affections of the chest and of the uterus, and in febrile excitements attended with headache. Many of these complaints can be quieted down and removed entirely by the use of this medicine alone, in a very short period of time.

I have used the tincture diluted with two parts of water as an external discounter application in many cases of inflammation of the skin and areolar tissue, and of the mammary glands, with very satisfactory results.

I have rarely seen any unpleasant, certainly no dangerous symptoms from its use, and I think that it is not cumulative in its effects, so as to need the close watching that digitalis requires.

If the dose is too large, besides the slowness of the pulse always found, there will be nausea or vomiting and sweating. Should there be too much depression by an overdose, it can be speedily relieved by alcoholic stimulants or opium.

Should it be thought necessary to give a full dose of half a fluidrachm, in acute rheumatism, to an adult at once, it can be done with perfect safety; at least I have so used it.

Scarlatina appears to be less controlled by the veratrum than any other disease in which I have employed it. But still it is not without value in the treatment of this disorder, for which its arterial sedative quality would seem to render it peculiarly adapted.

Canker spots upon the tongue and inside the cheeks are sometimes observed in connection with the use of the veratrum, and have been ascribed to its administration. More observations are required to establish this supposition, to which the attention of practitioners is thus directed.

Cataplasms, in which varied amounts of the pounded root of the veratrum were incorporated, are convenient applications to inflamed feet and legs, and were favorite

prescriptions of my medical teacher thirty years ago.

ALONZO CHAPIN, M. D., of Winchester, writes, March, 1858: Since the attention of this Society was first called to the *veratrum viride*, some year and a half ago, I have made very constant and frequent use of it in my practice, prescribing it in almost all cases where there was undue arterial excitement, and have at length come to rely upon it as quite indispensable. In cerebral, thoracic, abdominal, and inflammatory diseases generally, causing increased arterial action, the *veratrum viride* has enabled me to subdue and almost control it at will. I have considered it of special value in lowering the pulse where excessive muscular and nervous prostration forbade venous depletion.

In some cases where thoracic inflammation supervened upon typhoid fever, it was of peculiar service. So far as I have taken notes of its effects, I find them quite in harmony with the notices published in the medical journals. I frequently found the pulse reduced forty to sixty beats a minute, in the course of twelve to eighteen hours. Tilden's extracts and the saturated tincture have both been used by me, and I have seen no perceptible difference in their effects. I have usually given from three to eight drops once in three hours, sometimes alone, and frequently combined with other remedies.

RICHARD L. HODGSON, M. D., of West Cambridge, writes: I have found the frequency of the pulse diminished by the *veratrum viride* whenever nausea is induced, *except in cases of cerebral disease*. I have used it in pneumonia, pleuritis, erysipelas, and scarlatina. I employ the concentrated tincture prepared by Keith & Co., of New York. In fact, the *veratrum*, in my practice, has almost displaced the use of the tart. ant. et potas. The dose I prescribe is one to one and a half drops for a child of a year or less; for an adult, five drops, repeated every two, three, or four hours, as required.

HORACE P. WAKEFIELD, M. D., of Reading, states that he has used the *veratrum*

viride as an arterial sedative, and that he has found it a reliable article, unless he was deceived by a series of remarkable coincidences. In every case, he has found the pulse to come down. He deems the *veratrum viride* the most powerful arterial sedative with which he is acquainted; far superior, in his experience, to digitalis.

TRUMAN BUCKARD, M. D., of Woburn, testifies: I have used the *veratrum viride* in many cases of which I kept no notes, with results exceedingly satisfactory. In a few cases, when I began to use the article, I was disappointed in the results, as it did not come up to my expectations. But I am now satisfied that the cause of failure was the smallness of the doses. Of its value in controlling arterial excitement, there can be no question.

SAMUEL A. TOOTHAKER, M. D., of Wilmington, writes: I have made trial of the *veratrum* to some extent, but not having taken notes, am unable to give the exact items. In scarlatina and typhus, it has failed to reduce the pulse, but a rapid diminution of frequency has followed its use in pneumonia and other inflammatory diseases.

EPHRAIM CUTLER, M. D., of Woburn, writes: I am satisfied that the *veratrum viride* is an arterial sedative, having used it as many, if not more times than any other medicine. I do not rely upon it to the exclusion of other well known and tried agents, but I would look to it first.

Special Evidence.—In functional and organic diseases of the heart, the *veratrum viride* has been used with much satisfaction.

[Here follows, as the special evidence, notes of thirty-four cases of disease, embracing pneumonia, different varieties of heart disease, child-bed and other fevers, bronchitis, pleuritis, measles, rheumatism, &c., &c., reported by different members of the Society, in which the *veratrum* was the principal remedy.

The universal attention which this new article of the materia medica is now receiving from all branches of the medical profession, we believe is fully merited by

the efficacy of the remedy. It is interesting, too, to the friends of reform, to witness the eagerness with which many of the professed advocates of venesection seize hold of this potent remedy as an arterial sedative, in view of the waning popularity of the lancet.—*Ed. Ec. Méd. Jour.*]

PEPSINE IN THE OBSTINATE VOMITING OF PREGNANCY.

BY L. GROS, M. D.

In the great majority of cases the vomiting of pregnancy may safely be left to the influence of time; but there are some cases in which females are scarcely able to retain in their digestive system a sufficient amount of nourishment to support their existence, and are therefore reduced to the last degree of emaciation. In some, also, the shocks occasioned by this obstinate and repeated vomiting, become the source of abortions, which might have been prevented by moderating the activity of the morbid phenomena. A very remarkable case was related in 1856, by M. Teissier, Professor of Clinical Medicine at Lyons, showing the immediately beneficial effect of a dose of pepsine in a case of vomiting during pregnancy. In this case the symptoms resisted all the ordinary methods which were employed, and the patient was unable to retain in her stomach any substance whatever. Under these circumstances, the patient was brought to M. Teissier, who found her in the following condition: The vomiting had continued for two months, and she was at the end of the fourth month of her pregnancy; she presented the appearance of a skeleton, having the aspect and the cough of a phthisical subject; the pulse was 140, and M. Teissier thought at first that the case was one of pulmonary tubercle. Finding that all treatment had been hitherto inefficacious, and that the lady was actually dying of inanition, he was seriously meditating upon the propriety of producing

abortion as a means of saving her life; but as a last resource before operating, he determined to employ pepsine. He accordingly prescribed one gramme, to be divided into two doses, and taken every day in a spoonful of broth. At the very first dose the broth was retained, and from that moment the vomiting never returned. On the third day, the lady ate some chicken, and then some beef-steak. The treatment was continued in the same manner for three weeks, and at the end of that time, the cure was complete; the emaciation was replaced by *embonpoint*, the fever and the cough ceased with the vomiting, and at the end of the ninth month the lady was safely delivered.

Dr. Gros then relates six other cases, in which the pepsine was employed with the same success, and he thinks himself warranted in concluding that pepsine undoubtedly produces good effects in the vomiting which attends pregnancy. He explains the results by supposing that, although in the first instance the vomiting is due only to the sympathy existing between the uterus and the stomach, yet subsequently the stomach itself becomes affected, as is proved by the fact that in the beginning of pregnancy the vomiting occurs only in the morning or the evening; but in aggravated cases it supervenes after every meal, and all alimentary matters are rejected. In such cases, therefore, when the stomach has taken on a morbid habit, and exhibits an alteration of secretion, the pepsine appears to be really indicated; although in a merely sympathetic action between the uterus and stomach, it would be difficult to explain the efficacy of its action.—*Bull. Gen. de Therapeut.*

UVA URSI AS AN OBSTETRICAL AGENT.

