EMETICS AND THEIR USES.

FROM THE FRENCH OF TROUSSEAU AND PIDOUX.

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Before proceeding to the general discussion of the use of emetics, it will be well to consider hastily the causes and mechanism of vomiting.

That the stomach is contractile is an indisputable fact which no one doubts. But is this contractility of itself sufficiently energetic to produce vomiting? It is here that physiologists begin to disagree; some attributing to it an exclusive influence, while others refuse to allow it any influence at all, and attribute the vomiting to the convulsive action of the expiratory muscles. But the greatest number adopt a mixed opinion, and believe that the stomach contracts upon the matters which it contains, and that the expiratory muscles assist it, but far exceed it in power.

We may then consider two principal facts as admitted, namely, the contraction of the stomach, and the convulsive contraction of the expiratory muscles. The former act depending immediately upon the nerves and muscles of organic life, and the latter upon the nerves and muscles of animal life.

Observe that these two acts are rarely isolated, but are synergetic, so that the stomach contracting convulsively, the convolution of the expiratory muscles immediately follows; and reciprocally, these becoming convulsed, the stomach in its turn contracts.

But we shall see that among the causes of vomiting some affect the stomach exclusively—others act only upon the nervous system of animal life—while others have a mixed action.

All those local irritants which are never absorbed, or which when absorbed
emetics and their uses.

exert no influence upon the cerebro-spinal nervous system capable of producing a convulsion of the expiratory muscles, should be placed in the list of emetics which act directly and exclusively upon the stomach. In this case the convulsive contraction of the muscles is purely and simply synergetic.

On the contrary, when a patient has applied to the skin lotions holding in solution a large quantity of tartar-emetic or of opium, or has absorbed in some other way than by the stomach drugs which produce vomiting, or still more when he is exposed to the movements of a ship, or of the waltz, etc., or when vomiting supervenes upon a great loss of blood;—in these cases the emesis proceeds directly from the influence upon the nervous system of animal life, and a fortiori the contraction of the stomach is synergetic. This is the second kind of vomiting.

In the third kind an irritating substance has been ingested, which when absorbed especially modifies the cerebro-spinal nervous system; hence arises a mixed action, namely, a convulsive contraction of the fibres of the stomach corresponding to the topical irritant, and a convulsive contraction of the expiratory muscles corresponding to the modification produced in the cerebro-spinal nervous system.

Finally, there is a fourth class of emetics, those which act in some measure mechanically. Of this number are titillation of the palate, which produces a convulsive contraction of the muscles which aid in the act of vomiting; the ingestion of a large quantity of warm and watery drinks, against which the stomach revolts; coughing, and finally the voluntary contraction of all the expiratory muscles, a mode of vomiting occasionally found among men, but very common among animals, especially the ruminants and carnivora.

It was important to go into such details concerning the mode of action of the different means of producing vomiting, for we shall see how different are the indications which are filled by these different agents.

Emetics of the first and third classes act only upon the gastric mucous membrane. Those of the second have a primary action only upon the nervous system, and we shall see what is their secondary action. Those of the fourth class have only an action in some sort mechanical.

Let us study emesis in itself independently of the cause which has produced it. At the moment of vomiting, the respiratory muscles of the chest and the diaphragm stop at the commencement of an expiration, and the glottis closes itself as when straining; at the same time the expiratory muscles of the walls of the abdomen contract and press upon the gastric visceræ on all sides. The stomach when compressed can empty itself either into the duodenum or the esophagus; but the duodenum participates in the common pressure, and the contents not being able to force the pylorus escape with violence from the cardiac orifice, and are ejected from the mouth. Meanwhile the gall bladder being compressed vomits into the duodenum, (to avail ourselves of a figurative and still very exact expression,) and this intestine
empties its contents into the stomach. Hence arise bilious vomitings, for it may be observed that the first discharges rarely have that character.

In order to explain emesis and the afflux of bile and of intestinal substances into the stomach, an anti-peristaltic movement has been spoken of, which no one has experimentally established, and which was not at all necessary to understand the phenomena. Observe that in reality the intestines may be considered in this case as a tube having an open mouth; and it is a matter of course that liquids contained in this tube will escape if it is violently pressed. A singular abuse has been made of the peristaltic and anti-peristaltic movement. Purgatives it is said increase the peristaltic movements, and consequently urge towards the large intestine; emetics act in an opposite way, so that when a drug, usually an emetic purges, or a purgative produces emesis, a sort of error of action must be admitted; and if, as frequently happens, the emetic purges after having produced vomiting, there must be supposed to be not only an error but a change of action. Pitiful explanations when all is so easily explained by the mechanism spoken of above.

However it may be with these explanations, there are also connected with the act of vomiting certain phenomena which are not special, but which are common to all sudden and violent efforts. Such are cerebral and pulmonary congestions, rupture or separation of the abdominal aponeuroses, abortion, the renewal of traumatic or other haemorrhages, &c., &c.

Hitherto we have studied only the mechanism of vomiting; we come now to considerations of another order.

When the emetic is an irritating substance, it exerts an influence upon the stomach and some other of the viscera, independently of the vomiting itself, which it is very important to appreciate. The irritated gastric mucous membrane becomes the seat of a considerable sanguineous fluxion, and all the vascular system of the celiac axis becomes turgescent, as we see a whitlow, a paronychia, or even an acute rheumatism of the wrist, cause a very decided turgescence of the arteries and veins of the whole thoracic member. This is a fact of prime importance, and we can at once see how powerful is the derivation of blood, which can produce at once congestion of the liver, the spleen, the pancreas and the stomach.

But the irritation of the mucous membrane of the stomach has another effect, to wit, to increase the secretion, not only of the mucous follicles, but also of the liver and the pancreas; and this increase of secretion may be considerable, if we may judge by that of the salivary glands when the gums are irritated by mercury or by high seasoned food. Thus the disproportion is accounted for which is frequently observed between the liquids ingested and the matters vomited. Farther on, in treating of the indications for emetics, we shall see what conclusions may be drawn from the propositions which we have thus developed. It remains now to speak of the general effects of emetics.
Supposing that they simply irritate the mucous membrane of the stomach, they then act upon the economy by producing a congestion of the abdominal system, and therefore by diverting the blood from other parts; and by exciting a secondary fever dependent upon the local irritation of the mucous membrane of the stomach. The first effect is inevitable and evident; the second is not so evident as Broussais has proclaimed it to be. Upon this subject it is necessary to enter upon a discussion which we shall endeavor to carry on without partiality, and in which we shall give the results of our own experiments and experience.

And we commence by saying that we believe in the existence of gastritis, not as understood by Broussais, but as almost all physicians of the present day understand it, who have no chimera to defend which they have conjured up without facts, and which they wish at any rate to confirm by facts; that is to say, we believe there is a spontaneous inflammation of the mucous membrane of the stomach, an inflammation capable of producing fever and general functional troubles, which are without doubt of little importance, but still evident. But if spontaneous gastritis, so far as it is the cause of febrile disorders, is a fact established by science, does it follow that the gastritis excited by the physician for a therapeutic purpose by means of irritant emetics has the same effect upon the economy as that which is developed idiomatically? Upon this point we must consult experience. Every day we witness cases of poisoning by substances which irritate, inflame and disorganize the mucous membrane of the stomach; and even the sub-mucous cellular tissue to a degree far greater than tartar emetic or ipecacuanha. But so long as the peritoneum itself has not been touched by the irritant agent, it is rare that so grave local disorders produce general effects of any importance; the skin hardly becomes hot or the pulse accelerated; and besides, have we not seen Bretonneau (of Tours,) inject into the stomach of dogs caustic and violently irritant substances, without producing any febrile reaction?

If now we come to more direct experiments, those made upon man with emetics, we see that they agree with Bretonneau's, and with those obtained in the study of poisons, to demonstrate the insufficiency of these agents as a means of exciting fever. In the last century and at the commencement of this, no remedies were more frequently used than emetics. They were given not only to cure, but as prophylactics, and many physicians are still in the habit of producing vomiting in some non-febrile diseases, such as hooping cough, the pulmonary catarrh of children, &c.; but does an emetic, given under these circumstances, excite once in a hundred times an energetic and sustained febrile reaction?

The general action of emetics does not limit itself to the derivative effect which we have pointed out, but also exerts an influence upon the nervous system which it powerfully modifies, and in which it produces troubles which affect the whole system. The nervous perturbation caused by the emetic, causes secondarily a state of syncope and of discomfort entirely analogous.
to that produced by blood-letting. This state manifests itself by pallor, tendency to fainting, small pulse, feeble respiratory murmur, cold extremities, diaphoresis, relaxation of the sphincters and of the muscles of animal life. It appears as if all the organic harmonies were deranged and life were about to end. Patients endure this state unwillingly, and rarely consent to submit to it any length of time. Still it is sometimes of great importance therapeutically to prolong the state of syncope. It is easy to see to what the physician should turn. In short, it is one of the most energetic of the immediate sedatives, for only bleeding and cold can be compared with it; but bleeding causes a loss which can not be repaired for a long time, while the derangement caused by emetics affects the nervous actions only, and leaves the system with all its power of reaction. But if by continuing to use the remedy we sustain the sedative influence, the patient will then be in the situation of a person who has suffered large losses of blood, but who can repair them at once, since reaction and harmony will return when the physician pleases. Emetics are then powerful antiphlogistics, and with great advantage take the place of blood-letting.

Now, among inflammatory diseases, and they are many, there are some for which a single rapid bleeding suffices; not that the disease is removed, but possible accidents are avoided; others on the contrary require repeated bleedings. In the first case the affection is superficial, and the slight sedation produced by an emetic suffices to remove these accidents. This we see in children with acute catarrhs, and with a multitude of other affections which have only a very limited duration. When the disease, without endangering life, is still of very long duration, as hooping cough for example, emetics repeated almost every day produce a sedation which is sufficient to prevent undesirable extension of inflammatory complications. But when the inflammation is so severe that large losses of blood are necessary to combat it, and the disease is such that violent reactions come on rapidly, emetics are not of such primary importance, and should then, as in pneumonia for example, be used in a certain manner according to the method of Rivière, or according to that which we shall afterwards give when we study the use of contra-stimulants.

The peculiarity of emetics used as antiphlogistics is not to impoverish the system, and to cause a merely temporary debility, while blood-letting produces a state of debility which lasts a much longer time; from which it follows that with children who generally bear loss of blood very poorly, with young women who frequently experience grave alterations in their health after bleeding, emetics should always be preferred, unless there is some marked contra-indication.

Observe that in the greater number of cases an emetic produces a more powerful antiphlogistic effect than small bleedings, for these impoverish the system, but only increase the activity of absorption without producing syncope, and consequently without direct sedation; emetics have almost always
the sedative effect which we have above analyzed. Then in a multitude of affections in which we cannot use copious venesection an emetic should be preferred.

We said just now, in comparing moderate bleeding with emetics, that the former acted only by impoverishing the system to a slight degree, but that it was contrariwise with emetics. It is well to observe, however, that emetics have also a decidedly depurative influence, in part by congesting the abdominal vessels, and in part by increasing the secretions of the mucous membranes and the glands. They divert a quantity of blood proportioned to the abundance of the secretions, and consequently act in a manner analogous to, if not identical with blood-letting.

Perhaps this way of considering emetics as succedanea of blood-letting will not be agreed to by the majority of pathologists; it therefore appears to us necessary to dwell upon the intimate mechanism of their action. From the moment that the movements of the heart are weakened and the blood is forced in smaller quantity into the vessels, the inflamed or simply congested tissues receive much less blood; and if this state of demi-syncope which accompanies vomiting is prolonged, it is a necessary consequence that the principal elements of the inflammation are wanting, and it must yield. But there is still another powerful cause of the cessation of the inflammation namely, the depression of the nervous system, which would of itself suffice to extinguish, or at least to moderate decidedly a phlegmasia. If now we add to these two causes the concentrative flow to the gastric viscera, we shall see three most powerful elements of cure united against the inflammation, namely, a diminished supply of blood in the inflamed part, direct sedation of sensibility and contractility, derivative revulsion.

The ancients, who exaggerated the importance of crises, and who explained too many cures by them, thought that emetics acted principally by causing a diaphoresis, which in this case they considered as critical. But notice that the sweat which accompanies vomiting has none of the characteristics of the critical sweat so admirably described by Hippocrates; sudor ille optimus qui die critico febrem exsolvit, utilis autem qui levat. Malus vero frigidos; aut qui solum circà collum et caput exsudat; (Coac. 572,) and that on the contrary it is one of those bad sweats, as is evident from the second part of the passage just cited; and if we recall the cold fits which alternate with the sweats during vomiting, and remember at the same time the aphorism of Hippocrates—a sudore horror non bonum; (Aph. 4, sec. 7,) we shall be convinced that the sweats which accompany the act of vomiting, are, on the contrary, of that class which true hippocrates would consider as bad, whilst the true critical sweats are always produced by a febrile movement, during which the coction is completed; they are warm, general and lasting. It does not follow from this that vomiting may not establish critical sweats; in fact it frequently happens, that when the fever of coction has lasted long enough, and the crisis was retarded or stopped by a complication
which the emetic removed, that the crisis, usually the sudorific, immediately follows the remedy. But most frequently this crisis, whatever it may be, develops itself after the reaction which ordinarily follows the syncopal or lipothymic period of vomiting. This reaction almost always comes on when the emetic has not been administered in such pathological states that nothing can arouse the vital functions.

This power which emetics possess of producing reaction is very frequently useful in therapeutics. Thus these emetics are two-edged weapons, producing sedation and reaction. At first sight there is an appearance of inconsistency in this union, for it seems as if we wish to invent facts to suit our theoretical explanations, while on the contrary the theory is made to suit the facts. If we take for example the sedative par excellence, cold, we see a general reaction succeed to the sedative, caused by the impression of cold. So after the lipothymia which precedes and accompanies vomiting, a kind of general fever is established which varies in its form and duration according to the mode of administering the emetic.

If the emetic produces a state of syncope which is very marked for some moments, but nevertheless passes away promptly, reaction is quick, strong, and takes the form of a slight attack of inflammatory fever; if, on the contrary, the state of lipothymia lasts several hours, or one, two, three days, as happens when we give tartar-emetic or ipecacuanha in divided doses, the fever of reaction is not developed; it appears as if the elasticity of the nervous system were diminished, and, in a word, its excitability destroyed. From this it follows that emetics are to be administered in one mode or another, according as the indication which we wish to fill is sedative or excitant. To take an example in the same disease, measles, we may give tartar-emetic or ipecacuanha, if the eruption has not come out well, to produce a sudorific fever, and consequently a fluxional movement to the skin; and emetics are also indicated in those inflammatory complications which it is so common to meet with in the course of this disease, affecting the thoracic organs. In the first case, we give a single dose which at once causes two or three vomitings; in the second, emetics are given for several days in divided doses, with the design of diminishing the inflammatory fever and moderating the pulmonary phlegmasia.

The effort of vomiting without doubt has its dangers, but it is also sometimes useful. Among the dangers, these may be enumerated, which are common to all violent efforts;—hernia, ruptures and haemorrhages; but these accidents may be in part avoided if we take care not to allow the patient to vomit with an empty stomach; that is to say, we must make him drink large quantities of warm fluids, so that the muscular forces may spend their action upon the stomach. But although as a general thing we should regard continued vomiting with violent efforts as undesirable, yet in some cases these efforts are useful; for example, when some poisonous substance has been swallowed, or a foreign body has become arrested in the oesophagus, or when
the false membranes of croup almost entirely close the larynx. In these cases we hope to empty the stomach entirely, and to cause the ejection of the foreign body or the false membrane.

Thus far we have, so to speak, only glanced at the medical history of emetics, but these therapeutic agents occupied till the end of the last century, and especially in the seventeenth and eighteenth centuries, so important a place in medicine, that it is well to endeavor to appreciate those conditions in which their efficacy has been almost unanimously allowed by physicians. They were given to throw off the saburra, the bile, and the peccant humors which filled the stomach, and were the cause of diseases more or less severe. Now in this theory there is something very attractive. The saburra, the bile, the humors were seen;—the emetic produced an evacuation, and the cure followed. Truly we can comprehend how for so many centuries the humoral doctrines and the evacuant treatment ruled in medicine. But now that pathological anatomy has made great progress, and physiology is more advanced, it is easy to give a more satisfactory explanation to certain phenomena than could be done at a period when the medical sciences were less perfect.

In the first place, what is meant by saburra? They formerly understood by this word the clammy and fetid coat which covers the tongue in certain diseases, and especially a viscous and pulsatous secretion which lines the mucous membrane of the stomach, and sometimes that of the small intestines. This vicious secretion is generally accompanied by pallor of the mucous membrane of the mouth, and on autopsy we find the internal tunic of the stomach without unnatural redness, and but a little less consistent than it should be.

What is the cause of this unnatural secretion? Is it inflammation? Broussais replies in the affirmative, and demonstrates it by arguments which appear to us in the general very satisfactory. He lays down a principle that all vices of secretion depend upon an irritation of the organ charged with the function of secretion, and that the greatest increase and change in the qualities of the secretions are phenomena of irritation. It is very evident that membranes secrete more abundantly and differently from natural, when they are irritated and inflamed; that the persistance of the inflammation causes the persistance of the secretion, and that the vicious secretion disappears with the irritation which produced it. On the other hand, in the commencement of phlegmasia, the swelling, pain, redness and heat of the tissues do not allow one to overlook the irritation; but when the disease has lasted a long time, the vascularity gradually diminishes, the swelling and the pain disappear, and the flux remains. It is difficult to believe that under these circumstances we must not attribute the remaining flux to the continuance of the inflammation, of which the principal phenomena only have disappeared.

(To be concluded.)
Gentlemen will perceive that I have chosen to introduce a somewhat unusual term, viz., the Natural History of disease;—one not new by any means, but, as I think, not sufficiently used.

My reasons for this are that the profession at large, authors as well as readers, seem to have lost sight of the fact that morbid phenomena are as truly natural phenomena as are any of those connected with the changes which continually take place in the atmosphere, and on the surface of the earth. A neglect of this truth leads us to look upon disease as something unnatural, as something marvellous; and to feel that in combating its progress, we must do something that by some mysterious agency will counteract its tendencies. This is the root and source of all empiricism and quackery, which is a search for something which shall, in some hidden or incomprehensible way, check or remove disease. This is always favored by the ignorance of the community, which ignorance is the fertile soil for a very unnatural faith in supernatural agencies. Very great care, then, should be taken to give nature its true position in medicine. Allow me, then, to occupy your time this morning with some extended remarks upon the relation of the natural to the supernatural, hoping in this way to call your attention to a very important point.

Perhaps we may cover these remarks with a single idea, or rather a single general principle, which may be thus expressed: Whatever is mysterious, or partakes in the least of the supernatural, forms no part of scientific medicine.

Doubtless, to many of you, this proposition may seem trite, or it may seem devoid of any importance. However this may be, I am fully convinced that although you may forget it for years, it will again spring forth with freshness as you pass the down grade of life. With the first silver hairs of experience it will awake, and every year will show you that the greatest impediment to the progress of our art is now, and ever has been the astonishing credulity of mankind in every thing to which mysticism lends its false illumination. The glare of mysticism is far too often mistaken for the light of science. Indeed, we need not go far to find some one who will boldly assert that there is mystery in every thing, and that science is as full of mystery as anything else.

The belief in the supernatural, too, is and always has been very extensive; indeed, we might almost say universal; and yet, nothing can be more at va-
riance with medical science, which is founded upon nature alone, and in no
one point does it transcend nature and become supernatural.

Look for a moment at these two ideas, which after all are radically the
same—the idea of mysticism, and the idea of the supernatural. The myst-
ic looks around upon nature, and sees (as who does not?) many things that
he does not understand. He sees the countless stars revolving in unchang-
ing splendor from age to age. History, with all its searchings into the past,
does not hint at any change in them. He doubts not they have existed
longer than any one can tell. When were they made? He cannot tell; a
mystery hangs around the epoch of their birth.

Revelation speaks to him, and tells him that they were some of the first
results of creative wisdom; but this does not solve the mystery. It is
still mysterious, and he sees not the evidence of infinite power—his mind
rests solely upon the mystery. Look now at revelation, examine it care-
fully, and say, does the plain story of the world’s creation seem written to
convince us that creation is a mystery to man; or, does it not appear
designed to fill us with the grand idea that all this world of beauty and or-
der sprang into existence because of the almighty fiat? Let there be light,
and light was. Is it, I ask, the language of revelation, that God is a God
of mystery—or is it that He is a God of infinite power and wisdom?

But let us descend from the blue vault of heaven to the earth upon which
we move, and look for a moment at the surface of the globe, with its diver-
sity of land and water. See the heaving ocean with its everlasting flux and
reflux; stand upon its shore, and see the swelling tide rising only to fall again,
and falling only to rise. Talk with the mystic here. He knows the tide
will ebb and flow; he knows, too, that we can tell from the position of the
moon at what hours the ebb and flow will occur; he knows that the moon
controls this vast phenomenon; perhaps he even believes that she does it by
attraction, from her bulk and proximity. But what of that? It is still a
mystery. You cannot make him call it anything else. Reason with him
and he challenges you to explain how one body attracts another in propor-
tion to its bulk and distance. You may recite the law of gravitating bodies
and show how, from that law, it must necessarily follow that the tidal wave
will sweep around the earth, and still you do not answer him; you do not
tell why bodies should attract each other; you have not told him yet what
gravitation is. He says you have told him what effects it will produce in
one given case, but you have not told him why it does thus. It is still a mys-
tery.

We have instanced this particular case with still another view than merely
to illustrate the nature of mysticism, and digress an instant to give that view.
The moon, that great mystery to the mystic, from the very fact that she can
produce the tides, becomes, in the mind of the mystic, the agent in countless
phenomena over which she has really no control. The weather, the crops,
the preservation of meats, the growth of animals, the passions of men, their
diseases, and even the destinies and fortunes of our race, are all placed by the mystic under the dominion of this beautiful planet. And this simply because the why of the tides is mysterious, and all these phenomena are also mysterious, and by parity of reasoning would be likely to come from the same source.

But I must give one more illustration of the character of mysticism, which may be drawn from animated existence. The mystic stands and surveys the wondrous assemblage of living things that swarm upon earth's face. The huge elephant and whale, the tiny insect, the vast diversity of forms in birds and fishes, with all the hideous array of reptiles, and the gorgeous display of vegetable creation. How does all this strike him? He is filled with wonder. "How mysterious," he says. "For what could all these be made?" This is the first and this the last idea that fills his mind. But if his fancy at any time suggests an idea of their use, or the relation of animated bodies to each other that is mysterious, he is ready to subscribe to its positive accuracy. If we analyze the idea which at all times pervades the mind of the mystic, we shall find it to be a full conviction that man cannot pass beyond the limit of simple observation of nature. He does not believe that we can read understandingly the volume of nature unfolded before us; we can only gaze upon it with wonder and admiration. Here, then, is a positive bar to all progress in science. The mystic rejects all laws of nature because he cannot understand why the laws exist in one form rather than another.

Let us now turn to the other idea;—the idea of the supernatural, which we have said was radically the same as that of mysticism. In the supernatural we have to suppose powers that surpass nature. As we here tread on slippery ground, let us occupy a moment in getting a good foothold, that we may not fall, as many have, into a refined materialism, which is little if any better than the grossest infidelity. We do not understand by nature Deity himself. Far otherwise. Nature is the result of the divine mind operating upon matter, and producing all bodies, both organic and inorganic. But for the special action of Deity in creation, chaos would still have existed. Nature, then, being a result, must always be inferior to the agent which has caused the result. On the other hand, brute matter could never alone have resulted in the order and harmony of nature, nor could nature exist without the material stratum. A vivifying influence must pervade it, and bring it into harmonious activity. Matter alone, with all its inherent endowments, could never have become nature, until a higher power had acted upon it, and united it all in one vast whole.

Nature, then, is brute matter, brought into a fixed mode of action, by an Almighty Power. These three elements, different from each other in character, unite and form the glorious triad which is the grand archetype of all the minor details of the material world. We may state these elements thus:

1st. An Almighty Power, purely spiritual.
2d. Brute matter, purely material.
3d. A condition of matters, determined solely by almighty power.
It will be seen of the two first that they are the opposite of each other; the one being infinitely active, the other supremely passive. Of the third we must bear in mind that we see in nature only one condition of matter. What other conditions are possible we cannot say; undoubtedly there are others. This we would infer from the fact, that as the divine energy is not exhausted, and perhaps we may safely say is not even diminished by the production of nature, so matter may suffer other modes of action, and new forms entirely different from any thing beheld by man may exist. Such may be the spiritual body which will result from our resurrection, and which will be our unchanging garb in eternity.

We must also notice that nature, which it has been said was a result, is fixed and unchanging. Not the fixedness that presents the same phenomena at all times, for we know that phenomena are always changing. Day follows night, the storm alternates with an unclouded sky, summer passes into autumn, and that gives place to winter, only to be relieved in its turn by spring. The earthquake, the tornado, pestilence and famine, observe no periods that we can compute. But in all this change, nature still is unchangeable. Her ever varying phenomena are the result of laws absolutely fixed. Look at the beautiful markings of the butterfly's wing. See the countless scales, so brilliantly dyed, here of one color, and there of another, vying with each other in beauty. Observe the order in which these scales are arranged to produce the splendid mosaic pattern. You cannot count them, they are so minute; and yet, from the commencement of time to this very day, through all the innumerable individuals of all the countless generations which have annually succeeded each other, these minute scales bear the same hue, and are arranged in the same order. The butterfly that roamed freely through Eden's groves wears identically the same livery as the one that floats in the air before us to-day. Is not this fixedness? Ye that would know what a law of nature is study this fact, and feel that a law that can operate thus through all ages, without even the most minute change, is indeed a stern law, and such are all the laws which originate from the divine source of nature.

Draw, then, this important distinction, that the phenomena of nature are changeable in the times and places of their occurrence; but the laws by which these phenomena are produced remain unchangeably the same from age to age. Nature, then, in her laws, is fixed and unchanging.

If nature, then, is such as we have attempted to describe, what can surpass or transcend it, and become supernatural? Can any thing in nature be supernatural? The answer to this question depends entirely upon the view we take of man in his relation to nature. If any being that inhabits earth has superadded powers it is man; and unless he has powers superadded to nature, no one has them.

We may recognize in man, most if not all the material conditions that we find in other living bodies, and he like them lives under the dominion for
the most part, of the same natural laws which hold such absolute sway over them. Yet, over and above all this, man has a capacity of existence beyond the grave. Physical death, which is the terminus of existence in the animal, is but the rising of the curtain to man's enjoyment or suffering. The destiny which, as a moral being he has wrought out in time, commences in a state of unchangeableness as soon as the laws of nature have dissolved the connection of soul and body. The material stratum, which in man exhibits natural phenomena, rests upon a substratum which survives life, and is supernatural. One being alone in nature, then, possesses supernatural powers, and that is man. Let us not, however, give the proposition too free an application. The supernatural powers which we attribute to man have no natural bearings. They give him no ability to withstand the laws of nature; they only give him the means of determining for himself the circumstances of his future destiny. They do not increase his natural, but his moral powers. This distinction should be borne in mind; and I repeat, that man alone, of all living bodies upon the earth, has supernatural powers; yet these supernatural powers can only show themselves in moral manifestations that influence his final destiny.

Having now explained what we mean by nature, we are prepared to say what is meant by supernatural;—which in general terms we would say, is anything that is beyond nature, or not in accordance with the laws of nature. This is the true definition; it is indeed the only definition which can be admitted in philosophy, and if all mankind were possessed of philosophy, no errors would arise from their faith in the supernatural.

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But there is yet another class that is peculiarly interesting to our profession; it is those who believe that disease is entirely supernatural; that it has an existence of itself; that existing at one moment in space, it lights in the next upon some poor mortal, and straightway the man hath colic, or fever, or rheumatism, or cholera, or some other grievous ailment. Anon the physician comes and introduces some wonderful drug and drives off the disease in the same way as you would smoke a woodchuck out of his hole in the earth. The whole system of medicine, in their view, is a contest between supernatural and natural agencies. The question is to find some natural agent, some gum, or salt, or resin, or something else, which is noxious to the supernatural agency that has taken possession of the body. Indeed, this faith in the supernatural goes still farther, and endues even natural bodies with a supernatural mode of action. It attributes to medicinal substances a mode of action not depending solely upon their elementary composition, and not resulting from natural changes which those substances undergo when brought into contact with living bodies, but a mode of action similar to the agency of evil or good spirits—a species of volition in the natural bodies that are used as remedies. Colchicum cures rheumatism by virtue of cer-
tain incomprehensible powers, or rather, because it wills not to have rheumatism reside in the same body with it. This, although it may seem to be an exaggerated view of the unnatural, or supernatural faith in regard to disease and medicine, is by no means untrue. I have only stripped it of ambiguity, and reduced it to simple terms.

I will give one instance which will be conclusive to every mind that has received even the faintest philosophical view of medicine. It is the healing of wounds. Take a simple incised wound which has been left unclosed by art; see the changes that take place. Blood issues for a little time, and then coagulates and stops flowing. In a few hours this clot is detached by the little granulations that spring up over the whole surface of the wound; these are tender and extremely delicate, and are immediately protected by a purulent formation which is in reality a natural dressing. The granulations increase, and at length fill the cavity of the wound; the purulent matter now dries into a scab, and when this falls we find the skin sound.

Now all these changes occur without the intervention of art. There are inherent powers in all living bodies, which enable lost parts to be restored by means that are naturally provided. A regular series of changes takes place, one step following the other in a fixed order, unchangeably the same.

A large proportion of the community suppose that a wound requires some healing salve to be applied to heal it, and will not be content until some application has been made for that purpose. And how many recipes have been contrived to heal wounds, when after all nature herself heals wounds; and did she not, all the united wisdom of earth could never do even the slightest thing towards it.

Art may do much to assist nature; it may approximate the edges of a wound so that the cavity may be much less, and where the position of things is so favorable that the wounded surfaces may be brought in contact, a much shorter process will be adopted by nature. Every one has noticed that wounds upon animals heal well although no unguents are applied, and we may instance a still stronger case in the healing of wounds in plants.

To my own mind nothing can more beautifully illustrate the healing powers of nature, than the closing of a wound by granulation; and I never see a cicatrix without feeling how perfectly useless would be the art of medicine, if the physician was not aided by the sovereign power of nature.

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There is perhaps great misapprehension even amongst the learned, on the subject of natural laws. They are looked upon with too little faith, and hence in all their learnings of nature they remain very ignorant. They suppose oftentimes the cause of a phenomenon is to be searched for, and when found will explain every thing, so that no more questions can be asked about it. They see the heart contract, and ask what makes it contract. We say that the contractions arise from an inherent excitability which responds to the action of various stimulants, most of which we can enumerate; but
this is no answer to them. What is excitability, is the next question. We answer that it is the property which living bodies have of responding to the impressions of excitants. This they will say is no answer, nor would they deem themselves answered until you had told them how it was caused, just as plainly as how the shell rises in the air from the mortar, upon the firing of the powder. This they fully understand; it is very intelligible to them that a ball should be propelled with very great velocity from a cannon by the explosion of the gunpowder.

But now in turn interrogate those same persons as to the phenomenon which is so very easily understood. Ask them what makes the ball rush forth when the powder is set on fire. One will say, that it is the nature of powder to make balls go with great velocity; another will reply, that it is the powder burning; another, that it is the powder expanding by heat; while a fourth, more intelligent than the others, may say that powder when ignited develops gases that occupy a great deal more room than the chamber of the gun, and hence rush from their confinement with great velocity, carrying the ball before them. Surely this last is a good answer, but what if we ask why powder when ignited should develop gas, when sand under the same circumstances would not. It perhaps would be answered, that it is an inherent property of powder to change from the solid to the gaseous state, upon the application of heat; an answer precisely the same as the physiologist gave on the subject of excitability. In one case the person was willing to accept of a cause which was merely one of the series of changes that took place, and that for the reason that it was a familiar thing, and because it was familiar, it seemed perfectly comprehensible, when in reality he knew as little of it as of any thing else.

We see a good illustration of this same deception in medicine. We are asked what ails the person who is sick, and we may give for an answer, a statement of the pathological condition, and yet we shall not satisfy the inquirer, the persons oftentimes telling us that they know now just as well as they did before. But if we had told them it was fever, they would have felt that they understood the whole matter, although they could not have answered a single question as to what fever is. You will see then that really the causes that are assigned as sufficient to produce natural phenomena, by the class of which we have been speaking, are as often as any way, satisfactory only because of their being familiar events which they think they understand.

Having now to some extent illustrated the terms mysticism and supernatural, and shown their true relation to nature,—let us return to our proposition, that whatever is mysterious, or partakes in the least of the supernatural, forms no part of scientific medicine. Nothing in nature is mysterious—nothing in nature is supernatural, with the one exception made. Medicine is founded entirely upon nature. It is, or should be, a study of nature as she shows herself in the phenomena of living bodies, both in a healthy and in an unhealthy state. The method of study is the same as that used in all the
other departments of natural science. We must observe accurately the phenomena. We must carefully note all the changes that occur, and ascertain with certainty the exact order in which those changes follow. The concurrent circumstances which at first sight may seem to us to have nothing to do with the main series of changes, must all be noted. After a time, when observations have been sufficiently extended, we may deduce a law more or less general, which law will never tell how phenomena were produced, in any other way than to give the order of events, and the attending and necessary concomitant circumstances. From this accumulation of phenomena and laws, we shall eventually learn what circumstances are essential to the production of the phenomena, and then be able to predict what events will occur when certain appearances are noticed. Erroneous views of nature lead inevitably to wrong methods of study, and if medicine be truly a branch of natural science, it becomes highly important that the physician should have right views of nature.

Too often, unfortunately, this is not the case. Mysticism and an erroneous belief in the supernatural prevail to a very great extent, and lead us to study our science by a very false method.

Allow me to suggest to you, gentlemen, that you give this matter due consideration, and now while your habits of thought are not fully formed, bring them into the right shape. An intelligent faith in nature must be your guide. Study nature in all her varied forms. Nature alone is the true expounder of nature. She alone explains herself. Place but facts in natural history side by side, and reason will quickly make one tell what the other means. I would ask any one of you who supposes that natural history is only a collateral or accessory branch of medicine, or what is worse still, supposes that it is of no importance to the physician, to disabuse himself at once of such an idea. I say again as I have often said from this place, if there is one of you who sees nothing in natural history but a catalogue of names, and an unmeaning collection of fanciful terms, suiting only those who are moon-stricken with the love of collecting and arranging plants, or minerals, or bugs, or other objects of natural history,—I say, if there are any such here, let him turn away—he has mistaken his calling—he can never become a physician whose whole office and mission is, to study and interpret nature.

If, too, there is in those before me one in whom the mischievous root of mysticism lies buried, let me advise him to dig it up; he can never see the beauty of nature, nor can he ever hear the everlasting song of truth that comes up from every living and inanimate body that Almighty Wisdom has made. Little thanks does humanity owe to the mystic who with an unhallowed hand has taken upon himself to cheat nature, and who thinks by his art and cunning to overreach those laws that he never even for a moment understood. And lastly, if there sits under the sound of my voice any one who supposes that nature in her majestic humility and simplicity is not equal to the task assigned her by the Almighty, but needs the
assistance of man, to carry forward successfully her operations, let me entreat him to stop in his sacrifical attempt to teach nature.

If, on the other hand, there are those here who, with reverential yet child-like docility, are willing to open the book of nature, and read therein the plain story of chaos reduced to order,—of vegetable forms with powers superadded to unorganized matter,—of animals towering in extended gradation above planets, and with still higher powers superadded to those of vegetable creation,—of phenomena ever varying in the time and place of their production, yet always the result of unchangeable laws,—and lastly, who is willing to see in all this the true relations of man to nature, and nature to Deity, let him come with us and observe nature, and seek from such teachings to assist her in the relief of disease.

PARONYCHIA:

Being a Paper read before the Iowa Medical and Chirurgical Society. By E. Lowe, M. D., President of the Society.

Gentlemen: Having done me the honor to request that I would prepare and read to the Society, an essay on some medical subject at its present annual meeting, I feign would comply in a manner that would meet the expectation indicated in your resolution. But professional and other business demands upon my time, deferred the preparation of a paper for the occasion, to the last moment, until too late to discharge, in a befitting manner, my obligation to you, or to do justice to myself. Under the stress of existing circumstances I sought, with little success, to find something worthy of communication in my practice and experience during the past year. For, in the several important diseases for which satisfactory remedies may yet be found, I have made no discoveries, and have nothing new to offer. I must, therefore, content myself with merely submitting some remarks in relation to the treatment of a very painful and destructive, though not generally considered important disease. Not destructive of life but of portions of the physical system; despoiling it of its utility and beauty. And I am mistaken in the purposes of our Association, if an apology is necessary for submitting any practical fact, though simple it may be, anatomically, pathologically, and therapeutically considered.

Whitlow, paronychia, or paronchyn, names given by authors to the lesion alluded to, is in fact an important disease, considering the frequency of its occurrence, and the excruciating pain with which it is attended; terminating, as it often does, in unsightly mutilation of a finger or hand, upon whose integrity may depend an important avocation. So often, indeed, does it occur, I may assert with confidence, that every one present can in a moment call
to mind many acquaintances with disabled and deformed fingers, the result of the ravages of this formidable disease.

In all the varieties of paronychia described in the books, the nitrate of silver has produced the most satisfactory results.

The first variety is well known by the common term, "run round," so called because it makes the circuit of the nail in its entire attachment, forming a vesicle at its root, and after tedious and painful inflammation, throws it off, leaving the finger for a long time tender, unprotected, and unfit for use.

The second variety occurs in the cellular structure under the cutis, in the extremity of the finger; the pain is much more violent than is usual in inflammation so limited, but does not extend much beyond the affected part, except the tendon becomes involved.

A third variety is distinguishable by being much more painful than the last, attended with but little swelling in the affected finger, but a vast deal in the hand, particularly about the wrist, and over the fore-arm, and the pain extends even as far as the shoulder. When suppuration takes place, fluctuation is not perceptible in the affected finger, but the undulation in many cases may be distinctly discovered in the hand, at the wrist, or even somewhere in the forearm; and this species is located in the tendons and their sheaths, is attended in many cases with severe irritative fever, emaciation, loss of power to move the fingers and hand, and by the unprofessional is called "catarrh."

The fourth variety consists of original inflammation of the periosteum, characterized mainly by most violent pain, limited to the affected part, unattended with external swelling, and terminating in suppuration and caries of the subjacent bone.

Before suppuration commences, one application of the nitrate of silver in any of the varieties of the disease will, it is confidently asserted, arrest it in the course of a few hours at most; and in a majority of cases in which suppuration has begun, if the collection of matter is small, the application of this remedy repeated two or three times in the course of a few hours, will prevent its further progress; the absorbents will soon take up the deposited matter, and the poultice and knife, with protracted suffering be entirely obviated.

The affected part is simply to be well moistened with water, and then rubbed with the solid nitrate, until well coated.

A professional friend knew of the application for the cure of the first variety, on the finger of a lady in the city of New-York. The same lady had a similar attack of another finger since she came to Burlington. In both cases relief was prompt, and the cure complete.

I had myself lost a nail from "run round," after considerable suffering and disability for some weeks, and having an attack last fall of the same kind. I should have suffered as at first, and with a like termination, but for the happy effect of the nitrate of silver, which with one application relieved the pain in less than three hours, and saved the nail.
Rodney Arnold, a farmer near Burlington, had an attack of periostitis of the metacarpal bone of the middle finger, which with one application of the same remedy, was entirely relieved in six hours.

A. D. Green, Esq., a notary public, in working the lever of a seal press, brought on deep seated pain in the inside of the first bone of the right thumb, which rendered him unable to write. This was a well marked case of "catarrh," and was cured in the course of a week by three applications of the nitrate of silver. Had the affected part been nearer the surface, one pencilling would doubtless have been sufficient.

Mr. Weightman, clerk of the District Court, had an attack of the same kind, the same part, from an injury inflicted in the same way; and under the ordinary treatment it spread to the sheaths of the tendons of the hand and wrist, and after months of extreme suffering, and repeated incisions, six in all, the inflammation subsided leaving debility and immobility from which recovery is not yet complete. The contrast in these two cases, so exactly alike in everything, is most fair and illustrative.

A. J. Leffingwell, Messenger of the Senate at the late session of the General Assembly, suffered greatly with pain and some swelling in the ball of the right fore finger, rendering it useless. Suppuration, it was believed, had commenced, and the inflammation was much aggravated by his attempting to open it. He was now advised to pencil it with the nitrate of silver, which he did, and in two days he was able to use the finger nimbly in writing and folding papers.

Elbridge G. Leffler had a whitlow in August last, for which I made an incision quite to the bone, and it got well without exfoliation, as some compensation for a painful operation. In February last the same disease occurred in another finger, and he called to have a like operation performed. But instead, I applied the nitrate of silver, and in two hours he was almost free from pain, and on the next day he said he felt nothing unusual, except a sensation as if he had been wearing a bandage or thimble.

Cases to prove the efficacy and reliability of this remedy might be multiplied. But in a disease so serious and painful that amputation has been sought as the only adequate means of relief, the nitrate of silver, so safe and easy of application, will doubtless be tried before poultices and cutting shall be resorted to.—*Western Medico-Chirurgical Journal.*
REMARKS ON FLUID EXTRACTS OF CINCHONA.

BY WILLIAM PROCTER, JR.