The *uva ursi* certainly possesses the power of causing contraction of the fibres of the bladder as well as of those of the uterus, and Dr. DE BRAUVAIS has seen a case in which a single dose produced a

most painful vesical tenesmus; and he saw another case of the same kind in a man laboring under piles, complicated with blennorrhœa and varices of the neck of the bladder. A case also occurred of paralysis of the bladder, following hysteria, in which the use of uva ursi succeeded in restoring the contractility of the bladder. From this excito-motor property possessed by the uva ursi, it has been thought that it might be used effectually in certain cases of atony of the uterus, in which the ergot of rye is commonly employed. Its properties are not so dangerous as those of strychnia or ergot of rye, and moreover, it is not disagreeable in taste; in fact, it smells and tastes something like tea. The mode of administration, in simple labors which are retarded by weakness of the pains, atony of the uterus, and nervous exhaustion, consists in giving every hour a gramme of the leaves of uva ursi, infused in a teacupful of boiling water. It may be allowed to cool, and may be sweetened. But if it be desirable to produce a rapid effect, a decoction should be preferred, and the administration should take place at short intervals. Dr. De Beauvais thinks that uva ursi may be placed, on the one hand, in the rank of the astringent tonics, by reason of the gallic acid and tannin which it contains; but that, on the other hand, it deserves to be placed by the side of the ergot of rye, as a proper excitant of the muscular system of organic life.—*Bull. Gen. de Therap.*

LAUDANUM IN PAINFUL AFFECTIONS OF THE UTERUS.

M. ANAN describes a means of locally applying laudanum, that he has found useful in several hundred affections of the uterus. The object being to retain this substance in contact with the os uteri and upper part of the vagina, a magma is produced by means of an inert powder. The cervix being exposed by the speculum, from thirty to fifty (and sometimes more) drops of laudanum are allowed to flow to

the bottom of the instrument. After bringing the fluid in contact with the surface by alternately opening and closing the valves of the speculum, a few drachms of starch are placed at the bottom of the instrument by means of a spoon or spatula, so that the laudanum may become absorbed by this, and, this taking place very speedily, the speculum is then withdrawn. While this is doing, the starch is kept in the vagina by charpie or cotton, which, indeed, may be left at the entrance of the vulva, if the size of this leads to the fear that the substance will fall out when the patient stands erect. Absorption takes place slowly, one hour, and sometimes three or four hours, being required before the first assuaging effect is perceived. No ill effects, whether from excess of narcosis or disturbance of digestion, have been observed. The application may be repeated every other day, or even every day, the patient in the interval well washing out the previously applied magma.

This dressing is applicable to those affections of the uterus and genital organs, which, after active inflammation is subdued, still manifest a painful hyperæsthesia. But it is especially useful in the hyperæsthesia which sometimes accompanies uterine deviations, or the morbid adhesions contracted by the uterus with the other pelvic organs. In these cases of chronic cellulitis, as also in chronic inflammation of the ovary and the tube, it does good service by allaying morbid sensibility. In such cases a precise indication may often be sought for in vain, nothing indicating inflammation or congestion, or these having been subdued. A few laudanum dressings quickly bring relief, and that not for some days only, but for entire months.

"I have found another morbid occurrence remarkably modified by these dressings, viz, a special condition of the entire uterus, frequently met with in women of a certain age, and which, perhaps, is in some cases connected with the formation of small fibrous tumors. In these patients the finger and the speculum fail to detect any sign of inflammation or congestion

and yet so excessive is the morbid sensibility, that a false step or violent shock excites sensibility on every side. In other words, it is a most complete state of hysteria. A few laudanum dressings soon allay this sensibility and pain—the patient exchanging, in a few days, a state of extreme suffering and uneasiness for one of remarkable comfort."

M. Aran has made but little use of this means in ulcerated cancer, fearing hemorrhage from the employment of the speculum; but in non-ulcerated cancer and epithelioma, and in fibrous tumors, this means has afforded more marked relief than any other he has tried. It does not cure these patients, but to afford them relief is to do much.—*Bull. de Therap.*

REMEDY FOR DYSMENORRHOEA AND CONSEQUENT STERILITY.

DR. E. D. FENNER states (*New Orleans Med. News*), that he has used for some years, in the treatment of dysmenorrhœa, with great success, the following mixture, originally recommended by Dr. Falk, of London: R Gum guaiac 3j, balsam canadense 3j, ol. sassafras 3ij, merc. corros. sublimat. ʒj, rect. spt. vini (alcohol) ʒviiij. Dissolve the guaiac and balsam in one-half the spirit, and the corrosive sublimate in the other. Let the guaiac and balsam digest for several days; then pour off the clear liquor, mix with the sublimate, and add the oil. Dose, ten to twenty drops night and morning in a glass of wine or water, *pro re nata*. This was called by Dr. Falk "*Tinctura Antecrida*."

Dr. Fenner says that he usually directs the patient to begin a day or two before the expected period, and take twenty-five drops in an infusion of sage or sweetened water, night and morning, until the discharge is fully established; then cease till the next period. In obstinate and severe cases, the medicine should be commenced a week or ten days before the period; and if the pain appears, the medicine should be taken every four or six hours till re-

lieved. The pain usually disappears as soon as the discharge becomes free; but in most cases the discharge comes on without pain after taking a few doses. I have known immediate relief to be given by a single dose taken in the paroxysm; but I have seen cases in which the pain was excruciating, causing shrieks and even violent convulsions. In such I have had to resort to a more prompt and efficient anæsthetic, as the inhalation of chloroform, or the following, which I have often known to act like a charm: R Spirit camphor ʒij, chloroform ʒij, tinc. opii ʒj. M. S.—a teaspoonful in sweetened water once an hour till relieved.

In violent hysterical spasms there is nothing comparable to the inhalation of chloroform. In the treatment of dysmenorrhœa it is important to obviate costiveness by the use of aloeatic pills. When dysmenorrhœa is relieved by this treatment, conception almost invariably soon occurs in married women.

[We believe the mercury might be omitted—Ed. E. M. J.]

BELLADONNA. — ADULTERATIONS OF MEDICINES.

The use of Belladonna against incontinence of urine in children, as strongly recommended about a year ago by Mr. Brooke, of the Westminster Hospital, has, we believe, well borne the test of the trials which his laudation of it induced. Several surgeons have, we know, formed most favorable opinions of its efficacy. A case under Mr. Hutchinson's care, at the Metropolitan Free Hospital, about three months ago, afforded very conclusive evidence of its power. The patient was a boy of ten, who had from infancy been exceedingly troubled by inability to retain his water. Nightly incontinence was a matter of rule, and very often the urine would escape during the daytime also. Nuxvomica, sesquichloride of iron, &c., had been fairly tried, and without benefit. At first the belladonna seemed to do no good;

but being pushed until symptoms of poisoning were apparent, it finally effected a complete cure. The bladder appeared to have wholly lost its morbid irritability, and during six weeks that the boy remained under observation, his mother stated that no single case of incontinence had occurred. The remedy was given in solution in water, and without any adjuvant whatever. Belladonna is one of our remedies which certainly deserves a more thorough clinical investigation of its powers than it has yet received.—*Med. Times and Gaz.* July, 1855.

Belladonna has long been in good repute as a remedy in many forms of disease where narcotics of various kinds were not admissible. It has been much lauded for its powers over the muscular, as well as for its soothing effects upon the nervous system. We are fully satisfied of many of its virtues as a medicine, and of its rapidly increasing demands upon our confidence. What a pity that we are so frequently imposed upon by a spurious and almost inert article! This has a doubly bad effect. Our druggists too frequently give positive assurance of the genuineness of the stock they have, and perhaps know nothing of its purity, or any of its properties, only that their purchase was made at a very low figure. Thus the physician is deceived by it, the patient suffers from it, and the true medical properties of an invaluable remedy are very seriously injured.

But belladonna is only an individual article of a large class of medicines that suffers like adulterations and counterfeiting. Medical men alone can reform this evil. But they, too frequently (in our country), patronize the house that can give the greatest amount of drugs for the smallest amount of money. Now, we know this is true, and we have often wondered how the physician could claim to be honest to himself, his patient or the profession, while he would refuse to purchase an important medicine, of known purity, because of its cost, and would buy a mere imitation, affording to the holder a much larger per cent. than the pure article would

do. We must say it made us feel that we would, if sick, choose the pure medicines, although the man of imitations might possess the greatest amount of skill and experience. We do not hesitate to say that our society will not be fully organized until she has under her control a drug store, whose medicines shall be of the most reliable in point of purity, without respect to cost. In the country or village stores, it is rare to meet with a single article of the leading medicines, but is impure, from the mode of its preparation, deterioration or adulteration. So long as this is the case, how can we give intelligent or even truthful evidence, respecting the value of an agent, we having used a mere counterfeit?

It is not generally known by medical men, that the sub-nitrate of bismuth of the shops contains, as a general thing, an amount of arsenic. Of ten specimens examined by Dr. Rogers, some of which were imported, only two were found free from admixture with this poison. This deserves serious consideration, as bismuth is a remedy in very common use, and not generally suspected.—*Belmont Medical Journal.*

VERATRUM VIRIDE.

Dr. H. H. TOLAND, of San Francisco, Cal., writes (*Pacific Med. and Surg. Jour.*) of this remedy as follows:—

I have found this plant invaluable in pneumonia, pleuritis, and catarrhal fever, and especially applicable to the treatment of these diseases in children, the pulse being diminished from fifty to seventy-five beats in a minute, in ten or twelve hours, without either nausea or any other unpleasant symptom being produced. Upon adults it acts as powerfully, and its effects are as speedily produced; and the pulse may be reduced to thirty-five without either distress or danger.

Although it cannot be considered a curative agent in typhoid fever, which is the most prevalent febrile disease in San Francisco, the increased arterial action may

not only be controlled, but the suffering of the patient and the ravages of the local difficulty greatly diminished, by combining this with other remedies. Recently in the treatment of several violent and obstinate cases, the pulse has been kept below seventy, and a more rapid and safe recovery thereby obtained.

Having administered it alone in one of the most painful and unmanageable of the curable diseases incident to the country, rheumatism, particularly in the acute stage, I have found it more efficacious than any remedy that has heretofore been employed; besides controlling the action of the heart, it relieves pain, and is more decidedly diuretic than even colchicum. When venesection is resorted to in acute rheumatism to diminish arterial action, metastasis to the heart frequently occurs, and that organ becomes incurably diseased, which could not result from the use of the veratrum, by which the same indication can be as certainly and more speedily fulfilled.

In acute carditis resulting from exposure, in a child seven years of age, accompanied with the most violent and aggravated symptoms of that formidable disease, the excessive action of the organ was controlled in less than twenty-four hours, and the influence of the remedy maintained until the disease entirely disappeared, without the aid of any other treatment except external irritation.

If it were useful only in acute rheumatism and rheumatic carditis, as well as in acute and chronic inflammations of that organ, it would be invaluable, particularly in California, where so many are afflicted, from exposure, with these distressing and always obstinate diseases.

It has also been highly recommended in gout and gouty rheumatism, but of its efficacy in these affections, I am unable, from experience, to give an opinion, as they seldom occur in California, which does not result from the temperance of its inhabitants, but from their great activity.

As might be inferred from its specific action upon the heart, it is invaluable in

active hemorrhage. In one of the most obstinate and protracted cases of uterine hemorrhage that I have ever treated, after every other remedy had failed, the veratrum was administered alone, and the disease was not only controlled but permanently cured. During the convalescence, the precipitated carbonate of iron was combined with the veratrum, and continued until the red globules of the blood were restored.

Hæmoptysis, accompanied with increased arterial action, is arrested more speedily and effectually by this article, than by any combination of remedies that have heretofore been prescribed, although it does not appear to exert a direct influence over the respiratory organs.

Although the veratrum is useful to the physician, to the surgeon it is indispensable. In traumatic fever, resulting either from injuries or surgical operations, its specific effect is more speedily produced; a few doses will reduce the pulse, even when greatly accelerated to the healthy standard, at which it can easily be retained until the cause subsides.

After an operation for aneurism of any of the large arteries, the action of the heart can be easily controlled, by which the danger of secondary hemorrhage is greatly diminished. Instead of being compelled to resort to venesection, to diminish vascular action, which necessarily interferes, in a greater or less degree, with the restorative process, the effect can be produced and maintained until the irritation resulting from the wound subsides, and the system accommodates itself to the derangement of the circulation necessarily resulting from the obliteration of a large arterial trunk.

This remedy has been prescribed during the last year, in every disease accompanied with increased vascular action, which I have been required to treat, sometimes alone, but more frequently in combination with other remedies, with the same result, and is, when given in doses corresponding with the age of the patient, perfectly safe and reliable.

Although it may be supposed that I

place too high an estimate upon the virtues of the veratrum, I know that I have written nothing but what has been observed, and nothing more than justice to the remedy, and a duty I owe the profession, require. It is useful in the treatment of miasmatic and typhoid fevers, and invaluable in the management of traumatic fever, rheumatism—both acute and chronic—and active hemorrhage, and may be given in cases of emergency as an emetic, altho' it is neither considered valuable nor proper.

HOW MANY CHILDREN CAN A WOMAN BEAR?

Dr. SAVIGNE says that this question has not yet been satisfactorily answered. He himself has observed two females, each of whom had borne twenty-four children. Oslander (*Handb. d. Entbindungs Kunst*, 1 Theil 1 Abth. S. 310) mentions one woman who, during her married life, bore 44 children, and another who had 53. Burdach (*die Physiol. als Erfahrungswissenschaft*, 1 Bd. 1826, S. 410) relates that the wife of a countryman in the Moscow district had given birth to 69 children at 27 confinements—four times four at each birth, seven times three, sixteen times twins. In the year 1809, the Vienna newspapers contained the following announcement: Maria Anna Helm, the wife of a poor linen weaver in Neulerchenfeld, 20 years married, bore at 11 confinements, 32 children; 28 living and four dead; 26 were males and 6 were females; all were begotten by one man, and nursed by herself. She had at her last confinement three children—one living and two dead. Her husband was a twin, she herself one of four. Her mother had produced 38 children, and died during a confinement with twins. (Oslander, 516.) Six children seem to be the largest number ever produced at one birth. A perfectly trustworthy instance of this is the following: *The Schwab. Mercur*, No. 8, S. 22, 1806, contains the following notice: Ohlan in Stillein, 11 Dec. 1805. The wife

of a chimney-sweep here, named "Dopfer," was yesterday confined of six children—all were boys, and dead. This woman, who has been twice married, has already given birth to 44 children. During her first marriage, which lasted twenty-two years, she bore 27 boys and three girls. In her second marriage, which has lasted but three years, she has borne 14 children—3 at the first, 5 at the second, and now 6 at the third confinement. (Oslander.)—*Zeitschrift, d. K. K. Gesellschaft, d. Aerzte in Wien*, August, 1857.