Whatever may be said in favor of the particular medicinal qualities of quinia and its salts, and whether or not it really embodies all the curative power of the cinchona barks, it remains to be true, that in many cases, a large number of physicians appeal to bark in substance, or in some galenical form, representing its soluble matter. The tinctures, the decoction, and infusion, and the several solid extracts, are called into service, but the former are too dilute and inefficient in ordinary doses, while the latter require to be administered in pilular form, which is not always desirable. It has, therefore, been a desideratum to possess a preparation, having the conveniences peculiar to the fluid state, with such concentration as to render the bulk of the dose but moderate.

Mr. Donovan, of Dublin, some years since, proposed a preparation (See vol. xvii., p. 49, Am. Jour. Pharm.) which he called Syrup of Bark, but which required too much trouble and nicety of manipulation, to be generally adopted. He first exhausted eight ounces of calisaya with alcohol and water, evaporated the tincture and decoction separately, each to eight fluid ounces, mixed these, then added 315.31 grs. of dinoxalate of quinia, boiled a few minutes, and lastly dissolved in the liquid. 21 ounces of sugar, and four ounces of gum arabic, so that the whole should measure when complete, 32 fluid ounces.

Since then, Mr. Isaac C. Jones, a graduate of the Philadelphia College of Pharmacy, class '49-'50, in his Inaugural Essay, proposed "a fluid extract of cinchona," made by exhausting eight ounces of yellow bark with water acidulated with muriatic acid, by the process of displacement, observing to limit the quantity of muriatic acid to four fluid drachms, which is mixed with as much water as is necessary to exhaust the bark, viz., about four pints. The acidulated infusion is then evaporated to nine fluid ounces, and while yet hot, fourteen ounces of white sugar is dissolved in it, so that when finished, the whole shall measure a pint. Each fluid drachm or teaspoonful of the syrupy solution, represents half a drachm of bark, or about one grain of quinia. This preparation is reddish brown, and transparent when hot, but by cooling, deposits cinchonic red, and becomes turbid. All the alkaloids are in solution, however, and by suffering the fluid extract to stand until the cinchonic red is deposited, it may be decanted perfectly transparent. It is exceedingly bitter to the taste.

More recently, Mr. Alfred B. Taylor, pharmacist of this city, has made a fluid extract of calisaya bark, which is, perhaps, preferable to either of the foregoing, inasmuch as it presents the alkaloids in an unaltered condition, and yet fully exhausts the bark. The following is his process:—

Take eight ounces (Troy) of calisaya bark in a uniform coarse powder, moisten it with diluted alcohol, and after standing twelve hours, pack the moist bark properly in a percolator, and pour diluted alcohol on it gradually until four pints of tincture have passed, or until its bitterness is exhausted. Evaporate the tincture in a water bath (or a still) to nine fluid ounces, then add fourteen ounces (Troy) of sugar, continue the heat until it is dissolved and strain whilst hot, if necessary.

This preparation, like the preceding, is transparent, and dark reddish brown
colored whilst hot, but on cooling it becomes turbid to a greater degree, owing to the separation of the cincho-tannates of the bark alkalies. For the reason that a part of these are in an insoluble form, this fluid extract is less bitter and disagreeable than that made with acidulated water. It has the same theoretical strength, a teaspoonful being an ordinary dose, and it affords a very eligible means to the physician, of prescribing bark either alone or in combination with other agents, without the delay necessary to make an infusion.

Dr. John F. Meigs, who has used the fluid extract made by Mr. Taylor's formula, speaks favorably of its advantages.—Am. Journ. of Pharm.

RESULTS OF SURGICAL OPERATIONS IN MALIGNANT DISEASES.

To the Medical Profession of the United States:

The undersigned having been appointed, at the last meeting of the American Medical Association, Chairman of the committee on the "Results of Surgical Operations in Malignant Diseases," respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:

1. The difference between cancerous and cancroid diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised scirrhous, encephaloid, and melanosis; in the latter, certain maladies of the skin and mucous tissues, as lupus, cheloid, cicloid, and cancer of the lip.

2. The precise seat of the disease, as the skin and subcutaneous cellular tissue; the eye, ears, nose, face, lips, tongue, salivary glands, jaws and gums; the lymphatic ganglions of the neck, axilla, groin and other regions; the mammary gland, uterus, ovary, vulva and vagina, penis and testis, the anus and rectum, and finally, the extremities.

3. The age, sex, temperament, residence and occupation of the patient.

4. The cause of the disease, its progress, and the state of the part and of the system at the time of the operation.

5. Mode of operation; whether by the knife, caustic, or ligature.

6. Time of death, or relapse, after operation.

7. Examination of the morbid product; how conducted—whether by the unassisted eye alone, or by means of the microscope and chemical tests.

The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications upon the subject should be sent to the chairman of the committee by the first of January, 1852.

Medical journals, and newspapers friendly to the interests of medical science, will confer a favor upon the undersigned by inserting the above notice.

S. D. GROSS, M. D.

University of Louisville, June 29, 1851.
NEW-HAMPShIRE JOURNAL OF MEDICINE.

CONCORD, SEPTEMBER, 1851.

The Journal. This number commences the second volume of the Journal. It will be seen that we have slightly changed its external, but have made no alteration of its arrangement and general appearance. We do not feel afraid to compare its typographical execution with any other similar publication, and therefore have made no change in it.

This is the proper time to urge upon our friends the desirableness of effort in behalf of the Journal. Being the organ of no school or society, it has no partizan friends, but it also has no partizan enemies. It is devoted to the good of the profession, and that is sought sometimes at the risk of pecuniary loss, or of incurring the most bitter hostility. It gives us much pleasure to acknowledge the promptness with which subscribers have forwarded their pay, and it gives us much more pleasure to acknowledge the kind words by which we have been encouraged. With this encouragement we shall go on and endeavor to improve. The experience of the past year has taught us many valuable lessons, which we hope are not lost upon us. We propose to give a somewhat larger proportion of matter from various foreign authors; and although we shall not boast that "our intimate knowledge of the French language gives us great advantages in this respect," we trust it may be done in such a way as to be acceptable and profitable to our readers. We desire especially to receive communications from professional brethren, for in no other way can we give a true view of practice, or attain the greatest usefulness. As a farther inducement to writers to make such communications, we will send an extra number for each whole page of accepted matter.

We know that very many gentlemen say they have not time to write. An anecdote is told of a New-York professor to the effect that when asked how it was that so much more was published by the profession in Philadelphia than in his city, he replied, "Oh! they write and we work." The fact is otherwise. No portion of the profession works harder than our brethren in Philadelphia, and that city has become the medical metropolis, from the fact that they will write too. If we would raise the standing of the profession in our own State, we must write as well as work. This is evidently to be done not by an editor, but by the subscribers one and all. Shall we not receive more communications this year?

Our publisher urges us in justice to his interests to insert some extracts from letters which we have received concerning our enterprise, and though our own feelings urge us to be silent, we append a few from those most recently received out of regard to him. A friend in Maine writes:
"I have received your valuable journal for the year past with much interest, and as an evidence that I am pleased with it I forward the pay."

He accompanies it with the equally gratifying promise of communications.

A gentleman of high standing in Vermont, says:

"You will not I hope take it amiss if I say plainly what I think of your journal, which is, that it is a rare specimen of journalizing, and vastly above most others of much larger size. I should be sorry not to see its welcome pages in future."

From a prominent man in our own State we have received the following, and we are sure his well known kindness of heart will excuse our putting in print what was intended only for our own eye:

"I am happy to see by the last number of your journal, that you have received sufficient encouragement during the past year to induce you to proceed in the experiment of publishing for another year the New-Hampshire Journal of Medicine."

"It is such an agreeable and convenient mode of obtaining medical intelligence, as to period, quantity, arrangement and price; comes once a month, in such quantity that the busiest can find time to run through its pages; articles brief and varied, to accommodate the reader by snatches; matters all or nearly all practical, ready to be applied at once at the bedside, without lengthy digestion, or long and profound cogitation; and then the price, certainly so low that every practitioner who owns a tooth-hook and lancet can, assuredly, afford to pay for and read it."

"Why, the Journal is just the thing to improve us scientifically, practically and socially; to make us know each other better, respect each other more, practice more efficiently, more acceptably, and to make us more worthy and creditably co-laborers in the extended field of our truly humane and philanthropic vocation."

It addresses itself to our interests, sympathies and pride; comes freighted monthly with a fourfold remuneration for the outlay in its procurement; and it will be unnatural and blind indeed in us, if we do not embrace it, and nurture it as our most welcome foster-child.

It seems to me that the profession in the State should make one general, simultaneous rally in support of the Journal; in the first place, for their own individual benefit; in the second, for the advancement of medical literature and science within our own limits; and in the third, for the credit of the faculty of the State.

Now there is a pride of self, a pride of profession, and a pride of State; all salutary and essential to individual development and respectability; to professional elevation, and State or aggregated progress. And how can all of these be so effectually subserved as by each contributing his mite in the purchase of the Journal, and wielding his pen a little, in making interesting, instructive and useful its pages? In so doing he will support a worthy cause, interest others, and be himself instructed; he will scatter broadcast his own practical intelligence and gather in that of others in return; he will expand his own intellect, and dilate his own heart in the effort, and make room for the return influx from the treasuries of his contemporary brethren.

The profession in this State should not be a whit behind the profession in any other State; and if its members wish to stand side by side in attainment and distinction with their professional brethren abroad, they must avail themselves of every means that will contribute to such elevation."
The State Society and "Shakers' Sarsaparilla." In our report of the proceedings of the State Society last month, the discussion upon Dr. Fernald's resolution was given somewhat at length. This was done in order that the profession and the community might understand the position occupied by the Society and its members. It will be seen by that report that though quite a number of members defined their position, no one attempted to defend recommendations given to this compound. There were some present who kept silence, when in justice to themselves as well as to the Society, they should have spoken.

The position of the Society, and therefore of the majority of the profession in this State, is that of entire hostility to all compounds of medicines sent out for popular use. Not that some of these compounds may not, under a possible combination of circumstances be useful, but as long as they are sent out to be used for all diseases, and to be administered by any person, to encourage them is detrimental to the public health. This position is consistent and tenable, and we congratulate the profession in the State that it has been taken.

Having done all that is possible to put a stop to the fire from the rear, the medical profession of New-Hampshire is in a position to oppose the great evil of empiricism with some prospect of success. It is not improper, however, that we should call upon the profession in other States to assist. We claim that we are not behind, but in advance of at least a portion of our sister States in this matter. Certainly it would not have occupied a half hour of the New-Hampshire Society to decide whether or not to expel a member who had become a homeopathist, while at the recent session of the Massachusetts Society, gentlemen present informed us that a large portion of the time was taken up by the discussion of this question, and then no conclusion was arrived at. Moreover, in the very same pamphlet which contains the recommendations of the "Shakers' Sarsaparilla" over the names of New-Hampshire physicians, are the recommendations given by eminent men in Maine and Massachusetts, references being also given to such men as the Warrens, Hayward, Jeffries and J. V. C. Smith, of Boston.

While writing we find, on turning over the pages of the New-York Medical Gazette, of August 15th, that Dr. Fernald's resolution is quoted and the following remark appended. "Professors Crosby and Peaslee, and other members present, confessed their faults in this regard, and promised to sin no more." This sentence conveys an erroneous impression as to both of the gentlemen named. Professor Crosby was reported as saying that "some of the recommendations were given years ago when he was a young man, and before much was said or thought about such things, and none of them had he intended should be made public;" and Professor Peaslee not only stated that he received the most positive assurances that nothing he should say should be published, but that he never gave the certificate published over his
name. "It had been changed so as to make, in his opinion, an essential alteration in it." If any gentlemen were to be named in such a connection the whole truth should have been spoken.

But at any rate, such a sentence comes with a very bad grace from the "New-York Medical Gazette and Journal of Health," a periodical which possesses the unenviable reputation of being the only medical journal which inserts a quack advertisement, and whose editor defended it when his attention was respectfully called to it some time ago by the "Western Lancet." With the most profound respect for Dr. Reese, we shall take the liberty to advise him to confess his fault, and to promise to sin no more.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION. It appears from a circular issued by the chairman of the committee of publication of this Association, that some effort is necessary to supply the amount required for printing the fourth volume of the Society's proceedings. This is to contain, in addition to the usual reports, &c., the prize essay, which is spoken of by all who know, as being a very valuable paper, and which from its plates adds very much to the expense of the volume. Under these circumstances the committee of publication call upon the profession to furnish these funds, and propose that it should be done by purchasing the first three volumes; for in this way more than sufficient can be raised. As these volumes are and must continue to be valuable, we urge every one interested in the welfare and elevation of the profession to complete his set, if he has a part, or purchase the whole if he has none. The price of the first three volumes separately, (in paper covers,) is $1.50; the complete set of three volumes, $4.00, in paper, and $5.00, in cloth. Single copies of volume four will be $2.00; three being given for $5.00. These are the prices to members of the Association, or to members of Societies which have been represented in the Association. To others the price is a trifle greater. Members of the State Society will remember that by a vote passed at the annual meeting, the Secretary is instructed to obtain copies for all who send him the money for them. He requests us to say that it will give him much pleasure to do so, and those desiring copies should at once let him know. His address is Dr. E. K. Webster, Boscawen, N. H.

IMPORTANT, if true. W. F. Smith recently stated in the convention of eclectics, "that he verily believed that electricity, galvanism and magnetism were separate and distinct fluids, and that the vital principle of animal life would be found to consist in their proper combinations. These three in union would, he knew, if properly applied, cure any fever in fifteen minutes; promote adhesive inflammation, when all other means failed; prevent gangrene or mortification from taking place, or arrest them entirely when developed." Bah!
NEW-HAMPSHIRE ASYLUM FOR THE INSANE. The reports of the various officers of this Institution have been lying on our table far longer than they should have done without notice. That of the Superintendent, Dr. Andrew McFarland, is very able, and we have postponed our notice chiefly for the reason that we desired to make larger extracts from it than our limits would allow. We have now only space to make a single extract upon a very important subject which Dr. M. discusses; we mean the extremely loose state of the statutes with regard to the insane. We urge upon every physician the earnest consideration of the following points as laid down in this report, and trust that every one will lend all his influence to remedy the existing defects:

The statutory requirements of the case are, it is conceived, as follows:

1. To guard the commitment of persons to the Asylum; to provide for a careful examination of every case, and establish full proof that undoubted insanity exists; and to require that all persons holding the insane thus in custody shall be able to exhibit such proof, gathered prior to commitment.

2. To enlarge the powers of courts of probate and judicature, in the commitment of persons alleged to be insane.

3. To provide the most ready method of inquest, by which the justice of any person's confinement in an asylum or hospital may be readily and cheaply ascertained, and his discharge effected, provided his confinement shall appear unwarranted.

4. To annul responsibility for criminal acts committed by persons in a state of insanity.

5. To provide that any person confined for crime shall have privilege of inquest, upon a statement and petition setting forth an allegation of insanity.

6. To provide for the suitable confinement of persons acquitted of crime by reason of insanity.

7. To provide in a better manner for the appointment and removal of the guardians of insane persons.

8. To define the liabilities of the insane in business transactions, and their responsibilities in civil suits.

9. To define the testamentary ability of the insane.

To conclude this part of the subject, it may be added, that until the finger of legislation has legibly written these requirements in the statute-book, the liberty of the citizen is not fully secure, the charge of the insane will be, from the same cause, a position of more or less danger, and the unconscious shedder of blood will be left to the consequences of his morally guiltless acts.

NASHVILLE JOURNAL OF MEDICINE AND SURGERY. This is the title of a new journal, the first four numbers of which are just received. In its appearance it is commendable, and from its matter promises to be a valuable coadjutor. It is published at Nashville, Tenn., every other month, each number containing 64 pages, at two dollars a year, and is edited by W. K. Bowling, M. D. We add it to our exchange list with much pleasure.
REGISTRATION LAW. The following is that portion of the amended registration law which pertains to physicians:

Sec. 2. Every physician shall keep a record of the several births in which he shall assist professionally, also of the death of all persons upon whom he shall hereafter attend in their last sickness and at the time of such death; which record shall contain the date of such birth, the sex of the child, and the names and residence of the parents; also the date of such death, the name, age and residence of the deceased; and shall annually hereafter, in the month of April, furnish a copy of the record of such births to the clerk of the town in which the parents of such child reside; and also to the clerk of the town in which such death occurred a copy of the record of such death or deaths; and for each birth or death so rendered, every physician shall receive of the clerk to whom such copy may be furnished, the sum of five cents, to be paid by the town or city where such clerk resides.

Sec. 4. If any person whose duty it is to make such record and return, shall neglect so to do for the space of one year after the date of such birth, marriage or death, he shall forfeit five dollars for such offence, to be recovered in an action of debt, one half for the use of the prosecutor, and the other half for the use of the county in which the defendant may reside.

JEFFERSON MEDICAL COLLEGE. We desire to call the attention of the profession to the advertisement of this medical college. Gentlemen intending to pass the winter in a city will find the advantages offered by the Jefferson school very great, provided they intend to work. We speak what we do know when we say that students will here find instructors capable and desirous to assist them to the utmost, and an enthusiasm for the study of medicine which drives something of knowledge into the most stolid minds; while graduates who run away from home for a little rest, or to brighten up their knowledge, will here be met with the kindest courtesy. Thus much we say, not because we are paid to puff, but from a knowledge of the excellencies of our alma mater.

NOVEL OBSTETRICAL PRACTICE. A person having a diploma from the Boston Female Medical School, and practising in our vicinity, we are credibly informed, has performed the following curious operations. In a case of twins, immediately after the birth of the first child, the placenta was torn away. Result—death to both children. In a case of protracted labor, when the scalp projected as a tumor of some size, it was opened by a free incision to the bone, the perineum of the mother at the same time being cut into. Result—death to the child, and a narrow escape from death on the part of the mother. Is this the kind of "Madam Boivins" which will be furnished to the community by this establishment?
Dr. Clement A. Walker we observe is appointed Superintendent of the Boston Lunatic Hospital, in place of Dr. Stedman, resigned. Dr. W. is a native of New-Hampshire, and though a young man we do not doubt will ably perform the duties of his new office.

*Prepay your postage.* Our subscribers will bear in mind that by the new law the postage of THE JOURNAL is two cents a number, but if *prepaid quarterly* it is only one half this sum.

To Correspondents. "B," thank you for your advice. Had you written over your name, we should have given our reasons. We had a design, but are ready to allow that we may have judged erroneously.

"M. O. H.," your request will be remembered. Why not send us an account of the progress of affairs with you?

*Postscript.* Sept. 15. Again the JOURNAL is tardy in its time of issue. There is, however, no contending with the elements; and our subscribers will excuse this tardiness when they learn that the offices both of our printers and publisher were consumed by fire on the night of the 25th ultimo. Our publisher, Mr. Lyon, lost a large portion of his stock, which, though severely felt, has not daunted him from going on with this publication. Messrs. McFarland & Jenks lost their large and new power press, as well as all their hand presses, together with a large portion of the many little necessaries which go to complete the *armamenta* of a printing office. New presses were to be bought and put in proper order for book work, and all the minutiae were to be supplied, what remained from the fire also requiring arrangement. Not without most commendable diligence have all these difficulties been overcome, so that we can make our appearance when we do. Fortunately, almost all our "copy" was saved, so that we present in this number nearly the same matter that we should have done if no accident had befallen us. With these words of explanation we will say, that no greater favor can be conferred upon Mr. Lyon, than for each of our subscribers to send him a new name, and the cash for both in advance.

NEW-HAMPSHIRE

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TERMS—*One dollar a year, always in advance.*

Gentlemen who wish to subscribe to the Journal, will at once forward the cash to the publisher, either post-paid, or under the frank of the post-masters, who are allowed by law to frank subscriptions to periodicals—and the receipt of all moneys will be acknowledged in the next succeeding number of the Journal:

Communications concerning the business of the Journal must be addressed post-paid to the Publisher—all intended for publication, to the Editor, post-paid.
THE NEW-HAMPSHIRE JOURNAL OF MEDICINE.

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THE PREVALENCE OF MASTURBATION, AND ITS INFLUENCE ON HEALTH.

For the N. H. Journal of Medicine.

I have long wished to learn the results of the observations of other members of the profession on the subjects named at the head of this article, and perhaps I can in no way arrive at those results so surely as by offering a few of the fruits of my own experience in that regard.

The fact that many unprincipled quacks, in the cities and elsewhere, are fattening upon the fears of those who have unfortunately become victims to the folly of self-pollution, is no good reason why we should remain inattentive or silent upon a matter of this vast importance; and I am at times led to fear that many persons are at last driven to apply for aid to those who style themselves "advertising physicians," only because their medical advisers either have not suspected the cause of the applicant's illness, or through false delicacy have neglected speaking out plainly, and given the cautions and warnings the case demanded.

That the habit of self-pollution is, unhappily, very prevalent, must be obvious to all who have given the least attention to the subject, and that it cannot be indulged in without great detriment to health, must be admitted by all; yet how seldom do we find it even alluded to by contributors to our medical periodicals, or is it treated of in the more formidable books upon diseases and their causes.

When a lad of not more than ten or twelve years of age, I knew two boys, older by some years than myself, who were at great pains in teaching the practice to others, and both of them, ere they were twenty years of age, died of what their physicians styled the liver complaint; and several others among my mates at school, who had adopted the practice at their suggestion, suffered during the time I knew them from general ill health, no doubt in-
duced by the habit. Probably I should not have then observed these facts had they not been carefully presented to my notice by my father. During my attendance at the school I still observed that of those who were said to suffer from too close application to their studies, many of them at least were guilty of this vice, and I then thought it, and not their studiousness, the source of their pale cheeks and unsteady nerves, as well as of the dyspepsia from which so many students then suffered.

While in the office of my preceptor, several young friends returned from their first quarter's attendance at a noted academy, with their health so impaired that their parents were in doubt if it would be proper for them again to resume their studies, but I gave to one a copy of "Graham's Lectures to Young Men," which he and his mates read, who then told me that it was not over-application to their books which had injured them. They abandoned this habit, which had fastened itself upon them all, and with its abandonment they recovered their health and resumed their attendance at the academy.

I had not long been in the practice of medicine before I was fully confirmed in the opinion that I had not previously learned a moiety of the fearful truth, as then I could with propriety make enquiries and learn the facts that I had before found some difficulty in obtaining; and by my freedom in explaining the cause to those who were afflicted with derangements of the system thus produced, I obtained the confidence and learned the private history of many who had carefully guarded their secret from the knowledge of their nearest friends.

By reading the reports of those who have the care of convicts in prisons, and of the insane in the asylums, I have become more and more confirmed in the opinion that this habit is fearfully common and terribly destructive to the health of the people, but more especially the youth of our land, and particularly those of them who are congregated in the schools and the colleges.

To avoid unduly prolonging this paper, I shall not adduce all the evidence in support of the opinion advanced, or make lengthy extracts from the reports alluded to above, but confine myself to simply one or two paragraphs contained in the "Eighth Annual Report of the State Lunatic Asylum of the State of New-York." Dr. Benedict says:

"Masturbation, as a very fruitful cause of insanity, deserves especial attention. Fifty-five cases, admitted during the past year, we attribute to this cause, and we believe this to be less than the actual number! Many of these cases had been addicted to this horrid vice from their youth and even childhood, by which their mental and physical strength was insidiously debilitated, and insanity slowly induced.

"In addition to those fifty-five whose insanity is attributed to this cause, five others were admitted during the year, insane from other causes, and forty-seven of those remaining in the institution at the close of last year, were addicted to this vice, making one hundred and seven masturbators out of eight hundred and sixteen cases! The practice is often freely confessed
and vigorously resisted. One patient, in his zeal to conquer the habit, subjected himself to severe torture. Another performed upon himself a painful surgical operation. In the male sex the habit is not difficult of detection; in the female it is more successfully concealed. The shy, timid, down-cast countenance, combined with a debilitated physique, with relaxed tissues and varicose veins, arouse our suspicions. In some females the effect is the development of the cellular and adipose tissues, and gay and voluptuous manners; and in others debility and emaciation."

Dr. Woodward also made frequent allusion to this vice in his reports, and I think published a little manual for popular reading, to stay the plague in its destructive progress.

Dr. Benedict's remark that this habit is sometimes practiced from childhood, brings to my mind that in two instances I have noticed the nurse trying to produce excitation of the genitals in children under three years of age, and, in repeated instances, boys so young as to wear frocks and skirts have I seen busily engaged in the same manner. In one family, at one time, I saw three boys, the eldest not more than seven, all thus engaged, and when I mentioned it to their father, he said he also had frequently observed them thus employed, and he thought it an indication of a promise of great manhood, and worthy of encouragement; yet he was by no means deficient in common sense or common intelligence. Others, with whom I have conversed on this subject, have expressed similar opinions, and were, apparently at least, willing that the sexual desire should be stimulated and encouraged in their children previous to adolescence. And others again, who understood and regretted the evil influence of the unnatural passion, have said that they could do nothing to stay its progress, and have begged me to enlighten and admonish their children.

To indicate how little is known by some, at least, of the profession, I will refer to a few of the many cases that have fallen under my observation:

In 1845, I was called to a neighboring town to see Mr.——, who had been several years out of health, so much so as to be unable to attend to his business or perform any active labor, and had then become so far reduced that neither his friends or himself had any expectation that he would continue to live more than a few weeks at the farthest. He was very much emaciated, sallow, stooping and tottering in his gait, and although not over thirty-two years of age, he had the look of a man of sixty. He had been under the care of several physicians, two of whom are justly celebrated for their professional attainments. He had been treated for derangement of the liver and spleen, for dyspepsia, and spinal irritation and inflammation, and rheumatism, as well as sciatica; and was now being medicated for consumption; both the physician and family supposing him sure to die of a pulmonary affection.

When I first saw the patient, he was in his armed chair, and wore a loose wrapper with no under-clothing but his shirt, as he told me the friction of
drawers or pantaloons had frequently produced seminal emissions, and he had endeavored to avoid a repetition by wearing only a loose dress. His nerves were so easily excited that he avoided seeing or meeting his nearest friends and neighbors, and a visit from a physician he dreaded beyond his power of expressing. His own family passed into his room as seldom as possible, and with the noiselessness of a cat, yet the jar of the floor or of the furniture would sometimes cause almost intolerable anguish.

He had lost all hope, and all desire to live, and only wished to be allowed to pass undisturbed to the long-wished-for grave. In short, the physical and mental powers were nearly destroyed, and the animal propensity had completely obtained the mastery over him.

I gradually and, with great caution approached the subject, and after once overcoming his timidity and reserve, he gave me as complete a history of himself as his debilitated condition would allow. Before I left him, I had succeeded in inspiring him with a small amount of hope and confidence that he might again be restored to usefulness and happiness.

I saw him afterwards three times, at intervals of about a week between each visit, and then he had so far recovered that I continued the treatment by correspondence, and after the space of about four months I saw him at his work, so far recovered that he could ride about and see to his farm, and then nearly free from seminal weakness.

Not long since, I wrote him and I received a letter in reply, a part of which I transcribe, as giving a concise history up to the present time. He wrote:

"As to the habit I now know by the name of masturbation, it was one I formed whilst very young. I can recollect it as far back as from ten to twelve years of age, and one I obtained by associating with boys of my age and older; those, too, of respectable parents, particularly those of our beloved minister, one who is remembered with love and respect wherever he goes. Little were they aware, I think, of the facts of the case at the time, or the future bearings upon their family; and little were we boys aware of the consequences or tendencies following.

I will not attempt to speak farther for others, but for myself I will say that the habit followed me until I arrived nearly to the age of twenty-eight years, varying, however, somewhat in frequency. I cannot now describe its various effects upon my system; I was usually able to be in business, but found I was not able to perform very hard labor, was not aware of the cause, thought sometimes it might not be right, but thought after all there was no great harm in it.

When I was near twenty-eight years of age, I was married. I then found myself laboring under a morbid inclination, I think as the result of the former habit, the indulgence in which, and involuntary evacuations, in process of time brought me where you found me.

Soon after I was married I made application to a physician, was told I
had the liver complaint, commenced taking blue pill, bloodroot, &c. Then I had an attack of the sciatica; finally, they said I had got the spinal complaint;—cupped, blistered, dosed enough to have killed any living being, except man, till circumstances finally placed me under your treatment, the first which seemed to give me any relief.

There is one thing more I wish to name, that is, that I was reduced so low as to be obliged to occupy a bed alone, and of course to abstain from sexual intercourse entirely, which I did for nearly two years, and to this I attribute, as the great cause, my recovery. I do not think, however, that this without the change in my medical treatment, or without appropriate medical treatment, as low as I was, would ever have restored me; neither do I think that all the medical treatment in the world would have restored me without that. But I do think if I had done that when I first applied to a physician, if I had then been advised to that, and persevered in it, I should have never needed but very little medicine. There are some more things I could tell to you if I could see you, but I cannot well write them.

If what I have written will be of any service to the suffering, it will amply repay me, and afford me satisfaction in the thought that I have been instrumental in doing something to alleviate suffering.”

Of the above letter I have omitted some portions of a private nature, but nothing essential to this matter. This writer has uttered the common sentiment of all who have suffered from this pernicious habit;—namely, a wish that others may be warned of similar errors.

Last year, in July, I was called in consultation, to see a young man of eighteen or nineteen years of age, who had for near two weeks been confined to his bed with what his physician styled a nervous typhus fever. He had been bled and purged, as well as salivated freely, and had taken several emetics, yet the fever and the delirium continued, as well as the pain and heat in the back part of the head, and in the loins, which had been a prominent symptom from the first. The patient was very restless and irritable, and, what was particularly noticeable, would frequently demand to be left entirely alone. From the last as well as the former symptoms I was led to suspect masturbation as the cause of his illness, and was not long in obtaining proof of the correctness of the suspicion. I then stated the fact, and explained its tendency to the mother of the young man, and engaged her cooperation in endeavoring to overcome the evil. However, in spite of her vigilance, and that of his father, he would frequently indulge his passions, and it was only by keeping some one constantly by him, and watching him, that he was so far controlled as in a degree to recover his health. This day I have seen him, and he says he has been unable to labor any this summer, and his present medical attendant warns him that he is soon to die of consumption. His suffused and downcast eye, and wandering, embarrassed appearance when the condition of his health is alluded to, points to a source far from the lungs as the origin of his present ill health.
In December last I was called in the evening to see a young man of about the same age as the former, who had that day, while in school, been taken with a pain in the head, that led him to leave the school-room for his home. On his arrival at home he complained of great pain in the occipital region, and through the back and loins, accompanied with great prostration of strength. A physician had been called to him, who bled the patient and had administered a cathartic. The arm continued to bleed until evening, when he became comatose, with cold extremities and a slight frothing at the mouth. At this period, the aforementioned physician being absent from town, I was called to see him. I found him with such a rigid, spasmodic condition of the muscles of the throat, that I could not cause him to swallow anything, and was obliged to resort to injections. By using those of a stimulating nature, and by applying croton oil to the rectum, aided by external applications, I soon roused him so that he drank freely of ginger tea, and was soon bathed in a free perspiration, and his bowels were thoroughly evacuated, and ere morning he felt quite comfortable, when I again resigned him to his former physician.

From some motions of his hands while he was deranged, as well as from the seat of the cephalic pain, and an inspection of the genital organs, I became convinced that self-pollution was the cause of these difficulties, and imparted my views to the physician and to the man in whose family the young man resided. I also learned that during the previous summer he had been noticed to have a strange, shy and wild look, and that he could not be induced to converse with the female members of the family in which he resided, but would ever shun their presence. It had required much persuasion to induce him to commence attending the district school, which he had done a few days previous to this illness, and since he had attended the school he had been still more shy and wild in his looks than usual, and had demanded to sleep in a room by himself. My views were ridiculed as being totally unfounded, by the physician, who said he would be well after a few days if he could subdue the fever. In four or five days from the morning on which I left him, he was in his grave; and from two of his most intimate associates I learned facts that more than confirmed my suspicions; for he had told them that to sit in the room with the female scholars produced a degree of sexual excitement beyond his control.

In April last I was consulted by a man in regard to the health of his son, who had been failing in health for the two past years, and no one had given a satisfactory cause for this derangement of his health, or made prescriptions that had benefitted him. On seeing the young man, I made a bottle of syrup, and placing in his hand a copy of "Graham's Lecture," I desired him to call again in a few days. He did so, and told me he was then fully satisfied in regard to the origin of his difficulties, and would cooperate for their removal. Now he is able to do considerable work, and seems in a fair way of becoming a strong and healthy man. At his second visit, he mentioned
a school-mate of his who was then confined to his bed, and had been for weeks for sciatic rheumatism, as his physician styled the disease, for which he had been blistered and bled until his recovery appeared more than doubtful. At my request he visited the young man, who then declined being further treated for his rheumatic complaints, but refrained from longer indulging in self-pollution, and soon the pain and lameness in his hips disappeared and he gradually regained his health. I might fill pages with reports of similar cases, when the friends and the medical attendant had apparently no suspicion of the true cause of the derangement of health when produced by masturbation, but with the remark that during the four past years there has been no week in which I have not had patients under treatment for this habit, I will dismiss this part of the subject.

It is hardly necessary to dwell upon the influence of this habit on the health of its victims, after what has previously been said, yet there is one point that well deserves a little more attention.

The frequency of lumbar pains and of sciatic neuralgia, both in the male and the female youth, have emphatically pointed to a common origin; and that origin, I know, in many instances, to have been the indulgence of this habit; for as the habit was discontinued, the pain was no longer felt, and when I have addressed my enquiries to this point, as I almost invariably do of late, I have been told that a cramp, or a stitch, as it is called, in the back or in the hip or thigh, not unfrequently accompanies the act, and at times the pain thus produced has been so severe as to preclude the continuance of the indulgence for days.

Besides the local difficulty here noted, there are many nervous pains induced by the same habit, and patients are able to trace the effect as an immediate result of the act. The whole mental and physical powers are severely taxed in the consummation of the act, nearly every muscle and nerve being put more or less upon the stretch, and the relaxation of the entire system at its consummation, and the attendant fatigue and lassitude both of mind and body, attest in language not to be mistaken that the effort, the labor, cannot often be repeated and endured with impunity.

In regard to treatment I shall say but little, as it must be apparent that each individual case must be managed according to its own features and peculiarities. As tonics are indicated in most instances, as well as nervines, I have been in the habit of giving the ferri ferocyanas in powder, both for the tonic of the metal and the anodyne properties of the acid, and on account of their happy combination I have come to value this preparation over all others of a similar nature. With this I am accustomed to combine the laudanum, and if there be any inflammation of the mucous lining of the bladder or the urethra, (and this state of the parts is seldom wanting,) I also add cudебa pulv. A powder composed of the above, with a little Turkey rhubarb, if there be costiveness of the bowels, will generally ensure a quiet night's rest, especially if the patient is careful to take a free sponging of the
entire body and limbs with cold water previous to retiring to his couch. Of course I prohibit the use of feather beds, and an entire, absolute abstinence from indulgence in the habit, or in sexual intercourse. This, with such modifications, and such general treatment as the individual case may demand, will ultimately insure a recovery, except in those cases where the long indulgence has so far prostrated the energy and action of the system, that there can be no hope.

C. H. CLEAVELAND, M. D.

Waterbury, Vt., Sept., 1851.

PREMATURE DISCHARGE OF THE LIQUOR AMNII.

For the New-Hampshire Journal of Medicine.

Mrs. H., pregnant with her second child about fourteen weeks after conception, was attacked with haemorrhage from the uterus, which continued more or less for about three weeks, when it suddenly became so profuse as to alarm her and her friends, in consequence of which I was called to see her. On my arrival I found she was flooding considerably with intermitting pains resembling those of the incipient stages of labor. I resolved at once to check the haemorrhage, and, if possible, to prevent abortion, which I knew must soon follow if the symptoms were not promptly met. The appropriate remedies were administered, which soon arrested the haemorrhage and relieved the pains, and with prudent management my patient experienced no further inconvenience, with the exception of a slight return of the haemorrhage occasionally for a short time, which entirely disappeared as the patient regained her health and strength. This she continued to enjoy until, according to her calculation she was seven months and a half advanced in the pregnant state, when, as she was walking across the room, without any pain previously or at the time, the membranes broke and a quantity of water was discharged. I was summoned in haste to attend her, and on my arrival, about an hour and a half after the accident, I found her entirely free from pain, though much alarmed at what had happened to her. A few words, however, from me soon removed her apprehensions of danger, and she became composed and slept well through the night, the waters continually dripping from the vagina, and this continued more or less for several days. I remained with her only a short time, when I left her without prescribing any thing for her except a purgative, which her costive situation demanded. She was up about sixteen days from this time, (her habits and manner of living being the same as usual,) when I was called to her again about ten o'clock at night. I found her in labor, her pains being slow but strong. These gradually increased in force and frequency until about four o'clock in the morn-
DR. HANTON'S LETTER.

ing, when she was delivered of a very small though living male child. The presentation and labor were perfectly natural, with the exception of the waters, which had been previously discharged. The physical developments of the infant convinced me that she had not arrived at the full period of gestation. The child looked for several weeks as though it were hardly possible for it to survive any length of time; but now at four months old it is improving very fast and I think stands a pretty fair chance to be raised. Would it have been prudent, as some have suggested, to have brought on parturient action of the uterus by artificial means at the time the waters were discharged without any symptom of pain, or to have waited for further progress and development of symptoms, as I did?

Kilmichael, Miss., Aug. 27.

W. N. HURT.

For the New-Hampshire Journal of Medicine.

DR. PARKER:

Dear Sir:—Through the kindness of Dr. Cleaveland, of Waterbury, I received the July number of your journal. That number contains a transcript of the doings of your State Medical Society.

Among the transactions, a resolution presented by Dr. Fernald attracted my particular attention.

With regret I have seen those pamphlets and advertisements, with the names of the physicians there named, and many others appended. I have ever been at a loss to fathom the motive of reputable medical men lending their names to assist an ignoramus to obtain a fraudulent livelihood.

I saw, several years since, the name of a respectable physician in Newport, N. H., (of my acquaintance,) appended to a nostrum, which he was pleased to call a farrago of vegetables, named Dr. Newton's bitters. I then felt indignant at the fraudulent transaction, and am convinced they should be frowned on by the faculty. I have seen the name of the celebrated Dr. Mott in this sad predicament; I hope it will be proved his name was surreptitiously obtained. From the spirit manifested by the Society at the July meeting, I am apprehensive such certificates in future will cease to circulate.

Some two years since, Dr. Ayer, of Lowell, sent me a bottle of his cherry pectoral, with a recipe of its components, which was very similar to the prescription any medical man would direct for a catarrhal cough. On receiving the medicine and letter, I was half inclined to lend my name to the article, thinking that medicines prepared by physicians, those the compounds of which were known to the faculty, might take the place of inert and deleterious nostrums prepared by ignorant pretenders, and vended to the detriment of the purchasers. But on mature deliberation I concluded to withhold my name, which I have not regretted.
Dr. Woodbury’s Address.

Dr. Skinner, of Barton, Vt., is attempting to vend genuine medicines, to take the place of secret panaceas, of which I am not particularly averse.

I am a native of the Granite State, have a veneration for its laws, customs and habits, and feel a lively interest in the prosperity of its institutions.

Yours truly,

ARIEL HANTON, A. M., M. D.

Hydeparke, Lamoille County, Vt.

Homœopathy, with Glances at Other Medical Delusions.

By M. R. Woodbury, M. D., Northfield, N. H. Read before the Centre District New-Hampshire Medical Society, and published by order of the Society.

Religion has not been fuller of superstitions than medicine of delusions. In each, impostures and fanaticisms have sprung up in every age, from those of the darkest ignorance to those of the highest civilization. If the middle of the nineteenth century witnesses Millerism, Mormonism and spirit-rappings, why should we be surprised at Thompsonianism, chromo-thermalism, or Homœopathy? Doubtless this generation is wiser than all that have gone before it, but in many things it has a surprising way of showing its superior wisdom.

I have selected homœopathy as the medical delusion of the present time most in vogue, and fittest for examination; but before I examine into its pretensions, I wish to give a brief account of some other, and in some respects similar delusions and impostures.

Ignorance is said to be the mother of superstition in religion; in medicine, ignorance must be the basis of imposture. But as we find men who, in some matters may claim a high intelligence, misled and deluded in others, and running into the wildest vagaries, so we must not be surprised when we see delusive systems of medical practice encouraged by men of estimable character, general bearing and respectable talent. And this is especially likely to be the case when a medical system appeals to mystery and faith in supernatural agencies. We must dismiss the idea that it is the ignorant, in the common sense of the term, who are most likely to be misled in these matters. The most earnest believers in Millerism were those who could compare the prophecies, and cipher out the period of their fulfilment. The believers in Davis and his revelations are generally persons of more than ordinary intelligence. The Mormon community at Nauvoo is said to be remarkable for thrift and shrewdness. It may very well be true of them, as it is claimed, that the patrons of homœopathy are generally among the intelligent classes. Mr. Locke’s moon-hoax found its readiest believers among
those who possessed at least a respectable smattering in astronomy and optics. In this view we see the wisdom of Pope's oft quoted maxim:

"Drink deep, or taste not the pietarian spring,
A little learning is a dangerous thing."

The man who begins to search after truth is more liable to wander in the mazes of error than he who quietly believes what he has been taught. If he has perseverance to continue the search, it is well; if not, it were better not to begin it.

The prevalence of medical impostures and delusions may be accounted for from the fact that all are successful. No medical practice ever failed to cure, no nostrum was ever long without its wonderful cases and impressive testimonials. The vis medecatrix natura, the power of faith, the influence of the mind over the body, secure the triumph of charlatanism and the continuance of delusion. In a certain proportion of cases of disease, the patient gets well, whatever the remedy; and in a certain portion of diseases, a certain impression upon the mind is of more importance than any action upon the bodily organs. It is no small part of medical science and skill to be able to discriminate such cases, but whether discriminated or not, they do not fail to redound to the honor of the physician to whom they fall, and the practice he has adopted.