TO WHAT AGE CAN WE LIVE, NOW?—THE PRACTICABLE LIFE LIMIT, NOW.

In examining the question of human longevity thus far, it is believed that we have established, or found established, the following truths:—

1. That human life, in its course and duration, is regulated by laws, fixed and unchanging, for each given set of conditions.

2. That, in all vertebrate (back-boned) animals—in fact, in all animals—the length of the growing period is an index to the possible length of life; the latter being some number of times the former.

3. That human beings never did, and never could, live 1000 years, nor even 900 years.

4. That the longest known human life, (supposing the antediluvian years to have been seasons, or quarter-years,) did not reach 250 years; and no life since the period of Abraham has exceeded 206 years.

5. That a multiplicity of pursuits, objects of thought and activity, enjoyments and excitements of whatever kind, hurry on the rate of living, and so shorten both the parts of life and its whole duration.

6. That the period of growth in man is now complete at about twenty years.

7. That other vertebrate animals of the largest and most advanced species, as the elephant, lion, camel, horse, ox, dog, etc.,

have lived under favorable conditions, artificial as well as natural, *ten times* the length of their period of growth; but never much more than this period.

8. That it is not reasonable, but, on the contrary, unscientific and subversive of all natural law, to suppose that one animal or person of a species can, under equally favorable and healthful conditions, live *twice* as long as, or indeed any longer than, another of the same species. We must give up, therefore, Flouren's idea of a few extraordinary long livers.

9. That, assuming the same rule for man as for other back-boned species, he should *now*, under *equally favorable conditions* with those species, live ten times twenty, that is, **TWO HUNDRED YEARS**. Whether he *can* now enjoy equally favorable conditions for long living, is a question we shall soon come to. We see, at all events, that Scholasticus, who bought and kept a raven in order to learn whether the bird would live 200 years, was not so great a simpleton, after all; at least, if he had taken as good care of himself as he probably did of his raven.

But we observe, in passing, how remarkably this view harmonizes with known facts in regard to human life.

1. It is no matter of surprise that Methuselah should have lived in that early, simple age, nearly 250 years (though the *Samaritan version* says Adam was the oldest man, and older than Methuselah by 210 antediluvian years, or we may suppose 52½ common years); and no matter of surprise that Terah should live 205, and Abraham 175 years, when we remember that at least ten instances are known, since the Christian era, of persons reaching 150 years, or upward. We are enabled to add the instance of Petrach Csertes, a Hungarian peasant, who lived, as the record is, from 1587 to 1772, or 185 years. Thus we find an agreement—a common character about these long lives.

2. The probable fact of the simpler and more natural lives of the antediluvians agrees with the stated fact that they lived so nearly a uniform period. It was at a

comparatively late era that human lives began to differ so wonderfully in length, and that death began to make its most fearful mark on what should be the best years of life—those of childhood.

3. If the antediluvians lived to near 250 years, according to the ratio we have above found, their growing period should have extended to near 25 years. Here again is harmony between our view and known facts. If we, by losing the guidance of *instinct*, which every physiologist and metaphysician admits is, at the first, in matters pertaining to health and life, much the safer guide, and by losing it before science and reason have yet become—and every close observer knows that as yet they have *not* become—clear and strong enough to take that instinct's place—if we, by so changing, have shortened the whole period of life, it is plain that by excessive physical and mental stimulation, with the present undue use of spices, tea, coffee, and chocolate, and the misuse of the living powers by subjecting them to the effects of a false cookery, of tobacco and alcoholic stimulants, several of which were unknown until within a few hundred years past, we have at the same time hastened and shortened the growing period in at least as great a ratio.

Does any one imagine it is not much to shorten the growing period of the race *five years*? It is true that *climate* has done more than this. In torrid latitudes women are marriageable at from 12 to 14, and men at from 13 to 16. In the northern frigid zone, the growth period is longer than with us. And yet Mark Albana reached 150 years in Ethiopia, O. J. Drakenberg 146 in Norway, M. Lawrence 140 in the Orkneys, and Louisa Truxo, a negress, 175 it is said, in Tucuman, S. A. Among the longest livers in our own country have been negroes, perhaps slaves, in our Southern States. If, however, when climate by its influence opposes, we shorten the period of youth five years, it is a great deal. We must reflect how hard a thing it is to change permanently the *type* of a species—part of the nature stamped into

its being in the work of its creation. Consumptives, among us, do not ripen much before their twentieth year, even if they die soon after, or indeed before. Nature holds to her own intention and method as long as she can; and so it is adult, rather than adolescent life, that has been shortened most.

Can man now enjoy conditions for longevity as favorable as in past ages? We are led to believe that he can not; and the following are facts and principles bearing on the points. We speak of civilized communities, but believe these are even more favorable to great length of life than the barbarous.

1. Anxieties, excitement, great mental activity beget in men a craving for stimulants, and these, in the form of condiments and exciting food and beverages, keep alive the passions and activities of all kinds; they hurry on, in the main, the operations of brain, muscle, stomach, and all the organs; and thus they intensify and shorten life. Certainly there never was a time of greater activity than now; and one can not well foresee how it is soon to be otherwise. The consequences are obvious.

2. This great activity not only leads to *precocity*, but it prevents us from applying remedies to the social life by which to lengthen again, as it should be, the growing period. Emulation, as yet directed to a low class of objects, leads men and women to a "fool's dance;" and fashion peremptorily forbids our giving up the "early ripe, early rotten" regimen. It will henceforth require the whole moral force of mankind, for a while at least, to resist the electrifying tendencies of the age, and retain as good a hold upon long life as we now have. We must now, therefore, speak of man not "as he has been, but as we find him." At present, as Flourens says, "*man does not die—HE KILLS HIMSELF.*" If, for the next two hundred years, we do something to check infant mortality, and extend life more uniformly toward four or five-score years, we shall do well.

3. Adulteration of food and beverages was never before practiced to such an ex-

tent as now. Men, intent on becoming rich, mutually poison and are poisoned. We can not take poisons for food with impunity; and so, as a race, we die earlier, whether we get rich or not. There are now those in every great city, more or less in all communities, who, if their business and its fruits were known, would merit worse of their fellows than ever did a Borgia or Brinvilliers. The sensible man will take as much of his food as he can get in the simple, natural form, if only to escape a slow poisoning.

4. Our possession of reason, as before intimated, does not as yet give us any more certain likelihood of life. We may use it in deceiving ourselves with self-destroying theories on the one hand, or flimsy excuses for violating nature's laws on the other. Reason thus far aids us in the *how much*, but cheats us of the *how long*. It is our duty to exercise it, nevertheless; and when truths of science and human experience have become better developed than they can be now, reason will doubtless at last save us from premature dissolution, and from the errors which now consign one-half of all born to the grave within the first ten years of life.

5. A perfectly physiological life is not now possible. It never yet was. Grief and sympathy, and calls of duty, and demands for herculean effort, come on us unsought and per force. The most discreet man is, before he is aware, in a perfect thicket of indiscretions. But though the perfect life is yet only an *ideal*, he errs fatally who does not daily strive to make it reality.

We must distinguish, therefore, between the *possible* and the *practicable* length of life; and the distinction is very wide.

In fine, although the problem is yet in a degree open, and the results may require to be somewhat varied, we feel warranted in drawing from the facts presented the following conclusions:—

1. Men and women have lived to an age of near 250 years; and within the last few centuries a few individuals to from 140 to 185 years.

2. Since these were *but* men and women, they possessed no capabilities but those which all of us possess; and providing our parentage, habits, and external and internal conditions in all respects were as good as theirs, all men and women now could attain to ages of from 140 to 185 years.

3. Just as soon as the race at large shall have discovered and reduced to unmistakable rules the principles of health and endurance on which those few stumbled, as it were, by chance, the majority of mankind may live to at least 140 or 150 years.

4. When, for a few generations, the practice of hygienic living has been quite universally adopted, so that the *constitution* may recover from its present broken and enfeebled condition, deaths under 80 should become as unusual as deaths over 100 now are; and the whole race, with rare exceptions, could then attain to ages ranging from 100 to 150 years, and many even beyond that, to near or quite 200 years. We have, as human beings, the germs of the capacity to do this; we only need to look after and develop them.

5. While a life thus prolonged is our birthright, and would become our possession, if our conditions and modes of living were brought to a perfection of system and practice, it is evident that until some great change is made in the *causes* now at work, we shall continue to reap the present *consequences*. And so, with a right to exist in health and comfort, nay, positive happiness, to the age of 150 years, the coming century will likely, as the past has done, find children and adults dying rapidly from the first year, and indeed the first hour of being, until the number of centurians, even if somewhat increased, shall still be extremely small.

Reader! what do you opine of the causes, the desirableness, and the necessity of this state of things?—*Life Illustrated*.

ANÆSTHESIA FROM GALVANISM.

During the last week, Mr. Marshall, of University College Hospital, following out

the principles now so widely discussed of tooth extraction under the influence of electricity, has made some interesting observations, with the view of testing the powers of the electric current to modify the sensibility of parts operated on *by the knife*. The operations, nine in number, performed under its influence, include the incising of abscesses and carbuncles, the removal of necrosed bone, and also of a fatty tumor of considerable size. The general effect has been to modify the pain of ordinary incisions, rendering the suffering less acute. In one case this effect was very striking. On some occasions, however, the pain was aggravated, apparently owing to the strength of the current employed. Perfect insensibility was never produced, and the results claim notice as the results of early trials only. Mr. Marshall's first operation was performed on the 9th inst. The coil apparatus was used, one pole being connected with the knife employed, and the other placed either on the patient's neck or in his hand—the current being, of course, intermitting.—*Med. Times and Gaz.* Sept. 18, 1858.

TETANUS RELIEVED WITH EXTRACT OF INDIAN HEMP.

Mr. E. W. Skues relates (*Edinburg Med. Journal*, April, 1858) a case of this. The subject of it was a healthy girl at Honduras, nine years of age, who was suddenly seized, April 9th, 1857, with rigidity of the right arm and leg, accompanied by pain, particularly in the arm. When Mr. S. first saw her, both leg and arm were stiff, the hand flexed on the forearm, the knee semi-flexed, and the right foot turned inward; the pulse 80, soft; the tongue white; bowels open; the countenance cheerful; and there was no difficulty in opening the mouth.

The history of the case was, that, a month previously, she fell and cut her right wrist on some broken glass, and the wound healed quickly, without any bad symptom; that, a few days previous to her

illness, she complained of pain in her back, but of no uneasiness in the cicatrix.

There was an irregularly triangular cicatrix on the ulnar border of the right wrist, over the tendon of the flexor carpi ulnaris.

A purgative was ordered, and the next day she was better. Little change occurred until the fifth day, when some difficulty of opening the mouth was observed; and by the sixth day, the symptoms were well marked. There were frequent attacks of opisthotonos; the pulse was rapid and weak; the countenance was indicative of distress; and the mouth could only be partly opened with difficulty.

In consultation with Dr. Young, the public medical officer of the settlement, who kindly favored me with his valuable advice and assistance, it was determined to use Indian hemp.

The medicine was first given in quarter-grain, and afterward in two-grain doses, repeated hourly until narcotism was induced. Strong soup, wine, and arrowroot were freely given.

The medicine produced marked relief, and was used freely—the quantity given daily varying from four to eighteen grains, and the child was kept almost constantly narcotized. The attacks of tetanic spasm became gradually less severe; and after twelve days the medicine was discontinued, and the child recovered perfectly—though, after all symptoms of the general disease had disappeared, some stiffness of the arm remained for eight or ten days.

The medicine was given dissolved in spirit, each dose being mixed with water at the time of administration. It appeared to act as a direct sedative, creating very little excitement, and did not induce constipation.

SAORIA AS A REMEDY FOR TAPEWORM.

Dr. Strohl published, in 1854, a memoir upon the principal *tæniæfuges*. This work was undertaken to make known

some remedies of this nature sent from Abyssinia by M. Schimper. This country abounds in tænia, and there are very few inhabitants who are not troubled with the parasite. It seems, however, that nature has placed the remedy close to the disease, and that Abyssinia possesses very powerful anthelmintics. One remedy, which exercises a mild and certain operation over tapeworm, is the *saoria*, or fruit of the *mæsa picta*. Dr. Strohl administered it to thirteen persons, some of whom were sickly women, and one was a child two years old; and after the expulsion of one worm, no other appeared in any of the cases.

The new observations made upon this substance confirm Dr. Strohl in his previous favorable opinion of the remedy, and the results of his experience prove to him, 1st. That *saoria* is a more certain tæniæfuge than the remedies of the same class indigenous to France, but that the constancy of its operation is not yet proved; it appears to kill the worm. 2d. Its action is mild, seldom accompanied with disagreeable effects, and it is not difficult to swallow. 3d. It may be administered without fear and easily, to young children, to women, and generally to persons of deteriorated constitution, and with a weakened digestive canal. 4th. These different properties secure its superiority over the tæniæfuges indigenous to France. 5th. It is preferable to kousao, in consequence of its milder action, although a tænicide remedy, and of its being much more common than kousao, from the low price at which it might be obtained. Its preservation, which is easier and longer, is also an advantage over this last medicine, and over the fern. 6th. Time alone can determine whether its action is radical, or only palliative.

Dr. Strohl's mode of administration consists in mixing the *saoria* with some aromatic infusion, and the medium dose for an adult is twenty to thirty grammes. It usually acts as a purgative, and this action may be promoted by giving, in addition, some castor oil.—*L'Union Médicale*.

GOOD NEWS FOR THE RISING GENERATION OF PHARMACEUTISTS.

Among the movements set on foot by the American Pharmaceutical Association, during the past two or three years, to promote the growth in knowledge and the professional improvement of druggists and apothecaries, none have promised more lasting benefits than those which have looked toward the education of young men and boys. Those who are advanced to middle age and occupied with the cares and responsibilities of life, are seldom inclined to a course of self-improvement, except with direct reference to profit; but the young, who are as yet in subordinate positions, with specific duties and stated times for work, for study, and for relaxation, and, above all, with minds keenly alive to the acquisition of knowledge—these constitute the material out of which the future generation of pharmacists is to be made; and may we not hope that they will furnish worthy successors to those who are, one by one, passing off the stage. Of all the excuses for ignorance, that of want of time for study is perhaps the most common, and is certainly the least tenable. The time wasted in unprofitable social intercourse alone, if economized and appropriated to systematic self-culture, would make a philosopher of many a dolt, who now pleads want of leisure as an excuse for ignorance.