Impressions on the senses produce powerful effects upon the system. An emetic may be given through the sense of sight. The spectacle of a strong sea, a rushing cataract, or a grand procession, is full of excitement. Some sights are stimulant, others the reverse. Strong light occasions headache, a sudden burst of sunshine makes us sneeze. A flash of lightning has caused and cured epilepsy. The view of an interminable desert affects some people with a sense of suffocation. The sight of blood causes fainting. The sight of a military flogging has caused in new recruits fainting fits, convulsions and epilepsy. Some of us can remember the disagreeable sensations caused by first witnessing some surgical operations. Certain sounds set the teeth on edge; others excite laughter, or tears. Music has often been used medicinally; thus David cured the madness of Saul. A sudden crash causes a fluttering and sinking of the heart, and a simple air gives to the Swiss soldier a home sickness that is an incurable disease. An old song has caused tropical fevers. A war charge rung out of Napoleon's trumpet would rouse his soldiers from what seemed a fatal lethargy. The poet tells us of those who die of a rose in aromatic pain. The same smells are agreeable and exhilarating to some persons, and sickening to others. We take some, and no one knows how many diseases through our noses. The adaptation of remedies to act on the nerves of the schneiderian membrane is worthy of professional consideration. Hahnemann, as we shall see anon, has not neglected this.

The mere memory of a delightful savor excites the salivary glands; our mouths water at the thought of a good dinner. The first taste of food ex-
DR. WOODBURY'S ADDRESS.

cites the whole digestive apparatus. There is a story of a French lady who paid fifty pounds for a bite out of the white shoulder of a handsome young baker, and who went into hysterics because she could not get another at the same price. The sense of touch, spread over the whole body, is susceptible of a great variety of instances. Persons may be tickled into convulsions, probably fatal ones. Touching the fauces causes vomiting; touching the internal surface of the bladder has produced vomiting, fainting, chills, rheumatism and epilepsy. A violent grasping of the arm, or a ligature around it, has arrested fits of mania and epilepsy. A laying on of hands was a part of the religious cure of diseases; the kings of England cured scrofula by touching, and magnetizers make use of passes. The touch of the cold hand of an executed felon has been supposed to have great virtue.

All the passions influence the action of the bodily organs through the nervous system; and such action may be curative or the reverse. Love, hope and joy excite and elevate; we have no better medicines in our pharmacopoeia. Sorrow, fear and despair weaken and depress; these passions may restore to health, or kill slowly or suddenly, according to their violence. “We cannot entertain a doubt,” says Sir Humphrey Davy, “but that every change in our sensations and ideas must be accompanied by a corresponding change in the organic matter of the body.” A word, a thought, a passing emotion, sends the red blood into the minute capillaries of the face, neck and bosom. There is no doubt that disappointed love has caused death by a gradual softening and final bursting of the heart. Dr. Valentine Mott gives such a case as having come under his own observation. Fear drives the blood from the surface, producing paleness and a peculiar pinched expression of the features; the limbs tremble, the power of speech is lost, there may come on relaxation of the sphincter muscles, a sudden diarrhoea, and even the hair sometimes changes its color; an effect no medicine we know of can produce. Fear has caused epilepsy, idiocy and insanity. It may also cure. The dentist’s forceps cure the aching tooth before they are applied. Sir John Malcomb tells us of a Persian doctor who cured the ague by the bastinado,—an expeditious and energetic mode of counter-irritation, perhaps, but probably producing its effects through fear.

Boerhaave cured a school of an epidemic epilepsy by threatening to burn the first one attacked, with a hot iron. Terror has cured the goitre, and the fear of an operation has caused the sudden absorption of a considerable tumor. Dr. Mott gives a case in which a troublesome neuralgia of long standing was cured by one of his lectures, in which he described the operation for its cure. After battle, men have been found without a wound, doubtless killed by terror. We all know the influence of fear upon the spread of epidemics. The angel of pestilence, say the orientals, went to a city to slay twenty thousand people,—a hundred thousand perished; the angel slew his twenty thousand, fear killed the rest. Anger, grief or joy may cause apoplexy, hæmorrhage of the lungs, inflammation of the brain, hysteria or in-
sanity. Shame may cause suicide, or prevent it. A mania for suicide among the young girls of Miletus, says Plutarch, was cured by the magistrates' ordering the body of the first who should kill herself to be exposed naked in the public streets. "A merry heart doeth good like medicine," says Solomon, "but a broken spirit drieth the blood;" an observation worthy of the wisest of princes.

When we consider the wonderful effects of the passions and emotions of the mind upon the functions, and even the organic structure of the body, we cannot be surprised at the powerful influence which charms, philters, relics and mysterious ceremonies have appeared to have in the cure of disease. All sorts of medicine, or no medicine, with the aid of faith and hope, cure diseases. Give the medicine, or only pretend to give it, and if the mental impression is produced, the effect is the same. Simple bread pills, under this influence, are made to produce decided and various effects. The same inert substance will be cathartic, emetic, or sedative, if the patient is in the right mental condition.

The following historical anecdote is a forcible illustration of the preceding remarks, and also of the main subject of my thesis:

"In 1625 the city of Breda, exposed to a long siege, suffered all the miseries bad provisions and distress of mind could bring upon its inhabitants. Among other misfortunes the scurvy made its appearance and carried off great numbers. This, added to other calamities, induced the garrison to incline toward a surrender of the place, when the prince of Orange, anxious to prevent its loss, and unable to relieve the garrison, contrived to introduce letters to the men, promising them the most speedy assistance. These were accompanied with medicines against the scurvy, said to be of great price, but of still greater efficacy, and many more were to be sent to them. The effects of the deceit were truly astonishing. Three small phials of the medicine were given to each physician, and it was publicly given out that three or four drops were sufficient to impart a healing virtue to a gallon of water. We now displayed our wonder-working balsams. Not even were the commanders let into the secret of the cheat upon the soldiers. They flocked in crowds about us, each one soliciting that part might be reserved for his use. Cheerfulness again appeared in every countenance, and a universal faith prevailed in the virtue of the remedy. The effect of this delusion was truly astonishing; for many were quickly and perfectly recovered. Such as had not moved their limbs for a month before were seen walking the street with their limbs straight, sound and whole. They boasted of their cure by the prince's remedy."

History is full of similar cases, giving us the basis of a rational explanation of the temporary success of all kinds of medical frauds and impostures. Many of the vulgar superstitions in medicine have at some former period received the sanction of the most learned doctors. For example, where a rusty nail is run into the foot, it is a custom to carefully grease, not the wound,
but the nail, and lay it away. This very doctrine was once taught by the
first surgeons in Europe, who applied oils, balsams, &c., to weapons, and
explained their influence upon the wound upon the doctrine of sympathy; nor
were they ever in want of remarkable cures to sustain this theory.

When Sir Kinston Digby was sent for by his friend Mr. Howell, who had
been severely wounded by a sword, the surgeon asked for something which
had the blood of the wound upon it, and procuring a garter which had been
used to bind it up, he soaked it in cold water, and we are gravely assured
that as he did so the inflammation left the wound, returned again when the
garter got dry, but was again allayed when the water cure was applied by
proxy—perhaps the most pleasant mode of taking it. This theory and prac-
tice was explained and advocated by such men as Van Helmont, Burgravius,
Descartes, Kircher and Gilbertus. Strauss gives an account of a remarka-
ble cure performed by Lord Gilbourne upon a carpenter who had cut him-
self with his axe. The axe was carefully anointed, properly bandaged, and
hung up in a closet. The wound behaved admirably and was fast healing
up, when one day word came to his Lordship that his patient was worse,
the wound having become inflamed and painful. His Lordship went straight,
to the patient?—No, to the axe, which he found had fallen down and got un-
covered. On putting it right, the wound rapidly recovered!

At this period the materia medica was full of mysteries and horrors, fit to
act upon the imagination. Every druggist kept such elegant preparations
as the powder of baked toads, and moss from dead men’s sculls, some doc-
tors giving preference to that which grew upon the sculls of murderers.

When astrology was fashionable, it was supposed that the virtues of med-
icines were impressed upon them by the influence of the stars. Their color
was thought to be the sign of this influence. White substances were refrig-
erant, red ones heating. Red flowers were given for diseases of the blood;
yellow for the bile. In small-pox everything in the room was made red, to
bring out the eruption. As late as 1765 the emperor Francis I. was ordered
by his physicians to be rolled up in a red cloth, but he died notwithstanding.
Blue cloth was thought good for glandular swellings. Red is still considered
a healthy color. Under astrological influences, medicines were collected at
particular times and in the prescribed manner, to have the desired efficacy.

Amulets, talismans, precious stones and metals have been used, not by the
vulgar, but by the most learned and eminent physicians, to cure diseases;
and there are scattered over the world in every direction the remnants of
these superstitions. It is but a short time since the power of the kings of
England to cure scrofula was a universal belief, and their cures were certi-
fied by the first physicians of the kingdom. But there is no end to this sub-
ject, and I must confine my further remarks to the most curious of the med-
ical delusions of the present time, and one which compares favorably with
those to which I have alluded; I mean the theory and practice of homœo-
apathy.
This doctrine finds its original and most authoritative expression in the organon of Hahnemann; and I shall use that work as the basis of my observations.

The term homoeopathy means the same morbid condition; allopathy means a different morbid condition. These terms were used by Hahnemann to distinguish the two modes of practice; his method being to cure a disease by giving medicines which would tend to produce the same symptoms; while the common method of practice is to endeavor to produce different symptoms.

The principal distinctive doctrines of homoeopathy, as I gather them from the organon, are the following. If they are not readily comprehended, I suppose it must be my fault; if they seem to contradict each other, the fault must rest where it belongs.

The totality of the symptoms constitute the disease; extinguish the symptoms and you cure the disease. Health is the result of the action of a spiritual, self-moving, vital power, termed dynamic. Disease is the disturbance, death the cessation of this action. All disease is, therefore, dynamic or spiritual. Medicines must, therefore, act dynamically or spiritually. But "psora is the parent of all chronic diseases, properly so called, with the exception of the syphilitic and sycotic." "Similia similibus curantur;" that is, in treating any disease, give medicines that would produce such, or one similar. Medicines divided or attenuated in a particular way increase their dynamic power.

I believe that I have stated the leading and most important points of the homoeopathic system. I shall now briefly examine these principles. The doctrine that the symptoms constitute the disease does away with all pathological science. We find that a diseased state of the stomach, or liver, or ovaries, or uterus produces a great number of distressing symptoms. We cure the diseased organ, and the symptoms are at an end. The homœopathist, on the contrary, for each pain or uneasiness in every region of the body, prescribes a medicine which he supposes would produce such a pain, and goes on pursuing the symptoms without attending to the diseased organism.

The dynamic, or spiritual doctrine, is not very comprehensible, nor can it be well understood how material medicines can act upon spiritual disease in ever so fine an attenuation. Matter acts upon matter, spirit may act on spirit; but the mere subdivision of matter, or separation of its particles, cannot render it spiritual. This whole matter is one of mysticism, and appeals to faith. It is not within the province of sober reason. The diseases we have to cope with, and the morbid appearances they produce, have very little of the spiritual about them. The rotting down of the lungs, cancer of the stomach, or ulceration of the small intestines, have as much to do with matter as with spirit. That the mind acts powerfully upon the body we all believe; that diseases may be caused and cured by mental emotions, there is abundance of proof; but there is no proof that medicines can act directly upon the mind, or exert a spiritual influence.
The doctrine of chronic disease being produced by psora, or the itch, and also syphilis and sycosis, is a curious contradiction of the dynamic or spiritual theory. I shall quote the passage of the organon in which this idea is set forth.

"But a chronic miasm that is incomparably greater, and far more important than either of the two last named, (syphilis and sycosis,) is that of psora. The two others disclose the specific internal affection whence they emanate; the one by chancres, the other by excrescences in the form of a cauliflower. It is not until the whole organism is infected that psora declares its huge internal chronic miasm by a cutaneous eruption (sometimes consisting only of a few pimples,) that is wholly peculiar to it, accompanied by in-supportable tickling and voluptuous itching, and a specific odor. This psora is the sole, true and fundamental cause that produces all the other countless forms of disease, which, under the names of nervous debility, hysteria, hemiplegia, hypochondriasis, insanity, melancholy, idiocy, madness, epilepsy, and spasms of all kinds, softening of the bones, or rickets, scoliosis, and kyphosis, caries, cancer, fungus hæmatodes, pseudomorphia of all kinds, gravel, gout, hæmorrhoids, jaundice and cyanosis, dropsy, amenorrhea, gastrorrhagia, epistaxis, haemoptysis, hæmaturia, metrorrhagia, asthma and phthisis, impotency and sterility, deafness, cataract and amaurosis, paralysis, loss of sense, pains of every kind, &c., appear in our pathology as so many peculiar, distinct independent diseases."

Let us take breath. In a note to this, section 80 of the organon, Hahnemann informs us that it cost him twelve years of laborious research to find out that all these diseases had their source in the itch; probably the most remarkable discovery recorded in the annals of medicine, and none the less remarkable for contradicting so entirely what he advances respecting the dynamic or spiritual nature of disease. In the 13th section of the organon Hahnemann says:

"To presume that disease (non-chirurgical,) is a peculiar and distinct something residing in man, is a conceit which has rendered allopathy so pernicious." "Such disease," he asserts, "however subtle soever its nature may be supposed, is a nonentity." I shall leave the followers of Hahnemann to reconcile these doctrines.

We come now to the grand fundamental principle of homœopathy, the doctrine expressed by the axiom, similia similibus curantur—like cures like; or, as it has been popularly expressed, "the hair of the same dog cures the bite." This proverb has been universally accepted, but never, so far as I have heard, put in practice. When a man gets a blow on the head, he does not try another blow to cure it; if he gets a colic eating green fruit, green fruit is not the usual remedy; astringent medicines are not usually resorted to for constipation. When a man is broken down with toil he is thought to need rest; when a man has taken typhus in a crowded ship or prison, breathing such an air is not considered curative. Miasma is not generally thought
to be a remedy for intermittents; nor is the gold coast the place to send a man with yellow fever.

The homœopathic doctrine is, that the way to cure a disease, or the totality of the symptoms, is to give medicines which will for a time produce a slight aggravation; as if the disease was curing itself, but they wished to hasten the operation. But to make this aggravation a very slight one, the medicines are given in very small doses,—doses so small that it requires much faith to believe that they can produce even an aggravation of a symptom.

The method of preparing homœopathic medicines is given by Hahnemann. He says, "If two drops of the mixture of equal parts of alcohol, and the recent juice of any medicinal plant, be diluted with 98 drops of alcohol, in a phial capable of containing 130 drops, and the whole shaken twice together, the medicine becomes exalted in energy to the first development of power, or, as it may be denominated, the first potency. The process is to be continued through twenty-nine additional phials, each with equal capacity with the first, and each containing 99 drops of spirits of wine; so that every successive phial after the first being furnished with one drop from the phial, or dilution immediately preceding, (which had just been twice shaken,) is in its turn to be shaken twice, remembering to number the dilution of each phial on the cork, as the operation proceeds." These manipulations are to be conducted thus through all the phials, from the first up to the thirtieth, or decillionth development of power, which is the one in most general use."

When substances which cannot be dissolved in alcohol are used, such as chalk, charcoal, cuttlefish, common salt, &c., they are triturated with sugar of milk in the same way. Finally, in administering them to the patient, the dilution may be given either by putting a drop or two in a tumbler of water, and taking a teaspoonful more or less frequently, according to the urgency of the symptoms, or by moistening little pellets of sugar of milk, and taking them. The dry medicines, triturated with sugar of milk, are made up into little pellets as large as mustard seed.

In the first dilution there is one drop to a hundred; in the second, one in ten thousand; but these low potencies are seldom or never used. The homœopathic medicines used in this country run from the third to the thirtieth. The third is, as nearly as possible, one drop of the medicinal juice to a barrel of alcohol. The fourth, one to one hundred barrels; the fifth, one to ten thousand barrels; the sixth, one to one million barrels; the eighth is one drop to ten thousand millions barrels; and we have to go on in this progression to the thirtieth, which would be one drop to a mass of alcohol larger than the whole solar system. Even the eighth dilution would require more alcohol to one drop than the contents of the Atlantic ocean. The quantity of medicine supplied to the world is strangely out of proportion to their homœopathic use. If you take a particle of opium which bears the same proportion to a grain that a spherule one thousandth of an inch in diameter bears to the globe, you have a very minute quantity, but even this would supply a
homoeopathic dose to every inhabitant of this earth, once a second for twenty millions of years.

But great caution is to be used in the administration of these high potencies and dreadful dynamizations. Hahnemann says, “in pure syphilitic diseases I have generally found a single dose of mercury of the thirtieth dilution sufficient; yet when the complication with psora was perceptible, sometimes two or three such doses were necessary, given at intervals of six or eight days.”

“A single dose is one globule as large as mustard seed, moistened with the three hundredth part of a drop of the thirtieth dilution; but in delicate cases it is enough to put one of these into a phial, and smell it once or twice every seven or fourteen days. A globule thus kept in a phial will preserve its virtues for twenty years, though it may be smelt of a thousand times.”

“All that is curable by homoeopathy,” says Hahnemann, “may with the most certainty and safety, be cured by this mode of receiving the medicine.”

It must not be forgotten that homoeopathic medicines neutralize each other, and are neutralized or antagonized by other substances. Hence tobacco, tea, coffee, spices, condiments and odors are strictly forbidden, and the dietary is carefully purified from all medicinal or hurtful substances. But it is not considered how impossible it is to avoid antagonistic influences. When one has taken a dose of homoeopathic medicines, either by dissolving a globule on the tongue, or smelling of one in a phial, the very next breath may contain some counter influence. The air is filled with odors from medicinal plants, and almost every man’s breath is impregnated with some medicinal substance. If we meet a dozen ladies, each may wear a different kind of perfumery. In the city we smell the odors of a drug store on every corner. In this view of the subject, homoeopathic medication becomes impassibly absurd. For all this, homoeopathy is believed and practiced by honest, intelligent men. Yes, and what delusion has not been accepted by such? Homoeopathy is successful in curing disease; what system has not been successful? I began by giving the principles upon which the success of every delusion may be accounted for; I need not apply them especially to this. It is no more strange that homoeopathy should have a degree of success, than that a few drops of colored water should have cured the scurvy garrison at the siege of Breda; or that a thousand other impostures and delusions should have influenced the minds and bodies of men.

EXTERNAL USE OF TINCTURE OF IODINE.

For the N. H. Journal of Medicine.

The results following the application of iodine externally, are often too great to be accounted for on the ground of its counter-irritant properties alone. It has a power in controlling glandular, cutaneous and subcutaneous inflammation possessed by no other counter-irritant, and indeed by no other substance. As these results are not in proportion to the degree of irritation
which follows, its application, we can only account for them by its power as an excitor of vital action, particularly of the absorbent and glandular systems; otherwise the same results would follow the application of any other counter-irritant of equal strength. On the contrary, iodine often shows its greatest power when vesication or even desquamation has not been produced in any great degree.

That irritation of the skin increases the force of its absorbent vessels, needs no argument to prove. We have only to recollect that without a certain amount of irritation strangury will not be produced by the application of cantharides; so with iodine, a certain amount of irritation is necessary to secure its free absorption, and this should always be secured when the irritation produced by the simple tincture is insufficient, by combining it with, or immediately preceding its application by, some more powerful irritant. For this purpose I have been in the practice of applying, with the most satisfactory results, a saturated solution of iodine in tincture of cantharides; or, what is a very fair substitute, exciting the part by long continued friction, or by the application of emp. cantharides for a short time prior to the use of iodine. The condition most favorable to absorption is that which immediately precedes vesication, or the destruction of vitality of the cuticle; and when circumstances will admit, dusting the surface of a blistering plaster with the powder of iodine affords the most efficient application we possess for those numerous and perplexing cases of diseased glands, scrofulous joints and morbid growths. The practical value of the above ideas will be seen at a glance, and appreciated by every practitioner who has made an application of the alcoholic solution of iodine to obstinate glandular diseases, or enlargement of joints where the skin is tense and pale, upon which the common tincture fails to produce the least apparent effect. And I would here remark, that any active external application, with a gentle internal use of iodine when mercury fails, in cases of induration and enlargement of the liver, I have found to be followed with marked and lasting benefit.

GEO. W. GARLAND.

Meredith Bridge, Sept., 1851.

GUTTA PERCHA—ITS USES TO THE PHYSICIAN AND SURGEON.

BY JOHN P. LITTLE, M. D., RICHMOND CITY.

As this article is not as well known as it should be, I have put together some account of its uses and advantages, and of the manner in which it is wrought into various shapes. My wish is to call the attention of country physicians to the fact that it will save them much trouble if they possess and know how to use this excellent substance. It is a product of the East Indies, the dried juice of a tree; a tough, fibrous substance, of a dark brown color. As it seems scarcely acted on by any other agent than heat, and as when
heated it will take any form you give it; as it is very tough and strong, and is unaffected either by the temperature or by the secretions of the body, the physician will at once perceive its great value and the variety of uses to which it may be put. Of it are made splints, stethoscopes, bougies, catheters, uterine and ear specula, stomach tubes, pessaries, handles for surgical instruments, caustic holders, tents, eye-glasses, sheets of water proof stuff, for dressing injuries, &c., &c. The good sense of each physician will teach him how to make use of it in various cases. It will be found specially adapted to fracture occurring in children, to fractured jaw, or to injuries of joints.

To ascertain a good article, take a small piece, soften it by heat and roll it; if when cold it is tough and strong, the gutta is good; sometimes it breaks like a pipe stem and is good for nothing.

To prepare it for use it should be cut into pieces and torn into strips, that impurities may be easily shaken out. Let it be then softened by boiling water, and rolled out in thin sheets. When these are dry, a stiff brush passed over them will sweep away the remaining impurities. The gutta should be then softened frequently and rolled together, its fibres mixed thoroughly, that it may become a homogeneous mass. In making catheters it is necessary to select the best gutta and prepare it with care; having well selected and well prepared the article, take a small piece, soften it, pierce it with a wire, and on this roll it carefully, softening it as it is needed; when it has thus obtained half the length and double the thickness of the catheter required, let it cool, and then, fastening one end to the tube securely, lay hold of the other with a pair of forceps and pull it out. It will be found that it can be pulled out to twice its length and no farther, unless force enough be used to break it. Insert a wire of proper size, close one end by heat and make orifices; the catheter is complete. A polish may be put on it by passing it rapidly through the dry flame of a spirit lamp. This excellent catheter resists better than the gum elastic ones the action of urine, can be made of any size by the surgeon, whenever it is needed, and does not cost more than half a cent in price of material.

Some mix lampblack with the gutta to render it less easily softened by heat; any mixture, however, makes it brittle. Flexible stethoscopes can be made in a similar manner. It is a peculiarity of gutta percha, that when pulled out in this manner it becomes elastic; a property it had not before possessed. These are only some few uses to which it can be put; they are endless, and extend from serving to rub out lead pencil marks to making artificial palates. Out of the profession, shoesoles, horswhips, bridles, water-pipes, picture-frames, &c., &c., are made with it.

Gutta percha resists cold and moderate heat; it is not acted on by the secretions; the acids and alkalies do not affect it, or but very slightly; iodine and nitrate argentum do not alter it; ether and alcohol leave it untouched; only two substances dissolve it—chloroform and boiling turpentine, and of these solutions I will speak a few words. Forty grains of gutta percha dissolved in an ounce of chloroform make a reddish brown liquid, similar in properties to colloidion, although not quite equal to it. I have applied it to sore nipples and to ulcers, over which it forms a transparent cuticle, protecting from external injuries and allowing the healing process to go on. It serves as a styptic to fresh cuts and to leech bites, and might be of use in chilblains, in preventing the effects of pressure forming bed sores, in protecting the heel from injurious pressure in cases of fracture, or perhaps in annoying eruptions a covering of it would allay the irritation.

One use that I have put it to is, to protect surgical instruments from rusting. By dipping them into this solution they become coated with a thin pellicle
of gutta percha, which protects them from air and moisture, and which can be easily rubbed off or wiped off when the instrument is used. It serves also as a covering for packages of vaccine matter; although the common gutta percha, rolled out and applied by heat, serves even better for such a purpose.

Another use is to render pills tasteless by dipping each one in this solution; the covering formed prevents the taste and does not hinder the effect of the medicine. Capsules could be formed of it for administering copaiva or other nauseous medicines.

The other solution is made by cutting up from half an ounce to an ounce of gutta percha and dropping it into a pint of boiling turpentine. It makes a good application to burns; the turpentine is of use in such cases, and the gutta would form a covering to the injured part. Waterproof paper is made by saturating it with this solution, and can be put to many uses. It serves a purpose similar to thin sheets of gutta in using water dressings; or as oiled silk does, it will retain volatile stimulant applications to any part. As the strongest aqua ammonia has no effect on it, we can apply this powerful stimulant by simply pouring it on the paper and binding it tightly to the part. Opiates, turpentine, tincture cantharides, &c., can be thus applied and over large surfaces. The lower extremities can be wrapped up in sheets of this paper, or the whole chest stimulated by means of it; nervous headache, nauseated stomach, or any local pain can be similarly treated.

Of course in applying it we should use moderate heat, that it may fit more closely. From its toughness and strength it will last a long time and serve for many applications. Another use of this turpentine solution is to brush it over anatomical preparations. It protects from air and moisture, and also from the attacks of worms; or it may be used to cover bottles of alcohol containing wet preparations.

These are but some of the uses to which gutta percha can be put; its many valuable qualities and its easy applicability to various uses recommend it to the medical profession.—Stethoscope.

American Medical Association.—Prize Essays. At the meeting of the American Medical Association, held in Charleston, S. C., in May last, the undersigned were appointed a Committee to receive and examine such voluntary communications on subjects connected with medical science, as individuals might see fit to make, and to award a prize to any number of them not exceeding five, if they should be regarded as entitled to such a distinction.

To carry into effect the intentions of the Association, notice is hereby given, that all such communications must be sent, post-paid, on or before the first day of April, 1852, to George Hayward, M. D., Boston, Mass. Each communication must be accompanied by a sealed packet, containing the name of the author—which will not be opened unless the accompanying communication be deemed worthy of a prize. The authors of the unsuccessful papers may receive them on application to the committee at any time after the first of June, 1852; and the successful ones, it is understood, will be printed in the Transactions of the Association.

GEO. HAYWARD, Boston.
J. B. S. JACKSON, "
D. H. STORER, "
JACOB BIGELOW, "
USHER PARSONS, Providence, R. I.

Boston, Aug. 12, 1851.
A CASE OF CHOREA,
Reported and read before the Belmont Medical Society.  By Henry West, M. D., April 4th, 1850.

Miss L. S., aged 14, of delicate constitution, had enjoyed generally good health, was attacked on the 27th of February last, with "slight headache and sore throat," which did not attract much attention from the family, until the 2d of March, when she presented some unusual symptoms, which were not understood by them. A physician was called on, who visited and prescribed but once, when other business called him from home. The patient remained, as I was informed, in about the same condition until my first visit, which was on the 15th of March, when she presented the following symptoms, viz., irregular and involuntary contraction of the muscles of almost the whole voluntary muscular system, more so, however, on the right side; inability to protrude the tongue; rolling the eyes; by placing any substance in the palm of the hand, and requesting her to grasp it, the fingers would immediately become strongly extended; inability to articulate; no loss of consciousness; appeared perfectly sensible, and knew what was said to her; slept reasonably well, during which she was entirely calm; had no fever; pulse 85, small and of moderate resistance; bowels rather constipated; discharges natural color; urine faint and high colored; had never menstruated; slight tenderness in right iliac region; also, slight tenderness over third, fourth and fifth dorsal vertebrae; no headache or pain in any part of the body; was unable to walk, or sit in a chair; tongue coated with a light yellow fur, with a few clean spots over its surface.

Cause. Various are the causes set forth by authors, all of which, in some cases no doubt, may be correct. The remote cause in this case, in my opinion, was the approximation of menstruation; the proximate cause, the functional derangement of some portion of the brain, and most probably the cerebellum, as set forth by some recent writers on physiology. The doctrine is, "that one of the functions, the principal office, indeed, of the cerebellum, is to preside over and regulate the faculty of locomotion; to keep the muscles in due subordination as it were to the will." To this I am partly inclined to subscribe. To the cerebrum has been appropriated the organ and direction of the intellect, and presides over all our intellectual functions. There are, as all are aware, certain altered states of that portion which lead to mental aberrations. Persons so affected from false judgments cannot associate the ideas aright, &c. Just so with the cerebellum, when from some exciting or debilitating cause, it loses its power and control over the parts over which it presides, and for a time permits its satellites to take their own course; and a grotesque and unseemly out do they make of it, not unlike a regiment of soldiers when they lose their commanding officers, no order or regularity being observed.

Treatment. Two indications presented themselves to my mind; first, to remove the constipated state of the bowels, and loaded state of the tongue. Second, to obviate the debility of the nervous system, but more especially that portion of the encephalon from which the motor power originated; and fearing my theory might not be altogether correct, I turned my attention somewhat to the spinal column.
March 15th. I made the following prescription:

Take calomel, 16 grains.
" ipecac., 1 "
" pulv. antim., 8 "

M. ft. pulv. No. 8.

One to be given every four hours, to be followed by infusion of senna.

For external application,

Take ol. olive, 2 ounces.
" aqua ammon., 1 "
" ol. sassaf., 2 drachms.

M. ft. liniment.

To be rubbed freely along the entire spinal column.

March 16th. Medicine had operated pretty well; not much improvement; alvine discharges somewhat dark; tongue rather improved; involuntary motions about the same; continued the prescriptions as before, except to discontinue the ipecac., and add spirits of turpentine to the liniment.

March 20th. Medicine had again operated well; tongue cleaned; pulse 80, weak; extremities cold; involuntary motions the same.

Prescribed precip. carb. iron, 30 grains,
Sulph. quinine, 4 "

M. ft. pulv. No. 16. One to be taken every six hours, and the bowels to be kept open with infusion of senna.

March 22d. Somewhat improved; pulse 82, with more strength; extremities not so cold; involuntary motion not so great; could articulate monosyllables; some appetite; continued the prescription, except to increase the iron half a grain in each dose.

March 24th. Still improving; can grasp objects presented to her; sits in a chair; speaks short sentences; appetite improving.

28th. Much improved; very little involuntary motion, some slight about the muscles of the face and eyes; can stand alone, and walk a few steps, but as yet very awkwardly; iron increased half a grain; continued same medicine.

31st. The first salutation when I entered the room was, "Doctor, I am almost well," and rose to meet me, and extended her hand, and gave mine a firm grasp. I advised her to continue the use of the precip. carb. ferri for some time to come. Her step is still weak, and unless the remote cause be entirely removed I feared a re-attack. My intention is to continue it until her health be entirely restored, and probably until menstruation shall be established.

P. S. The treatment has been continued, and the patient is now in the enjoyment of good health.—Trans. Belmont Med. Society.
NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, OCTOBER, 1851.

Our table has been for some time crowded with books and pamphlets waiting for notice. We proceed to speak of a portion of them, being compelled to pass by a part and to leave others till next month.

A new Sign Language for Deaf Mutes, is the title of an inaugural thesis presented by Albert J. Myer to the medical faculty of the University of Buffalo. Dr. Myer proposes to replace the present mode of communication between deaf mutes by the use of the same symbols that are employed in Bain's telegraph. These consist of lines and dots for a written language; and for conversation the author suggests a series of taps of different lengths, visible to the eye, or perceptible to the sense of feeling. The different length is measured by the time the finger remains in contact with the object on which it strikes. Operators upon the telegraph lines become so expert as easily to understand a message by the sounds made by the instrument, and there seems to be no reason why this system may not be successful. Trial alone will determine this. Dr. Myer is certainly entitled to credit for presenting an original thesis.

Experimental Researches illustrative of the functional oneness, unity and diffusion of nervous action; in opposition to the anatomical assumption of four sets of nerves, and a fourfold set of functions and transmitted impressions, with a brief exposition of the philosophy of vivisection and of sensation. By Bennett Dowler, M.D., of New-Orleans. pp. 34.

The object of this pamphlet is fully set forth in its title. Dr. Dowler dissents entirely from Marshall Hall's theories, and asserts others based upon his own experiments. It has given us much matter for thought, though we do not yet abandon the old ground. We shall hope to hear from this gentleman farther upon this subject.

Transactions of the Belmont Medical Society for 1850-51. Published by the Society. pp. 90. To Dr. Affleck, of the Belmont Farmer, we are indebted for a copy of these transactions. These consist of essays upon nutrition and waste, on the importance of the study of botany in diseases of the teeth, organization of the human system and its alterations, cases of chorea, of haemorrhoids, of abscess of the maxillary sinus, of erysipelas inflammation, of destruction of half the hand, and reports on quackery and improvement in medicine. Several of these papers are very interesting, and the whole creditable to the Society. As we understand the matter, this Society corresponds to the District Societies in our State, and still it has sent out for four years these Transactions, while our State Society
even has never ventured thus to place itself before the profession. Is it that we want in knowledge? We do not believe it, but we hesitate to break away from our customs, and the neighboring States have not set the example. We commend the spirit of this association, and hope it may have a good effect on others.

An Address on Medical Jurisprudence; its claims to greater regard from the student and the physician. By D. H. Storer, M. D., of Boston. pp. 48.

It is not often that an annual address before a medical society is so full of matter of primary importance to the profession as this. The subject of medical jurisprudence is undeniably too much neglected by the profession. In some particulars exceedingly erroneous views prevail, and in none more than with regard to the duties of physicians to themselves and to their patients, when called upon to testify in a court of justice as to communications made in confidence during professional intercourse; in other words, the question of the professional privilege of medical men. The truth is, we have no privilege to conceal anything concerning which enquiry is made. We are aware that the contrary opinion prevails among many of the profession, but it is erroneous. Dr. Storer exhibits this fact clearly, and this exposition of it must do good. A physician is put upon the witness stand and solemnly swears "to tell the truth, the whole truth, and nothing but the truth," and if he is allowed no privilege by the common or statute law, how is it possible for him to conceal anything concerning which he is questioned, without committing perjury. We quote the following paragraphs from Dr. Storer:

"The most painful duty a medical man is called upon to perform in a court of law, if the ends of justice absolutely require it, is to divulge the secrets of his patients, reposed in him in the course of professional confidence. However great may be the struggle within him,—however willing and ready he may feel to make almost any sacrifice, save that of his integrity, to keep forever locked in his bosom what was sacredly deposited there, the laws of his country are paramount to all other bonds."

"Thus there is no appeal. Those facts must be stated which are necessary to further the ends of justice. The greatest caution should be used, however, to prevent anything being made public, that can be suppressed, which can wound the feelings or injure the reputation of a patient. Even the members of the bar look with pity and contempt upon the medical witness who voluntarily exposes any professional confidence. Nothing is more important to the physician than to "keep his own counsel." The repository of many facts, obtained under peculiar circumstances, a knowledge of which by others would produce much unavoidable misery, he should most religiously preserve what has been entrusted to him."

"Enough, I think, has been said to prove, that if the physician would retain his self-respect,—if he would preserve the esteem or confidence of his patients, or of any portion of the community, he should allow no earthly considerations to bribe him,—no earthly power, save the laws of the land, to compel him to betray his trust."

In this matter physicians stand upon precisely the same footing as clergy-
men, for they may not reserve anything committed to them in confidence, not even if guarded by the secrecy of the confessional. Why lawyers should be exempt we confess we do not clearly see, but this is not the place to enter into that discussion.

A distinct appreciation of this liability on the part of medical men is important to them and to their patients. If a physician receives confidential communications under the assurance that they shall never be revealed under any circumstances, and the law afterwards is found to compel the promise to be violated, the trust in that man is fearfully shaken. But to him who knows that he must yield to the majesty of law, it is often an easy thing to prevent unnecessary communications being made, and certainly he disappoints no trust when he yields to this alone. For the man, shame that there are such men, who babble at the corners of the streets, or in the places of public resort, or in the privacy of families, the secrets confided in him by others, too great contempt cannot be expressed, and at him the finger of scorn cannot too distinctly point. The majesty of the law alone can justify any revelation, and this only on the pains of perjury.

The Physician's Account Book. By Jonathan Allen, Lowell. From the publisher. Mr. Allen has devised a very convenient form of the physician's account book. By columns properly arranged, the charges against an individual for a whole month require his name to be written but once—an immense saving to any one doing a large business. The amount due and the amount paid can be seen at a glance with reference to case books, and any remarks that may have suggested themselves at any time. In posting, too, one entry suffices for a month for each individual. The arrangement looks to us like a very good one, and gentlemen wishing to re-arrange their accounts more conveniently, should look at this book. To some it may be a recommendation to know that testimonials were given to Mr. Allen for it at the Fair of the Massachusetts Charitable Mechanics' Association. It is on sale in this place by Mr. G. P. Lyon.

Centre District Medical Society. The semi-annual meeting of this Society was holden at Concord, on Wednesday, the first day of October. The attendance was not large. After the record of the last meeting was read, the committee on publishing the by-laws reported progress and asked further instructions; which being given, the subject was re-committed to them.

The secretary stated that he had not performed the duties assigned to him concerning the reciprocation of delegates between this and the other District Societies, because he could not ascertain who were the secretaries of those Societies. He was instructed to make farther attempts.
The report of the committee on the drug trade in the District was called for, and read by the chairman. The committee was enlarged by the addition of Dr. Tenney, of Pittsfield, Dr. Knight, of Franklin, Dr. Sanborn, of Henniker, and Dr. Garland, of Meredith Bridge; and they were instructed to continue their investigations and report at the next annual meeting.

Dr. A. O. Blanding, of Fisherville, having been proposed for membership by the council, was unanimously elected, and at once joined the Society. Dr. B. was also appointed delegate to the American Medical Association, in place of Dr. E. K. Webster, resigned.

The President, Dr. Merrill, of Dunbarton, called the attention of the Society to the fact that it had just lost by death one of its oldest members,—Dr. Job Wilson, of Franklin. After appropriate remarks as to the character of the deceased, it was voted, that a committee, consisting of Drs. Webster, Abbott and Merrill, should draw up and report resolutions expressive of the feelings of the Society. The following resolutions were reported and unanimously adopted:

Resolved, That in the death of Job Wilson, M. D., late of Franklin, an associate of this Society, the medical profession has been bereaved of one of its oldest, ablest and most venerated members.

Resolved, That his perseverance in investigating the nature of diseases, his integrity and usefulness in the profession, together with his urbanity and honorable bearing in all his professional intercourse, entitle his memory to our warmest regard.

Resolved, That we most respectfully tender to the family of the late Dr. Wilson our sincere condolence and sympathy.

Resolved, That a copy of these resolutions be forwarded to the family of our late brother, and that they be published in the N. H. Journal of Medicine.

E. K. WEBSTER, J. B. ABBOTT, Committee.
J. MERRILL,

A dissertation was read by Dr. M. R. Woodbury upon homœopathy, which was ordered to be published in the N. H. Journal of Medicine. Society adjourned.

KOUSSO. In a case of tape-worm which had resisted the ordinary remedies, we have recently used this new anthelmintic with entire success. We could obtain in Boston only half a dose, which was given as usual before taking any food in the morning. In three hours it produced a watery discharge, but without bringing away any of the parasite. In about five hours more a portion of the worm was discharged, and the remainder, including the head, the next morning. The kouso appeared to kill the parasite, and not to act as a mechanical anthelmintic. By the way, we observe that emulsion of pumpkin seeds is pronounced an infallible remedy for tape-worm. Two ounces of the seed is used for a dose,—the West India pumpkin furnishing the best seeds.
EXCHANGES. With the commencement of the second volume we have forwarded copies to the few journals which have before neglected to exchange with us. Already in return we have received the North-Western Medical Intelligencer, published at Chicago. The first volume was discontinued because we received no return. We shall be glad to make further acquaintance with our western contemporary. The St. Louis Medical Journal we would also acknowledge as received. Copies were for a time most diligently sent to the American Journal of Medical Science, and to the Medical News and Library, but though the Journal was added to the exchange lists, and extracts from it were published, we have not received any return. Will the editor do us the favor to see that the matter is attended to?

Since our last number the New-York Register has passed away after a year's duration. It will be recollected that this was one of the dollar journals. In its place we have received the New-York Medical Times, a monthly of thirty-two pages, at two dollars per annum. It is edited by J. G. Adams, M. D. From the short and terse introductory we promise ourselves a valuable exchange. We trust the Times will be well sustained.

We omitted to notice last month the Dental Times, a new quarterly, edited by the junior editor of the American Journal of Dental Science, and to be published in the interval of publication of the larger journal. This number contains forty pages, price one dollar. Its appearance is creditable and promising.

THE CORRESPONDING SECRETARIES of the State Medical Society desire to obtain a full report of the progress of disease in the State during their year of service. As this cannot be done without the assistance of every man, whether he is a member of the Society or not, they call upon all to furnish them with the desired facts. By using a little exertion each can keep a record of all the epidemics, surgical operations, and all things of interest coming under their observation, and at the end of the year, by forwarding them to the secretaries, reports of very great value can be made to the Society. Will gentlemen aid in this undertaking? The secretaries are Dr. F. P. Fitch, of Amherst, Dr. A. Smalley, of Lyme, Dr. J. Blake, of Tamworth, Dr. E. H. Parker, of Concord, Dr. N. Martin, of Dover, Dr. J. Bartlett, of Stratham, Dr. J. Batcheller, of Marlborough, Dr. W. W. Brown, of Manchester.