What stands most in the way of progress in knowledge among young men in our business, is want of system. They feel the need of a guide to carry them along in their studies, and to tell them how and in what order to take up subjects of investigation. One of the chief merits of a course of lectures is, that it supplies the chain of connection between different subjects, indicating their proper order and sequence, and claiming a distinct and regular appropriation of time to their consideration. Scientific books, especially with the illustrations so generally contained in them, embody all the information given in the courses of

lectures designed for the pharmaceutical student, and a great deal more; but for the reason we have given, their possession is a poor substitute for a course of oral lectures. Comparatively few of the druggists' apprentices and clerks who will read this have any opportunity of attending lectures at a College of Pharmacy, and hence they are apt to conclude it is in vain for them to attempt to acquire a competent scientific knowledge of their business.

It is for such as these that the Pharmaceutical Association has been engaged, through one of its ablest members, Prof. Procter, of the Philadelphia College of Pharmacy, in preparing a "Syllabus of a Course of Study," which will appear in the Proceedings of the Association now in press, and which will be one of the most useful aids to the advancement of pharmacy, to which the Association has given birth.

We specially commend this to all young men who aim to learn the science and art of pharmacy. It is of course a mere outline, but as such meets exactly the want we have been speaking of. It tells what to study and how to study it, and as such must be invaluable to the student.—*Druggists' Circular*.

INFANTILE CONVULSIONS.

When a child has convulsions, says M. Trousseau, learn to act quietly, indulge in no tumultuous proceedings; inquire if your patient is subject to such accidents, and if they generally pass away of themselves; if so, then little medical interference is required, and, generally speaking, the convulsions preceding eruptive fevers will also quietly pass away. Bleeding, prolonged baths, violent purgatives, vesications made by boiling water, so far from being of service, aggravate the disease, interfere with its progress, retard the eruption, and occasion complications. Persons, strangers to the art of medicine, and even physicians themselves, often act in a very

absurd manner. They pour boiling water over the legs of unfortunate children, and thus occasion more serious diseases than the evil they desire to avert. This boiling water, thus brutally applied, is it not the frequent cause of those horrible scalds, which cause the death of so many children? What physician has not seen them? Sometimes the doctor comes, and envelops the legs of the wretched child in linen wrung out of boiling hot water. The child is comatose, and feels not, and thus the patient is killed, instead of saved. I saw one, who was my master—Marjolin—thus treated; boiling water was applied to rouse him out of the stupor which had supervened in the course of a typhoid affection; he suffered in consequence from deep ulcerations.—*Med. Times and Gazette.*

LIGATURE OF BOTH FEMORAL ARTERIES FIFTEEN YEARS AGO.

There is now a man in Guy's Hospital, both of whose femoral arteries were tied about fifteen years ago. He is now aged about 45, and in good health, having been admitted (under Mr. Bryant's care) on account of a fractured metatarsal bone, and not for any constitutional disease. In 1841, Mr. Morgan tied his left femoral for the cure of an aneurism in the popliteal space, and in 1843, a similar operation was required for a like condition in the opposite limb. He recovered well from both operations, and returned to his work, which is that of a ship's porter. He is accustomed to carry heavy weights on his back, and to walk with them up steps, ladders, etc. He appears to have been of average steadiness as regards his habits, being used to a fair allowance of stimulants. The occurrence of symmetrical disease of the arterial system is usually a sign of very bad augury. Excepting at an enormous premium, no insurance company would take the life of a man who had just been cured of a second popliteal aneurism, especially if it were known that he intended to

go on with his previous occupation. In this instance, as the man is, after so long an interval, still in good health, and without any indication of thoracic or other disease, we can only suppose that the degeneration of the arterial coats was not so general as might have been expected. In all probability, the nature of his laborious occupation was very influential in causing the aneurisms to appear when and where they did. We may note that on neither side can the tibial arteries, anterior or posterior, be found. There is no thickening or induration of parts in either popliteal space.—*Med. Times and Gaz.* Sept. 18, 1858.

INJECTING THE PERCHLORIDE OF IRON IN VARICOSE VEINS.

At University College Hospital, the plan generally resorted to in the treatment of varicose veins is the passage of pins beneath the vessels, and twisted threads over the pins, which effectually produces obliteration. We saw another method put into practice recently by Mr. Henry Thompson—that of injecting the perchloride of iron by means of a small syringe, and minute trocar and canula, into the veins themselves. This generally produces immediate coagulation of the blood, and such was the case in the present instance, the patient being a female about forty years of age. The perchloride was injected in four different places, and the coagulum was most distinctly felt beneath the skin. There was also one pin used, but as the varix was more generally diffused than usual, and therefore not so easy to treat by the pins, the injection was preferred. With the exception of severe pain being complained of in the groin of the affected leg, the left, some two or three days after the operation, she has gone on pretty well, and the veins are obliterated. This mode of operation has been resorted to once before in this hospital, on another patient, unsuccessfully.—*Lancet*, Oct. 2, 1858.

CONSERVATIVE SURGERY.

We have not unfrequently placed before our readers examples of diseased joints, in which resection had been successfully performed—in cases, too, which many surgeons would not have hesitated to treat by amputation. Conservative surgery so far was of inestimable value in saving the limbs. Yet we must observe, that other means besides excision, will do good occasionally, and equally save limb and joint, which, perhaps, had already been condemned to amputation. In St Bartholomew's Hospital there are several cases of diseased joint—the hip, the knee, and the elbow—which seem to be doing well under the treatment pursued. In those wherein contraction of the knee has ensued, straightening is being accomplished by the use of Ferguson's irons and boot, as employed in the Royal Orthopædic Hospital.

There is a little boy in Abernethy ward, ten years of age, who received a blow with a poker a year ago, upon his right knee, which penetrated the joint. This was followed by inflammation, destructive disease, and ulceration of the cartilage. All the symptoms of disorganization, suppuration, &c., were present, and the leg was condemned for amputation. It, however, was reserved as an illustration of true conservative surgery, by Mr. Skey, who treated the boy so that he recovered with a bent knee. He was lately under Mr. Coote's care, who has used the boot and irons in common use at the Orthopædic Hospital, with a cog-wheel, &c., and the leg is not only straight, but the boy can walk about the ward with the utmost facility, and, so far as we can judge, is quite cured.

There is another child, a little girl eight years of age, in the hospital, in whom excision of the left knee joint was contemplated for extensive disease, the result of a fall ten months before, with the formation of an abscess in the calf six weeks ago, evidently in connection with the joint. She was admitted on the 28th of April, the joint had become contracted, and the ab-

cess spoken of formed while in the hospital; and yet, under careful treatment, this child has got quite fat and hearty, with a good complexion, and the limb is becoming straight under gradual extension by the same means as in the previous case.

These cases, and many others, show what can be done to save both joints and limbs; it matters not what method is chosen, so that the desired end is attained.—*Lancet*, Sept. 11, 1858.

QUININE IN SCARLET FEVER.

Dr. E. A. MORRISON, of Lawrenceville, Va., has an article in the *Virginia Medical Journal*, in which he extols this new method of treatment. He has treated this disease repeatedly in epidemic form, for more than thirty-five years, and thinks he has met with the greatest success from the powers of quinine. He relates several cases where it had the happiest effects, though the disease presented itself in a very malignant form. He treated about twenty cases in one family, and all recovered but one, to which he was called at the last moment.

When the first symptoms make their appearance he orders quinine, regulating the dose according to the age, and continuing it every two or three hours until the patient is under its influence, occasionally giving a little mild cathartic medicine, to gently relieve the bowels, and mopping the throat with a strong solution of the nitrate of silver. He also, when the patient is old enough, directs a gargle of red pepper tea and common salt.—*Med. and Surg. Reporter*.