Dr. E. K. WEBSTER desires us to say that "physicians wishing the proceedings of the American Medical Association, in order to avail themselves of the opportunity offered by vote of the Society, must send in their orders immediately, and should be particular to say what numbers they wish." Every physician should have a complete set in his library.

TO CORRESPONDENTS, &c. Very valuable communications are on file from Prof. Smith, of Peterborough, and Dr. Tyler, of Rollinsford, and will appear in our next. The article on "emetics and their uses," will also be concluded in that number. Spratt's obstetric tables, Tanquerel on lead diseases, and Gregory's outlines of chemistry, are received and will be noticed as soon as practicable.
DISEASES OF FEMALES.

An Essay read before the Strafford District Medical Society, by John E. Tyler, M. D., of Rollinsford.

This was a maxim of Sir Charles Bell, "He who makes the philosophy of the human system his study must be taught humility, and learn from his own errors to look kindly on others." All the humility taught us by ten thousand blunders of our own, will not, I fear, more than suffice to make us even charitable towards very many of those persons who have written books for our instruction in the practice of medicine. Page after page we all know we must often read of finely fancied theories, and curiously following sequences, to find one plainly proved precept, on which we can rely with satisfaction, even in the treatment of those diseases which are called common, from their frequency and universality.

And how unsatisfactory is it in our researches after light and aid in some speciality in our practice, to find the matter treated of beautifully and at length, but only as an imaginary case; treated at the desk, with the pen in hand, on general principles, forsooth, when the writer would do us more good, and gain from us greater respect, although the confession might not be so palatable to himself,—to say frankly, either that he had never seen such cases, or that his regular "so and so" treatment seldom effected a cure, and that he knew of nothing, well tried and proved, to recommend as a substitute. What a luxury is it to meet with an article from the pen of a plain, practical man, who has never dreamed of being a book-maker, but who writes down facts just as he has seen them occur, and gives you in clear, clean English, the means which in a trying case have relieved him from difficulty, and his patient from danger. We have a few books that should be excepted from
these strictures, and we ought to rejoice. There is Graham on Indigestion, Dorsey on Surgery, and Wood on the Practice of Medicine. These authors tell us, not simply what they have heard, or what they have read, or what they fancy to be true; but they come closer to our wants; they tell us what they know; what they have seen, and have themselves proved; and when, under circumstances such as they indicate, we follow their directions, we find that they have given us the very "Gospel of Medicine." But such men have been too wise to treat of every subject, and there remain many forms of disease which have been by others of a different stamp accurately described, and for which a treatment has been marked out with great precision, and every incidental matter handled with the greatest assurance; all of which we are sad to find will give us next to no assistance when brought to the test of practical application. To be sure, our profession is limited in its power. The nature of things will not permit our unbroken and constant success. Men, women and children, must and will die, be doctors few or many. Our province is to prolong human existence, if we can, to four-score years and ten; and more than all, to render its period as free as possible from physical ailment and suffering. We know that it is not pretended that all has yet been discovered in our art, even up to this limit, which can or may be discovered and recorded. We know that medicine is as yet imperfect as a science, and that additions, valuable additions, are every day being made to it, throwing light on obscure points, and tending to settle in truth long discussed principles. Of this state of things, it would be trifling and useless to complain. But we righteously may complain that our medical savans should be so well contented to hug their errors, and write them in books, and teach them from the college chair, merely because their own experience and the general practice of the day will show that truthful results are less brilliant, and less flattering to medical pride, than are the stereotyped records of medical literature. I would much rather, if a disease be considered incurable, to have it said so; or if not thought absolutely incurable, yet from its resisting remedies, proving that its nature and treatment are but imperfectly understood, to have that so said, plainly, fairly, honestly; so that we may know what to rely on as settled, and what we must make the matter of our own research and experiment. A reformation in this particular, though it might shear a doctor's pride, would vastly increase his faith in the real capabilities and progress of medicine. There is a class of diseases, at the head of which consumption stands, that are, the world over, confessed incurable—"the opprobria medicorum." There is another class, styled the difficult—the treatment of which is not settled,—every method failing of success too often to be satisfactory. "So far so good." This is just as it should be, and of it we cannot complain. But why should the catalogue of these classes be abridged at the expense of the truth? Why should we boast of more than we possess? Is not such pride the most consummate quackery?

There are, we know there are, other diseases, many others beside those
ranked in the above classes, which our teachers and writers never seem to
dream of considering incurable, or even so much as difficult; but, on the con-
trary, prescribe for with as much nonchalance as for measles or bilious col-
ic. We read their descriptions, we treasure their directions—(we do not
mistrust that they are literally all theory; how can we?) We put them in
practice, and the result covers us with shame, and our patients with sorrow,
at least, if not with sobs.

We all too well know that a great deal of suffering exists among females,
varying in locality and phase in different persons; but termed by them,
"weakness" or "disturbance," or may be "spinal disease," and for relief from
which they are impelled to besiege every doctor they may happen to meet
with. Our older brethren when thus applied to, prescribe a placebo, and
give the sufferer the cold comfort that she must expect more or less distress
of the kind in this world; that it is her cross, and she must submissively bear
it. And younger doctors search and search their books and brains, and pre-
scribe and prescribe again, all fruitlessly; and at last find themselves obliged
to dodge the matter like their seniors. Now upon these subjects, enough in
quantity has been written. The causes of suffering—the pathological state
of the affected parts, all have been so fully described and sworn to, and treat-
ment so sufficiently minute laid down, that a young physician could not an-
ticipate any serious difficulty in this quarter of his practice.

How to relieve this numerous class of patients, has been a great puzzle to
me, and has led me to make these complaints. I have read everything rela-
tive to these matters that I could lay my hands upon, and have had ample
opportunities to put in practice such rules as I have found given; but my
results were meagre and far from flattering. I have, however, thus obtained
some hints in the right direction. What I have so gathered, and what I have
learned from a careful course of experiments for the relief of these troubles,
I will try to lay plainly before you, hoping that it may elicit from you, gen-
tlemen, much in addition, which you have discovered to be practically valu-
able in this matter. For I know that you must all bear me witness, that the
treatment commonly recommended by our authors is rarely of any great ben-
efit to the unfortunates, whom I will now endeavor to describe.

For convenience sake, these patients may be arranged in two groups, ac-
cording to the treatment required. There are, however, some symptoms
common to both, which I will first enumerate. There is generally present
and complained of, a degree of general debility, and a constant feeling of lan-
guir. The countenance is pale, and wears an anxious expression. Some-
times, however, the face is ruddy and the person in full habit, but the anx-
ious expression is never gone.

There are neuralgic pains in different parts of the body, chiefly and most
troublesome in the back and hips; and (a fact which I ask you especially
to notice,) in the top of the head; the respiration is shorter and a little quick-
er than is natural. Palpitations are common. The appetite is capricious.
The bowels are commonly confined. A continual and harassing distress is felt in the abdomen. I have often heard it expressed thus: "I feel as if my insides were fastened to my back-bone, and somebody was pulling them down out of my body;" or thus: "When I move, my bowels seem to tumble together, from side to side in a mass." There is extreme weakness and tenderness in the lumbar region. In bad cases, hysteria is present in any of all its protean forms. At times the patient becomes literally as pale and cold as death. The stomach seems thoroughly crazed, and vomits a characteristic fluid of a pale green color. These symptoms the two classes possess in common. In what I will style class first, there may or may not be some displacement of the uterus. Usually it is prolapsed and more or less retroverted, and often has a hardened, swollen feeling. The parts are relaxed and without soreness.

In class second, in addition to the symptoms which I have above denominated common, are found a greater or less degree of soreness of the abdomen; great tenderness and throbbing in the lumbar region; a general soreness of the whole skin; and a sensation of internal heat. The vagina is contracted and extremely tender; the uterus is often prolapsed or otherwise displaced, and often swollen and very sensitive.

It has happened to me to meet with a large number of cases of both of the kinds just described. I have recommended supporters and pessaries, and have found that at best they only gave relief, and not always even that; sometimes, indeed, aggravating all the difficulties. I have enjoined absolute rest, and the recumbent position for months and months, and have found this also inefficual. I have used this thing and that thing, all according to the books, and have not satisfied myself or my patients.

Without attempting to give any precise pathological views of these cases, I will at once state the following to be the objects which I have aimed at in my treatment:

To remove uterine irritation and subacute inflammation:
To quiet the general nervous disturbance:
To give tone to the nervous system:
To give tone to the uterus and its appendages, and thus to recruit the whole body. The course I have followed has been this.

For patients enumerated in class first, I order a plaster of galbanum to the hypogastrium, to reach from the pubis to within an inch of the navel, and to the hips on either side; and another to the lumbar region. I direct cold water to be applied, by means of a wet roller, around the abdomen and back; and in warm weather always, and in cold weather often, the use of the cold hip bath, with frictions afterwards once in a day. Injections per anum of cold water, or of cold, castile soap-suds—and injections per vaginam of the cold compound liquor of alum of the London pharmacopia—that is, of alum and sulphate of zinc; and afterwards of a decoction of white-oak bark. The whole body is to be frequently bathed with cold water, and freely rubbed af-
terwards. Internally, I prescribe the following pill to be taken at bed time:

R.  
Ext. belladonnae,  
Ext. nuc. vom.,  
Ext. valerianaé,  

gr \( \frac{1}{8} \),  
gr \( \frac{1}{4} \),  
gr j,  
M. f. pil. No. j.,

and from half an ounce to an ounce of the following infusion, to be taken three times in a day before eating:

R.  
Quassia excels.,  
Magnes. ustæ.,  
Aq. bull.,  

5ss.  
3j.  
Oj.  
M. f. infus.,

and occasionally a draught of the decoction of uva ursi.

If the uterus be found congested, evinced by the hardened, swollen feel, I exhibit small doses of the iodide of potassium and ergot. If the patient suffers from menorrhagia, I make use of the following pill, once, twice, or thrice a day:

R.  
Ferri sulphat.,  
Ergotæ pulv.,  
Kino. pulv.,  

\( \{ \)  
\( \} \)  
\( \{ \)  
\( \} \)  

āā. gr j.  
gr \( \frac{1}{2} \).  
M. S. f\( \frac{3}{3} \)j quaque sextâ hora.

In treating what I have styled class second, if I find the soreness in the uterine region to be considerable, I give the following:

R.  
Potass. cyanide,  
Ext. bellad.,  
Aq. camph.,  
M. S. f\( \frac{3}{3} \)j  
gr ij.  
gr j.  
\( \frac{3}{3} \)j.  

If the patient be quite feeble, I combine with the above a small quantity of quinine, or of tincture of nux vomica.

At bed time from one to three grains of lupulin should be given.

I order baths to the abdomen, of a weak tincture of Arnica, and of cold water alternately.

When by these means the soreness spoken of is somewhat removed, I substitute for the above solution, the following recipe:

R.  
Vin. colch.,  
Tr. nuc. vom.,  
Tr. belladonnae,  
Aq. puræ.,  

\( \frac{3}{3} \)j.  
\( \frac{3}{3} \)ij.  
\( \frac{3}{3} \)ij.  
M. f. sol.

S. f\( \frac{3}{3} \)j every six hours, and continue the lupulin.

Injections of cold water should be used every day, both per anum and per vaginam. When by perseverance with this plan, varied and added to, to meet particular cases, my patient comes to the condition of those described in class first, I treat her as I have already stated.

By using the means thus detailed, faithfully and perseveringly, I have been gratified to find that one after another of the indications for treatment
DISEASES OF FEMALES.

before stated, have in many cases been fulfilled—that the appendages of the uterus regained their tone and strength, and the organ itself resumed its normal position—and that my patients, instead of groaning away long days and nights, became in a measure fresh and vigorous, and able again to call life a blessing.

I might have taken a different method of bringing this matter before you. I might, as is customary, have described to you particular cases, and their results, as they have occurred to me; but I have preferred reciting to you a summary of what I have found to be useful, to tiring you with a detail of what might be more pleasant for me to recount, than for you to hear.

I have a few words to say respecting some of the articles used.

Belladonna has long been used in the treatment of neuralgia. For the relief of pain, or nervousness dependent on uterine irritations, it is almost a specific. Nothing will so speedily relieve the agony of dysmenorrhea as Belladonna. And the chief reason why this agent is so much more effectual in relieving the neuralgia of females than that of males, is, I believe, because the former in a very great majority of cases, is dependent on uterine irritation.

Lupulin. This, we have seen recommended to allay undue excitement about the genitals, as in spermatorrhœa, nymphomania, &c. Proving effectual for this purpose, it occurred to me that it might avail something in removing the soreness or erythema of the vagina and uterus, which is always so exceedingly obstinate. And it really is wonderful in its action.

Cyanide of Potassium. This article has a powerful influence in removing inflammatory action and active congestion of the uterus. In cases of sudden suppression of the menses from cold or fright, where there is present any degree of febrile action or tenderness in the uterine region, the exhibition of this after the proper evacuations have been premised, will rarely fail to bring on the suspended discharge. This article should not be confounded with the prussiate of potash.

Quassia has long been known to possess an anodyne as well as a tonic power. It certainly is preëminent among the tonics in giving tone to the uterus and its appendages. It was through the merest accident that I was led to prescribe it in connection with magnesia for these disorders. I was much pleased with its prompt action, and more with the permanency of the good it wrought. I was confirmed in its use by a friend who pointed out to me the quaint remark of an old writer, that "Quassia, combined with some one of the absorbents, greatly avail eth in cases of hysterical atony."

Nux Vomica in minute doses, besides being a most valuable tonic to the nervous system, possesses the power of keeping the bowels in a proper condition.

I would call your attention for a moment to one of the symptoms which I have mentioned—viz: the pain and heat in the top of the head. This, so common and so great a source of distress to females, is, I may say, a per-
fectly sure diagnostic mark of uterine trouble of some sort. I do not remember the mention of this by any writer. But it is certainly a fact of great importance, and may be of great aid in unravelling a complicated and obscure case. If you are called to a lady that has some uterine disturbance, she will among other things refer to her intense headache; and thus it will be passed over as a mere headache—but should you ask the particular locality of the pain, she will almost invariably place her hand on the top of her head. And Belladonna will relieve this in nine cases out of ten.

This pain is often extreme in females who have passed "the turn of life"—so severe as to lead us to apprehend serious cerebral trouble. There may be no unpleasant sensations in the uterine region, or in any other part of the body. Nothing will be complained of save this agonizing pain and heat in the top of the head. Belladonna will very shortly remove this, and Quassia will prevent its recurrence; and I know of no other articles of the materia medica of which I can thus speak.

THE CHARACTER AND WRITINGS OF HIPPOCRATES.

A Lecture introductory to the course on Materia Medica and Therapeutics, in Dart. College, delivered Aug. 8, 1851, by Prof. ALBERT SMITH, M. D.

We are now about to enter upon our course of lectures. It may not be inappropriate nor unprofitable, to pause on the threshold with some considerations of a general nature, and yet having a direct bearing on the profession. Is this mode of instruction by lectures, which enters so largely into the preparation for the profession, the most useful method that could be devised, under all the circumstances, at the present time? It certainly combines advantages, that could not well be dispensed with; it presents and unfolds the great outlines of medical science, that can afterwards be developed and filled up, as facts, experience and knowledge increase. It makes a firm substrata on which to found a substantial edifice. It always keeps before the mind the length and breadth of medical science, and the labor which awaits the aspirant for fame in the field. It greatly quickens the perceptive faculties. Lectures are only profitable to those who can hear and understand. The man of dull and heavy intellect can reap but little advantage, though he were to sit under the teachings of a Sir Astley Cooper, or Baron Dupuytren. To hear lectures profitably, the mind must be active, the memory retentive, the whole energies of the man alive. How profitable to such minds is this mode of instruction, and how pleasant,—full of interest, variety and illustra-
tion. They listen with interest; they feel not, know not, that terrible tedi-
ousness that must inevitably cleave to listless attention and dull ears.

If lectures require quick perception, good attention and quickened ener-
gies, to appreciate them and make them profitable, they should of course be
worthy of it. They should be plain, clear, practical, and divested of all mere-
ly speculative discussion, setting forth the various branches just as they stand
at the present time. What great discoveries and improvements will take
place, we may conjecture, but we have no right to spend precious time on
notions and theories not yet half matured, though their bearing and indica-
tion may be to some great undiscovered truth.

Lectures should be presented in a manner to make them come perfectly
within the domain of common sense. They are dealing with facts, experi-
ence and science, and should come to the hearer clothed in the most attrac-
tive form. It is not enough to think that because truth is truth, it is no mat-
ter how it is uttered, or how elaborated. Certainly it is a great thing to
make any truth agreeable, much more the great truths that underlie the de-
partment of Materia Medica and Therapeutics. But I am aware that no
power can make these truths attractive except to attentive ears. They will
fall to the ground and be lost, unless gathered up with care. They will be
wasted except they find root in a good soil. I cannot enter upon the impor-
tance and usefulness of this branch now;—it requires no elaborate deduc-
tions to establish these conclusions; they are almost self-evident.

I propose, as a useful subject at this, our opening exercise, to talk to you
of the Life and Writings of Hippocrates—the father of our profession—the
wonderful man of antiquity, whose life and writings have been impressed on
every age since his day. I do this the more willingly, because I know that
the means of becoming acquainted with these facts are not within the reach
of many, and that the extent of our obligation to this great man is not duly
realized. Everybody has heard of Hippocrates, but who ever saw a work
purporting to be his? Never till recently had I seen anything of his writ-
tings, but a little work entitled "Aphorisms of Hippocrates." All had been
vague and uncertain. We have hardly known whether he lived or not, and
whether all the writings under his name were not fictitious.

Hippocrates, commonly known as the Father of Medicine, was the most
renowned physician of ancient Greece, and the oldest medical writer of whom
there are any authentic works now extant. He was a native of the island
of Cos, long celebrated as being the seat of one of the schools of medicine
founded by the descendants of Esclapius. He was a descendant from this
family. Very few details of the life of Hippocrates have been transmitted
to us, though we find his biographers dwelling on circumstances which in a
man of less eminence would be unworthy of attention. Among the ancients,
his genealogy was traced to Esclapius, on his mother's side; himself being
reckoned the twentieth descendant of Hercules. This genealogy was no
doubt fabulous, but was credited among the ancients, and tended to increase
the veneration in which this great physician was held.
Hippocrates was born 458 years before Christ, in the reign of Artaxerxes Longimanus, of Persia, and was the contemporary of Socrates, Herodotus and Thucydides. His father and grandfather were eminent physicians before him, and great pains were spent on his education, in literature and general science, as well as in medicine. He enjoyed every advantage of his times for education, and after studying in the schools of his native islands, he travelled much into Greece, Thessaly and Thrace, where he made many observations on the history of epidemic diseases. He also travelled into Africa and Asia, but the chief scenes of his travels were on the Continent,—often for relieving the various epidemic distempers with which they were afflicted. In the famous plague of Athens, made classic by the admirable description of Thucydides, he is said to have contributed much to the health of the city, by ordering large fires to be lighted for purifying the air, and the burning of various perfumes in private houses, in the manner of the Egyptians. Kings and princes of other nations made different attempts to engage him in their service, but he declined all the splendid offers made to him, and gave his life and services to his own countrymen.

His life was spent in the profession, which was then, as we learn by his writings, quite divested of charms, incantations and amulets, &c.; and had for its basis much of science, though grossly deficient in a knowledge of anatomy and physiology. The humoral pathology then prevailed, and furnished a ready and easy solution for every form of disease. Hippocrates was a devoted friend to his vocation, and taught and practised it with assiduity during a long life. He inculcated a disinterestedness in the practice, that has descended to our times, and which is found in the same degree in no other calling or pursuit under the sun. Why should physicians be more disinterested than other men; more self-sacrificing, forbearing;—have less regard for their interest, or deem it dishonorable to think of the pay? It is a noble trait of character, but claims too much of those who must live and be rewarded for their labor like other men.

Hippocrates possessed great zeal for what was called the science of his day—crude as it may appear to us. He was also greatly distinguished for his humanity. He possessed great sagacity in observing nature, which was a resource to him in every emergency, and his accuracy of judgment led him to resist the useless frivolities which superstition had introduced into medical practice. He exhibited in all respects a bright example of the qualities which he himself enumerates in his writings with so much eloquence and good sense, as contributing to the perfection of the medical character. In the whole history of the world but very few men, save the heroes—that is, the destroyers and butchers of their race—have so deeply impressed their lives and character upon posterity as Hippocrates.

He was no doubt a very extraordinary man; one of the great intellects of our race, designed to throw light on his profession through a long series of ages; and even in this period of greater light and civilization, to be still
studied and respected. He is said to have lived to a great age; some say to 109 years; others, however, make it much less.

"The writings that have reached us under the name of Hippocrates, the father of medicine, occupy more than a thousand folio pages in the edition by Foesius. Those attributed to Galen are still more voluminous, embracing no less than six or eight immense folios." Most of these writings are yet locked up in the original languages, and copies even of those works are rarely seen in this country. But very few even of the treatises of Hippocrates have as yet been translated—enough, however, to make us wish that more of this ancient lore was brought to light. Of the writings of Galen not one of them has been translated for the English reader, except the few extracts in a recent work, entitled the Writings of Hippocrates and Galen, epitomized from the original Latin translation by John Redman Coxe, M. D. How familiar to our ears are the names of these two great men, and how frequently their names occur in all our medical researches! "Our teachers refer to them ex cathedra; our books continually quote them; and yet not one in a hundred of the profession in America have ever seen them, or, if interrogated, could inform us of what they treat." In reading these translations by Dr. Coxe, we are enabled to form a very correct idea of the character of the writings of Hippocrates. They are rich in thought, in facts and experience; they are the product of a trained and highly cultivated mind; they are even models for style. Have we had any doubts about their value, we have only to think that Aristotle, that elegant and polished writer, made them the models of writing; and Galen held them in the highest veneration among the ancients; and in modern times, how much the ideas and experience of this great man form the basis of medical science.

"It is not creditable to the profession," says the translator of Hippocrates, either of Great Britain or America, that a full translation of this author has never yet been given to the English reader! and that in America, at least, even in the original Greek or Latin translations, so few copies are to be found, whilst hundreds of contemptible works are annually issuing from the press, to lumber up our shelves, and to pass into oblivion."

The treatises which have come down to us under the name of Hippocrates, are seventy-two in number, but they are not all of equal authenticity. Many of them are compilations of writers before his time, made by him, and some of them supposed to be subsequent, and written by his son and son-in-law, who were very eminent physicians. Some 12 or 14 only are supposed to be the authentic works of Hippocrates—though all of them are written with power and knowledge.

In these writings what a fund of good sense do we not find, and how much that it is really the current doctrine of our day? In the first treatise is the celebrated oath of Hippocrates, containing the rules or statutes of medicine, which the student was required to receive, and confirm by taking it. It points out the gratitude due to the preceptor, adverts to the treatment of the
sick, abjures the use of all dangerous remedies or measures. This is the clause, relating to the one who taught him medicine—"I will honor, as my parents, the master who has taught me this art, (medicine,) and endeavor to minister to all his necessities. I will consider his children as my own brothers, and will teach them my profession, should they express a desire to follow it, without remuneration or written bond."

In the 2d Treatise, entitled the Law of Hippocrates, speaking of the requisites to constitute the accomplished physician, we may learn a useful lesson: "Of all the arts, medicine is the most illustrious; but the ignorance of its professors, and that of those who judge of their qualifications, is the cause of its having been considered as among the most contemptible. This, in my opinion, arises chiefly from the circumstance, that medicine is the only profession, for which, in our cities, there is no penalty attached to such as ignorantly pursue it, beyond that of contempt. But ignominy scarcely wounds the ignorant. It is with them as with the dumb performers of the theatre; they have the form, the dress, and mask of the real actors, but in nothing else do they resemble them. So we find many who are physicians in name and appearance, but few who are such in reality. Six things are required to constitute a physician:—natural talents—a good education—a competent instructor—early study—industry, and adequate time. The chief of these, is natural talent. In want of this, all is useless. But if this is possessed, the art may be acquired, by due attainments previously;—and by beginning to study it at an early age, and in a proper place. We must, moreover, be industrious, and continue long in study, by which means the science becomes as it were natural,—rapidly increases,—extends its researches, and brings forth mature fruit." He says further, that "those who fully attend to these precepts will become masters of their profession, and not merely nominal physicians. They may come forward with confidence, whilst ignorance proves but a poor foundation, and an empty treasury at all times; the enemy of all confidence and trust; a source of audacity as well as of timidity—since timidity is the offspring of weakness, as audacity is of ignorance. Science and opinion govern the world; the one points out our knowledge, the latter our deficiency." Noble sentiments, these! uttered more than twenty-three hundred years ago, and yet applying as well to us to-day, as to the students that gathered round this great teacher, to hear the wise precepts that were falling constantly from his lips.

In the next Treatise, entitled the Art of Medicine, there is a dissertation against the calumniators of this art. It enters into a defence of Physicians, and regards them free from blame, if death takes place; which may be the fault of the patient, or the impotency of the medicine, when no suspicion could attach to the physician for any want of attention or intelligence. He considers the charge, even to our times continued, that a large part of the diseases, of themselves, get well without a physician. It was then denominated the work of good fortune—now considered good luck. He says, such
cases do not get well without any care, but are the result of a strict attention to the rules of art, as much so as if the physician regulated the course. And he considered every thing that tended to arrest disease or alleviate suffering, as belonging to the medical art. No cures take place by chance—for he says: "Chance, when we come to examine the phrase, means absolutely nothing. Every event has a certain cause, which is, itself, the effect of some preceding one. Chance, therefore, cannot be said to have existence. It is a term employed by ignorance for what it does not comprehend." He also vindicates the physician from blame because he refused to undertake the care of incurable diseases, and as only being willing to attend those who would recover without him. He says, "Those who speak thus, would have more reason to complain of a physician who would not treat them as fools, than they have, to accuse medicine in such a manner. He who requires of an artist what belongs not to his art, or what is beyond its power, is more knave than fool. We can effect every thing that is capable of being accomplished, through the means of nature, or of the instruments of our profession; but we possess no more. When the disease is more powerful than any of these means, it cannot be expected that medicine can overcome it." We have here a little specimen of the ancient pathology—for in speaking of cavities in the human body, he says: "All those fleshy, rounded parts, called muscles, are cavernous; all parts, in fact, in which there is defect of continuity, are cavities, whether covered with skin or not, and they are filled with air (spiritus) in health, but in disease with unhealthy humors."

Among other topics treated we find one treatise, entitled The Physician. In this treatise, speaking of the exterior to the physician, he says, he ought to have a healthy appearance, and to be of proportionate size to his particular constitution: for should he be otherwise, the public will believe him unqualified to attend to the health of others. As to internal qualifications, he should possess much prudence—his mode of life should be perfectly correct. He ought to possess circumspection and humanity. In regard to his manners, he should be grave without austerity, lest he should be considered proud or misanthropical. He should avoid perpetual laughter and hilarity, for they are not at all times acceptable. In his moral character, justice should predominate." Such is the estimate of what a physician should be twenty-three hundred years ago. We may profit by these precepts, many of which can never grow old.

In the 6th Treatise we have directions in relation to "Decency in Manners and in Dress." It instructs the practitioner as to what is essential in his attendance on the sick, so that he may be esteemed a learned, prudent, careful, and attentive man. He utters sentiments like these: "That knowledge and medicine must go hand in hand. The physician who is truly a philosopher is a demigod." The 7th Treatise is entitled, "Precepts of Hippocrates," and relates to fees, remedies, food, &c. It also treats of consultations, and denounces the impudence of quackery. In the ancient mode it
seems the fee was the first thing agreed upon, by which arrangement the patient was sure that he would have regular attendance, whereas now, we are not allowed to be so sordid as to think that there will ever be any fee. He inculcates this noble sentiment, the spirit of which we hope has come down to our times: "Strangers and the poor demand peculiar attention from the physician, for no one can have a proper regard for medicine, who forgets his duty to his fellow-creatures."

In the Book of Prognostics we have these symptoms, good and bad, of disease, arranged in a natural order. These are drawn with admirable accuracy; and in the description of the symptoms indicated by the countenance, we have the origin of the "Hippocratic face," which is now considered the sure harbinger of death. "A sharp nose, hollow eyes, temples collapsed, the brows knit, ears cold and contracted, and their lobes inverted, the forehead hard, dry, and tense, the whole countenance pallid, greenish, black, livid or of leaden hue."

It would be pleasant to follow through all these treatises, and to give some idea of their contents, but the time forbids. Here is the source of the moral pathology, founded upon the most fanciful notions we can well conceive of. This constituted the entire pathology of the ancient world. All disease was asserted to arise from an acid, saline, acerb or bitter humor, secreted, and acting alone or conjointly, by which changes occur in them, or to a change of form in various ways, productive of fluxions, wind, &c. We have much of the acrimony of the humors, treated by those means which tended to weaken and dilute the same. There was the humor of the yellow bile, diffused through the system, causing anxiety, heat and fever; the green bile, occasioning raging symptoms, and pains in the intestines and chest! Now all these symptoms were combatted, by concocting, weakening, and inducing the natural consistence of such humors; and these were supposed to be wonderfully aided by a knowledge of crises, and of critical days. Here is the origin of these obsolete terms, so long used in materia medica, viz: the attenuants, the insipissants, the increasants, and the obstruents. I will not omit to mention the curious pathology of fever, that it is not occasioned by heat alone, but by the co-operation of other causes. He says, "We have a hot bitter, a hot acid, a hot salt, and many more of different character; and the same may be said of cold. Now these are the cause of the disease."

The doctrine of crises and of critical days is prominent in these writings, and has held an ascendency, in a greater or less degree, in medicine, even down to our times. This is the earliest record of this system. Many have entirely scouted the doctrine, yet it cannot be denied but what there is yet some ground for the system, in, however, a modified form from the belief of the ancients. It does not seem improbable that nature, in her conflict with disease, tends upon certain days to obtain the victory, and it becomes us to watch for the contest— to observe all the phenomena which mark its successful or unfavorable issue, and while carefully avoiding untimely interference,
to be ready at a moment’s warning to promote the wholesome struggles of the system, and to sustain and protect it when ready to sink.

I will pass over much that it would be very curious to notice in his work on the “Different Parts of Man,” in which ignorance of anatomy is apparent at every step. I should be very glad to exhibit his pathology of disease, as deduced from the four humors, bile, blood, pituita and water; the disturbance of either of which proved a deviation from health, and the appropriate business of the physician was, to direct his remedies to the restoration of their functions. This was the origin of the humoral pathology, and is but a little less gross than those symptoms that for ages held dominion over the medical world.

Those treatises entitled, Female Diseases, are the least satisfactory of almost all his works. They are constantly exhibiting an ignorance of anatomy and physiology, that renders the work absurd; besides dragging in monstrous and ridiculous therapeutics, at which we revolt.

If our author keeps away from therapeutics, we read on with pleasure and profit, though on this branch we occasionally meet with some just and discriminating remarks. It has often been remarked, that all his descriptions of disease are very singularly exact, and almost a model for imitation. Nowhere is this better exhibited than in the greatest of his works, his Treatises on Epidemics.

All the descriptions of the symptoms in the various epidemics he describes, are made admirably clear and distinct, and were no doubt true to the very letter. He describes the epidemics under the forms of cases, and gives very many of the fatal ones as well as those which recovered. He says very little of the treatment in this work, so that we can hardly conceive how he combatted such formidable maladies. I found in this work, Thucydidès’ vivid description of the plague of Athens. This occurred during the life-time of Hippocrates, who gave useful advice in regard to it, as we have before remarked. This plague was amenable to no treatment. The physicians who were the first to be exposed, were they the first to die; and the disease was suffered to go on unmolested, till it had spent its fury in depopulating Athens. All remedies being abandoned, the people gave themselves up to their fate, and frightful is Thucydidès’ description of the dying and dead, the unburied, and the licentiousness of those living in such dreadful times.

The Book of Aphorisms constitutes the last of the works of Hippocrates, and is more extensively known, perhaps, than any of the other of the writings of this great man. These have been considered genuine from time immemorial, and were supposed to have been written in advanced life and with his full maturity of judgment. Yet it must be admitted by the lover of truth, that they were loosely written, since many aphorisms are twice repeated, and some are contradictory to each other.

I have thus briefly noticed the various parts of this ancient work, and must
confess that I had little idea of the condition or resources of our profession two thousand years ago. The pride of modern discovery would have led us to have adopted as our own, more of the improvements in our art, had we not in this work, and in the still more wonderful works of Galen, the proofs of a very extensive knowledge of our profession. In these distant times, how well our profession must have stood in comparison with any other scientific pursuit; and notwithstanding all the strange modes of cure adopted, and the mighty contests with the rebellious humors, about upon a par with Don Quixote's combat with wind-mills, it was, and has always been a real and positive benefit to mankind.

A feeling of pride comes over me as I peruse these ancient writings—my profession is an exalted, a noble one; and not less so than it is ancient, and it was then (two thousand years ago,) as now, only existing and improving for the good of mankind. The science and art of war has always been to multiply and increase the means of destroying human life, and how many heroes (so called,) have derived an enduring fame from this nefarious business; while the humble healing art, which only exists and flourishes to relieve suffering and save life, confers little or no immortality on its successful followers. As human life becomes more valuable under the blessed light of Christianity and an extended civilization, then will our art be the more valued, and then will the saving of human life be more honorable than destroying it.

Our author seems to have anticipated some theories and systems which have been deemed modern discoveries. We may mention the free use of water as a remedial agent. One book is devoted to liquids, and we have the following caption of two chapters in the same, viz., "Of the powers and uses of warm and cold water employed as drinks." "Of the use and different powers of hot and cold water; what parts are benefitted or injured by either of them; what affections they induce or cure." It is very manifest from this book, that water, cold and hot, sea and other waters, were among the most frequent medicinal resources of Hippocrates, by bathing, drinking, aspiration, sponging, &c.

Though this use of water was not then dignified by the name of hydropathy by the Father of medicine, yet it must be conceded that he was the discoverer of its remedial use in medicine in this early age of the world. Still more wonderfully does our author give us a distinct foreshadowing of homoeopathy. In speaking of the causes of disease, he says: "There is another mode in the production of disease, viz., from their congeners (homeopathy, two thousand years before Hahnemann!) for the same things that cause also cure complaints; (alio modo per similia morbus oritur et per similia oblata ex morbis sanatur!) Thus we find strangury cured by the very means that otherwise induces it; and a cough, like disury, is caused and cured by the same things, although also by contraries." Hippocrates' knowledge of anatomy and physiology was very imperfect
and often fanciful; and if in anything we have reason to congratulate ourselves on the progress of our profession, it is the great advances in these two particulars. It sounds strange to read of the drink passing into the trachea, though in some other part it is also said to pass to the stomach; it is odd, too, to meet so often with the confounding the arteries with the veins, and vice versa. Perhaps it is rather to be a matter of surprise that so few of these gross blunders occur, considering how difficult anything like dissection was, and that most of the knowledge on these topics was obtained from the study of comparative anatomy—the dissection of different animals. The most valuable parts of the writings of Hippocrates are his histories of diseases. In delineating these, we find him a faithful and laborious observer of facts. Hence, he was deeply skilled in the diagnosis and prognosis of diseases. By far the greater part of his descriptions are still recognized as accurate by all who follow him in the path of careful observation. The article in which his observations are most deficient, is the pulse, which he so much overlooked that some have supposed him altogether unacquainted with the changes to which it is liable. It was chiefly from the degree of heat, and the difficulty of respiration, that he judged of the state of a fever. In the treatment of disease he recognized a principle which he termed nature, and which he regarded as the arbiter and judge of diseases, and the cause of those salutary changes in the constitution, noticed by all observers. This doctrine was, in fact, with a few slight modifications, the same as the archæus of Van Helmont, or the vis medicatrix naturæ of Cullen. Hippocrates was careful not to interfere with or interrupt the course of nature, as exhibited in the phenomena of disease; which led his followers to the habit of tracing the course of disease, rather than of resisting its progress. The Hippocratic method is denominated the method of expectation, and is extolled as rational and sure. But it deserves, in some measure, the sarcasm of the Roman physician, Asclepiades, who called it a mere meditation on death, a solicitude to observe how a disease would terminate, and what length of time it would require to destroy the patient. Hippocrates indeed recommends some practical remedies for the purpose of aiding the good intentions of nature, and gently correcting some slight deviations incident to it. I regret that my limits prevent me from giving some fuller account of the practice of Hippocrates and of his times. We should find much that has descended to us, mixed with strange conceits, the results of false theories, and imperfect physiological views.

I have, then, as briefly as possible, endeavored to give you some idea of the extent of the wonderful writings of Hippocrates, and some of the traits of his character as a physician. We need not be ashamed of such an origin to the medical profession, or such a founder as Hippocrates. We need rather to blush, that in the period of twenty-three hundred years, with such aids from printing, science, &c., as our fathers never knew, (who derived their knowledge only from the manuscript,) that we have made no greater prog-
ress, and that even in our day, and some say enlightened times, many of the
notions of this wonderful man stand out now, as then, the true doctrine of our
art.

It is refreshing to call to mind such an early and noble example in our
profession; to witness the glorious ushering forth of many of our great truths,
from the very midst of superstition and idolatry. And what a varied for-
tune attended our art from the time of Hippocrates, till the revival of learn-
ing in Europe, or the discovery of printing? What darkness brooded over
it, when it fell into the hands of ignorant monks; and with how much diffi-
culty could it revive from its terrible depression, only within some two or
three hundred years, to even the state in which it was left by Hippocrates
and Galen? It was not lost, but only living to serve and bless mankind,
either in barbarous or civilized life;—it has arisen, phoenix-like, to more than
its pristine glory and usefulness.

We cannot but regard Hippocrates with the greatest veneration. He has
well and appropriately been called the Father of our profession; and, even
in our times, we are under the deepest obligations to him for his invaluable
writings. May the time not be long distant, when the most valuable of his
writings shall be made more accessible,—that all may read and judge of the
merits and virtues of this excellent man.

Gentlemen, I bespeak your candid attention to the lectures, and ask you
not to depreciate my branch as dull, insipid, monotonous, in comparison with
the other parts of medical education. For if this branch has not kept an
even pace with the others, though you may have them in perfection, you will
be like the mariner without compass or quadrant,—the victim of storms and
shipwreck. Let this study have its appropriate attention.

EMETICS AND THEIR USES.

Continued from page 8, Vol. II.

Let us apply to the tongue, which is so frequently consulted when we de-
sire to prove the presence of saburra, let us apply, we say, what we have just
stated as to membranes in general. And first, acute inflammation of the
mucous membrane of the tongue shows itself by a bright redness, then by
the destruction of its epithelium, which may be partial, as in aphtha, or gen-
eral, like that observed in scarlatina and confluent muguet. This is one of
the forms of phlegmasia of the mucous membrane of the tongue. But, by
the side of this we would place another, to wit, mercurial glossitis. In this
case, the tongue is swollen, pale, of a yellowish white, and covered with a
thick coat of fetid mucosities. In both cases there is inflammation; but observe how different is the phenomenal expression, and yet in these two examples the phlegmasia is acute.

Between these two forms there is a multitude of others, corresponding to a thousand different causes. The presence of carious teeth alone suffices to produce a fluxionary state of the mucous membrane, which covers the tongue and gums. Hence arises the fetor of the breath, the blunting of the sense of taste, and the accumulation of the secreted humors. The same effects are produced by a chronic engorgement of the tonsils, and even by the continual contact of the saliva during sleep. In these cases we never observe any redness or tumefaction of the mucous membrane of the tongue; the fault in the secretion is all that is particularly manifest; and yet it is impossible to contend that irritation may not be the cause of this engorgement of the secretions.

Why, then, do we refuse to believe that the stomachic saburra depend upon the same cause as the lingual? Do we not see in the changes of secretion of the gastric mucous membrane the result of irritation either acute or chronic? Observe, too, that the saburral state develops itself under the action of causes best adapted to irritate the stomach, viz., the abuse of food—the use of that which is difficult of digestion, the intertempereuse of too stimulating alcoholics, or of warm drinks, which change the stomachic secretions, prevent chymification, and leave the unassimilated food to act as an irritating body upon the stomach, incapable of modifying them. As to the symptoms, they are also those of gastritis, viz., acid or fetid eructations, nausea, vomiting, epigastric pains, slight fever, loss of appetite and desire for acid or bitter drinks.

This is the condition described by authors under the name of saburral state, or gastric disorder. This series of symptoms is, in our view, the phenomenal expression of a form of acute or subacute gastritis. We say, this series of symptoms, and we purposely use this expression. In fact, it would not be reasonable to judge of the saburral state by the appearance of the tongue alone. What we have said before, shows that we believe in the pathological independence of this organ; but because the tongue may be irritated and loaded with saburra, without the stomach's participating in the same derangements, it does not follow that the tongue remains clean and free when the stomach is disordered. We believe the contrary almost always to be true, and then the tongue shows the condition of the stomach; but the appearance of the tongue is of no value, unless it is shown that it is not idiopathically irritated.

The experience of our predecessors, and our own—if we may allude to it here—proves that the disease indicated by the symptoms which we have spoken of, yields, when it is acute, to an emetic.

Naturam morborum curationes ostendunt. This proposition of Hippocrates would appear to weaken our opinion of the intimate nature of gastric
disorder, which we believe to be only a gastritis; and on the other hand it would appear to be favorable to those physicians who consider the saburra to be the cause of the disease, the emetic being useful, because it evacuated the saburra. Let us admit this explanation, and see where it leads us. We will, for a time, take no account of the immediate causes of the change in the secretion of the stomach, and of the tongue. We will lay aside entirely the idea of a preceding inflammation, and reason upon the hypothesis that a deranged secretion remains in the stomach, paralyzes its functions, and, being absorbed, produces general derangement of the economy. And, at first, how is it possible to imagine that humors contained in the stomach, which mix with the food, are soluble in water, and coagulated by some fluids, and made fluid by others, are not every day, at every meal, carried away with the food, just as those which cover the tongue are mixed with the food, during the process of mastication, so completely that the tongue is never saburral after a full meal? The idea of persistent saburra is then absurd, physiologically speaking; and if between meals the gastric mucous membrane secretes un-healthy fluids, a good meal would be the best remedy.