IODIDE OF POTASSIUM FOR DISPERSION OF MILK.—M. Roussel, Professor of Clinical Midwifery at Bordeaux, has used this article with success in twenty cases in which the dispersion of the milk was desirable. After the cure, the milk returns again two or three days after the suspension of the iodide. Dose, six to eight grains per day.

FATAL CONSEQUENCES FOLLOWING A SIMPLE FRACTURE OF THE FOREARM.

An illustration of the severity of the consequences which occasionally result from an apparently slight injury, occurred the other day in a case under Mr. Bryant's care in Guy's Hospital. On Thursday week, an Irish lad, aged 17, of pale and flabby appearance, but not otherwise unhealthy, was admitted with a simple fracture of the left forearm. It was at first intended to put it up and let him return home, as there did not seem to be any cause for special anxiety; but there chancing to be several beds at liberty, it was ultimately determined to take him in. There was considerable oedema, but no ecchymosis. The accident had been caused by a blow from the rapidly revolving "jigger" of a crane. According to custom in such cases, the limb was laid on sand-bags, and cold lotions applied, *no splints being used*. Nothing unusual occurred during the first few days. On Monday morning, however, it was observed, that the oedema, which had hitherto slowly advanced, had enormously increased during the night, and extended from the upper arm to the side. He had also been very restless. On Monday he was much worse, the whole arm being tense, brawny and cold. On Tuesday, gangrene of the whole extremity was just on the point of commencing, but its progress was arrested by the death of the lad, which took place before noon. The whole duration of the serious symptoms had been but forty-eight hours. Unfortunately no autopsy could be obtained, and the cause of this so rapid mischief, therefore, remains a mystery. There had been no signs of any internal lesion, nor had any rigors occurred to indicate the existence of phlebitis. On the morning of his death, whilst quite rational, the lad had stated that on waking in the night he had found his opposite arm also quite numb, and on trial it proved to be quite destitute of sensation.

Had such a case as this happened to a country surgeon in private practice, and had splints been employed, it is not at all improbable that very disagreeable accusations might have been made as to the cause of its untoward result.—*Med. Times and Gaz.*, Sept. 18, 1858.

USE PLENTY OF GRAVY.

Dr. Dixon, in a late number of the *Scalpel*, in an article on Diet, assuming the position that "the use of oil would decrease the victims of consumption nine-tenths, and that this is the whole secret of cod-liver oil," quotes the following summary of observations on this subject, made by Dr. Hooker:—

"1. Of all the persons between the ages of fifteen and twenty-two years, more than one-fifth eat no fat meat.

"2. Of persons at the age of forty-five, all, excepting less than one in fifty, habitually use fat meat.

"3. Of persons who, between the ages of fifteen and twenty-two, avoid fat meat, a few acquire an appetite for it, and live to a good old age, while the greater portion die with phthisis before thirty-five.

"4. Of persons dying with phthisis, between the ages of twelve and forty-five, nine-tenths, at least, have never used fat meat. Most individuals who avoid fat meat, also use little butter or oily gravies; though many compensate for this want, in part at least, by a free use of those articles, and also milk, eggs, and various saccharine substances. But they constitute an imperfect substitute for fat meat, without which, sooner or later, the body is almost sure to show the effects of deficient calorification."

M. LEPEDRIEL recommends the addition of ten per cent. of common salt, as the best means of masking the taste, not only of cod-liver oil, but various other kinds of fish oil.

Part 3.—Editorial.

CHANGE IN THE ECLECTIC MEDICAL JOURNAL.

We are happy to announce to our readers that an arrangement has been effected for re-modeling and enlarging the Eclectic Medical Journal. We have faithfully endeavored to fulfill every promise we ever made to our readers, and when we tell them that we shall present them with a medical journal, on the first day of January, that will be in every respect superior to any medical journal published in America, no odds from what source it may come, we believe that our statement will be credited.

We have always thought that in the medical literature of America, and especially in the periodical side, we were too much disposed to think we were in duty bound to recognize national prejudices in science as in politics. We seem to have failed to observe that the spirit of science is republican; that its devotees constitute a common band of brothers—a very family of savans—recognizing no distinctions, no other ties than those of truth; and that the passport to and through the vast domain of science, is virtue and intelligence, in every land. The goddess of science bestows her favors not on the sons of this, that, or the other nation, but on the learned and industrious cultivator of practical knowledge, come he from whence he may to the vast temple where is garnered the world's wisdom. A truth in medicine is worthy of our serious attention, whether it came to us from China, Russia, Austria, Turkey, France, England, Mexico, or from our own American States. The possession of the knowledge is the great desideratum.

We all know that the American medical mind is intensely active, and for this, if for no other reason, it should have the advantage of Europe's experience. The facilities

for medical teaching, in Europe, are very superior to our own, and where physicians enjoy such advantages, it is but reasonable to infer that the science will be very rationally cultivated. Certain of the medical schools in Europe, and especially in Great Britain, manifest every disposition to reform the practice of medicine; chief among these may be mentioned the Edinburgh University. The Reform movement, commenced in this country thirty years ago, has at last reached Europe, and now we find some of the most eminent men engaged in exposing the errors under which the profession has so long labored.

The Edinburgh Medical Journal is the organ of the University, from whence these liberal teachings emanate, and through its pages they are given to the medical public. The Eclectic Medical Institute of Cincinnati has been, since its organization in 1845, the leading liberal and reformatory school in America, and the Eclectic Medical Journal, the channel through which the Faculty of this school has given its teachings and discoveries to the public.

If, then, the Edinburgh Medical Journal may be regarded as the most worthy and rational representative of medical science in Europe, and the Eclectic Medical Journal the leading liberal journal in America, it is plain that a union of the two will result in the production of the most worthy medical journal in the United States, if conducted with ability and fairness.

In consideration of these advantages, the publishers have determined on such a union; that is to say, to republish mostly the Edinburgh Medical Journal, and embody the reprint with the Eclectic Medical Journal. This will cause the necessary enlargement and re-modeling of the Journal, of which we have already made mention.

In mechanical appearance, the Journal is intended to defy criticism, as the publishers are determined to spare no pains or expense, as regards either paper, composition, press-work, or binding. The arrangement of subjects is deemed very superior—a prominent feature of which is the proper

presentation of actual clinical experience and bedside practice.

The editorial management of the "CINCINNATI ECLECTIC AND EDINBURGH MEDICAL JOURNAL," will be under the control of Prof. NEWTON and BICKLEY, and we can promise a degree of care and labor on this department, that has never before been given to an American journal. We intend to make the "Cincinnati Eclectic" a faithful reflector of medical science everywhere. In its pages will be found matter emanating from all the schools of Europe, from time to time, together with a fearless, manly, and undisguised expression of medical opinion upon any and all subjects connected with the healing art.

For the past ten years we have tried to present our readers with a journal worthy of patronage, and we are proud to say that we have no cause to complain. Now that we are endeavoring to present them with a journal in every way superior to any thing yet published in the West, we feel assured that we shall meet with a generous support from those whom we have so long and faithfully served; for if we deserved two dollars per annum from them, in payment of the "*old Journal*," we certainly shall be more deserving when we shall furnish them a journal so much superior in every particular, as the "*Cincinnati Eclectic and Edinburgh Medical Journal*" will be.

Let every physician who desires the best Journal in the land, assist us by subscribing himself, and by trying to induce others to subscribe. The subscription price is only two DOLLARS a year; and since no practitioner is too poor to spend that much for a good journal, we hope our friends will exert themselves for our new journal.

Every physician ought to take one or more medical journals, and common interest alone would certainly induce him to take the best. This Journal has the largest circulation of any medical periodical in the West, and we hope at the end of another year, to say that our new Journal has the largest circulation of any medical journal in the United States.

To each of our present subscribers we shall mail one copy, and we beg them to renew their subscriptions at once, for the publishers will not mail it except to actual subscribers.

Each number of the Journal will contain a splendid lithographic plate, together with such wood illustrations as may be needed, from time to time, for illustration. It will contain 64 pages monthly, making, in the year, a volume of 768 pages—a complete medical mirror for the year 1859.

Let every graduate of the Eclectic Medical Institute, every physician who desires its prosperity, respond to this at once, and we promise our part shall be fulfilled.

Letters may be addressed to either of the editors—R. S. NEWTON, M. D., and G. W. L. BICKLEY, M. D.—or to the "*Eclectic Medical Journal*," Cincinnati, O.

THE WINTER CLASS IN THE ECLECTIC MEDICAL INSTITUTE.

The class for the Winter Session of 1858-9, in this institution, is now fairly made up, and of its peculiar features we propose to speak, not so much of the men who compose the class, as of the circumstances which have brought them hither.

The class is larger than it was last winter, but still smaller than we have seen gathered in its halls. This, however, is no strange circumstance, for it pertains alike to every medical college, and is referable as a fact to the financial crisis, from the effects of which we have not recovered.

The system of puffing and blowing, in the way of flaming advertisements, has been abandoned by nearly all respectable medical schools, and they are now generally allowed to draw according to their real merits, considered as fountains of knowledge. Hence we shall observe that the gist of medical college advertisements consists in setting forth the peculiar advantages of this or that school. There is a system of drawing yet practiced by a very small order of schools, which, to say

the least, is of questionable respectability, if it is not at once a tacit acknowledgement of scientific inferiority.

The class now assembled in our halls have come hither without persuasion, and to learn Eclecticism in its purest form—Eclecticism as taught by the old pioneers, who have made themselves conspicuous by success of practice. It was here the profession listened to the lectures of T. V. Morrow, L. E. Jones, A. H. Baldridge, W. Beach, I. G. Jones, and the older teachers of Eclectic Medicine. It was this school that severed the shackles of medical despotism in the great West, and sent forth its army to plant the fair banner of Eclecticism, in every town and village in the West and South. The class thus assembled is composed mostly of students whose preceptors hold the diplomas of this institution in possession, and whose minds have never been influenced by the misrepresentations of dissatisfied parties who failed to get control of the institution.

The class has a large number of second and third course students, with now and then an old practitioner, and a more intelligent body of gentlemen cannot be found in any medical college. The class bids fair to be one of the most efficient that has assembled in our halls for a long time. There is manifested a deep interest in what is said, and in the examinations, the Professors say that the class stands remarkably well. This is what we desire to accomplish—the giving of a thorough medical education. In our January issue, we shall endeavor to state how this is done.

We feel assured that the crisis in the history of the Eclectic Medical Institute has been passed, and that henceforth we shall march onward undisturbed in the noble work in which we are engaged.

WORTHY OF IMITATION.—Two French milk dealers were recently severally fined 50*fr.* by the Tribunal of Correctional Police for having put 14 per cent. of water in their milk.

ANTI-SYPHILITIC COMPOUND.

A patent was obtained in England last year, by a French physician, Theodore Lipkau, for a compound which he denominates "Anti-syphilitic." In the patent papers the following is the specification furnished:—

"This invention consists in forming a compound, either as a soap or powder, in the following manner, to be employed for the prevention of syphilitic diseases:

"Take of bichloride of mercury, one and a half drachm eleven grains; hydrochlorate of ammonia, one-half drachm. Triturate in a stone mortar—tincture of thuja (occident.), a sufficient quantity; tannin, one ounce. Agitate the solution in another mortar, and afterwards mix with it—chloride of lime, one and a half ounce; soda soap, one pound; tincture of thuja (occident.), two ounces; oil of cloves, half a drachm. Make into a soap.

"The following is the method of employing the compound: One ounce of the soap thus formed is dissolved in one pound of water, and the solution is employed to wash and inject the urethra or vagina within two hours after contact. This soap may be reduced to powder if required."

Now, in reference to the above, we do not believe it will answer the purpose, and if it did, it is not the easiest way of accomplishing the same end. The ingredients are not prophylactic specifics, as the whole medical profession knows, and some of them are worse than useless. Besides, a man who would cohabit with a woman known to be affected with syphilis, deserves the tortures of the disease. A few simple rules will more effectually guard any one.

1st. Never run the risk unless you are sober enough to know what you are doing.

2d. Always wash thoroughly immediately after with soap and water, and urinate if possible, and in nine of ten cases where one has been exposed, he will escape.

If time has been allowed for the absorption of the virus, Dr. Lipkau's compound will be as effective as so much water only. The constitution can only be rid of the virus by constitutional treatment. Besides, there is danger in injecting into the ure-

thra such compounds as the above. However, the people like to be humbugged, and no doubt but we shall hear of plenty who have bitten at this bait.

TO OUR READERS.

GENTLEMEN: We have mailed you the last number of the present volume, and we sincerely trust you will not be backward in ordering a continuance of the forthcoming volume, which, as is elsewhere shown, will be one of the best and most worthy medical journals in this country. If you do your part, we will give you more than you bargain for, inasmuch as we have both the will and facilities to excel in our work. Give us a good list of subscribers, and we will give you a good journal. And may we not hope that our numerous friends will feel called on to get some of their neighboring medical brethren to subscribe, who are not now taking this or any other medical journal. Every name is that much gained, and we hope thus to gain much, and to merit the entire approbation of every one who reads our Journal.

CHANGE OF PUBLISHERS, EDITORS, ETC.

All the accounts due on the Journal, to January, 1869, will be placed in the hands of J. G. HENSHALL, 110 Sixth street, Cincinnati, who will attend specially to their collection. All remittances of these dues, therefore, should be addressed to him; and all subscriptions for the future must be directed to NEWTON & BROKLEY. We really hope that our subscribers will act promptly in this matter.

PAY UP.

Send on for the new year.

EXCERPTA.

EFFECTS OF HEATED FURNACES ON THE HEALTH.—The Fire Marshall of New York observes, that, "it has been stated to me on reliable grounds, that the health of the children in the public schools is found to suffer from the mode of heating. In many instances the teachers are obliged to allow them to leave school before the regulated hours, in consequence of the violent headaches produced by the closeness and impurity of the atmosphere. It is found from experience that the heated air thrown off from furnaces, and iron surfaces generally, is divested of most of its vital properties, and is apt to produce congestion. In the case of persons of delicate constitutions, this tendency is immediately developed by furnace heat. This effect has long since attracted the attention of physicians, and in some families the use of the stove-furnace is positively prohibited."

He recommends the hot-water-pipe system.—*Druggists' Circular.*

PEROCHLORIDE OF IRON.—M. Vigla relates a case of very obstinate catarrh of the bladder, brought on by the permanent retention of an instrument in this organ, when the subject of paralysis. Various means had been tried without mitigating the affection, which also now had become complicated with severe hemorrhage, and all its attendant ill effects. Very speedy relief soon followed the use of the perchloride of iron, in doses of a spoonful twice a day of a mixture composed of 12 parts of the perchloride to 250 parts of water.—*Journal de Pharmacie.*

At the last meeting of the British Medical Association, Dr. Alexander Wood, recommended the injection under the skin of the preparations of opium, for the relief of neuralgia. He related several cases in which this little operation produced instantaneous relief and a permanent cure. The permanent cure of neuralgia by these injections is very unaccountable.