If with regard to the stomach the emetic acts only as an evacuant, that is to say, as a mechanical means of expelling a foreign substance, how can it have any influence upon the tongue, which also becomes clean? And if we wish to judge of the mechanical action, observe what can be done by the tongue-scraper to modify the saburral condition. This instrument of the toilet, without doubt, removes the fetid mucous coat which covers the tongue in the morning upon waking; it will easily take away the saburral covering, but it will be necessary to repeat it some hours after, and the morbid secretion will re-produce itself just at the time when appropriate medication would have changed the organic state of the tissue.

For our own part, we explain differently the action of emetics, in the treatment of gastric derangement. In our opinion, there is gastritis; the emetic, which is always a topical irritant, irritates the mucous membrane of the stomach; hence arises a therapeutic inflammation, which takes the place of the existing inflammation, according to the laws which we have laid down in the article on substitutive medication. The antimony or the ipecac has the same relation to the inflamed gastric mucous membrane, that the nitrate of silver or sulphate of zinc has to the urethra in gonorrhœa. We adopt then Broussais' idea, that emetics in this case act by immediate revulsion.

There is in this mode of treatment something more than the mere topical substitutive irritation, for the emetic washes out. Purgatives, though undeniably useful in saburral conditions, still do not cure so quickly as the emetic, properly speaking. It is probable that the sedative effect of the vomiting, upon which we have so much insisted in the commencement of this chapter, serves to assist in the resolution of the temporary irritation, produced by the irritant action of the drug.

What we have said of saburra and of the saburral state, applies strictly to
the bile, the bilious state and bilious fever. Bilious fever, in our opinion, is properly, as Broussais holds, only a gastro-enteritis, with predominance of sympathetic irritation of the liver. The bilious state is a sub-acute gastritis with irritation of the liver. Stoll, who certainly has abused the humoral explanations, supposed that in bilious fever, whether simple or complicated, the bile accumulated in the stomach and in the intestines, irritated the alimentary canal, and that being re-absorbed and carried into all the system, it went to irritate the heart and to produce fever; to irritate the brain or the nerves, and to cause delirium, apoplexy or convulsions; to irritate the lungs or the pleura, and to excite peripneumonia or pleurisy.

It cannot be doubted that the fluid secreted by a gland may, without having any special properties, violently irritate the tissues upon which it is poured out in too great abundance. Thus in epiphora the continual flow of tears inflames the skin of the cheek; in incontinence of urine, the mucous membrane of the vulva is irritated and excoriated. It is not then repugnant to analogy to believe that bile poured out too abundantly in the intestinal canal, may create in the mucous membrane an active inflammation, capable of producing a somewhat decided reaction. But we would observe, that nothing proves that this is so, that even analogy does not permit us to think that a parallel case can commonly be met with, and in this instance, analogy alone can be invoked, since nothing passes under our eyes.

Now the supersecretion of glands whose product is poured out upon the surface of a mucous membrane, takes place, at least, as far as we can see, in consequence of the inflammation of the mucous membrane; and never, at least, so far as we know, from idiopathic irritation of the gland itself. Epiphora is the result of a catarrh of the conjunctiva, of an ectropion, of a wound of the eyelids; spermatorrhœa, according to the curious observations of Lallemand upon involuntary seminal emissions, is in general due to a chronic engorgement of the prostate, and of the mucous membrane of the vesical extremity of the urethra, and the cause of ptyalism is an irritation or inflammation of the mucous membrane which covers the cheeks; the gums and the tongue. Analogy, then, would lead us to suppose that the same is true of the liver and pancreas. But facts directly prove that this is so. We can at pleasure increase the biliary and pancreatic secretions, by giving to an animal or patient a substance which will irritate the mucous membrane.

It is then shown, in the first place, that irritation of the mucous membrane suffices to increase, sometimes in a considerable degree, the secretion of glands whose products are discharged upon them. On the other hand, facts show that inflammation of the glands themselves renders them incapable of producing an abundant and normal secretion. Acute inflammation of both the testicles entirely suspends the spermatic secretion, and inflammatory engorgement of one of these organs makes this secretion less abundant. The urine is suppressed in nephritis; the eye is dry when the inflammation occupies, at the same time, the ball and the lachrymal gland; contusions,
wounds, and acute or chronic engorgements of the parotid, certainly do not increase the flow of saliva. Analogy, then, is against the idea of attributing to an idiopathic irritation of the liver the flow of bile which takes place in certain bilious fevers. But direct facts decide it still more peremptorily. In bruises, wounds, and acute or chronic inflammation of the liver, the secretion is unnatural, diminished, frequently scanty, never increased. We add, and will prove it immediately, that the therapeutic means which are useful in the treatment of bilious fever, show that this disease is accompanied not so much by a phlegmasia of the liver, as by an inflammation of the mucous membrane and small intestine.

The other explanation, that of Stoll, namely: that the re-absorbed bile served to irritate (vellicare,) the different organs, and to cause, according to the medical constitutions and idiosyncrasy, sometimes an acute peritonitis, sometimes a dysentery, sometimes a pneumonia, sometimes nervous disorders, &c., &c., is still less admissible. That the re-absorption of excremential fluids should be followed by some injury to the economy, we can readily believe; but we should not admit that it was the same with the secrentential fluids, which, as for instance the saliva, the bile and the pancreatic juice, are continually mixed with the aliment, and consequently aid in the formation of chyle, and are evidently absorbed in whole or in part during the process of digestion. Stoll, Tissot, and most physicians of the last century, argued from the sub-icteric hue of the skin, that the bile is in fact re-absorbed; but admitting this, does it prove that the bile acted as a general irritant? If this were so, how terribly would those suffer from fever who are jaundiced? In such patients the bile passes into the blood (to use a common but still exact expression,) to such a degree, that the discoloration is so intense that the skin is a deep green, as we see in black jaundice, and yet there is no more fever than that which arises from the organic lesion producing the jaundice.

They insist upon it, and say without doubt, bile, such as is normally secreted, would not cause any marked perturbation if it should be absorbed; but in bilious fever the bile has peculiar qualities, and it becomes then a true poison to the system. And yet nothing shows that the bile has peculiar qualities; the supposition is entirely gratuitous. In vain do they say that the alvine evacuations irritate and inflame the margin of the arms, the skin of the nates and even of the thighs. To that we reply, that the same thing is observed in people who are well and take a purgative as a precautionary measure, and in whom the bile certainly is not changed. It is really extraordinary that pathologists so eminent as those who have generally represented the Vienna school, who know what influence fever has in the production of local phlegmasias, should have sought so singular explanations, when one offered itself, so simple, and above all so entirely in harmony with pathological laws already established.

If we set out with the principle that in bilious fever there is a gastro-enteritis, of which the evidence seems to us perfect, we can easily understand
how the primitive fever of reaction, that is to say, that which is caused by the local lesion of the stomach and intestine, might become itself the cause of deuteropathiic or secondary local lesions, which may sometimes be of great severity.

To apply this principle by an example; suppose that a woman suffering under bilious fever is confined, the excitement of the circulation and of the nervous system, consequent on the gastro-intestinal action, would be easily communicated to the uterus and the peritoneum, which need, as it were, only a leaven of phlegmasia to become themselves the centre of inflammation. But the start is given by the fever itself, which, exalting the circulation, throws into the predisposed organ an excess of blood, congesting and inflaming it. What we have said of the uterus and the peritoneum, may be as well applied to the lungs, or any other part. Here the fever, and not the bile, is the cause of the secondary inflammation. If the local lesion which has produced the generative fever is efficiently combatted before secondary organic lesions have too much importance, they will be rendered abortive, or at least will be much simplified. Now this is precisely the result to which we arrive in bilious fever, by the use of emetics.

When the bilious fever is simple, that is to say, when all the morbid action is between the gastro-intestinal mucus membrane and the system which reacts uniformly and regularly, an emetic decides the question at once, as is the case in the saburral state or saburral gastritis, of which we have spoken.

In this case we have made a homoeopathic medication, in the sense in which we use this word, and have substituted the antimonial or other inflammation for the pathological irritation. The sedative effect of the emetic has hardly entered into the cure.

But when the symptomatic bilious fever has produced a local congestion, and this tends to excite another inflammation, the emetic has a quadruple action. It modifies and cures the gastro-enteritis, the source of all the trouble; it tempers the circulation and consequently opposes the congestion; it irritates momentarily all the digestive mucus membrane, acting as an immense sinapsis, and becomes a means of transposing medication; finally, it is an evacuant, and consequently diminishes the mass of the blood like a leeching. It is then easy to comprehend how at the commencement of divers phlegmasias, which are allied to bilious fever, emetics have an influence so beneficial and so universally established.

Simple as these explanations, which we have just made, seem to us, they satisfy us but incompletely; and we cannot conceal the fact, that between this gastro-enteritis, known under the name of bilious fever, and that which does not have the same train of symptoms, there are certain differences not only as to the symptomatic expression, but also as to their intimate nature, since we see that one is cured and the other aggravated by the use of emetics. There are for the mucus membrane, as for the skin, special phlegmasia, which yield to special treatment.
“The result of the treatment shows the nature of the disease” is a principle in pathology, so true that it is almost an axiom. But if the principle is true, it is frequently so badly interpreted, and the mechanism of our treatment is so poorly understood, that we fail of means to decide the question.

A patient is cured by the use of emetics, and the evacuation of a large quantity of bile; it was a bilious affection, because we consider the emetic only as an evacuant. This same affection was a sthenic disease, because it was cured by emetics which are essentially sedative; it was asthenic, because it yielded to emetics which are essentially stimulant; it was not accompanied by an inflammatory state of the mucous membrane, since emetics, which are topical irritants, have cured it; finally, another would say that it was characterized by a special inflammation of the mucous membrane, because it was cured by the topical application of substitutive remedies.

We see that the same fact may be interpreted in many different ways, and this proves the general barrenness of our explanations. We accuse our predecessors of having misunderstood the essence of bilious fever; but they have described it well, they have treated it well, while we have been foolish; we, who finding in the bodies of those who died with bilious fevers unequivocal traces of gastro intestinal phlegmasia, declare that treatment to be incendiary and homicidal, of which experience has shown the efficacy. They set out from experimental and practical facts to establish their pathology, and in that only risked making a bad nosology, a matter of no great inconvenience; we, on the other hand, who boast of our progress, attempt from an anatomical fact to establish our therapeutics, and thus run the risk of maltreating the patient, a most serious matter; while to make advance in medicine, it is necessary in the first place to prove by experiment, and in some measure empirically, the cures given in these cases, and to look upon the examination of the body only as an aid to diagnosis. Formerly, they purged in putrid fevers, and cured by purging; but when Bretonneau had discovered that this fever was connected with an inflammatory state of Peyer’s and Brunner’s follicles, he was terrified at the audacity of those who cured, and he failed for many years to return to the ways of experimental practice. Now, he purges as formerly: others purge yet more than he, and the patients get well, notwithstanding the menaces of the anatomical school, and the evidently inflammatory disorders of the digestive mucous membrane.

It was formerly an almost universal practice to use emetics and purgatives in the commencement of the treatment of autumnal intermittent fevers. They thought that the bile was thick after the summer season, and that it was well to evacuate it before administering the quinine. The reason given for this mode of procedure was probably bad. Let us examine the results of the practice: Bretonneau has made comparative experiments upon this subject at the Tours hospital. He vomited and purged patients before using the quinine, and treated others without this preparatory evacuation. The results were very different. The fever in the first class was cut short more rap-
idly, and more surely than in the others. The appetite and strength were sooner re-established. Bretonneau has also established it as a principle of the highest importance, always to vomit and purge in the access of fevers, except in those extremely rare cases where there are evident contra-indications.

We have said much of puerperal fever, and already in the article upon ipecacuanha we have shown all the uses of emetics in the treatment of diseases following child-birth. We have here, however, a single observation to make. Antimony is less frequently indicated than the Brazil root in puerperal fever; whether it be because it acts with too much violence, or, whether it be that the ipecac has peculiar properties which do not depend alone upon its action as an emetic. Still, we find in the ratio medendi of Stoll, accounts of epidemics of puerperal fever which have been advantageously combated by tartrate of antimony and purgatives.

It is the same with dysentery, and the observation which we have just made also applies here. Emetics in general are indicated only in certain forms of dysentery; ipecac is useful in almost all, to such a degree that this rule is laid down: that ipecac should be given to all patients affected with acute dysentery, and to all women who suffer from accidental accompaniments of the puerperal state; while tartar emetic should never be administered, excepting in the peculiar cases where those symptoms exist, which the ancients called bilious fever.

If now we are asked, what we suppose to be the mode of action of ipecac in the treatment of dysentery, we reply, that it cures as a substitutive agent; an idea which we shall carefully develope when we treat of cathartics.

There are other diseases in which the use of emetics is evidently advantageous. In this class are spasms, but only those which manifest themselves by grave derangements of the muscles of organic life. Thus convulsive hysterical disorders are advantageously combatted by emetics; whether it be that they act as sedatives, or, that it is necessary in this case to consider them as perturbative agents; or, that exerting an influence on the nervous centres of organic life, they thus divert the excessive flow, which appeared to have for a moment invaded the encephalon.

Syncope, or at least the tendency to lipothymia which accompanies vomiting, is also useful to the physician, either to arrest haemoptysis which threatens to be at once fatal, or the hemorrhages which follow surgical operations, or to assist the reduction of hernias and luxations; or to facilitate the passage of a calculus, through the ureters or the urethra.

By the side of these great benefits from emetics, there are, without doubt, some inconveniences. The therapeutic agent sometimes causes a violent inflammation of the gastro-intestinal mucous membrane, or peritonitis. Efforts to vomit may cause rupture of the stomach, tearing of the diaphragm, hernias, haemorrhages, or abortion.

But of all the accidents, the most serious and the most singular is, the coagulation of the blood in the arterial vessels, in consequence of too prolonged
syncope, or too great collapse. Wepfer relates that a woman took a glass of white wine, in which a preparation of antimony had been dissolved. In a little while she suffered from repeated vomiting and prolonged swooning. She soon began to have a severe pain in the right foot, which became gangrenous the next day. Another woman had used without success many purgatives, when a surgeon gave her a remedy which caused large evacuations, both up and down. Not long after the cartilaginous part of the nose, the lower lip, the skin of the chin, the end of two toes of the right foot, and the big toe of the left foot sphacelated, and were detached. Finally, Barbier himself has given evidence of an analogous fact. A woman of one of the Faubourgs of Amiens had received from an herbalist a remedy to purge her. She suffered from continual vomiting and from so abundant dejections, that she fell into extreme syncope. They carried her to the Hotel Dieu, and the next day the end of the nose, the ears and the cheeks, were of a deep violet, the same color being present on the feet and hands. Gangrene spread rapidly through all these parts, and the woman lost one of her feet and several toes from the other.

A few things remain to be spoken of, concerning the mode of administering emetics. They should always be given in the liquid form, and when they are insoluble, should be suspended in a large quantity of warm water. This is an essential condition. It is the way to make the vomiting the least distressing, and to prevent the drug, which is always an irritant, from spending its energy upon an isolated spot of the mucous membrane, and then producing serious alterations. Teas, warm but not aromatic, (this is an important condition,) may be given when the patient is tormented with efforts at vomiting, and may be continued some time after, to assist the purgative action of the drug.

It is a common practice, to prepare patients a day before hand. The day preceding that in which the emetic is to be taken, they should eat less, should take slightly nourishing drinks, such as veal and chicken broths, barley or oat water; tisans, such as steeped lemonade, prune water, and decoction of tamarinds or cassia. The emetic should be given in the morning, unless there is some pressing indication.

A patient should never be made to vomit during a natural evacuation, which may properly be regarded as critical, such as sweats or flow of urine; but when these secretions produce no relief, but seem connected with the state of the diseases and not to be its solution, we need not fear to use the drug.

As a general thing, we should not give emetics to women during the menstrual period; but when the menses are painful or scanty, or when a metrorrhagia comes on under the influence of a bilious state, the emetic must be given, notwithstanding the uterine flow. Stoll goes farther, and advises not to hesitate when there is a pressing indication for an emetic, in consequence of the normal and proper flow of the menses; and he declares, that, far from injuring in such a case, the menstrual discharge is accomplished more surely.
They should not be excluded on account of the existence of a hernia; but
the physician should order the patient to use the most powerful means of re-
tention, during the action of the drug.

The singular precept has been laid down, that emetics may cause in chil-
dren cerebral congestions, and in old men hemorraghe upon the brain. We
do not know if such accidents present themselves to attentive practitioners;
but we can affirm that we have never observed anything like it, and that we
have many times seen cerebral congestions complicated with what was for-
merly called the saburral or bilious state, persist after bleeding, and yield in-
stantly to an emetic; whether it be that the remedy in this case exactly hit
the primordial cause of the disease, or that the revulsion and the sedation ob-
tained by the emetic, sufficed at once to relieve the brain.

HYDRASTIS CANADENSIS IN GONORRHŒA.

By D. M. McCann, M. D., Martinsburg, O.

As your excellent Medical Journal has for its object the diffusion of knowl-
edge advantageous to the Medical profession, permit me to call the attention
of the profession, through its columns, to the use of hydastis canadensis, (yel-
low root, orange root,) in gonorrhœa.

I am not aware that any of my brethren have ever used it in this affection,
before myself. My experience, however, in the administration of it, though
not extensive, is yet sufficient to warrant me in soliciting a trial of it, by
those having more opportunity of testing its curative powers than I have. I
have used it in several cases in various stages of the disorder, and in every
case with the most satisfactory results; more especially with males than fe-
males. I was led to its use by noticing its well known sanative properties
over inflammations of mucous and epithelial structures, such as aphthæ of the
mouth, &c. The ardor urinæ, and discharge of mucus, has been entirely sus-
pended in every case, in from twenty-four to seventy-two hours. In some
cases I used the balsam copaiba, in others injections of infusion of the hy-
drastis alone, but with about the same results, a perfect and permanent erad-
ication of the disorder.

I have varied the strength to suit the case in its different stages, but as a
general rule I have used about one drachm of the dried root to the pint of
infusion—injecting a syringe full three or four times a day.

I hope that some of the profession will give this article a fair trial.—Ohio
NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, NOVEMBER, 1851.

New-Hampshire Medical Institution. The medical commencement exercises were held on the 12th of Nov. in the Chemical Hall, the day being the close of the term of public lectures.

An interesting Address was delivered before the graduation class, by Dr. J. S. Fernald, of Barrington; Dr. F. and Dr. T. H. Marshall, of Mason, being the Delegates from the New-Hampshire Medical Society.

After the Address the degrees were conferred upon the candidates by the President of Dartmouth College. Sixteen young gentlemen have been graduated this term, whose names, (together with the subjects of their Theses,) are as follows:

Albert W. Clark, Lyndon, Vermont. Inguinal Hernia.
Joseph F. Durgan, Lisbon, Me. Typhus Fever.
Timothy H. Helme, A. B., Brook-Haven, N. Y. Epidemic Choleras.
Mills O. Heydock, Hanover. The Liver and its Diseases.
Melvin J. Hyde, Grand Isle, Vt. Haemoptysis.
William B. Reynolds, Acton, Me. Etiology of Consumption.
Wentworth R. Richardson, Otisfield, Me. Anatomical and Physiological Characters of the Pneumogastric Nerve.

Anomalous Pulse. In examining applicants for life-insurance recently, we found a man of twenty-eight years in whom the pulsations of the heart were but fifty-two per minute. The respirations were to the pulsations as one to three. No disease of the circulating or respiratory apparatus could be detected, and in fact he told us that he had never been sick but twice, once with the chicken pox, and about five years ago with a severe colic which possibly was produced by lead.
MEDICAL POLEMICS. A controversy has arisen between Dr. Ramsey, of Raysville, Ga., and Dr. F. M. Robertson, concerning accusations made by the latter at the last meeting of the American Medical Association touching the veracity of the former. Another dispute has arisen between Dr. H. M. Bullitt, of the Transylvania Journal, and Dr. T. S. Bell, of the Western Journal, as to the treatment of persons exposed to the foul air of privies, and the best mode of purifying the pit in which they may have fallen, so that they can be approached and rescued with safety. Of the merits in these cases we shall not attempt to decide. We are, however, painfully reminded of the fact that in the personal controversies between medical men, especially in those which are carried on publicly, there is almost always a forgetfulness of the decencies of debate. Personalities and the use of opprobrious epithets do not tend to convince the judgment. It is an art worthy of the attention of medical men as well as others, to learn to be severe and parliamentary at the same time.

NOTICE. The undersigned having been appointed by the State Medical Society, Corresponding Secretary for the Centre District, respectfully requests physicians within the limits of that district to forward to him, on or before the first day of April next, any information they may be able to obtain concerning the course of epidemics, the treatment of ordinary diseases, the results of practice, the influences of the topography of different locations upon the health of the residents; accounts of interesting operations in surgery and obstetrics, or in fact any information that may be deemed valuable, pertaining to medicine in any of its branches. By so doing, the report required of the Corresponding Secretary will be of practical value, and in no other way can this be the case. The undersigned urges every practitioner, whether a member of the State Society or not, to assist him in this particular, and is confident that by so doing information of great value will be collected.

Concord, Nov. 21, 1851.

EDWARD H. PARKER.

Our Publisher desires us to say, that at the recent fire he was so unfortunate as to lose his list of subscribers, by which the Journal was mailed; in consequence, a few subscribers, chiefly in New-York, have been neglected, but he will endeavor to send this number to all such. They will please notify him at once upon its reception, and the preceding numbers of this volume will be forwarded. But very few copies of Vol. I. were saved, and those are bound; so that missing numbers cannot, in all cases, be supplied. New subscribers, wishing for the first volume, should apply at once.

To Correspondents and Readers. F. S. A., send your "Recollections," by all means, if the source is reliable, which we do not doubt. Readers will see that this number is almost entirely original; next month we will try to please those who wish selections.
DIURETICS IN DISEASES OF CHILDREN DURING DENTITION.

By G. W. Garland, M. D.

[For the New-Hampshire Journal of Medicine.]

There never was an age when the human mind seemed to run riot in, as well as out of our profession, amidst the maze of metaphysics and speculation, so completely as the present. No sooner is a suggestion made, than the idea is thrown into the laboratory of science, and undergoes an immediate test. And of all the subjects upon which the minds of Pathologists have been let loose, towards the perfecting of none have their energies been more praiseworthily employed, than in acquiring accurate knowledge of the character or properties of the renal secretion in disease, and in pointing out the revulsive action of diuresis in various conditions of the system.

Observation has taught us that the effect of irritation, both general and local, is to diminish intestinal and urinary secretion; that we have immediately following this, a febrile state, which if allowed to continue may quickly produce alarming symptoms, and in young subjects cerebral disturbance is among the earliest. One of its most prolific sources is the irritation produced by dentition. We may safely affirm, however, that there is but little danger from dentition so long as the kidneys act freely, however distressing the symptoms may be. The same remark will hold true in most cerebral affections of children, produced from sympathy.

When there is scanty secretion of urine, the circulation and all the energies seem clogged and oppressed. And who has not witnessed the almost instantaneous relief following a free discharge of urine? The mind, as well as body, becomes more light and vivacious.

We learn then, by our own feelings, to anticipate the results which must attend the stimulation of the kidneys in many diseases.
Physicians do well, therefore, to pay particular attention to the condition of the kidneys in all febrile and irritative diseases, especially in infancy and childhood. The too common practice of combining alteratives and cathartics does well where the case is not immediately urgent; but a diuresis which will often prove critical, and always be followed by the very best results, may be promoted almost at once by a purgative, composed of senna and salts, followed by frequently repeated doses of nitrate of potassa, which I conceive to be the most simple as well as the most efficient means that can be resorted to.

In health and disease the kidneys are carrying on an active eliminatory process, and the skilful physician will avail himself of it in treating all diseases, particularly those numerous and varied febrile affections of children, during the two or three first years of their lives.

Every practitioner of experience who may chance to read this imperfect article, will have his thoughts turn back upon some little patient which caused the deepest solicitude, while suffering from a tardy dentition. They will remember that while the little sufferer lay in a half comatose state, turning its head from side to side, they learned with infinite anxiety that the patient had not passed urine for the last twelve or twenty-four hours. A few hours more, and a crisis has come. The alterative treatment tells by frequent, dark discharges, that the patient is under its influence. The kidneys feel its power, and respond by copious discharges of urine, when the little sufferer is, though but a few hours before on the verge of a fatal coma, free from danger.

The object of this communication is to tell the profession, that in my opinion, this moment of intense concern and point of imminent danger may be avoided, by early and repeated stimulation of the kidneys with nitrate of potassa combined, where the state of the bowels will admit, with Rochelle salts. I would not be understood to recommend the preclusion of all other treatment. Mucilages and sedatives are important, and, indeed, must never be dispensed with; but potassa is the hobby upon which I hope some member of the profession will mount, who has a less tardy pen than mine, and give me, through your valuable journal, the results of his experience.

Meredith Bridge, Oct. 29, 1851.
A CASE OF CROUP,

In which Tracheotomy was successfully employed.

By Gurdon Buck, Jr., M. D.

Samuel B——, a lad eleven years of age, residing in Brooklyn, Long Island, was attacked in the month of May, 1849, with scarlet fever, in the treatment of which calomel was freely administered. Profuse salivation succeeded, and destructive sloughing, which involved the left edge of the tongue, the gums and the alveolar sockets of the lower incisor teeth of the left side, and the under lip at the left angle of the mouth. Superficial abscesses also formed beneath the scalp and upon other parts of the body. At the expiration of about five weeks from the commencement of his illness, and while gradually recovering from the debilitated condition consequent upon mercurial cachexia, he was attacked with symptoms of croup, of which he was temporarily relieved by appropriate remedies. In a few days, however, the disease reappeared with increased violence, and notwithstanding the judicious and skillful treatment employed, it advanced steadily towards a fatal termination. Under these circumstances, I first saw the patient on the 8th July, at 1 o'clock, P. M., at the request of his attending and consulting physicians, and found his condition as follows:

He lay in a horizontal position, with his head thrown backwards, and breathing with great effort, each inspiration being accompanied with a loud, hoarse, metallic sound. His countenance was anxious, his pupils dilated, and his eyes had a wild expression. The voice was reduced to a whisper. The skin was moist; the pulse, though frequent, was not irregular nor intermittent, and still retained a good degree of force. The respiratory murmur was audible and clear over the entire posterior part of the chest. The patient's situation was evidently one of imminent danger, and inasmuch as the disease had steadily advanced with only temporary abatement, during the preceding forty-eight hours, in spite of efficient treatment, the only remaining resource that afforded a reasonable hope of relief was the operation of Tracheotomy, without which it was scarcely possible for him to survive many hours. The operation was therefore decided upon without delay, and performed as follows:

A folded sheet being passed round the body, confining the arms to the sides, and the patient placed so as to expose the neck favorably to the light, a longitudinal incision two inches and a half in length was made over the median line by dividing perpendicularly a transverse fold of skin, pinched up between the thumb and finger of the operator and an assistant. This incision extended over the lower half of the larynx and upper part of the trachea. The subjacent layers of aponeurosis were then successively divided, and the sterno-hyoid and thyroid muscles drawn to either side. The isth-
mus of the thyroid body being now brought into view, was partly torn across at its upper edge, and partly pushed down, till the three or four superior rings of the trachea were laid bare.

After delaying till all haemorrhage had ceased, the opening into the trachea itself was effected as follows: A transverse slit, one-fourth of an inch in length, was made between the first and second cartilaginous rings; the lower edge of the slit was then seized with a clawed forceps, and a triangular piece excised with scissors curved edge-ways, the incisions commencing at either extremity of the slit and meeting below at the inferior edge of the fourth tracheal ring. At the instant of perforating the trachea the air rushed in with a hissing sound, and as soon as the opening was completed, respiration was promptly established through it, and in a short time became tranquil and easy. No embarrassment occurred from haemorrhage into the trachea at the moment of opening it, the precaution having been taken to delay the opening until the flow of blood had ceased. The convulsive cough consequent upon establishing a new passage for the air to and from the lungs was of short duration.

The rapid transition from extreme distress and anxiety to a state of tranquil repose and comfort, was scarcely less gratifying to those who witnessed it than agreeable and welcome to the patient himself. His countenance lost its wild and anxious expression, and became calm and natural. Directions were given to wipe away promptly the viscid secretion from the wound whenever coughing occurred. At 9 o'clock, P. M., we found our patient had slept quietly most of the time since the operation, and his breathing had continued perfectly easy. Fearing lest the tracheal opening should become contracted by the swelling of the edges of the wound and the accumulation of the viscid secretion around its orifice, a full sized canula of the ordinary shape was introduced and secured in place by a tape tied round the neck.

July 9th. Patient had passed a quiet night. Respiration continued easy and other symptoms were favorable. Removed the tracheal tube, and after cleansing it of the tough viscid secretion lining the inner surface, replaced it as before.

11th. Progress still favorable. The rapid accumulation of the viscid secretion upon the inner surface of the tube rendered it necessary to cleanse it twice in twenty-four hours. On exploring the top of the larynx with the fore-finger passed back into the fauces, the aryteno-epiglottic folds were felt to be very much swollen, soft and pulpy. The epiglottis itself was normal. Applied a solution of nitrate of silver ($2\frac{1}{2}$ to $2\frac{1}{2}$) to the larynx by means of a curved whalebone probang.

12th. Increased the strength of the solution to one drachm to the ounce, and applied it daily. The continuance of the obstruction of the larynx without perceptible abatement showed conclusively what would have been the result of the disease if the operation had not been resorted to.

14th. Some diminution of the obstruction in the larynx seemed to have
taken place. In closing momentarily the tracheal opening, patient was able
to breath once or twice through the natural passage, but not without great
effort.

The application of the nitrate of silver was continued till the 30th, when
it was suspended for three weeks, the tube in the meantime being changed
twice in twenty-four hours.

August 20th. On resuming my attendance, which had been interrupted by
sickness, patient was found to have improved very much in health and ap-
pearance, and to have gained flesh and strength. The condition of the larynx
was as follows:

The tube being removed and the tracheal opening closed, a few words
could be uttered in an audible tone, but not without considerable effort. Res-
piration could be carried on through the larynx only a very short time, and
also required very great effort.

With the view of exercising the obstructed parts without removing the
tube, a free opening was made at the bend of the tube through its convex
side, which would allow the ascending column of air to pass up through the
larynx in the act of expiration, and the reverse to take place in the act of
inspiration, the outer orifice of the tube being closed.

With the tube thus arranged, and in situ, it was found that after inflating
the lungs through the tube a very considerable effort was required to expel
the air through the larynx with the external orifice of the tube closed; thus
showing the existence of obstruction to the egress as well as the ingress of
air through the larynx. Patient was directed frequently to repeat this ex-
periment himself, in the hope that the expansive pressure of the ascending
column of air against the walls of the larynx might aid in overcoming the ob-
struction.

28th. No perceptible improvement had taken place since the preceding
note. The obstruction appeared to be unchanged. Resumed the applica-
tion of solution of nitrate of silver (3 i to 3 i,) and succeeded in passing the
spoon into the cavity of the larynx.

30th. Some improvement was now observable. Patient could count from
one to six in a clear tone of voice with the tube closed externally.

September 1st. Still further improvement has taken place. Patient could
count up to thirty, and breathe a few times uninterruptedly through the lar-
ynx.

5th. A sudden change of weather having interrupted his improvement
since the previous date, patient was now again re-gaining what he had lost.
Ordered iodide of potassium in solution, two and a half grains, three times a
day. Stopped applications to larynx.

11th. The improvement of the voice continued, while that of respiration
did not keep pace with it; imprudent exposure to the cold wind on the roof
of the house had retarded his progress. Resumed the application of solution
of nitras argenti (3 iv to 3 i) to the larynx, but continued it only a few
days, after which all further treatment was laid aside. Up to the present time (April 3d, 1850,) the patient, who is now submitted to your examination, has continued to enjoy excellent health. He still wears the tracheal tube arranged in the way already described, and suffers much less inconvenience from it than would be supposed. He is a boy of great activity, participates ardently in all the out-door sports of boys of his age, and also attends school. With the tube closed, he can breathe eight or ten times uninterruptedly, though before completing the number considerable effort is requisite. In using his voice he closes the tube with his finger.

In the month of October following, this patient was seen, and his condition ascertained to be very much the same as when exhibited to the Academy.—

Trans. N. Y. Academy of Medicine.

EXTERNAL USE OF IODINE.

[For the New-Hampshire Journal of Medicine.]

Mr. Editor: In addition to what Dr. Garland has written on the external use of Iodine, commencing on the 46th page of the October number, I would state that in my hands it has proved a sovereign remedy in that painful disease, neuralgia. I have used this article externally, with extract of stramonium internally, in those affections, with satisfactory results for several years. It will completely arrest the disease in a very short time; at least, I have succeeded in nearly every case for the last ten years. It is not within my knowledge that this recipe was thus used previous to my applying it in the manner hereafter directed. Dr. Garland, if I understand him, directs the previous application of a stimulant, to insure absorption; here is the stimulant I use:

R. Iodini, Camph., Capsici., Alcohol,  

āā. gra. x. fʒij. M.

This is all the stimulant I have ever used, and feel assured no other is needed; wet the part affected about three times, or until a warmth is perceived; this will relieve almost any nervous pain. At the time of applying the iodine to the skin, give a pill of extract of stramonium, about 1/8 the size of a plump kernel of wheat. If it is pure, this quantity is sufficient. I prepare what I use, in order to insure a pure article, and design to affect the pupil; if it does not, increase the quantity. The paroxysms usually make their appearance periodically. I usually direct my patients to take a pill of the extract one-half hour previous to the expected attack, and wet the part once with the wash, as soon as this creeping, painful sensation is perceived, and until the heat is perceptible.
If evacuations are indicated, (which is frequently the case,) have recourse to them. With this treatment I have relieved many, so promptly that there was no paroxysm subsequent to the first application. It will be perceived I have an exalted opinion of this prescription. This day I have had a call to a case of this kind, ten miles from my residence, and relieved the patient promptly.

I have published the substance of this letter in the Northern Lancet; not seeing the Lancet among your exchanges, I was induced to send this for insertion in the Journal, if you so determine. Truly yours, ARIEL HANTON.

Hydepark, Lamoille County, Vt.

NOTE. The Lancet is now regularly received by us, and we are glad to say, improves in its appearance with every volume. We have not, howev- er, deemed it necessary to publish a list of exchanges every month, desiring to use the space otherwise. [Ed.

ON LIQUOR FERRI NITRATIS U. S. P., 1850; AND ON A FORMULA FOR SYRUP OF PROTO-NITRATE OF IRON.

By WILIAM PROCTER, JR.

The instability of the so-called "solution of sesqui-nitrate of iron" is proverbial, and several attempts have been made to render it sufficiently permanent, to be at all times relied on. The formula of the Dublin Pharmacopoeia of 1850, which is virtually that of Mr. Kerr, of Scotland, has been adopted in the United States Pharmacopoeia, with a slight alteration, rendered necessary by the different value of the weights and measures of the two codes. The manipulation is the same, viz: to dilute the acid with about five times its bulk of water, and add it to the iron at once, leaving them in contact until the re-action ceases, which is usually stated at twelve hours. The solution thus prepared, has, after filtration and dilution, a dark reddish brown color, and is precipitated black by ammonia, which indicates clearly that the iron is not entirely sesqui-oxidized, and that the solution is a mixture of the proto and sesqui-nitrates of iron.

When this solution is suffered to stand, either in close or open vessels, it gradually becomes opaque, and deposits an ochreous sediment, which ceases after a length of time, whilst the liquid has acquired a much lighter color, is transparent, and is precipitated in brownish red flocks by ammonia, without any admixture of black. The ochreous precipitate is probably a basic, or sub-sesqui-nitrate, several of which are known to exist, and one of which, according to Grouville, (Gmelin's Hand b; vol. v., p. 269,) has the formula
ON LIQUOR FERRI NITRATIS.

The proportion of this sub-salt that will precipitate from the officinal solution, depends on the proportion of proto-nitrate existing in the preparation when filtered from the excess of iron, it being greater as the amount of the proto-salt is greater. If the solution is filtered off from the excess of iron as soon as the re-action has ceased to be active, it will contain much less of the proto-nitrate, than if the contact continues for a length of time, (12 hours.) The reason of this appears to be, that a portion of iron is oxydized, and dissolved, at the expense of the acid of the ter-sesqui-nitrate, reducing a part of that salt to the condition of an insoluble sub-nitrate, which salt is subsequently increased in quantity at the expense of the proto-nitrate by its gradual conversion into ter-sesqui-nitrate, which remains in solution, and sub-sesqui-nitrate which precipitates.

If, however, instead of proceeding according to the officinal directions, the nitric acid is diluted to the sp. gr. 1.15 and the iron, in the form of iron wire, as card teeth, be gradually added, so that the active reaction nearly ceases after each addition, till it is saturated, and then filtered, a solution is obtained containing a much smaller proportion of the proto-nitrate. If now this is heated gently, and nitric acid is slowly dropped in, stirring after each addition until the solution yields a reddish brown precipitate with ammonia, the solution is entirely free from the proto-nitrate, and has a much lighter color. The slight excess of nitric acid that exists in the solution thus prepared, is, therapeutically considered, probably an advantage. Dr. Bache, (U. S. Dispensary, 9th edit., page 1008,) suggests that "a permanent solution might be prepared by dissolving moist hydrated sesqui-oxide of iron in nitric acid to saturation." This suggestion, however correct in theory, is not easily practised, because, after sufficient of the oxide is dissolved to form a true ter-nitrate, the dissolution of the oxide continues until a large portion of sub-sesqui-nitrate is formed, and unless the exact proportions of acid and base are used, the operator has no clue to guide him in the process.

The following modification of the officinal direction is offered as yielding a true sesqui-salt in solution, and of equal strength with that of the Pharmacopoeia:

Take of Iron Wire (card teeth) cut in pieces, an ounce.

Nitric Acid (sp. gr. 1.42) three fluid ounces;
Distilled Water, a sufficient quantity.

Mix the acid with ten fluid ounces of the distilled water in a thin wide-mouthed bottle, which should be surrounded by water. Add the iron gradually, about a drachm at a time, waiting until active effervescence has ceased after each addition before making the next. When all the iron has thus been thrown in, filter the solution through paper, heat it gently in a capsule or flask, and carefully drop in nitric acid followed by stirring or agitation until a drop of the solution tested with ammonia yields a red precipitate without any tinge of black. Then add distilled water until the liquid measures thirty fluid ounces. The solution should have a bright Madeira wine color.
In a paper by Mr. Augustine Duhamel, (Amer. Jour. Pharm., vol. xvii., July, 1845,) the author states that Dr. Hays, (of Philadelphia,) has been using a saccharine nitrate of iron for several years. In a recent conversation with Dr. Hays, he informed me that the preparation he uses is a syrup, and does not spoil by keeping, and that it is prepared by Mr. Samuel Simes, to whom he (Dr. Hays) first suggested the protective agency of sugar in reference to nitrate of iron. All who have made the syrup of sesqui-nitrate of iron of Duhamel, are aware that it will not keep long, and a specimen in my possession exhibits nearly the whole of the iron as a precipitate. On examining Mr. Simes' preparation, it was found to be a thick syrup of a light greenish color, perfectly transparent, neutral, and to yield a greenish colored precipitate with ammonia. These characters at once prove the iron to be chiefly in the form of a proto-salt protected by sugar. As Mr. Simes declines to communicate his formula for publication, and as the testimony of Dr. Hays is strong in favor of its therapeutic value, I offer the following recipe for making the preparation:

It requires a particular course of manipulation to dissolve iron in nitric acid, without a large portion passing to the higher stage of oxydation. If, however, instead of adding the iron in divided portions to the nitric acid, we add the nitric acid, more diluted, to the iron in great excess, the acid gradually becomes saturated, the solution has a light greenish color when filtered, and is precipitated of a greenish color by ammonia. It is necessary for the solution to stand on the iron for several hours after the last addition of acid.

Take of Iron Wire (card teeth) in pieces, two ounces.
Nitric Acid (sp. gr. 1.42) three fluid ounces.
Water, thirteen fluid ounces.
Sugar, in powder, two pounds.

Put the iron in a wide-mouthed bottle kept cool by standing in cold water, and pour upon it three fluid ounces of water. Then mix the acid with ten fluid ounces of water, and add the mixture in portions of half a fluid ounce to the iron, agitating frequently until the acid is saturated, using litmus paper. When all the acid has been combined, filter the solution into a bottle containing the sugar and marked to contain thirty fluid ounces. If the whole does not measure that bulk, pour water on the filter until it does. When all the sugar is dissolved, strain, if necessary, and introduce the syrup into suitable vials and seal them.—Amer. Jour. of Pharmacy.
DISLOCATION OF THE FEMUR ON THE DORSUM ILLII,

Reducible without Pulleys, or any other Mechanical Power. Three Cases.

An Essay read before the Monroe County Medical Society, at its Annual Meeting, in the City of Rochester, on the 8th May, 1850.

By W. W. Reid, M. D.

Gentlemen: I propose to show that Dislocation of the Femur on the Dorsum Illii, may be reduced without pulleys, without Jarvis' adjuster, without Fanhestock's twisted ropes, without an assistant, in less time, and with far less pain, than by any mechanical means whatever, simply by the hand and strength of the operator alone.

The announcement of a proposition so novel, so ultra, and contradictory to the teachings of all standard writers on surgery for the last hundred years, exposes me, I am aware, to the sneers of some, to the pity of others, and to the charge of rashness, by all, and requires that I make good my statement by undoubted and substantial proof.

The subject matter of this paper has been written, but withheld from the public and profession, several years, principally for two reasons:

First. The theory and practice here recommended are so diametrically opposed to all our highest surgical authorities, whether among the living or the dead, that I have shrunk from the obloquy and opprobrium that are apt to attach to an innovator upon long established opinions, dogmas, and practices, especially when held and taught by men in our profession of profound science, and practical skill.

Second. I had to wait some four or five years for an opportunity to put to the test this mode of reducing a luxation of the hip joint, before a case presented itself in my own practice. In the spring of 1844, the first opportunity offered, but as "one swallow does not make a summer," I was still unwilling to venture before the profession, although so far as one case could establish a principle, this one did so, as we shall see directly. During the past year, (1849,) two other cases have fallen into my hands, and have rendered what was before certain to my own mind, "doubly sure."

As the facts and views here adduced call in question, and entirely controvert several important dogmas of Physiology and Surgery, taught as truths, by the Bells, Sir A. Cooper, S. Cooper, Ferguson, Druit, Liston, Chelius, South, Physic, Wistar, Dorsey, Mott, Warren, Gibson and other eminent teachers of Surgery, I may be pardoned, if I briefly sketch the mental process, the observations and experiments by which I arrived at conclusions so diverse from the teachings and experience of such eminent surgeons.

During the years 1826, '7 and '8, while a student of medicine and surgery, it was my fortune to witness several cases of luxations of the head, and fractures of the neck of the femur. We had at that time in our embryo city of Rochester, of ten thousand inhabitants, a corps of some six surgeons and physicians of as great efficiency and skill as any town of its size could boast. When so important an operation as the reduction of a hip joint was to be performed, several, if not all of these gentlemen, usually met, together with their students, and among them, myself.

Having witnessed, on several occasions, the inquisitorial torture inflicted upon the unfortunate patients—their screeching—their piteous begging to be released—the slipping of bandages—the yielding and re-adjusting of fix-
DISLOCATION OF THE FEMUR ON THE DORSUM ILII. 95

tures—the delay—the duration of the operation, sometimes two or three hours—the exhaustion of the patient, and after all, in some instances, a failure, and the patient a cripple for life, a profound horror and prejudice against the use of pulleys seized me, (Jarvis’ adjuster had not then been invented,) and I could not avoid the conviction that a great power was unnecessary, and that it must be misapplied. Preceptors—professors and authors were interrogated—the unanimous reply to all my queries was—“to overcome the contractions of the great muscles, which drew up and shortened the limb, viz: the Glutei, Triceps Femoris, the Iliacus Internus and Psoas Magnus.”

But do not these same powerful muscles contract and shorten the limb when there is fracture in the neck of the femur? Yes. And you tell me that one of the diagnostic symptoms between fracture and dislocation on the dorsum, is, that in fracture the limb can be easily extended to its normal length, by the strength of one man, while in luxation it cannot. Now why do these great muscles require so much more force to overcome them in one case than in the other? To this, I could get no satisfactory, nor even a plausible reply.

The next reflection that arose, was, perhaps the capsular ligament might be merely rent by a slit, so as to permit the escape of the head of the bone, and thus grasp it around the neck, and consequently, when forcible extension was made on the limb, the ligament must be torn up to admit the return of the head, to the acetabulum. But Sir A. Cooper says no; for he had dissected two or three dislocated hip joints, and always found the capsular ligament completely torn up, so that it could offer no resistance to the returning bone. This, however, is but negative proof, and might not apply to all other cases that have occurred the world over, and which he did not dissect—nor does it appear but that in those he did dissect, the ligaments had been torn up by the application of pulleys—and not by the force that dislocated the bone. It is not doubted or denied, that in some instances the ligaments are completely broken up, by the dislocation; but admitting that Sir A. Cooper and his followers are right, then there must still be a reason for the difference of power required between a luxation and a fracture to extend the limb to its normal length. It may be in the impracticability of the instrument; for it is evident, on the slightest inspection, that the action of the pulley is indirect, most awkward, and unscientific in a mechanical point of view. This is easily illustrated by a simple diagram. (This illustration we are compelled to omit.)

For the first ten years of my professional life, the subject of dislocated hip on the dorsum ili, was never long absent from my thoughts. Its investigation was repeatedly laid aside and taken up whenever anything occurred to recall it. One day, while sitting with the skeleton before me—the femur dislocated, and the head held firmly with one hand, traction and evolutions being made with the other—studying the relative condition and action of the muscles, and observing how severely some of the abductors and rotators must be treated, it suddenly occurred to me, that it would be important to know how much they would elongate beyond the normal length before they would rupture. “To tire out” and “stretch” muscles, was a common expression of authors, when advocating the use of pulleys. But whether they intended by such language merely to convey the idea of overcoming the contraction of a muscle, when shortened by its natural action as when its origin and insertion had been approximated, as in dislocations, or whether it was meant to extend the muscle beyond its normal length, I could not ascertain—both ideas
These animal, the then words, ing the the thus could be extended without rupture? And what power was necessary to thus extend it? These were the questions I proposed to myself.

I procured the fore-leg of a sheep at the market; said to belong to an animal two years old and two days killed. I dissected up and separated, from all its fellows, one of the flexors—a ribbon-like muscle, seven inches long, and one-eighth inches wide, and three-sixteenths inches thick—a small and elegant muscle. I left it attached to the bone at its origin, but cut off the tendon at its insertion, and wound it with fine iron wire, making a loop by which to suspend weights. Before applying any weights, the fibres had a wrinkled or puckered appearance. I marked two points, one at its origin, the other at the upper coil of the wire wound around the tendon—the distance between them five inches. I then suspended a two ounce weight in the loop of wire; the muscle immediately elongated a quarter of an inch—the fibres became straight and smooth; I then added one pound, no elongation; then two pounds, length the same; then four pounds, no change; then seven pounds, no alteration. Thus I continued to add weights and then measure, till I had suspended fifty-seven pounds to this small muscle, and not the least perceptible alteration in length could I discover after the first two ounces, (which were sufficient to 'tire it out,' till I added the fifty-eighth pound, when it suddenly tore in two, and the weights came to the floor. One half of the fibres first yielded at the lower end, where the wire grasped the tendon. On inspection, it appeared that I had wound the wire so high as to embrace a few of the fleshy fibres; these first gave way, while at the upper end of the muscle the other and opposite half of the muscle broke, and thus it split in the middle, its whole length. This result surprised me. Here was a muscle, slender, isolated, deprived of all support by its aponeuroses, and connections of cellular membrane to its fellows—belonging to a young animal, not remarkable for its strength of muscle, and without vitality, supporting fifty-seven pounds, without the least perceptible elongation beyond its normal length. How much power then would all the large living muscles of the hip joint of a strong man require, to elongate them even one eighth of an inch?

Wishing to determine how much support the fascia and cellular attachments would add to its power of resistance, I prepared a similar muscle, leaving it entire, but cutting off all the other muscles and ligaments. In other words, I divided the leg through the knee joint, and left one muscle undivided. I suspended it as before, attaching the weights to the leg, below the insertion of the muscle to be extended. But this broke with forty-seven pounds. I attributed this to the oblique action of the weights—it being very difficult to adjust the suspended bone covered with flesh so as to keep all the parts in a direct line.

In my next experiment, I dissected up all the tendons of the muscles about the knee joint, without dividing them, but divided all the ligaments, thus opening the joint. The muscles and fascia were all left in their natural state. The skin was removed of course, before I obtained the leg, but in all respects was similar to the others.

Before weights were suspended to it, the ends of the bones were in close contact in the joint, and would not admit the introduction of the point of a pen-knife blade. The weights were added by degrees, the ends of the bones carefully noted, and an attempt made, from time to time, to pass the point of
a pen-knife blade between them—but this could not be done till 200 lbs. had been added. When a few pounds had been applied the limb began to come into a right line. The ends of the bones on the front side of the joint, that is, on the side of the extensors, were more firmly pressed together. As the weight was increased, the tendons of the flexors became very much strained, while those of the extensors became quite slack. Hence, thus far in the experiment, the whole weight was sustained by the flexor muscles, owing to the fact that the extensors have a greater normal or comparative length than the flexors. With a weight of 300 lbs. the bones began to separate, so as to admit the point of a pen-knife. A portion of the weight was then removed, when the bones at the joint returned and came in contact again, which seemed to prove that the muscles had elasticity and were capable of some elongation without rupture. The weights removed were re-applied, and forty pounds more added—when the bones separated about one eighth of an inch. A portion was again removed, but the bones did not return readily, nor closely—the joint seemed loose. They were then carefully re-applied, when the flexor muscles yielded, suddenly throwing the whole weight on the extensors, which broke at once, seeming to offer but little resistance. Thus it appears that the flexors sustained the whole 340 lbs. which the extensors were not able to do—and that the flexors were incapable of extension or elongation, very little over one eighth of an inch beyond their natural length, without rupture.

It was my intention to have pursued and varied these experiments, so as to have established or refuted the conclusions to which they seemed to point, and which have since become the convictions of infallible truth in my own mind, however defective the proof and illogical the process of reasoning. But professional labors and interruptions have conspired to prevent their prosecution, and I shall leave them to be pursued and perfected by others who have more time and zeal for prosecuting such investigations.

After making the above experiments, I was convinced that I had discovered the real difficulties to be overcome in reducing a dislocation of the hip on the dorsum ilii, viz: the extension to their utmost, or nearly so, of the obturator externus, and internus, quadratus, gemini, pyriformis, and pectineus,—and their incapability of but little more extension—and that all traction downward, on the fractured limb, only increased this tension, and could do nothing towards bringing the bone into place, except at the hazard of almost certain rupture of some of these muscles, and of a fracture of the neck of the bone.

I now re-commenced my manipulations and evolutions on the skeleton, to ascertain how this indirect, and not merely useless, but absolutely detrimental action of the pelvis could be avoided. It was soon obvious that these muscles, instead of being extended further, could all be relaxed, and their natural action and contraction be made to draw the head of the bone back into its socket, and that instead of employing all our power to overcome them, we could actually use all their power to aid us and do the very work for which we were in vain employing the compound pulley, at an immense disadvantage. And all this is done by simply carrying the injured femur in the only direction in which, in fact, it can be moved, viz: inward and over the sound one, and upward and over the abdomen, flexing it upon the pelvis till the knee is carried up as high as the umbilicus, and outward on a line with the same or injured side—then turning the toe outward—the heel inward—the foot across the opposite and sound limb, and carrying the knee outward and downward, and making gentle rotations of the thigh—when the head slips in
easily, with a slight jerk, an audible snap—and the whole limb slides down easily and gently into its natural position beside the other. The whole operation can be performed easier, and in less time, than it can be described.

The conviction was so strong in my mind that this method was certain and practicable, that I no more doubted it then than I do now, after having demonstrated it in three several instances, two of which were within the last year. And so impatient was I to put my theory to the test, that I believe I almost wished every day (wickedly perhaps,) that some one would dislocate his hip, and give me an opportunity to reduce it.

I was aware that Professor Nathan Smith, of New-Haven, had, in his day, taught in his lectures, a somewhat similar method,—perhaps the same; but none of his pupils, whom I had ever met, could describe either his method or the rationale of it. I had seen, too, his memoirs, published by his son, Professor N. R. Smith, of Baltimore, but he confesses that he did not recollect the teachings of his own father, and that he, the elder Smith, had left no notes or records of his doctrines or practice. Dr. N. R. Smith, however, proceeds to give what seems to him the probable doctrines inculcated by his father, and gives directions for reducing dislocations of the hip, with drawings illustrative of his method. But it is apparent, that, when he wrote his book and gave these directions and illustrations, he had never reduced a hip by his method. For his directions require impossibilities, and his illustrations are mere fancy; no such thing in nature can exist. For to abduct a thigh dislocated on the dorsum of the ilium, before flexing it on the pelvis, or to abduct and flex at the same time, as he directs, is absolutely impossible, without rupturing the obturator externas—and to rupture this, in order to obtain flexure, would require the power of many men; but to flex the leg first on the thigh—then abduct the thigh, carrying it even over the sound one and at the same time, flex the thigh on the pelvis, carrying the knee over and upward by a kind of semi-circular sweep, is a very different and a very easy thing.

Case 1. In the spring of 1844—[I give this case from recollection, the notes which I made of it having been mislaid]—I was called to see a strong, robust Irish woman, of whom they gave me the following history: Four days previous, while out at washing, about three-quarters of a mile from her own residence, she slipped and fell down a flight of steps—could not rise—and when helped up, could not stand. She made a great out-cry, but as no blood was visible, she was thought to make a great “fuss for nothing.” Her husband, who was an intemperate carman, was sent for. He put her on his cart, and drove her home three-quarters of a mile; when he arrived there, not being able to lift her, he dumped her down at the gate as he would a load of dirt. The neighboring women helped him carry her in, and place her in bed. For four days they assiduously fomented her hip, of which she complained greatly; but it swelled considerably, and became “black and blue.” They now began to think the woman was “hurted.” In this condition I found her. A single glance at the position of the knee and toe, created a strong suspicion of dislocation, but an attempt to abduct and rotate the limb, gave great pain and determined the nature of the accident. Although the patient was suffering considerably, I was in ecstacies, and felt really obliged to her, not so much, I hope, for dislocating her hip, as for the opportunity she afforded me to reduce it. I called in Doctors M. Strong and the elder Bradley, and Mr., now Dr. Hammond, to assist me. I stated to them my determination to reduce it, if possible, without the use of pulleys, and explained my method. Nevertheless, I had provided myself with compound pul-
leys, to be used in case of a failure. As the accident was of four days standing, the hip considerably swollen and inflamed, and the patient quite muscular, I took the precaution to bleed her freely, and give her tart-antimony till nausea was produced. She was in the meantime placed on a lounge, on which a wide board was laid and covered with a folded quilt. This made a firm table about fourteen inches high, and about twenty inches wide, which gave me the opportunity of throwing the whole weight of my body on the flexed limb, if I wished, while it gave me perfect command and control over it in every way. The patient was placed on her back, and a sheet folded lengthwise thrown across the upper edges of the pelvis bones, and each end given to an assistant, for the purpose of fixing the pelvis. Placing myself on the right and injured side, I seized the knee with my left hand, and the ankle with my right; I then flexed the leg upon the thigh; at the same time, slowly carried the knee and dislocated femur, over the sound one, pressing it firmly down upon it—and upward over the pelvis, constantly pressing it close to the body, moving it upward with a circular sweep over the abdomen, till the thigh was in a line with the right side of the body and the knee, pointing towards the right axilla. While the thigh was being carried up to this position, the bone or axis of the femur, was performing a kind of rotation on itself, whereby the toe was coming more outward and the heel more inward. In other words, as the knee went upward, the obturator externus, quadratus, &c., drew the head of the bone downward, and inward toward its socket. When the knee and thigh were in the position above indicated, the heel was strongly rotated inward, the knee drawn outward, and the foot carried across the thigh of the sound side, when the head slipped into its place, and the limb glided gently down into its natural position. In doing all this, comparatively very little force was employed, and very little pain produced, for the obvious reason, that, by this evolution, the muscles that were in a state of extreme tension and irritation by the displaced bone, were gradually relieved and relaxed, as the head of the bone descended and approximated its proper place, which it did by the action of these same extended muscles.

It will be perceived, that by this mode of operating, we make a lever of the shaft or bone of the femur, and a fulcrum of the edge of the pelvis—and by this means lift or dislodge the head of the bone,—while the abductor muscles draw it downward and inward, making it, as it were, back into its place, through the rent of the capsular ligament. Whereas, if it were drawn by direct force, as by the pulley, the head and neck of the bone would act as a kind of hook, and would tear away the capsular ligament, if it were only slit, and as I believe it often, if not always, does tear off the tendon of the pyri-formis, as I shall endeavor to show presently; for the abductor muscles are so strained, and hold the head of the bone so firmly to the dorsum, behind the ridge of the acetabulum, that it is next to impossible for it to mount over this ridge and into the socket, and must therefore descend behind it tearing every thing before it—ligaments, muscles and all—and hence the immense power required to reduce it by these means, and hence, too, the failures, the fractures of the neck, and the cripples, that have been made for life, by this barbarous and unscientific mode of reduction.

Case 2. On the 31st of July, 1849, Mrs. Cornelius Christie, aged about 38 years, was thrown from the top of a load of household furniture, with a small child in her arms. Mother-like, she held fast to the child, which received no harm; but, falling among and upon the furniture, she had the perineum and vulva considerably lacerated, and her right hip dislocated. I saw her within one hour after the accident. Doctors Bowen, Brown and Holton,
were in attendance, when I arrived in company with Dr. E. P. Langworthy. The patient was placed at once in the position as already described in case No. 1, when I proceeded, in like manner, to operate; but the wound in the perineum and vulva occasioning great pain, on the attempt to flex the thigh, I desisted, and gave a full dose of morphone—not having any chloroform on hand. We waited three fourths of an hour for the effect of the morphone. I then, as already described, seized the knee with one hand—the ankle with the other—flexed the leg on the thigh—the thigh on the pelvis, carrying it inward and over the sound limb—then upward over the abdomen, till the thigh was nearly parallel with the right side—then rotated the heel inward, carried the foot over the sound thigh, and the knee outward, when by a gentle oscillation and rotation of the thigh, the head slipped into the socket. The whole time required in this operation did not exceed two minutes. The force employed, and the pain suffered, were too trifling to be named.

Case 3. On the 2d of Dec., 1849, early in the morning, I met Dr. E. M. Moore, Prof. of Surgery in the Woodstock and Berkshire schools of medicine. He informed me he had been called up in the night to attend a case of dislocated hip. I jestingly said, "I wish you would let me show you how to reduce it." He replied jestingly, "I understand you have got some new fangled notions about dislocations, and I should like to see you try your skill." He desired me to explain my method. I did so, illustrating it by manipulations on the skeleton in his office. He agreed that I should make the attempt; but, that the full merit of my mode of operating should be brought out, he proposed that I should have no aid from any of the usual adjuvants, such as the warm bath, nauseating doses of antimony, bleeding, opium, nor chloroform. To all this I consented.

The patient, William Fagan, was a strong muscular Irishman, 52 years of age. He was placed on a lounge, on a board covered with a folded blanket, as already described—two assistants, one on each side, steadied the pelvis. I proceeded in all respects as above stated in the two preceding cases, and in about two or three minutes reduced the dislocation. Doctors Moore and Cruttenden, Mr. D. Bly, and other students of Dr. M. were present.

To those who have never witnessed this mode of operating, these statements may seem incredible, yet so simple, easy and short is it, that Dr. Moore declared, that "hereafter any fool might reduce dislocation of the hip on the dorsum ilii." Although in the three cases given above, I used a low table, yet I believe the floor is better, and all that is necessary. I used, too, a folded sheet thrown over the pelvis, and had it held down on each side by an assistant; but even this is unnecessary, and is, moreover, always in the way, after the thigh has been flexed to a right angle with the spine or axis of the body; when the thigh has reached this position we have perfect control of the pelvis, and can fix it firmly, by pressing the thigh strongly down upon it. So simple, too, is the operation, that if the patient be a female, and it were required to reduce the joint without exposing the person, it can be done, under a light covering, or under even her own dress, if sufficiently loosened.

On the 18th of December, just after the occurrence of the third case above narrated, Dr. Moore had a subject in process of dissection by his students, when he proposed to me that we dissect up the muscles of the hip joints, leaving them in situ; dislocate the bones, and then operate on them by traction in the usual way, and also by flexion after my method, in order that we might observe the condition and action of the muscles, before and during both modes of operation. We found it impossible by the power of our hands alone
to force the head of the bone through the capsular ligament, till we made a slight incision into it. The head then shot through it, tearing it sufficiently to permit its passage, but then the ligament seemed to fit close around the neck of the bone. As the head passed out backward and upward, it caught the tendon of the pyriformis, tearing it off as it passed underneath and above it, which, if it had remained entire, would have brought its tendon, like a cord, across the neck close to the head, lashing it firmly down to the dorsum of the ilium. We were at the time inclined to attribute its rupture rather to the decayed state of the subject, than to excessive distension by the dislocation. But precisely the same thing occurred in dislocating the other hip. It is true, this muscle was also in the same stale state; and the accident may, perhaps, have happened in both instances from the like cause.

When dislocated, the head of the bone rested on the gluteus minimus muscle! The gluteus medius and maximus were shortened and relaxed—so also were the iliacus internus, psoas magnus, adductor triceps and pectineus. Till now I had supposed that this last named muscle would have been among those that were put upon the stretch. Posteriorly the obturator internus, gemelli and quadratus, were greatly strained; and it was apparent that the pyriformis, if it had not been torn off, would have been even more so. Anteriorly, the obturator externus was stretched, seemingly, to its utmost, adducting the bone powerfully. It is this powerful muscle which so firmly fixes the limb; turns the toe and knee inward; prevents rotation and abduction, and gives such excruciating pain to the patient when any such attempts are made.

Here, then, are two sets of muscles, acting in direct antagonism to each other, and both strained to their utmost tension. One set, drawing the bone backward and rotating it outward. The other, adducting and rotating it inward. Some might be inclined to puzzle themselves to know how these two sets of muscles, one situated before and the other behind, could both be in a state of tension, when the bone is thrown backward toward and in the direction of the latter. The explanation is very easy. Although the head of the bone is thrown backward, yet the great trochanter and shaft of the bone is thrown forward and rotated inward. So that the pyriformis, obturator internus, &c., which are inserted at the root of the trochanter, are necessarily elongated, while the anterior obturator externus runs backward behind and around the bone, to be inserted at the root of the trochanter. In order to rotate the limb outward it must also be strained just in proportion as the limb is rolled inward, and the trochanter is carried upward. The quadratus is stretched for the same reason, viz: its point of insertion is carried upward and inward.

After having carefully noted the relative position of the bone and muscles, we made traction on the femur, downward and inward, over the sound limb, as we are directed by the most approved authors; but the moment the attempt was made, the muscles already named as being in a state of tension, became more tense, and bound the head of the bone more firmly down on the dorsum; and although all the muscles about the joint were separated from each other—were loose, without vitality and almost in a state of decomposition—yet it was with very great difficulty that we could bring the head of the bone down; and when we did so, we carried away part of the capsular ligament, and if the pyriformis had not been already torn, it is very probable that it would have been torn now. But when we adducted, flexed, and carried the limb up over the pelvis, as has been stated, the reduction was effected with the utmost ease. We varied and repeated our experiments on
both joints, as often as the subject would admit, and always with the same results. I was here enabled to correct one error which I had committed in operating. If we carried the knee above the umbilicus, and pressed the thigh down close to the body, on a line with the side, the knee pointing towards the axilla, as I had always done, we brought the great tendon of the gluteus maximus into strong tension, which would compress the great trochanter so hard, that it prevented the head from mounting over the edge of the acetabulum. This reduction was effected much easier by carrying the knee and thigh about as high as the umbilicus, then adducting and rotating the thigh.

To Dr. Moore, who so kindly offered me the opportunity to demonstrate the correctness of both my theory and practice, I am much indebted and obliged.

From the foregoing facts and observations, gentlemen, I deduce the following propositions:

1. The chief impediment in the reduction of dislocations, is the indirect action of the muscles that are put upon the stretch by the mal-position of the dislocated bone, and not by the contraction of the muscles that are shortened.

2. That muscles are capable of so little extension, without hazard of rupture, beyond their normal length, that no attempt should be made to stretch them further, in order to reduce a dislocation, if it can possibly be avoided.

3. The general rule for reducing all luxations should be, that the limb or bone should be carried, moved, flexed or drawn, in that direction which will relax the distended muscles.

4. Dislocation of the hip on the dorsum ili, an accident so serious to the patient, and so formidable to all surgeons, is reduced with the greatest ease, in a few minutes, without much pain, without an assistant, without pulleys, without "Jarvis' adjuster," or any other mechanical means, simply by flexing the leg upon the thigh, carrying the thigh over the sound one, upward over the pelvis, as high as the umbilicus, and then by adducting and rotating it.—Buffalo Medical Journal.

THE INFLUENCE OF THE HOURS OF THE DAY ON MORTALITY.

The observations and calculations of Dr. Casper lead to the conclusion that the maximum of deaths occurs in the fore part of the day, and the minimum between evening and midnight. The explanation of this, Dr. Casper seeks in the analogy between sleep and death: sleep, being the period in which great organic changes occur, is, pro tanto, favorable to the dissolution of the individual.

The diseases which are the causes of death exert a modifying influence on the hour at which death occurs. The origin and progress of diseases, their exacerbations and remissions, are frequently observed to occur at certain times of the day. The influence of these on the hours of death is shown by the following table of 5591 deaths from various diseases:
INFLUENCE OF THE HOURS OF THE DAY ON MORTALITY.

From midnight to 6 A.M. From 6 A.M. to noon. From noon to 6 P.M. From 6 P.M. to midnight.

<table>
<thead>
<tr>
<th>Acute DISEASES.</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fevers,</td>
<td>-</td>
<td>-</td>
<td>64</td>
</tr>
<tr>
<td>Inflammations,</td>
<td>-</td>
<td>-</td>
<td>160</td>
</tr>
<tr>
<td>Exanthemata,</td>
<td>-</td>
<td>-</td>
<td>44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic DISEASES.</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phthisis,</td>
<td>-</td>
<td>-</td>
<td>186</td>
</tr>
<tr>
<td>Atrophy,</td>
<td>-</td>
<td>-</td>
<td>347</td>
</tr>
<tr>
<td>Hæmorrhages,</td>
<td>-</td>
<td>-</td>
<td>163</td>
</tr>
<tr>
<td>Chronic Catarrh,</td>
<td>-</td>
<td>-</td>
<td>41</td>
</tr>
<tr>
<td>Dropsies,</td>
<td>-</td>
<td>-</td>
<td>90</td>
</tr>
<tr>
<td>Neuroses,</td>
<td>-</td>
<td>-</td>
<td>267</td>
</tr>
<tr>
<td>Other chronic diseases,</td>
<td>76</td>
<td>102</td>
<td>89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals,</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute,</td>
<td>268</td>
<td>284</td>
<td>291</td>
</tr>
<tr>
<td>Chronic,</td>
<td>1140</td>
<td>1344</td>
<td>1065</td>
</tr>
</tbody>
</table>

The next table exhibits the variations from the general rule, in the same class of diseases, on the side either of excess or deficiency, as indicated by the signs + or −:

From midnight to 6 A.M. From 6 A.M. to noon. From noon to 6 P.M. From 6 P.M. to midnight.

<table>
<thead>
<tr>
<th>Acute DISEASES.</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fevers,</td>
<td>-</td>
<td>-</td>
<td>-16</td>
</tr>
<tr>
<td>Inflammations,</td>
<td>-</td>
<td>-</td>
<td>-12</td>
</tr>
<tr>
<td>Exanthemata,</td>
<td>-</td>
<td>-</td>
<td>-22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chronic DISEASES.</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption,</td>
<td>-</td>
<td>-</td>
<td>-27</td>
</tr>
<tr>
<td>Atrophy,</td>
<td>-</td>
<td>-</td>
<td>+5</td>
</tr>
<tr>
<td>Hæmorrhages,</td>
<td>-</td>
<td>-</td>
<td>+6</td>
</tr>
<tr>
<td>Chronic Catarrh,</td>
<td>-</td>
<td>-</td>
<td>+20</td>
</tr>
<tr>
<td>Dropsies,</td>
<td>-</td>
<td>-</td>
<td>-6</td>
</tr>
<tr>
<td>Neuroses,</td>
<td>-</td>
<td>-</td>
<td>+43</td>
</tr>
<tr>
<td>Other chronic diseases,</td>
<td>-36</td>
<td>-1</td>
<td>+10</td>
</tr>
</tbody>
</table>

The following are briefly the conclusions of Dr. Casper on the influences investigated by him:

1. As to Births. More births occur from nine o'clock in the evening to six o'clock in the morning, than during the other hours of the twenty-four. Labor-pains commence more frequently between midnight and three o'clock in the morning, than at other times. Of those births which terminated during the day, the majority were male children. Labor is longer if the pains begin in the day-time, than if it commence during the night. This influence is more striking with still-born than with living children.

2. As to Deaths. The maximum general mortality occurs during the earlier hours of the day, the minimum in the evening. Of special causes of death the relative mortality with reference to the time of day presents many variations. Inflammatory diseases present their maximum in the after part of the day; fevers and exanthemata in the earlier hours of the night; haemorrhages in the fore part of the day, and in the afternoon; and the neuroses generally in the hours after midnight.—London Med. Gazette.
AMERICAN MEDICAL ASSOCIATION.—COMMITTEE ON THE
RADICAL CURE OF REDUCIBLE HERNIA.

To the Members of the Medical Profession throughout the United States: The undersigned are a Committee of the American Medical Association, to report on "the radical cure of reducible hernia." They are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important and interesting subject.

They therefore take the liberty of proposing the following questions. An answer to any or all of them, or any facts connected with the branch of surgery on which they are directed to report, would be gratefully received:

1st. Have you been in the practice of treating reducible hernia with a view to its radical cure?
2d. Have you ever performed any surgical operation for this purpose?
3d. If so, please to describe the operation, and the mode of performing it.
4th. What proportion of cases, of all in which you have operated, has been cured?
5th. Have any alarming or fatal effects, in any instance, been caused by the operation?
6th. If so, please to describe them.

As the Report must be made at the Annual Meeting of the Association, to be held in Richmond, Va., in May next, it is desirable that the answers to the above questions should be forwarded to any one of the Committee on or before March 1st, 1852.

Geo. Hayward,
J. Mason Warren,
S. Parkman,

Committee.

Boston, November 26th, 1851.

SUICIDE BY CHLOROFORM.

The chief physician at the Royal Hospital, at Vienna, Dr. Reyer, was recently conversing with his colleagues as to the least painful form of death, apparently in good health and spirits at the time; yet the same evening he was found in his room a corpse, having put an end to his existence by fastening a bladder, filled with chloroform, round his mouth and nostrils, by means of a band of diachylyon plaster.—London Medical Gazette.
NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, DECEMBER, 1851.

PRIVILEGED COMMUNICATIONS. In the October number of this journal we spoke of Dr. Storer's address upon medical jurisprudence, quoting some passages from it. The Charleston, (S. C.,) Medical Journal and Review noticing the same address, thus speaks:

"Where there is so much to admire, we regret exceedingly that we are forced to take exception to, and enter a protest against the views expressed by Dr. Storer, in reference to the alleged obligation of the physician to reveal secrets that are entrusted to his professional safe-guard. For the honor of the profession, we trust that Dr. Storer's opinions have received the concurrence of no one, for, if practically adopted, they would soon bring our noble, our divine calling, into merited disrespect and obloquy.

Dr. S. holds the following language: "The most painful duty a medical man is called upon to perform in a Court of Law, if the ends of justice absolutely require it, is to divulge the secrets of his patients, reposed in him in the course of professional confidence. However great may be the struggle within him—however ready and willing he may be to make almost any sacrifice, save that of his integrity, to keep forever locked in his bosom what was sacredly deposited there, the laws of his country are paramount to all other bonds." And, in support of this opinion, he adduces the charge of Lord Mansfield to Mr. Cæsar Hawkins, in the celebrated trial of the Duchess of Kingston, that he had no privilege to avoid giving evidence, but was bound by the law of the land to give it, and that he would be clearly justified to the world.

Dr. S. then says, "Thus there is no appeal. Those facts must be stated which are necessary to further the ends of justice."

Admitting that the laws of some, if not all countries, make it compulsory on physicians to divulge all secrets which come to their knowledge, we maintain that the binding force of the moral, to preserve them, far transcends that of the legal obligation to reveal them. And, let it not be said, that this is a practical application of the political "higher law" doctrine, at present held by a few fanatics in the United States, for there is not the slightest similitude of the one to the other.

If Lord Mansfield's opinion be quoted by Dr. Storer, as a guide for the physician, we will place as an offset to it the recent trial of M. Chedanne, at Angers, in France, for refusing to disclose the circumstances that had come to his knowledge, connected with the death of an infant, of which the community had reason from the declaration of M. Chedanne, to suspect, and the autopsy proved violence as the cause.

The Superior, which reversed the verdict of the Inferior Court, decided that, although it was useful to state every thing relating to the birth and death of a child, yet it was not essential. Here, then, is an instance of a high legal tribunal, sustaining the physician in his moral and social obligations! And yet, perhaps, this is one of those cases in which the physician commits
no breach of moral obligation in divulging the facts as known to him, since it would bring a guilty person—one guilty of infanticide—to punishment. We say, perhaps; because the world is not acquainted with the particulars, and M. Chedanne, may have considered himself as morally justified in withholding what he knew.

Having concurred in the opinions expressed by Dr. Storer, we feel ourself somewhat under the censure of our respected contemporary; but we still feel that we are in the right. Not only has this been ruled to be the law by Lord Mansfield, in the trial alluded to, but is the settled ruling of the courts in our own country. As to the case of M. Chedanne, "the world is not acquainted with the particulars," and till it is, it seems premature to quote it. The simple fact is learned from it, that M. Chedanne refused to testify as to certain matters; but till we know more fully the grounds of his refusal, and the opinions expressed both by the Inferior and Superior Courts, the case goes for nothing.

It is, of course, a matter for each individual to decide for himself, when called upon to testify as to such communications, whether or not he will do so; but clearly, such is the law in most of these United States, and the question resolves itself into this, whether or not obedience shall be rendered to the laws. We may say, that we will suffer the penalty; but though we do this, we are still breakers of the law. By no means, in our view, is the judgment of individuals authorized to say, "that the binding force of the moral to preserve them, far transcends that of the legal obligation to reveal them." But here we approach a discussion, in which our remarks may be construed to have a bearing upon political topics, entirely foreign to medicine—and we only add, that we apply this principle throughout.

The State of New-York has, on this point, advanced somewhat beyond the rest. By statute, it has been enacted that physicians shall be protected as to communications necessarily made to them, in order that they may be enabled to prescribe. To our own mind, this seems a wise statute, and we submit it to the profession in our own State, whether or not some exertion should not be made, to procure the enactment of a similar law in New-Hampshire.

OUTLINES OF CHEMISTRY, FOR THE USE OF STUDENTS.


A new Manual of Chemistry should be to physicians a most attractive book. The giant strides which this science has been, and still is making,
continually astonish us; while the truths revealed by its aid, sometimes standing out as in the full blaze of noon, sometimes just emerging from darkness, always bless mankind. Though all arts and sciences are indebted to chemistry, none is more so than medicine. It gives us new remedies, it shows us better ways of preparing the old, it gives us antidotes to deadly poisons, it enables us to charm away pain, to detect disease, to avoid its causes, and to effect its cure.

This edition of Professor Gregory's work is issued under the care of Dr. J. Milton Sanders, of "the E. Medical Institute, of Cincinnati;" that is, the Eclectic. There is, however, nothing of eclecticism in the notes which he has appended, to prevent the general introduction of the work.

We consider this the best chemistry that has been issued, for the use of students—and when we say this, it is with full consideration. But we do not say that it is likely to be the most popular. Its peculiarities are, that it omits the consideration of the imponderables, light, heat, and electricity, and is about equally divided between organic and inorganic chemistry. Besides, a very free use is made of the symbols, so that some pages are apparently covered with them. This, with the happy conciseness of description, gives a vast amount of knowledge within a given space—all these peculiarities are, in our opinion, advantages.

Still, it may not be a popular chemistry. We have been for a long time impressed with the fact, that medical men are more deficient in chemistry than other branches, which are no more necessary. The fault, in our opinion, is not with the professors, but with students and practitioners. Chemistry has been used too much for effect. The brilliant combustions of phosphorus, iron, &c., in oxygen gas, have been again and again repeated, to prove the very rudiments of the science, and the students applaud to the echo. But the explanations of the use of symbols, the beautiful atomic theory and subjects like these, which are the essentials to a thorough mastery of the science, are made to empty benches, or to sleeping audiences. And the fault is not with the professor. Most willingly would he dwell upon these important matters, but if he does, he is compelled to bear the opprobrium of being a stupid teacher, and shrewd hints are made of a successor being necessary. If we would make chemistry available, it must be freed of its brilliancy, and its students must be brought to understand that to know any thing of chemistry, they must study the books. On this account, we commend Gregory's chemistry; it avoids the profuseness of plates, which abound in some more popular works, and which are objectionable on the same ground, with showy experiments. It is a really scientific work, and as such, should be in the hands of really scientific men. Moreover, it is by a medical man, and adapted to medical men; a great desideratum surely. We earnestly urge upon private instructors, for it is with them that the fault is, and with them the remedy is to be applied—we earnestly urge upon them, the introduction of this text-book to their pupils. We are sure that if it is there stud-
This juice, as extracted from the stomach of executed criminals, is colorless or slightly yellow, turbid, and distinctly acid. It contains free acids along with chlorides of potassium and sodium.

The nature of the free acid present in the gastric juice, has been disputed. When it is distilled, free hydrochloric acid is obtained, and this is often, perhaps always, accompanied by butyric acid; but it must be remembered that these acids are volatile, and that therefore their presence in the distilled liquid, affords no proof of their existence in the free state in the gastric juice. On the other hand, Lehmann obtained from the gastric juice, by a peculiar process, a salt of magnesia, which he analyzed, and which Liebig has shown to be lactate of magnesia. There can be no doubt of the presence of phosphoric acid, free or combined; and it is most probable that in the normal juice, the fixed acids, phosphoric and lactic, are, in part at least, free, while the volatile acids, hydrochloric and butyric, are present in the form of salts. In the distillation, the latter are expelled in the free state, the fixed acids taking their place. This view is confirmed by the phenomena exhibited by the juice of flesh, (see Liebig’s Researches on the Chemistry of Food, and the next section of this work,) which undoubtedly contains free lactic and phosphoric acids, (or what is the same thing, acid phosphates and acid lactates,) along with chlorides, and appears to have a very close resemblance to the gastric juice.

The property of dissolving or digesting food, such as albumen, fibrine, caseine, &c, is owing in part to the presence of free acid, and in part to the presence of part of the lining membrane of the stomach dissolved, and in a state of change. The gastric juice converts into chyme, or digests albumen, fibrine, &c., out of the body as well as in it, if the temperature of the stomach be kept up; and water acidulated with a trace of hydrochloric acid, and afterward left for 24 hours in contact with the lining membrane of a stomach, acquires in a very high degree the solvent power of the gastric juice. Water thus prepared dissolves in 8 to 12 hours, at the temperature of from $86^\circ$ to $104^\circ$, hard-boiled white of egg, &c, which requires 4 days at a temperature of $158^\circ$ to $176^\circ$, to be dissolved by water, merely acidulated with the same proportion of acid, but not placed in contact with the stomach. This latter fluid, however, dissolves meat better than it does albumen, because the meat supplies some membraneous matter in a state of change, by which the solution of the fibrine is finally promoted.

All attempts to isolate the supposed principle—pepsin as it was called, which is supposed by some to be the solvent of food in the stomach—have failed. The gastric juice has only yielded traces of animal matter, and we have not yet any proof that its solvent action depends on a peculiar compound, and is not rather the effect of a kind of fermentation, induced in the food by contact with the particles of dissolved epithelium, themselves in a state of change, and consequently of motion. On the whole, then, taking into account the facts of artificial digestion, it appears most probable that digestion is a process analogous to fermentation in the conditions under which it takes place, namely: a certain temperature, and contact with azotized mat-
ter in a state of decomposition; but differing from the usual forms of fermentation in its phenomena, no gas being disengaged, and its chief result being the solution of an originally insoluble matter.

STATISTICS OF RUPTURE OF THE URINARY BLADDER.

By Stephen Smith, M. D., Assistant Surgeon at Bellevue Hospital, New-York. pp. 43. From the Author.

This is the re-print of an article which originally appeared in the New-York Journal of Medicine. It consists of a table of seventy-eight cases, with remarks suggested by them, and by their analysis. Every surgeon looks upon this as one of the gravest accidents, and with good reason; for by their tables it appears that there were but five recoveries—about one in fifteen. Thirty-nine, half of the whole number of cases, died within five days; twenty-two between the fifth and tenth days; and but two lived more than twenty days. Eleven of the cases were females; being caused in four by parturition, and in one by retroversion uteri. With such a terrible mortality, the wisest treatment becomes a matter of serious consideration, and the slight mode in which the subject is usually passed over in systematic treatises, is most blameworthy. We consider this a matter of so much importance, that we shall quote what Dr. S. says upon this point, and would call attention particularly to the last suggestion, that if Dr. Walker's operation is performed, it should be done very early.

The treatment of rupture of the bladder varies with the seat of the lesion, whether without or within the peritoneal cavity. In the former case free incisions, to give exit to the urine extravasated into the pelvic cellular tissue and such general remedies as the nature of the case indicates, is the course of treatment which is recommended and has generally been pursued. To be successful, this treatment must be early adopted, otherwise sloughing and all its severe consequences will rapidly follow. Dr. Walker, of Boston, case 50, in a case of rupture external to the peritoneum, adopted a practice hitherto untried, and which not only saved his patient, but seems the most rational yet pursued. This gentleman performed the lateral operation upon the bladder as for stone, and thus not only secured the escape of the infiltrated urine, but prevented its further extravasation by affording it a ready outlet from the bladder. Convalescence in this case was rapid and complete, although the accident to the bladder was complicated with extensive injuries to the pelvis.

In regard to intra-peritoneal rupture, Dr. Harrison thus states the indications: first, to arrest peritonitis; secondly, to abstract the effused fluid from the abdomen; and, thirdly, to guard against any further effusions by disposing the vesical wound to heal. In regard to the first of these indications he advises "bleeding, local and general; leeches to the perineum and anal re-
gion, small and often repeated doses of calomel and opium; the latter medi-
cine I consider in this case peculiarly applicable; the solid opium or the
watery extract, in doses of one grain or one and a half very often repeated,
and a suppository of the same together with bleeding, fomentations and the
warm bath, are general remedies, on which I should place most reliance.”

To remove the effused fluid from the cavity of the peritoneum, the opera-
tion of paracentesis has been performed, but invariably without success.—
Dr. Harrison remarks very justly of this operation: “The urine which is
effused, and which is the source of all the danger, is principally lodged in
the pelvic cul de sac, and is more or less confined to that region, partly from
its depending position, and partly from the adhesions which we have reason
to expect under proper and active treatment may have been formed between
the bladder and the adjacent viscera, at the upper orifice of the pelvis.—
Paracentesis of the abdomen, as performed in the ordinary situations, cannot
possibly evacuate this region, may, it may rather prove injurious by inducing
a more general effusion of the fluid, and of course irritation of the periton-
eum by a partial removal of the urine from this depending position.” To
meet this second indication, Dr. H. proposes the following operation, which,
though it has never been performed, has received the sanction of the highest authorities, viz., to puncture this pelvic cul de sac through the rec-
tum. The operation might be done with a trocar, or a long curved bistoury,
with a sheath, and a cutting edge only on its extremity. The patient being
in the recumbent posture, with his knees drawn up and somewhat separat-
ed, the finger of the left hand might be passed up the rectum as far as possi-
ble and pressed against its fore-part. The catheter in the bladder might
also assist in guiding the finger to the cul de sac behind that organ. The
canula of a long curved trocar might next be passed along the finger, and,
when its extremity has been placed against the fore-part of the rectum, ex-
actly in the median line, the stillette might then be pushed through it, and
the peritoneum opened.

To guard against further effusions of urine into the peritoneal cavity, I
would propose the lateral operation upon the bladder as performed in the case
of Dr. Walker, which would effectually drain off this fluid as fast as secreted;
this the catheter cannot do, as the bladder is in the majority of instances
contracted to a small capacity. This operation to be successful ought also
to be performed as early as possible, to afford an immediate channel for the
escape of the accumulating fluid.”

Spratt’s Obstetric Tables. This consists of a series of plates, illustrat-
ing the growth of the fetus, natural labor, and all the manipulations re-
quired, both in simple cases, and in those which require manual or instru-
mental interference. By means of movable portions, the same figure is
made to represent the different stages of labor, or proceedings of an opera-
tion in a very small compass, and in such a way as forcibly to impress it on
the mind. It is, on the whole, a very convenient book; to the practitioner
it affords opportunity to recall at a glance any manipulation which may have
escaped his memory—sometimes a great convenience. To the student it
must give ideas, more than usually definite, of all those subjects of which it
EDITORIAL.

It treats, and is therefore of great value to those who have students in their offices. We cordially commend it to the profession in our State, to whom the publishers are making some exertion to offer it, and do not doubt that any one who purchases it will find himself fully repaid. The plates are the prominent feature in the work, but the accompanying letter press is also commendable.

VITAL STATISTICS. We copy from the Statesman the following statistics of the deaths in Concord, from 1792 to 1850, inclusive. This is taken in good part from records kept by the Rev. Dr. McFarland and his successor, Dr. N. Bouton. Of course there must be many imperfections in such a list, but it is the best that can now be obtained. It was formerly the custom for the clergymen of each town to keep such records, and in many cases, no doubt, they still exist. If any of our readers can find them, their value will abundantly repay the necessary labor. Each day it is deferred, it becomes more difficult to obtain them, and we appeal to medical men to supply these valuable statistics, before it is entirely too late.

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*This year the spotted fever was fatal to quite a number of soldiers then stationed in town, viz., Joshua Bicknap, Hendrick Hougish, John C. Boyd, James Taggart, Samuel Davis, Bradbury M. Carr, Nathan Sicamis, John Abbot, Elias Davis, Jones, Alexander Whisperspoon, Isaac Smith, William Gage, Ehenezer Woodbury, Robert Crawford, Whitney, David Patch, David Hart.

† The dysentery prevailed this year.
EDITORIAL.

MEDICAL SOCIETIES.

There is not a little truth in the following, taken from an article in the Transylvania Journal, upon the re-organization of the Kentucky State Society. We commend it to the consideration of members of societies in our latitude.

"It requires no seer to predict the issue of any association, composed of parties representing so many local and professional interests as this, (or any other similar,) whenever a departure is observed from the high and pure, and general purposes of such a society. The first effort failed, as we believe, because of an attempt to usurp powers altogether beyond the legitimate sphere of a medical society. The great National Association has prospered marvelously well—the meetings have been attended with a degree of enthusiasm—eloquent and numerous have been the debates upon medical reform, and empiricism, and medical schools; and now, after the fifth meeting of representatives of the best talents of the United States, how much has been accomplished of a character to live and thrive through ages to the honor of its workers, and to which, as Americans, we would proudly point before the world, as vindication enough of our claim to a post among the benefactors of men?"

"Ah, what precious opportunities have been lost of procuring, from the oldest and most experienced men of our country, their mature views upon any and all subjects in medicine and surgery, and with what pride these would have been sent out to the world as the proceedings of the American Medical Association!"

"Now, while we do not believe that any medical, or any other kind of a society, has done the half that was so liberally promised, in the published call for a Kentucky Convention, we can readily perceive how, by a harmonious, serious, and work-designing cooperation of the intelligent physicians of the State, very much good may be done, not only in a professional relation, but to the general cause of public intelligence. To do this, the association must be seriously determined upon business. All the farce and spouting, which form so large a part of the proceedings of all bodies, must be quietly and definitely done away with. Men who can do all that the spouter can say, (provided he talks sense,) are the agents required in such a cause. The solemn heavy man and his slow moving notions, must sink out of sight, and snore through the session; and the flippant light man whisk himself off after a chimaera."

NEW SPECULATION. One of the most ludicrous illustrations of "Medicine Made Easy," is furnished by the "philosophical lung testers." For only a penny one can walk up, and, at a single blast, ascertain all about his lungs, more than the doctors know. Cheap enough, surely!

CHANGE: Messrs. Allison & Gault have dissolved partnership, the business being continued by Mr. Gault. Physicians and druggists will notice his advertisement, and govern themselves accordingly.
MEDICAL EDUCATION.

[For the New-Hampshire Journal of Medicine.]

The Boston Medical Journal, of Nov. 12, has the following notice: "Boston Medical College. Those who listened to the introductory lecture of the new Professor of Chemistry, on Wednesday last, speak of it in commendatory terms. An expectation is indulged that the long neglected branch of chemistry, so necessary to a complete medical education, will be raised in this excellent school to a commanding position. We have been sounding it in the ears of the Faculties of all the Medical Colleges, that chemistry did not receive sufficient attention with them, and that most of the colleges were woefully negligent and culpably blamable. Chemistry, to a physician, is as necessary as mathematics to an astronomer."

The Editor has for some years blown a blast "periodical" somewhat like the one above, in reference to the courses of chemistry in our Medical Colleges. His statements are so general, it is not certain that a right inference will be made from them.

Whether he would have it understood that the students do not appreciate the subject as they ought, or the Faculties do not make it in examination of more importance than any other department; or that the courses on chemistry are not on a par with those of other departments, or whether they do not come up to the best standard,—these do not distinctly appear.

Having read the Editor's frequent appeals, and they seem not diminished in frequency or force, we have hoped he would make an exposition of his views more at length. We read his interesting comments on Public Medical Institutions abroad, in his recent very extended European tour, but saw nothing on this subject; nothing to show how European chemists lectured to Medical Students, in a four months course, and concluded this is one of his topics reserved for mature discussion on his return. Will he not have
the goodness to suggest his scheme, for the benefit of all concerned—the Fac-
ulties, the Students, the Profession; a scheme applicable to the circumstan-
ces of the case.

Let him consider carefully the state of chemical knowledge among the
practitioners, who, as instructors, receive students into their offices; the
imperfect requisition of regular study during their pupillage; then, with such a
class of hearers in the lecture-room, the plan for the Professor of Chemistry
to pursue; then the duty of the Faculty in examining and admitting candi-
dates to a degree.

Shall the Faculty demand higher attainments in chemistry for a degree,
than in other departments? Certainly not.

Shall the Professor, like Dr. Gregory, of Edinburgh, assume that the pu-
pils are already sufficiently acquainted with physics to allow him to com-
mence on elementary and pure chemistry? or shall he appropriate one third
of his course to the Imponderables; or even one half to these and Natural
Philosophy,—as in some cases in this country? Neither of these extremes,
we believe, would meet the Editor’s views; but probably a mean, that should,
so far as in a few lectures could be done, discuss the general principles of
the Imponderables, as related to the chemical changes of matter, and the main
labor and time be given to general and medical chemistry.

Chemical courses in Medical Schools average about four lectures a week,
as in New-York and Philadelphia, for sixteen weeks; or four and a half lec-
tures a week for fourteen weeks, in other schools; equal to sixty-three or
sixty-four lectures. All will agree, and none more readily than the Profes-
sors, that this number of lectures is little enough of time, if devoted to chem-
istry alone. But it is not known that at any school in this country the stu-
dents are found so versed in physics as to warrant the Professor in discarding
entirely these subjects,—though it is time to give up the scheme of the
early chemical courses in this country, when there was much less of chemis-
try known, and several captivating subjects in physics were just coming into
notice.

If there be no mistake on the part of the Editor or ourself, he has indicated
his view of the length of a course of chemical lectures, or the amount of in-
struction sufficient to permit him or his friends to “indulge the expectation,
that the long neglected branch of chemistry will be raised (in this excellent
school,) to a commanding position.”

The only new measure adopted to bring about this long wished for result,
as far as has appeared, is found in the last catalogue of “Harvard College,”
p. 68, viz: “The Chemical Lectures are continued during four months, three
lectures being given each week.” A course of four months is really but six-
teen weeks, and this, at three lectures a week, gives forty-eight lectures—a
shorter course than is given, it is believed, at any respectable Medical School.

If we allow one week for opening the course, and for the duties and for-
malities of examination and graduation, there remain but fifteen weeks, which
CASE OF IMBECILITY.

[For the New-Hampshire Journal of Medicine.]

Mr. Editor: While the discoveries and improvements in the mechanic arts within the last quarter of a century astonish the world, the methods of repairing the human system have kept equal pace. The medical profession may boast of as great extension of her sphere of knowledge, and ability to limit the sufferings of the human machine, or repair its wasted energies.

The class of imbeciles, less cared for than the deranged, blind or deaf, have been ranked among the "born thus by visitation of God," and left in that state of hopeless degradation and ruin; or if, by accident or disease, the mental powers wither and decay, no efforts follow the star of hope to raise the blighted intellect. Massachusetts has first made inquiry after this long neglected race; ascertaining their number, and testing their ability to become men; and Dr. Howe, of the Blind Asylum, the head of the committee, has carried out her intentions with an ardor and zeal unequalled in America.

The following case will not be uninteresting to those engaged in diffusing the lights of science, or healing the wounded mind, on a subject hitherto thought organically incurable.

Miss C., a native of Merrimack County, aged 32, was, some five years

reduces the chemical lectures to forty-five—and Thanksgiving, Christmas, and New-Year's are inexorable in their demands, and still farther diminish them. If only chemistry is taught, then this course will in extent no more than equal that of other schools, where from fifteen to twenty-four additional lectures on physics are given, and it will fall below those where about ten lectures are given on physics. If it be not a Gregorian course, but some ten lectures are given on physics, then chemistry must have required to "be raised" in the Editor's vicinity, if thirty-five lectures constitute a course at present.

Now, there may be an error somewhere, if the premises bring us to such results; and we believe the Editor too kind to censure unjustly, and too candid to declare that chemistry is not taught in the Medical schools of this country in a manner at least not surpassed in any other department; and if he can point to one stereotype, stupid, unattractive course of chemistry, too candid not to admit that he can point to as many in almost all the other departments.

Finally, we still hope the Editor will not cease to advance, by his discussions in his Journal, all the Departments of Medical Science, and to display those rich stores of professional learning and experience, which the Profession may justly claim from him.

* * *
since, seized with certain nervous symptoms, as restlessness, giddiness, headache, feverish excitement, irregular and painful menstruation; and attended with fanciful and imaginary ideas of the persons and things around her. Her relations, ill themselves, paid little attention to her conduct or complaints. Thus several years were suffered to progress without advice, except in one instance, when a respectable practitioner, after some inefficient efforts, declared "nothing could be done for her."

Jan. 9, 1851, saw her first. She was very fleshy, but sallow and anasarco; purple, cold, and covered with a clammy sweat; bloated countenance, and swelled feet. Eyes have the appearance of melted lead. Partial paralysis of the left side. Irregular contraction of the muscles of the left side of the face, giving it a hideous appearance, together with partial deafness, and inability to articulate the words designed, or express ideas in a continued sentence. She was seldom able to comprehend questions, as the rolling eyes and vacant expression showed her lack of ideas. To these was added irregular walking, as of a child just learning, and a continual inclination for a recumbent posture, and sleep. Unless roused, she would lie nearly the whole twenty-four hours, and sleep the largest part. The appetite was irregular and voracious, so that she did not seem to know when she had taken sufficient; and at other times utterly refusing food altogether. She never spoke, unless first called, and then seldom answered, and at once forgot the subject matter of conversation. On asking questions, she had a bewildered look, like a child that could not understand the meaning, and then relapsed into her apparent fatuity.

The secretions and excretions were in accordance with the foregoing symptoms. Alvine discharges very fetid, and seldom evacuated under several days, and of a clayey or pitchy consistence; urinary about once in twenty-four hours, dark color, very offensive, and large in quantity. Perspiration adhesive, nauseous in odor, and profuse.

_Treatment._

<table>
<thead>
<tr>
<th>R.</th>
<th>Sub. mur. hydrarg.,</th>
<th>gra x.</th>
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<tr>
<td></td>
<td>Pulv. ipecacuan,</td>
<td>Ξj</td>
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<tr>
<td></td>
<td>Pulv. rhei.,</td>
<td>Ξj.</td>
</tr>
<tr>
<td>Div. pulv., No. vii, one every night.</td>
<td>M.</td>
<td></td>
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<tr>
<td></td>
<td>Elixir pro. f3j every morning.</td>
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To these was added friction on the spine, with tinctura capsici; and pulverized capsicum diffused through the stockings. Frequent combing the head, with application of aq. ammon., and same applied to nose.

Jan. 16. The cathartic had operated powerfully after the second day. Stools black and pitchy, abundant, and from three to seven in the twenty-four hours. Symptoms somewhat relieved, head becoming tender, and more easily roused.

Continue the mercurial every alternate night, with half the purgative dose in morning. Blister on the nuchæ. Hold on to the friction.

Jan. 23. Relieved. Mercurial twice a week, and the following recipe:
CASE OF IMBECILITY.

R. Rad. rhei. pulv. 3j.
Ferri carb. precip. 5ss.
Bac. cubebae pulv. 3j. M.
Div. pulv. No. xij, twice a day.

Continue blister and friction.

Jan. 30. Relieved; face assumes natural expression. Stools natural, except colored by the iron. Urine increased, and its fetor gone. Surface warmer, and less inclination for sleep. Still giddiness and inability to speak plainly, on account of contraction of the muscles of the left side of the face.

Same medicines continued. Cupped the temples, and drew 1/3iv blood.

Feb. 6. Appearances much improved. She says a vast load was removed from the head by the cupping. Cupped temples again; same quantity. Chalybeate continued, with occasional soap pills. Friction, and Dewee’s tincture Guaiac twice a day, as emmenagogue. She says her head is now clear.

March 18. Steadily progressing; mental faculties returning; prospect of sanity flattering. Occasional cupping as congestion returns, shown by giddiness and stupor. Errors in diet have required a return to first treatment, thus far successfully, and prevented a recurrence so disheartening as her former state. She now takes her medicine at stated intervals without any promptings, and pursues her avocations with the activity and zeal of earlier years.

The friction was continued faithfully ten weeks; now regular exercise seems completing the cure. A single remark. This recovery is the effect of perseverance.

Aug. 7. From exposure and mental excitement, a relapse occurred, attended with headaches, paralysis of the left side of the head, inability to pronounce words clearly, and coma.

A renewal of the frictions together with cuppings and mild cathartics, brought her up, so that now, November, she is apparently well as ever.

It may be well to mention, that I recently learned that she had a severe fall upon the head, many years prior to the development of these symptoms.

DUNBARTON, Dec. 1851. JESSE MERRILL.
OBSERVATIONS UPON THE EXTERNAL APPLICATION OF CYANURET OF POTASSIUM, IN THE TREATMENT OF HEADACHE, AND OF NERVOUS PAINS IN THE FACE.

By Trouseau and Bonnet.

[Translated for the New-Hampshire Journal of Medicine.]

M. Lombard, of Geneva, published, at the commencement of the year 1831, some observations upon the use of cyanuret of potassium, dissolved in water and applied to the head, in neuralgias of the face and in tic douloureux. In repeating his experiments we have obtained results which confirm his former trials, but we have also thought we might extend the use of the cyanuret to the treatment of cephalalgia, a disease much more common than tic douloureux. The publication of these facts will not be without interest, at a time when many physicians are occupied with investigations of a similar nature. We shall give them with some details, commencing with that which concerns the external administration of the cyanuret of potassium, and by the study of its immediate effects when applied to the skin.

Of the external use of Cyanuret of Potassium. The cyanuret of potassium may be applied to the skin covered with its epidermis, or when the dermis has been bared by a previous vesication. In the first case, we may use the aqueous, the alcoholic, or ethereal solution. We have used only the first two, the quantity of cyanuret which is dissolved by the ether having seemed to us too small. Six or eight grains of the cyanuret of potassium to an ounce of liquid, ordinarily suffices for a day; but it is sometimes necessary to double the quantity of the article, and to increase the proportion of the cyanuret. In such cases we can use only water, for alcohol does not dissolve sufficient of the drug. Whatever solution we may use, we should wet compresses with it or a wad of cotton, and place them on the affected part; renewing them as often as they become dry. In some cases it is also necessary to continue this treatment two or three days after a cure, especially if this has been difficult to accomplish.

In the small number of cases in which we have applied the cyanuret of potassium to the denuded dermis, we have mixed it with equal parts of cereate, and used from one to two grains at the most. This application should never be renewed, on account of its caustic action.

The immediate effects of Cyanuret of Potassium when applied to the skin. When a solution of cyanuret of potassium is applied to any part of the skin, it produces a decided sensation of cold, which subsides as soon as the equilibrium of the temperature is restored, and evaporation ceases to go on. But, half an hour after the cessation of this feeling, a prickling is perceived, a kind of itching, which is not at all disagreeable, and which continues as long
as the liquid remains in contact. The skin becomes red, especially when we use the alcoholic solution. This erythema disappears immediately upon discontinuing the application of the liquid; provided it has not continued more than twenty-four or forty-eight hours. But when the dose is too large, or when the applications have been continued for five or six days, an erythema or eczema comes on, of which an example is furnished in the cases of tic dououreux which we shall give.

Independently of these local phenomena, certain of a general nature may manifest themselves. The pulse and the respiration become slower, which in some cases we have observed to take place within the first half hour after the application of the cyanuret. This diminished frequency is variable in those who are suffering from fevers, but appears to be constant in those whose health is not changed. From observations made upon ourselves when we were up, and in a ball the temperature of which was from fifty to sixty degrees, we have found that saturated alcoholic solution of the cyanuret of potash applied to the forehead, would cause, with the retarding of the circulation, a sensation of cold in different parts of the body, and a tendency to sleep. These phenomena have not been properly established in those who remain in bed the most of the time, and who renew the liquid at long intervals. When the cyanuret is applied to the forehead, a few drops may run under the eyelids; their contact with the surface of the eye may cause severe pain, especially when the alcoholic solution is used; but this painful sensation lasts hardly a minute, and is not followed by other bad effects. Both of us introduced into the eyes five or six drops of this solution, and though we had at the same time upon our foreheads compresses wet with the cyanuret, we experienced only the modifications above described. It should be remarked, however, that it was under similar circumstances that we first observed the slowness of the circulation.

The cyanuret of potassium, pure, or mixed with cerate, produces extreme pain when applied to the denuded dermis. The sensation of burning which it causes continues for several hours, and when at the end of this time we examine the place, we find an eschar, almost equal to that which would be produced by half the quantity of caustic potash. This is what has prevented us from multiplying experiments with the cyanuret applied in this manner.

Of Cyanuret of Potassium dissolved in water, or alcohol, and applied to the head in Cephalalgia. In endeavoring to arrange cephalalgias in an order which would enable us to appreciate the influence of cyanuret of potashium, we have thought best to adopt a division based upon the concomitant symptoms, whatever else might be their influence over the cephalalgia. The remarkable phenomena which we have observed in the headaches which accompany fevers, have led us to study them separately, and we have made a group of apyretic cephalalgias, which we have subdivided according to their complication with gastralgia, with derangement of menstruation, with trouble in the respiration or circulation, or as it existed without simultaneous disorder
in the organic functions. A single case of this latter kind has been presented to our notice, which happens from the fact that the greater part of our observations were made in a hospital, and because most headaches, described as megrims, are erroneously considered as primitive and uncomplicated.

It is very common to meet with headaches coincident with oppression of the stomach, a disordered appetite, difficulty in digestion, and derangement of the menses, which are commonly pale, scanty and less exactly periodic. In cephalalgias of this class, we have four times used the cyanuret of potassium. In three cases the cure was permanent; in the fourth the relief lasted only some days. The three females whose headache did not return, were cured of their disorders of the stomach, by the use of sub-carbonate of iron, or by other treatment. One of them was fifteen years old; she had never been regular; the disorders of the stomach had lasted five years, and the cephalalgia, which commenced three years later, was almost continual, and not a single day passed without its appearance. The quantity of cyanuret of potassium was never carried beyond six and a half grains (Troy) in the interval between one visit and another. Three days sufficed to cure the headache. This girl afterward remained a month in the hospital, taking every day a drachm of the sub-carbonate of iron. By this energetic treatment the pains of the stomach were entirely cured, and the headache did not reappear during the course of the treatment.

With the second, forty-seven years old, the pain at the stomach was of more than twenty years standing; there had been profuse leucorrhoea before and after the menses, which were pale and irregular. The headache, especially, fixed in the temples, where the patient had a feeling of constriction, was more painful on the right side than on the left. It was almost continual, disturbing the sleep, and was accompanied by inflammation of the conjunctiva of the right eye. Three grains of the cyanuret of potassium, dissolved in an ounce of water, produced, at the end of seven hours, marked relief; the head became lighter, the sight less troubled, and the throbings of the temporal arteries less violent. Twelve hours of treatment was sufficient to cure the cephalalgia, which did not reappear during the fourteen days that the patient afterwards passed at the hospital. It is to be observed, that the application of the cyanuret was continued seven days, and increased one grain each day, and that the disorders of the stomach, as well as the leucorrhoea, were cured by the use of sub-carbonate of iron, carried to the extent of forty grains in twenty-four hours.

We have considered the cephalalgia which we have described, as a simple headache. There is, however, some doubts of the diagnosis, for this pain of the head, fixed particularly upon the right side, coincided with an incomplete paralysis of the left arm, in which very acute pains were also felt; but the extension of the pain to the temple of the left side, the persistance of the paralysis, and the happy effect of the treatment, have led us to consider this the cephalalgia which ordinarily accompanies gastralgia.
The third woman, also suffering from pains in the stomach, had a headache which presented the peculiarity that it was relieved by hanging down the head. The patient did not have a moment's rest—the headache had lasted for a year and a half, and she told us that for four months she had rested with the body in bed and her head in a chair. There was at the same time an ulcerated cancer of the uterus, which had never produced any other local symptoms than a slightly fetid and abundant leucorrhœa. Two days sufficed to obtain a complete cure, and relapses were prevented by continuing for five days the application of the cyanuret of potassium, in the proportion of from five to six and a half grains; the disorder of the stomach was cured, and the leucorrhœa diminished by the use of various drugs.

To these cases we may add that of a woman, thirty-five years old, who came to the Hotel Dieu to be treated for a sporadic dysentery, which was cured in eight days by the use of sulphate of soda. Five days after this cure she suffered severely from a pain in the head, which lasted two months, and which went on increasing. She was ordered an alcoholic solution of six and a half grains of cyanuret of potassium. During the two first days there was no amelioration; the third day the pain disappeared from the temples; the fourth the cure was complete.

We have spoken of one woman treated with the cyanuret of potassium, who received only momentary relief. She did not mention to us the disorder of her stomach, till the time of her departure. Probably the headache would have been treated with as much success as the others, if we had cured the gastralgia by sub-carbonate of iron, or other means. However that may be, the pain increased the first day; was alleviated the two following days; on the fourth returned with its former force, and was not afterward relieved. This impossibility to modify cephalalgias, after using the cyanuret of potassium some days, is found in the other cases which we shall give.

From the cases which we have just related, it appears that in cephalalgias complicated by disorders of the stomach, we can always hope to give relief; but that this will not be permanent, if the gastralgia itself is not removed; hence it is necessary to endeavor to cure the gastric affection by appropriate treatment. The sub-carbonate of iron, the effect of which we have shown in another memoir, appears to us to be the preparation which should be preferred.

We have treated only a single case of cephalalgia following suppression of the menses; this was a woman thirty-one years of age, in whom a sudden fright caused the menses to stop when they had just commenced flowing. For five weeks subsequent to this accident she had in the top of her head a severe pain, which was constant and hardly allowed her a moment's sleep. The return of the menses, which occurred twice during this period, did not give her any relief; to no purpose she had stimulant foot baths, and applied to her head narcotic cataplasms without any modification of the pain. Two days sufficed for a cure by the use of six and a half grains of cyanuret of potassium to an ounce of water.
A short time after, a woman aged thirty was admitted to the Hotel Dieu, in a very similar condition, but not so successfully treated. She had been confined fifteen days before, and suffered from severe pain in the sincipital region. This pain, which came on at the time of delivery, was less intense during the day. The lochia were scanty. There was some fever. M. Recamier prescribed fifteen grains of ipecac and an infusion of melilot. The lochial discharge was reestablished, the fever disappeared, all the functions resumed their activity; but the headache remained. The cyanuret of potassium was applied without success; and it was the same with an ammoniacal vesicatory which was applied behind the right ear, and which was twice dressed with half a grain of sulphate of morphia. A large blister applied to the nape of the neck removed the trouble in forty-eight hours.

Frequently cephalalgia is symptomatic of affections of the heart. In a woman suffering from hypertrophy of the left ventricle, and from a chronic metritis, applications of the cyanuret of potassium made for three days, soothed the pains in the head. Afterward they became powerless, and in spite of the increase in quantity, the headache returned with its former intensity. It is with this disease as with persistent gastralgia, when the headache was relieved only during the first days of treatment. It is the same with cyanuret of potassium as with every other drug; we cannot truly appreciate its effects without taking into consideration the accompanying lesions, which frequently play the part of cause, and allow but slight amelioration, so long as they exert their influence.

The cyanuret of potassium has been used but once in cephalalgia consequent on exostosis of the head, depending upon a general syphilitic affection. The quantity of cyanuret was eight grains dissolved in alcohol. It increased the pains to such a degree as to make them insupportable. It should be remarked, however, that the young woman on whom this treatment was tried had most acute pains whenever any wet application was made to her head. We should wish to have other observations of the same kind; from this we can presume only with uncertainty as to what would generally happen in syphilitic cephalalgia.

There is a form of cephalalgia clearly rheumatic or gouty, to which Professor Recamier has frequently called our attention, and the course of which he has frequently observed, both in hospital and in private practice. It is remarkable in that it frequently alternates with pains evidently rheumatic, or being for a long time fixed in the head, it leaves this only to attack some of the joints, or other parts. We knew an English officer, who for twenty-five years had on Wednesday of every fourth week a headache, which lasted just eleven hours. The headache preserved this singular and invariable periodicity as long as the patient lived in the West Indies. He returned to Europe in 1815, and from that time to 1829 the headache was much more irregular. It stopped and was replaced by attacks of gout. Two women, one twenty-five years old, and the other forty-six, lately entered the
Hotel Dieu, and when they were cured of the intestinal phlegmasia, on account of which they had entered the hospital, they called our attention to a violent cephalalgia, which commenced a long time before the disease from which they had just been suffering, and which persisted with the same intensity. In both, two applications to the forehead, of compresses wet with a solution of six and a half grains of cyanuret of potassium, to an ounce of water, caused the headache to disappear in forty-eight hours; but an acute pain attacked one in the forearm, and the other in the left shoulder and the knees. The pain in the forearm was in vain combatted by the application of cyanuret of potassium to the diseased place. It was removed by the application of the extract of datura stramonium, which was applied to the denuded dermis. It left the forearm and appeared in the shoulder; attacked in the same way it returned to the head, but with much less severity. Then we again treated it with the cyanuret of potassium, and this time it left the head and did not show itself in any other part.

We think we ought, before going further, to call the attention of the reader to a fact which may not have been noticed, namely: the inefficacy of cyanuret of potassium applied to other parts than the head, in comparison with its usefulness in cephalalgia, whatever its cause may be. Five times we have used a solution of the cyanuret for these pains; once for pain in the neck, for rheumatism of the shoulder, for neuralgic pain in the chest, for a rheumatismal pain in the forearm, and lastly for a sciatic neuralgia; and we have always failed entirely. What is the cause of this want of success? we have frequently asked ourselves, without being able to give a satisfactory answer. Is it because the integuments of the cranium and face are nearer the brain, on which the cyanuret exerts its sedative action? Is it because the bones of this region are covered with less of soft parts, and that the action of the cyanuret, not being required to be exerted at a great depth, is not scattered in the mass of the tissues?

We have not always been as happy in the treatment of rheumatismal cephalalgia, as with the two women of whom we last spoke. We failed in the case of a lady twenty years of age, whose cephalalgia, changing its place, was ordinarily seated in the posterior and upper part of the head. The first applications of cyanuret of potassium, in the proportion of eight grains during the day, dissolved in water, gave ease for some days; but afterward they were without effect, and the headache returned with all its intensity. We tried blisters sprinkled with salts of morphia, without any advantage. Perhaps we should have succeeded better with the sub-carbonate of iron, which frequently has cured headaches which have preceded and accompanied gastralgia.

Pyretic Cephalalgia. The first person with pyretic cephalalgia whom we treated with cyanuret of potassium, was a woman thirty years old. She had suffered for twelve hours from symptoms of acute bronchial catarrh, when four leeches were applied behind the malleoli. By the aid of a pediluvium
they bled abundantly, but still did not calm the fever or the headache. Six hours afterward the application of an ounce of water, holding in solution three grains of cyanuret of potassium, eased the pain at the end of an hour. This was in the evening; the next day the headache was completely dissipated, and the fever cured. The catarrh was not modified. The simultaneous disappearance of the fever and headache, possibly the consequence of the application of the leeches and of the natural progress of the disease, did not excite our attention. It was the same with the following case:

A woman, twenty-nine years of age, who had suffered for three years from pains in the stomach, and had not had her menses for three months, came to the Hotel Dieu, with acute abdominal pains accompanied by fever and headache. It was only fifteen days since the former difficulties showed themselves. We gave her ipecac, tartar emetic, and sulphate of soda, and put on a blister between the shoulders. During this complicated treatment cyanuret of potassium, in the proportion of six and a half grains to an ounce of water, was applied to her forehead, and continued for two days. At the end of this time the headache was slightly relieved, and the fever cured. Circumstances beyond our control compelled us to suspend the cyanuret, and the headache returned. Three days later we resumed the local treatment, and after having continued it two days the cure was complete. The particulars which we have related were put down in our notes without our having observed what influence the cyanuret might have exerted upon the fever.

The third case, by its plainness, attracted our attention, by the simultaneousness of these two phenomena. A woman, (for these are all women that we have treated) came to the Hotel Dieu to be treated for an abscess in the labia. This abscess got well of itself, but the headache which accompanied it, probably caused by the suppression of the menses, outlasted its cure. This pain, which was extremely acute, was especially felt in the sides of the head; it was accompanied by redness of the face, throbbing in the temples and forehead, and fulness of the pulse. We applied four leeches on the inside of the thighs, and bled her eight ounces, without any relief. The cyanuret of potassium in the proportion of six and a half grains continued for two days, produced a decided relief. Circumstances having obliged us to stop, the headache resumed its former intensity. A quotidian intermittent fever showed itself returning every morning with chills, fever and sweats. The third day after discontinuing the cyanuret we resumed its use; the pain in the head was lessened, and the fever ceased to appear. The applications, continued for two days, effected a complete cure.

These three cases placed side by side, showed us that in the course of a symptomatic fever the headache might be cured by the cyanuret of potassium, and that the fever itself was modified by the same means. We then thought we would try its effects in intermittent fevers accompanied by headache. Since this time but a single case of intermittent fever has offered
itself to our notice, if indeed we can give this name to an irregular quotidi-an fever accompanying phthisis in its last stage. The headache had lasted for two months, was very painful and almost constant. For four days we made application of an aqueous solution of six and a half grains of cyanuret of potassium. At the end of one day the headache was cured, the chills were less severe and shorter, and the fever less intense. All these troubles reappeared upon discontinuing the cyanuret. Such agreement in the result of the observations which we have had occasion to make upon pyretic cephalalgia, allows us to hope that the cyanuret of potassium would be of use in intermittent fevers. This conclusion will appear more correct if we remember that in some countries they use for the cure of intermittents only white wine, in which the inner bark of the peach tree has been infused, of which the hydro-cyanic acid is the most active part. We propose to follow up this idea, and we shall make known the result of our experiments in a memoir upon the effect of cyanuret of potassium administered internally.*

We have used the cyanuret of potassium in but a single case of tic doulo-ureux; in a man forty-seven years old. The sub-orbicular nerve had been cut two years before, to relieve the severe pains of which it had been the seat. These pains disappeared immediately after the operation, and for eleven months were not again felt; but at the end of this time they returned, and the attack increased every day in severity and frequency. When this patient came to the hospital he was tormented with hunger, and was unable to eat, so severe was the pain caused by the movement of the jaw and lips. The pain returned several times in a minute when the patient spoke or swallowed, and two or three times every quarter of an hour when he kept still. We made constant application to the diseased cheek and to the corresponding side of the forehead, of an aqueous solution of twelve, twenty-four, forty-eight, and fifty grains of cyanuret of potassium in two ounces of water. On the ninth day of the treatment the pangs, gradually diminishing, had ceased to appear. The seventh day an eczema broke out in the forehead, which disappeared in two days; still there constantly remained a fixed pain against which the cyanuret was powerless. Recourse was had to other means to effect a cure, such as the removal of teeth, decayed and covered with tartar, and the application of a blister, sprinkled with hydro-chlorate of morphia. These means diminished the fixed pains, but could not cure them, and the patient, after forty days' treatment, was still subject to attacks which returned every two or three days. We therefore decided to practice section of the nerves, and the cure followed immediately. Notwithstanding this persistence of the symptoms, it is not the less true that upon his entrance into the hospital, he could neither eat or speak without having terrible pangs, and that after the use of the cyanuret of potassium he had been able to perform

* In fact, we have no hope of curing in this way miasmatic intermittent fevers which only yield to quinine; but those which blood-letting, revulsives, emetico-cathartics, narcotics, &c., &c., ordinarily alleviate.
all these functions, and sometimes found himself in so delightful a state of ease as to think himself entirely cured. Moreover, this case corresponds with those which M. Lombard has published, and we refer readers to his memoir. However, we insist upon the harmlessness of applications of the cyanuret of potassium to the skin, and upon the groundlessness of the fears of M. Lombard, who seems to apprehend dangerous accidents if we go beyond three or five grains to each ounce of the vehicle.

**Application of the Cyanuret of Potassium to the denuded dermis.** The cyanuret of potassium has been applied to the denuded dermis in three women. One was in a somewhat advanced stage of phthisis. She had an intermittent pain, which appeared to be seated in the lumbar nerves, and which we had been able to relieve only momentarily by the acetate of morphia applied upon a blister. The cyanuret produced the same effect.

The second had a chronic rheumatism, seated in several of the articulations. The vapor douche and the hydro-chlorate of morphia on blisters had been applied with some success. After the application of the cyanuret of potassium the improvement was progressive as before, without its being possible to decide if it was more or less rapid.

In the third case it produced an astonishing cure by its activity. A woman forty-six years of age had for eight days a very painful sciatica, which extended from the commencement of the nerve to the outside of the foot, made walking extremely difficult and painful, and did not suffer the patient to sleep. Two ammoniacal blisters, each of the size of a five cent piece, were applied, one to the outside of the middle of the right tarsus, the other above the corresponding malleolus; the former was sprinkled with a grain of cyanuret of potassium. The next day the calf only was painful. The second blister was sprinkled as the first had been the day before. The next day all pain had disappeared; the movements became free, and the cure was completed after thirty-six hours of treatment. This success was sufficient to encourage us, but the possibility of replacing by other means a preparation which was so painful, and the application of which is always followed by an eschar, prevented us from repeating our experiments.

In conclusion, it follows from the facts which we have cited and the comparisons made between them, that apyretic cephalalgia coincident with gastralgia, is always momentarily relieved, and that it may be cured permanently if the gastralgia itself is; that we can also depend on a cure when the pain in the head consequent on a suppression of the menses outlasts its cause; that in all those cases in which it depends upon an affection of the heart, we can hope for mere temporary success, if the primitive disease remains the same; that probably the cyanuret of potassium is injurious in headache, consequent on syphilitic exostosis; and finally, that the headache which accompanies fever may be frequently soothed by this treatment, which appears to act directly upon the fever itself. A drug which is so successful when properly applied ought to be ranked among the common means used by the phy-
sician, and one thing only can prevent its wide extension, that it becomes changed at the end of two or three months. It is not very high priced, for it costs less than sulphate of quinine, and we have been surprised to find it at only two or three pharmacists in Paris.

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A CASE OF SCIATICA TREATED SUCCESSFULLY BY INOCULATION WITH SULPHATE OF MORPHINE.

By Charles Beckett, M. D., of Rochester, Ind.

The following, if you think proper, you may publish. It is concerning a case of sciatica, (I like the shorter, and full as expressive term, in lieu of the Neuralgia Femero-Poplitea,) of long standing, which I treated by inoculating the skin over the course of the nerve with sul. morphine, made into a thin paste with croton oil.

This was a case of some years duration, and had been treated in this country and New-York without an appearance of benefit.

The patient, William R., aged about fifty years, of a spare habit, but large and muscular frame, and active disposition, had suffered for the past ten or fifteen years with occasional rheumatic attacks, affecting generally his upper, though often his lower extremities and back. The pain, and weakness in his back, and in the course of the sciatic nerve for the past two years, had been persistent, so that he needed the aid of a cane when walking; for the past few months he had been confined to his bed, suffering such pain as only the victim of neuralgia has a knowledge of. I have tried most of the medicines which I thought could give him relief, both in the form of internal and external medication; at length I concluded to try this plan of inoculation, although I had not a remote idea of deriving permanent benefit from it, yet I could not bear the idea to give him up to the perpetual use of morphine, from which alone in large doses he found relief.

I began about the origin of the nerve, and inoculated the paste above mentioned about every four inches, down to his heel, which was as far as he felt any pain. That night he rested better than he had for a long time previously, the pain being entirely removed along the track of the inoculations; towards morning the pain attacked the Anterior Tibial Nerve, where previously it had never existed, and where it became as acute as it ever had been on the posterior part of his leg. I followed this pain up with my scarifications, putting in as much of the paste as I dared do in from four to six punctures made with a point of a thumb lancet at each place of inoculation.
At this time I made my points of inoculation about three inches apart from the knee to the middle of the dorsal surface of the foot, so far as the pain existed; it ceased, and at my next visit it had appeared in the Plantar Nerves I scarified and inoculated the sole of his foot, and from that time till his death he never suffered from any pain about that leg.

This patient, a robust Virginian, suffered more I think than any one I ever saw. Judging from his appearance, I thought it must be truly perfect agony he suffered.

He lived about a year after the cure of his Neuralgia, when he died from complicated disease of the Spleen and Liver, chronic in its character. As a post mortem was not allowed, I cannot give the exact condition of the viscera.

Though there is nothing remarkable about this case as respects the originality of its treatment, which I do not claim for it, yet the rapid and almost magical effects of the inoculation, together with the total and permanent disappearance of the neuralgic disease, I think probably ought to place it among the first remedies to be used in this disease, the treatment of which (through necessity from an absence of a knowledge of its existing causes,) so often assumes an empirical tendency. At any rate it is to be considered a valuable adjuvant to other treatment.—North-Western Medical and Surgical Journal.

CASES OF ASTHMA TREATED BY HYDRIODATE OF POTASH.

Read before the Medical Society of Virginia. By Dr. F. H. Deane.

I will merely state I was induced to employ the agent by a statement given me by a clergyman residing in the State of Illinois. During a visit to this city two or three years before the statement just alluded to, I attended him in a protracted and violent attack of asthma. I found great difficulty in affording him even temporary relief, although every means were most perseveringly tried. He said, for the next two years after this attack his general health greatly failed, and the paroxysms of asthma were so frequent and obstinate, he was unable to preach oftener than one Sunday in three—life had become almost a burthen to him. In this state of things he was advised to try a sea voyage. He accordingly sailed for Liverpool—his sufferings were not relieved during the voyage or reaching his port of destination. He was now advised to visit Dublin, to obtain the advice of Dr. Stokes—he was under Stokes' care for many weeks, but did not receive the slightest benefit—so much so, that Dr. Stokes advised him to try travelling for twelve months in the South of Europe. This was too inconvenient to him—therefore, he determined to return to his home in Illinois. On reaching home he was as great a sufferer as ever. He was now advised by a physician residing in his vicinity, to try the hydriodate of potash—he made use of the remedy, and found relief too immediately to leave any doubt as to the propriety of at-
Asthma Treated by Hydriodate of Potash.

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tributing his increased comfort to this agent—that whilst he had since been frequently threatened with a paroxysm of the disease, he had always been able to ward it off by resort to this medicine. That his health was greatly improved, and he was now enabled to preach with a degree of comfort he had been a stranger to for many years.

A short time after this narrative, I was summoned to see a youth fifteen or sixteen years old. I found him suffering from a severe attack of asthma. I was told he had been a great sufferer from this disease for seven or eight years—that during this time he had been under the care of three or four different medical men, without experiencing any sensible improvement in his health. Some of his medical attendants regarded the affection as symptomatic of some heart affection. My own observations of the case did not verify this supposition. I directed him to take five grains of hydriodate of potash every two hours—the next morning I found him relieved, and was told he was sensible of great relief soon after taking the second or third dose. He was under my observation for the next eighteen months, and during the whole of this time never had an attack of the disease. He was however frequently threatened with it, but had always been able to ward it off by resorting to this article.

The third case I will mention, is that of a married woman, aged thirty-five. For the last eight years she has always had an attack of asthma in the month of May. The other months of the year she enjoys uninterrupted health, and is not liable to cold, although frequently exposed to the vicissitudes of weather. I had the opportunity of attending her in one of these attacks. The disease was always ushered in by just such symptoms as those characterizing epidemic influenza—pain about the head and eyes, accompanied by incessant sneezing and most copious defluxions from the nose and eyes. These symptoms generally lasted three or four weeks, and were invariably followed by severe asthma lasting quite as long. In this attack I used a great variety of remedies, without affording any satisfactory relief. The following spring she was attacked in the same manner. Two or three days after the symptoms characterizing influenza had appeared, I was requested to see her. She was directed to take eight grains of the hydriodate of potash every four hours. These symptoms were greatly mitigated during the next twenty-four hours; and after using the agent in this way for three days, they were so much relieved that she was directed to discontinue the remedy. Nitric acid was substituted. A few days after commencing the use of nitric acid, she was attacked by a severe paroxysm of asthma. The hydriodate of potash was directed to be taken, eight grains at a time, every two hours. Before the ensuing morning she was relieved of all symptoms of asthma. She ascribes the return of her asthmatic symptoms in the month of May to the odor from flowers, as her house is surrounded by roses and other plants.

I have treated three or four cases besides these just related, with this agent, and with results equally satisfactory. I presume it is unnecessary to give an account of them, as there was nothing peculiar in them. I regret that the cases I have mentioned are so imperfect in some important particulars. I allude to the circumstance, that I have not informed the society upon the pathological conditions involved in either of my cases. This negligence is partly owing to the fact, that when I commenced the use of this agent I had scarcely any hope that it would relieve my patient, and in the first two or three instances I was disposed to ascribe the relief felt to some natural change in the disease itself. Subsequent trials with the remedy convinced
me that in this opinion I was mistaken. The cases I have reported, I think, at least ought to encourage us in further trials with the remedy. I am disposed to believe it will be found to be an agent greatly mitigating the paroxysmal features of the disease, and that it will lessen the distressing catarrh so often found existing between the paroxysms of the affection. To give weight to what I have said in relation to the relief obtained by my patients, by the use of this article, I will merely say, until I used it in asthma I was disposed to regard it as destitute of medicinal value. I considered it almost as inert—as valueless as sarsaparilla. I had given it for a great variety of disorders, in larger doses too than its friends had ever dreamed of, and I had never been able to see any effect from it whatever. I never met with a patient who was quite sure that it increased any of the secretions or excretions of the body. 'Tis true, I have never had much experience with it, in the treatment of secondary syphilis—and here, it is said, its good effects are most conspicuously to be seen.—Stethoscope.

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PHOSPHATE OF LIME IN SCROFULA AND OTHER DE-PRAVED STATES OF THE SYSTEM.

By W. Stone, M. D., Prof. of Surgery in the University of Louisiana.

In the July number of the reprint of the London Lancet, there is an article by Beneke, entitled the Physiology and Pathology of the Oxalate and Phosphate of Lime, and their relation to the formation of cells. The conclusions of the author are based upon careful chemical research, and results from the use of the remedy. His researches show, that in man, as well as in vegetables and inferior animals, phosphate of lime as well as albumen and fat, is absolutely essential for the formation of cells, and he considers that many of the pathological states of the system depend upon a deficiency of this salt. The afflictions in which it is advised, are ulcerations dependent upon a general dyscrasia, and not a mere local affection; infantile atrophy; in those suffering from rickets and consequent diarrhoea and tuberculous diseases, particularly of the lungs in the early stages. I was favorably impressed with the article, and, being encouraged by the results of the practice, I am induced to relate a few cases by way of calling the attention of the profession to it, believing great improvement may be made in the treatment of diseases dependent upon vice of nutrition.

Case I. Slave Bob was admitted into my Infirmary early in July, with a disease of his nose. Two large fungous growths, one on each side of the nose, barely separated by a strip of sound skin in the centre, of about one inch in diameter, extending nearly to the corners of the eyes. The cavities of the nose were filled by a similar growth, and the disease was making its appearance in the roof of the mouth. His general appearance was bad, and not unlike that of a dirt eater. He complained of pains in different parts of the body, but not much at the seat of the disease, and he had an indolent swelling on one of his feet, which finally softened down, and on being opened discharged a thin matter and broken down tissue, leaving an ill-conditioned
ulcer. I had to rely upon him for his history, which must necessarily be imperfect. He said the disease commenced four months previous in the nasal cavities and gradually made its way through. An examination showed that the bones had been absorbed—the mass bled freely, and, upon pressure, a thick, cream-like pus appeared, and some of it resembled softened tuberculous matter. Pulse feeble and frequent, and digestion bad. I do not know what particular treatment he had been under, but he appeared to be slightly under the influence of mercury, and I put him upon the use of the hydroid of potass—cut off the fungus externally, and extracted as much as was practicable from the nasal cavities with polypus forceps, and used a lotion of the sulphate of copper. No perceptible improvement followed, and on the first of August I put him upon the use of cod-liver oil, but his digestion continued bad, had acid eructations, which he thought was worse when he took the oil. The phosphate of lime was added, eight grains three times a day, and he soon began, for the first time, to improve. His color began to return—the local disease began to assume a better appearance. Local treatment was disregarded, and the oil and phosphate of lime has been continued up to this time. His color is now of a shining, healthy black. The fungus is even with the surrounding skin. Cicatization is taking place, and the fungus has disappeared from the nasal cavities, so that he breathes quite freely through them. Those having confidence in cod-liver oil may attribute the favorable change to it alone, but I would say that no favorable change took place until the lime was given, although it had been given sufficiently, I think, for a fair trial. The oil may supply one deficiency, and the lime another; but my object is not to theorize, but to draw attention. Bleeding, leeching, cups, and gum water, on the one hand, and tonics, stimulants, and opium on the other, are sufficiently well understood, but I believe that chemistry is yet to assist us, and enable us to relieve many of those undefinable maladies that depend upon vices of nutrition, either hereditary or acquired, which cut off so many before the natural decay of the system takes place.

Case II. Miss ——, aged twenty-four, had been in delicate health for some time, without suffering from any particular disease. In May last a dry cough commenced, and loss of appetite followed, etc. But, to make it brief, as it is but a common case, I saw her about the middle of June, and found the upper part of both lungs filled with tubercles, in some places beginning to soften. Her cough was almost incessant, expectoration slight, consisting of viscid mucus, streaked with pus, and occasionally with blood; pulse a hundred and twenty, much emaciated, and her menses had ceased. She had fever in the evening, and exhausting night sweats. I ordered cod-liver oil, together with a soothing cough mixture, for temporary relief, and to procure rest, which she could not get without. This course afforded some relief, but the appetite did not improve, and I could not say that any marked improvement had taken place. About the first of July I gave the phosphate of lime in addition to the oil, and in a short time there appeared to be some improvement in the appetite; the sweats began to leave, and her color gradually to return. The same course has been continued up to the present time, and she says she feels better than she has for two years. Her cough is in a great manner gone; she has gained considerable flesh, and has, for the last two periods, menstruated more naturally than for two years previously. There could be no doubt as to the precise nature of this case, and I am free to allow full credit to the oil, but I am confident that the lime was equally useful. The patient, who knows nothing of the medicine, spoke of its good effects. If the theory upon which its beneficial effects are based, is correct,
it ought to be an admirable assistant to the oil. I do not pretend that this patient is effectually cured, but it must be admitted that the result of the treatment is highly encouraging. It was a case of unmixed phthisis, that might have been expected to terminate in the course of a few months.

Case III. A child of Mr. W., aged about seven years, had been laboring under a derangement of his bowels something over a year, and had been treated by very excellent physicians, with only temporary benefit. I saw him first in July, during one of his bad spells, as it was termed. I will not be so tedious as to give all the symptoms of his case, or the treatment that had been pursued. Suffice it to say, that he was emaciated very much, but there was no evidence of any serious organic lesion, and no decided appearance of a scrofulous taint. Dyspeptic diarrhoea is a term as applicable as any one term to his case, though at times he seemed to digest tolerably well; but there was no assimilation or appropriation of his food. He was at first put upon the use of hydriodate of potash, in an infusion of gentian, without any change, and finding that he suffered from acidity, I added the phosphate of lime in doses of six or eight grains, three times a day, which he is still using. I saw him a few days since, and learned from the parents that he had had no new attack, and that his bowels had been steadily improving, and is gaining flesh and strength rapidly. The parents, who are highly intelligent, attribute most of the benefit to the phosphate of lime.—N. O. Medical Register.

MEDICAL GLEANINGS FROM THE AMERICAN ARCTIC EXPEDITION.

By Benjamin Vreeland, M. D., Assistant Surgeon U. S. Navy.

We sailed from New-York on the 23d of May, 1850, with a crew that had been promiscuously obtained, and whose physical strength was not well adapted to withstand the hardships to be expected on the cruise. Several of the men were even suffering from chronic affections, and but few of them possessed that robustness which the service demanded. The majority of the officers and crews, however, were much nearer twenty than thirty years of age, and had all the endurance and enthusiasm natural to young men. The total number of souls on board both vessels was thirty-five,* of whom eight were officers. The vessels were very small, of 150 and 90 tons burthen respectively, and were actually so loaded down with provisions, that at sea our decks were constantly washed by water ankle deep, which often poured down the hatches of the cabin and fore-castle. The quarters of the officers and men were necessarily confined, and as no fire was placed below until late in the fall, their dampness and bad ventilation caused great inconvenience and discomfort. During the voyage out to Baffin's Bay, almost all suffered from bronchial and rheumatic affections; in one case, a relapse of intermittent fever was undoubtedly brought on by these unfavorable circumstances, and the rawness of the climate produced crops

* Two were sent home from our first rendezvous, leaving 33 all told.
of chilbrains, covering the hands and feet, that were exceedingly painful and annoying. We arrived at our first rendezvous, the Whale Islands, in 69° north latitude, on the 27th of June, and after a delay of two days, sailed, and made the packed ice on the 7th of July. From this date to August 16th, when we reached the north water in Baffin's Bay, in latitude 76° north, we were constantly exposed to the numerous sources of disease necessarily attendant upon the tedious and dangerous labor of navigating the vessels through the ice. The ships' companies were worked in watches without intermission, and it not unfrequently happened that all hands were employed for twenty-four hours in succession, in heaving, warping, breaking and sawing through ice from one to eight feet in thickness; the weather during the time being generally foggy and unpleasant, and the thermometer ranging from 25° to 42° Faht. While thus engaged, the feet were continually wet, and the clothing damp, from being obliged to wade through pools of melting snow; it was a common accident for individuals to fall overboard, and be entirely immersed in water, the temperature of which never ranged higher than 32°, and frequently as low as 28°; when an accident of this kind occurred, assistance was immediately required to get the person out, for in a short time he became so benumbed as to be unable to help himself. Fortunately, we had not much sickness while exposed to this cold, wet, and fatiguing labor. The change and drying of wet clothes was required of the men as fast as practicable; but the means were so scant, and opportunities so few, that many were obliged to wear their clothing imperfectly dried; in consequence, colds and rheumatic pains were frequent, and to that cause the early appearance (on the 25th of July) of a case of scurvy was particularly attributed; the young man who was attacked being discovered to be very negligent and careless in that respect. On the 15th of September, the temperature falling to 8°, the vessels were frozen in at the entrance to Wellington Channel, in 74° north latitude, and 93° west longitude, and our position was so uncertain and so perilous, owing to the rapid drift and crushing of the ice, that preparations for winter could not be made, and stores were not erected until the 19th of October. In the mean time the thermometer had fallen to 11, and the discomfort experienced at that period, surpassed any that was felt during the remaining portion of the winter. It was impossible to keep warm without constant exercise; the vapors arising from our bodies condensed on the timbers, bulkheads, and in our sleeping places, first as water, rendering them very wet and unwholesome, and as the temperature decreased, in the form of ice and snow. The only fire since leaving New York had been kept in the galley on deck, where the necessary cooking operations were performed. No clothing or bedding could be carried on deck for the purpose of ventilation, for, on being returned below, the surrounding vapors would immediately condense upon them, and render them much more wet than before. Metallic bodies brought below from the external atmosphere, would be instantly covered with a sheeting of ice. Scurvy began to appear in earnest on the 28th of September, and continued among us until our disruption from the ice in the beginning of June, 1851. Disease was to be expected under such circumstances, and that we suffered so little serious sickness as we did, may perhaps be attributed to the constant exercise we were obliged to take, in order to maintain a necessary amount of animal heat. It was not until the first of November that the Advance was ready to receive the officers and crew of the Rescue for the winter. Everything was done that could render the vessel as comfortable as she possibly could be. The stores were taken from the hold and placed on the decks of
the Rescue, and the whole interior was open and unconfined by partition or bulkhead. The galley was placed on the kelson amidships; forward of which were the men's quarters, in which was a stove, and aft, the officers', where another stove was situated. These three fires were quite sufficient to give us a comfortable heat during the most intense cold of winter; the thermometer placed near the centre of the vessel averaging about 60°. This temperature prevented all condensation in the open parts of the vessel, but in the lockers and on the metallic fastenings at the sides, water and ice was continually forming. A constant and effectual ventilation, although absolutely necessary, was impracticable, but in order that there might be some escape for the impurities generated below, the cabin hatch was always kept open; notwithstanding which, we were obliged to breathe lamp smoke and coal ashes during the whole winter, and in such quantity that we never expectorated without bringing up these substances in great abundance. The sun left us on the 7th of November, and did not appear again until the 28th January, a period of eighty-two days. After the sun had set, cases of scurvy increased rapidly, but the symptoms never progressed so far as to produce any serious apprehensions. Not a man was ever confined to his bed, and although some were lame, and unable to use one lower extremity, they were always, during the time appropriated to exercise, compelled to take a certain quantity in company with their messmates.

The causes which seemed to have a direct influence in producing and prolonging the cases under our observation were, the long absence of solar light, a diet without change or variety, want of proper exciting exercise, personal uncleanness, dreary monotony, and consequent depression of spirits. The symptoms were generally uniform, almost always the first change noticed being a peculiar white arch on the gums, at the root of one or more of the incisor teeth in either jaw, followed in a few days by sponginess, lividity, ulceration, and bleeding. Subsequently, the lower extremities would become painful, swollen, indurated, and discolored by ecchymosis. Sometimes the legs would have the appearance above described, at the same time that the gums continued perfectly healthy. Irritation of the rectum, with frequent small, slimy, and bloody stools, accompanied by pain and tenesmus, was also frequent. In December, our boatswain's mate, about fifty years of age, the oldest man in the vessel, was seized with pneumonia, which at one time seemed likely to prove fatal, but he gradually recovered, and during convalescence suffered severely from ulceration and loosening of the gums, brought on by his long confinement below. We had but one severe case of frost-bite, in which a part of the helix of the ear sloughed away. Superficial frost-bites, however, causing vesication of the fingers, nose, ears and cheeks, were continually occurring. If the slightest wind was stirring, the ends of the nose and the lobes of the ears of some of us would freeze, and we would remain unconscious of the fact until informed by a companion. In the spring, several of the officers and men were rendered snow blind by the peculiar glare of the snow which exists in overcast weather. On bright, sunny days, we walked on the dazzling ice and snow with impunity, but when the sky was at all obscured by clouds, the light reflected from the snow was such as to deceive us to the true distance and size of objects, and the unevenness of the surface of the ice was so disguised, that we were unable to tell an elevation from a depression; consequently, we would step off from pieces of ice three or four feet high, without being conscious of any change of surface until we found ourselves falling, and again we would trip over inequalities that were insensible to us until it was too late to raise our feet.
high enough to clear them. This indistinctness and uncertainty of vision brought on a very acute conjunctivitis, that for thirty-six or forty-eight hours was very painful. The most grateful application was cold water, and in four or five days the eyes were apparently as well as ever. The relations between the officers and men were of the most easy and pleasant nature, privations and hardships were shared alike by all, and the few comforts we were possessed of equally distributed and enjoyed. The discipline practised during the winter, had direct reference to the preservation of the vessel, and the health of the crew; and was so apparent to every man, that its importance was always appreciated. But little difficulty was experienced in enforcing obedience, and a murmur of complaint was rarely heard. The daily ration for each man, for four days in the week, consisted of one pound of fresh beef or mutton, and three-quarters of a pound of preserved vegetables, either potatoes, carrots, or beets. On the alternate three days, one pound of salt pork or beef was issued, and in addition, all the other articles of the Navy ration. A liberal supply of vinegar, pickles, and preserved cranberries allowed, and an abundance of well fermented bread was made daily. The fresh provisions had been previously cooked, and preserved in tin canisters, hermetically sealed, and at first were quite palatable, but in a short time they became insipid and tasteless, and toward the close of the winter, such was the disrelish and disgust for them, that not one half of the ration was eaten. A little variety in the way of bears' and foxes' flesh, was now and then obtained, and enjoyed exceedingly. They were considered luxuries, and mostly appropriated to the scurvy, upon whom they seemed to have an excellent effect, merely by the change in diet, which they afforded. The men's gums and shins were daily examined, and their personal cleanliness strictly inspected, as also the condition of their apartment, in regard to its dryness, cleanliness, &c. At the same time from 2 to 4 of lime juice was made into lemonade, and taken by each man in the presence of one of the medical officers. The officers generally drank about the same quantity at dinner. Daily exercise was one of the most important duties to be attended to, and as there was always sufficient light for about four hours in the middle of the day, to enable us to walk a mile or two from the vessel, and play at various games, such as foot-ball, skating, sliding, &c., every man was required to engage in them. On board, reading was the chief occupation, and when this grew wearisome, cards and games of all kinds were resorted to, to relieve ennui, and once every fortnight, theatrical entertainments were given by the crew, under the zealous assistance of the officers. The latter amusements were well adapted to enliven the sailors, for they gave pleasant excitement, and employment for days in succession, in preparing roles, and in manufacturing dresses, scenery, &c. It may be a sufficient proof of the interest which these plays created, and the infinite amusement they afforded, to say, that on the very coldest night of the winter, we sat on deck viewing and applauding representations in which female characters appeared on the stage with bare necks and arms, when the thermometer was at 46° below zero. Towards the end of the long nights a loss of flesh and strength was observed in all of us; we had become bleached to a pale, waxy color, and our hair came out abundantly. The anti-scorbutics, in a measure, lost their effect, and possessed but the power of holding the disease in check, for symptoms did not begin to disappear and cases to recover permanently until after the rising of the sun; the exhilaration excited by his reappearance seeming to have a direct and beneficial influence. Out of the whole complement, one officer and nineteen men had unequivocal symptoms of scurvy. The remain-
ing seven officers and seven men had enjoyed comparatively good health during the whole cruise. The disruption of the ice on the 5th of June, in N. Lat. 66 deg. 32 min., and W. Lon. 59 deg. 40 min., liberated the vessels, and with all possible dispatch we made the first convenient settlement on the coast of Greenland. Here we obtained fresh fish, seals, and scurvy grass, by which the health of the ships' companies was recruited and their strength partly restored. But we felt conscious, and it was evident from our altered appearance, that we did not possess the vigor of the preceding year, and the probability is, that if we had been detained another winter in those regions, a number of our party would not have survived it. We then proceeded north again, with the intention of continuing the search, but being unable to penetrate the ice in the northern part of Baffin's Bay, and having waited for an opening until the 18th of August, we made sail for home, where we arrived on the 7th October.—N. Y. Medical Times.

Solution of Lac a Substitute for Collodion. As a substitute for collodion, Dr. Mellis recommends a solution of powdered shell-lac in highly rectified spirit,—the solution when cold becomes gelatinous, and is used by joiners for polishing furniture. Spread on taffeta or linen and applied to the skin, it shows all the properties of collodion. It is impenetrable to the air, water, fat, and the organic secretions; it does not irritate the skin, and can be employed instead of dextrin for fractures. Wounds heal remarkably quick when dressed with this solution.—Lon. Pharm. Journal.

Poisoning with Oil of Bitter Almonds. On Thursday, July 24th, Mr. William Carter, the Surrey Coroner, held an inquest of some hours duration, at the Queen's Arms Tavern, Spa Road, Bermondsey, on the body of Mrs. Sarah Spencer, aged twenty-six years, the wife of Mr. Spencer, the perfumer, of King William Street, City, who died from the effects of prussic acid, at her private residence, No. 4, Spa Road. A great number of witnesses were examined, but the following are the short facts of the case, as detailed by the coroner: Some few weeks since, the deceased was confined with her first child, and ever since she has been in an exceedingly low and desponding state, but from what arising no one was able to form the slightest conception. She frequently spoke to her attendants of her unhappy state of mind, and more than once said that she should soon die. She also said that she was not like some other parties, or she would have died some time back, (alluding, as the witnesses thought, to her having taken poison on previous occasions.) On Monday last, she went out and purchased at the shop of Mr. Elkington, the chemist, of 10, Bamford Lane, Bermondsey, a drachm of the essential oil of bitter almonds, and a penny-worth of linseed meal. She made application for a quarter of an ounce, under pretense of wanting it to scent some pomatum, but Mr. Elkington refused to sell her a larger quantity than one drachm. On leaving the shop, she remarked that it was useless for Mr. Elkington to be so determined, for if she chose, she could get a small quantity at each shop in the neighborhood; and smiling, replied, with all his precautions, he could not bottle up the Thames. She then repaired to her home, and the next morning her husband found her in bed in an insensible state. Dr. Paul, who had attended her in her accouchment, was sent for, and on his arrival found her suffering from the effects of prussic acid. Every thing was done to save her life, but without effect, and she died in less than half an hour. The jury having consulted, rendered a verdict of temporary insanity.—London Pharm. Jour.
NEW-HAMPshire JOURNAL OF MEDICINE.

CONCORD, JANUARY, 1852.

ANATOMICAL STUDIES. Anatomy is one of the fundamental studies necessary to the skillful practice of any and all branches of the healing art. To the surgeon a precise knowledge of the size, position and situation of each vessel, nerve, viscera, bone and muscle, is clearly an indispensable matter, and it is no less so to the physician; without it the former cannot know how to perform the simplest operation, and the other can no better decide where disease is situated, or know how to apply his remedies. This must be evident to the most careless observer—but how difficult is it practically. Is the desire on the part of medical men to obtain this knowledge encouraged? Is any method provided by which it can be done? We hardly need to say that the reverse is true. The provisions of the statute touching upon the matter have in many of the States been directly opposed to it; in very few do they encourage it.

Having had occasion, some time since, to inquire into the position which New-Hampshire holds with regard to such pursuits, we propose to bring the matter before our readers. Our State has not passed a law forbidding dissection under any circumstances, and for this we are thankful, but this is all we have to be thankful for in this respect. The law says, if any one "shall dig up, remove, or convey away any human body, or the remains thereof, or shall conceal the same, knowing it to have been so illegally dug up, he shall be punished by confinement to hard labor not exceeding one year, or by fine not exceeding 2000 dollars, and by imprisonment in the common jail not exceeding one year." This is distinct and unmistakable. Its object no doubt is to preserve the sanctity of the grave, to prevent the danger of the removal of the remains of those dear to us, after they have been committed to earth. And this is right; no class would respect such feelings more than physicians. But does this law tend to accomplish this purpose? We think not.

As we have said, physicians feel that an intimate knowledge of anatomy is to them a necessity, and must be acquired. The question naturally arises, how shall it be obtained? The State providing no legal means, the only methods remaining are to go where such pursuits may be safely followed, or to provide material from other States; or, to obtain it in defiance of the law. The first is sometimes impossible to the student, frequently so to the practitioner; the second is at all times expensive, and sometimes for months impossible; the third is often easy, cheap and certain. It may be seen in which way all temptations lie—and physicians are men, and not above temptation. What is the remedy?

Our own opinion is, that dissection should be legalized, and whatever pro-
vision can be made within the State, should be at once. We are well aware that this is a difficult thing to do, so as to avoid offence to all. Still it seems to have been done by Massachusetts. In that State the penalty for removing dead bodies illegally, is punished with the same severity as in our own. But it is also provided that certain authorities "may surrender the dead bodies of such persons as are required to be buried at the public expense, to any regular physician, duly qualified according to law, to be by him used for the advancement of anatomical science," unless "the deceased person, during his last sickness requested to be buried; or, if within twenty-four hours after his death, any person claiming to be of kindred, or a friend to the deceased, and satisfying the proper authorities thereof, shall require to have the body buried; or if such deceased person was a stranger or traveller, who suddenly died before making himself known." By this provision that State furnishes a certain portion of material, perhaps all that it can, to aid in the study of medicine. In our own State, no doubt the amount so furnished would be small, but it should be provided notwithstanding; for it is far from being impossible that a most valuable life may be placed in jeopardy from the want of just that information, which would be obtained if opportunity were given. By the provisions of the Massachusetts law no one's feelings are injured, no one is harmed, and it does not seem to be an unwise provision that the bodies of those who have lived at the public expense, and die without friends, should afford to the public the only slight return which is in their power.

But by whom shall such a law be proposed to our Legislators. We are told, and on good authority, that it would be political suicide for any one to propose it, who hoped for further advancement. That it would be sounded in his ears from one end of the State to the other, that he was the author of it, and all the horrors which are supposed to cluster about these pursuits would be magnified and distorted, till he should appear the veriest villain; and there is no doubt that this is true. The proper source then for such a law to spring from, is the State Medical Society, and we respectfully submit to the members of that Society that it is their duty to attend to it. A petition from this body to the Legislature would not be disregarded, and so long as this is the case, the Society is to be blamed for the present state of the laws. Such a course is due to themselves as physicians, and to the young men who are pursuing their medical studies, and who should by some means be defended from the grievous temptation which now exists, to break the laws of the State, and to violate the sacredness of the grave. It is due to the public, who would thus be furnished with more completely educated physicians, and it is due to the State that its statute book should no longer present the anomaly of laws punishing physicians for mistakes consequent on a want of anatomical knowledge, and punishing them if any attempt is made to obtain this knowledge.
"Honor to whom honor." A semi-centennial celebration was had some months ago in Brookfield, Mass. A toast having called out the Rev. Dr. Snell, of North Brookfield, who had preached to the same people more than fifty years, he made a short but most excellent speech. We quote what he says of the medical profession, commending its wisdom to those of his cloth who are prone to act differently. He is saying what he would do if he was allowed to go back half a century and begin anew.

"One other thing I must not suppress; I would patronize regular-bred physicians—men of good character, and well acquainted with their profession. It is perfectly preposterous to suppose that those who never made the human system, and diseases and medicine their study, should better know what ails the patient, and what treatment his case, under all circumstances, requires, than observation and practice. Health and life are too valuable to be sacrificed on the shrine of ignorance. I would have no fellowship with ultraism, humbuggery, quackery, mesmerism, and mysterious knockings—all of a sort—the plague of wise men and the idols of fools."

Professor Peaslee’s Introductory. That the numerous friends of this gentleman in our State may know what impression he is making in New-York, we copy from the Medical Gazette the following notice of his introductory lecture in that city.

"The opening lecture to the course of the present session, by Professor Peaslee, in the New-York Medical College, was delivered on the 18th inst. It consisted of an exposition of the various topics included in his department, and the method adopted in each. It was a modest, sensible, and discriminating discourse, accurate in its definitions, and exhibiting a mind trained to habits of close thinking, and accustomed to large and elevated views of the science, and ardently engaged in vindicating its claims. We were glad to perceive that the lecturer holds a just estimate of the value of those general principles in Pathology, which lie at the basis of all rational Therapeutics worthy the name, and proposes to indoctrinate his pupils into these, as the only and all sufficient preservative from the specious devices of mere theorists, speculators in specifics, and empirical symptomatologists, all of whom are fit only to be the converts to quackery. Physiology, Pathology, and Microscopy constitute the subjects of his projected course, which, to the extent proposed, will include the Institutes of Medicine, as this chair has been elsewhere called. We predict for the class a valuable and instructive course, judging from the evidences of ability and scholarship manifestly possessed by their teacher. A large and respectable audience were present, and appeared to listen with much interest. The class at this school, as we learn, has increased to 83, and more are expected, who have not yet reached the city.

Hints to the People upon the Profession of Medicine. By William Maxwell Wood, Surgeon U. S. Navy, Buffalo. G. H. Derby & Co. This is a little book of 67 pages, and was first published as an article in the Buffalo Medical Journal. It has been stereotyped by D. & Co., and is offered at a low price. The author discusses the relations subsisting
between the medical profession and the public, and in so sensible a way that it must do good. In a popular style he shows the difficulties which surround the practice of medicine, the amount of study necessary, the constant application and unwearied efforts requisite to keep pace with the science, and the risk incurred by the public in turning away from those who possess these qualifications, to every ignorant pretender who assumes the title of Doctor. In our opinion, this is just the book for diffusing popular information upon this subject, and is therefore very opportune. But a difficulty arises—will the public buy it? We fear not, for the people are not prone to buy "hints" to them. The true course to be adopted is for physicians to distribute them gratis, in their different circuits, and we think they may feel sure that in no other way can they with small outlay reap so large a return. We commend it for these reasons to our subscribers, and add the following extract to show the style of the work. It can be ordered of our publisher.

In setting forth the influences which tend to degrade the profession of medicine from its true and high position, it would be a serious and disrespectful omission to say nothing of that of the public press, at once the exponent and controlling power of public sentiment. If the stately essays and dignified leaders of respectable papers are alone taken into consideration, the profession of medicine has nothing to complain of. These generally pay a formal tribute to scientific principles, institutions, and men. Their columns contain paragraphs for the instruction of the people, and cautions against humbug, deceit, and imposture; but turn to the page for advertisements, and for the lure of an advertising fee, we find columns of absurd notices of quacking pills and potions, such palpable impostures as to have no influence with the educated and discriminating, but intended, and too successfully effecting the intention of deceiving the ignorant and unthinking. None but those whose professional avocations bring them into association with the humble and laboring classes, can imagine the amount of money which is robbed from these classes by such advertisements, particularly in the country districts; and the amount of disease and suffering caused by these ignorantly compounded, and ignorantly administered poisons, is deplorable. Many of these notices are upon subjects which should never be obstructed upon the public eye, and convey licentious and obscene ideas into the bosom of families, and they propagate the vices for whose effects they pretend to offer a remedy. All this is certainly a great moral wrong, and it argues much against the moral sense of the community, that the press, the assumed custodian of the public virtue, shall be guilty of this wrong, and yet claim to be respectable.
ADDRESS
Delivered before the Graduating Medical Class at Dartmouth College, November 6, 1850. Subsequently read before the Southern District Medical Society, and published at their request. By Edward Spalding, M. D., of Nashua.

Gentlemen of the Medical Class:

Having been honored by the Medical Society of this State, as one of its delegates, to attend the examination which marks the close of your preparatory course, and having accomplished that part of the duty assigned, it devolves upon me to address you on this occasion, in relation to that profession which you have chosen as the sphere of your action and duty for life. The period you have now reached, so far as reputation and success are concerned, is invested with more immediate interest to you than any other. You are to be no longer under tutors and governors, but are to leave the walks of the student to engage in the active duties of a profession which has its full share of those responsibilities and labors which try the strength and spirit of the man. The years of study now past, the efforts you have put forth in the cultivation of your minds, the expenditures to which your education has subjected you, are all to be made subservient to this object. Your hopes and expectations for the future, will be realized so far as you are able to perform the duties and surmount the trials of medical life. The cultivation of right professional habits and principles cannot then be a matter of indifference to the young physician. His first steps in practice will form an impress by which his career can be traced through all his subsequent course. However attentively he may have listened to competent and faithful instructors, though he has diligently improved the advantages of institutions furnished with provisions for the most thorough education, till his mind has been well stored with the elements of
all branches of his profession, still, if his acquisitions are not wisely and rightly applied in the first years of business life, they will soon become of little practical value if not entirely useless. All that he has learned will become a confused and lumbering mass in the store-house of his memory,—a noble science will lose its exalted and attractive character and be degraded to a low and mercenary trade, or be abandoned for some other pursuit for which all his previous training has poorly prepared him. Let me then urge upon you the duty of a high resolve to exhibit to the world a class of men "devoted to medicine, and pursuing it as a great subject, all the relations and bearings of which it is their duty to investigate, who regard it as a science which they are deputed to build up and perfect, and who do all this as diligent, earnest and disinterested inquirers after truth." That you may manifest so noble a spectacle and be yourselves conscious of pursuing so honorable a career, it is of absolute importance that you should at first cultivate the habit of comprehensive and discriminating observation. In common language we speak of the exercise of the senses as observation, but merely seeing, hearing or handling, is not observing. The etymology of the word implies to hold on—to keep the attention fixed. The man who should pass his days within the roar of the mighty Niagara, and should never contemplate the scene in any other light than as a very considerable fall of water, would hardly deserve to be called an observer of nature. As applied to the science of medicine and used as a term, observation is something more than the exercise of our senses; it includes the exercise of reflection and judgment in tracing out the relations and connections of the symptoms and appearances produced by disease. This is a subject which takes precedence of all others in the practice of medicine. Diagnosis can only be reached by means of this. It should first engage the attention of the physician at the bedside of his patient. He observes some departure from health—some evidence of disordered action in the system, he looks for the rational and physical signs by which the existence of disease is indicated, by a clear and true analysis of which, he is able to form a correct understanding of its nature and identity. Not till this result has been obtained is he prepared to adopt an appropriate mode of treatment.

The symptoms of disease are so varied and numerous, they are derived from so many sources, they are modified by so many circumstances peculiar to different classes and individual cases, it is obvious that no practice, however extensive, no experience however long continued, can release the physician from the duty and necessity of careful observation in all cases to which his attention is called and in which his skill is required. To meet this necessity and to discharge this duty properly will require no slight exertion. Not only will his present acquirements be put to a practical test and all his faculties be called into vigorous and continued exercise, but all those avenues through which impressions reach the mind must be made subservient to his profession. His powers of sensation and perception will be called into use
for purposes and on occasions which will require their highest cultivation. The senses have been well called “the flood-gates of the mind, in which there are always currents when they are open, and if new knowledge does not flow in, time will flow out, bearing off our old knowledge on its tide.” In our profession, observation is so truly our guardian, keeping bright for use what we have before learned, and our guide, directing us to new acquisitions, that the diligent improvement of these organs is by no means an unimportant part of the education of the medical practitioner.

We are filled with wonder and admiration in witnessing the high degree of culture attained by the blind and deaf in the use of those faculties which Providence has left them; the powers which remain are so improved as to become substitutes for those of which they are deprived,—the blind learn to read by the touch, and the deaf almost hear with their eyes. We may also observe the same exquisite development produced by certain occupations and modes of life. “The Indian can track his game or foe through the pathless forest, where the white man would perceive no trace of either,” and it is said of the children employed in the English needle manufactories, that they can pierce one human hair, and thread it with another. These instances serve to illustrate the capacity for improvement with which our Creator has endowed us, and they relate to the subject under consideration inasmuch as the observation of disease calls for the highest cultivation of our perceptive organs. It opens to our view a field which cannot be thoroughly explored without the closest inspection,—many of its most serious lessons are uttered in whispering notes and breathings so subdued as to be heard and understood only by an ear of the most delicate sensibility. A poet’s fancy may make it

“A small matter, in your neighbor's case,
To charge your fee for showing him your face;
To skip up stairs, inquire, inspect and touch,
Prescribe, take leave, and off to twenty such,”

but to the philosophic physician, determined to understand the disease he is called to treat, and anxious for the welfare of his patient, the “morning visit” involves a task often laborious and difficult—requiring the exercise of sound judgment and thoughtful investigation. How many important signs of disease will at once be noticed by a quick and practised eye, which would entirely escape the dull, unconscious gaze of a careless and heedless man. To one who has learned the relation between disease and its symptoms, there is much in the general appearance of a patient, significant not only of derangement of the whole system but of the specific form of that derangement. He watches the movements of his patient whether voluntary or involuntary; he notices the appearance and condition of the skin, the expression of the countenance and of the individual features, the lips, the alæ nasi, and the eye, expecting to derive from all these sources important aid in the investigation of the case. The sense of hearing is called into constant requisition in the diagnosis of diseases of the chest and a treatise on these affections at the
present day, would hardly be considered complete without an introductory chapter on the philosophy of sound. Equally incomplete would be the education of the physician who would engage in the practice of his profession without having made himself acquainted with the means of detecting, by physical exploration, the numerous forms of disease incident to the organs of respiration and circulation. This is especially apparent when we consider how large a proportion of diseases in this climate must be classed under affections of these organs. If the young practitioner cannot reasonably be expected to have a familiar acquaintance with all the details of so intricate a subject, he ought at least to be so impressed with its importance as to avail himself of every new case he meets with, to enlarge and perfect his knowledge of this department of his profession. He must be able to recognize the healthy condition of these parts as well as to distinguish the various murmurs, rales, sounds and voices peculiar to their morbid states.

The sense of touch is a not less servicable means of observation. A thoughtful writer* says of the hand, that of all the human powers it is perhaps that which admits of the most education, because its education is two-fold. It may be educated in knowing, and it may be educated in doing, and in both instances this is in a great measure a matter of observation. The state to which the hand may be brought by education and circumstances is very wonderful, and in some instances would appear almost incredible. The hand of the blacksmith is so educated as to handle iron that would burn, the hand of the sailor can glide safely along a rope that would cut any other person to the bones. The hand of the Greenlander reposes comfortably on the ice, and the hand of the Bedouin just as comfortably on the burning sand. An account is given of a blind Dr. Moyes, who could feel colors and shades of color. By a fine mensuration of distance and space with the fingers, the flute with Nicholson, and the violin with Paganini, were almost superhuman. The same author from which these examples are taken, asserts that the muscular action of the hand can not only divide space a thousand times more minutely than the naked eye, but it can surpass the eye, notwithstanding all the assistance of its magnifying glasses. It is stated that Mr. James Gardiner, the geographer, could rule, blind-folded, or in the dark, with the natural angle of a diamond, on hard white metal, fifty-one lines in the fiftieth part of an inch and cross them at the same distances, with an additional line each way to complete the number of squares. These two were more regular in their sizes than the majority of people could draw lines by the naked eye at the 40th or even the 20th of an inch. A visitor to a celebrated sculptor requested to see the tools with which he wrought his beautiful works. The artist showed him a single and poor looking iron chisel. And is this the instrument with which all these fine works are sculptured? exclaimed the wondering visitor. It was even so, the skill lay in the hand that used it,—that was the perfect instrument. Dr. Peter Parker, who has charge

* Mudie.
of the Missionary Hospital at Canton, is said to have so clumsily a formed hand that his fingers have been called all thumbs, yet by practice he has become distinguished the world over, for his skill in performing the most delicate operations on the eye. The use of the hand, as the organ of feeling, is almost without limit in the extent and minuteness of its application in the medical profession. What disease can be thoroughly studied without its aid, and what manipulation or operation in surgery can be performed without its guiding and controlling power? It furnishes us with valuable information in relation to the class of affections already spoken of, and is useful in even a more general application. By it we can learn much in relation to the abnormal condition of the large cavities and organs of the body. It indicates any marked change of position and alteration in size of the heart, the liver and spleen. It helps us in judging of the action of the heart and lungs, and in ascertaining the presence of fluid in the thoracic or abdominal cavities. It reveals the location of obscure and deep-seated pain, and determines, in a great measure, the pathognomonic character of morbid growths and tumors, furnishing us with those points of distinction between an abscess and aneurism, a scirrhous growth and enlarged gland, whereby we may form a correct diagnosis. We constantly depend on the sense of touch in judging of the temperature and other conditions of the skin, and the pulse is so just a criterion of health, that we feel of the wrist, expecting to derive from it more reliable information than we could obtain from a detailed account of his case by the patient himself.

Disease, then, is something which cannot be comprehended by looking at it through a one-eyed theory; its features are ever varying, and to be completely understood it must be viewed in many aspects. If by the labor of a lifetime, only a tolerable knowledge of its protean forms can be acquired, with how much propriety may I urge you, gentlemen, who are standing upon the threshold of your profession, to learn all that can be learned from every case that comes under your notice. Approach your first and every subsequent case as an observer, feeling that you have much to learn, both as a man of science, and in order that you may intelligently and successfully apply the resources of your art. Let this spirit influence you in the most common and trivial cases as well as in those which are remarkable and formidable; the former will constitute the mass of your professional experience, the latter, to most of you, will be comparatively accidental and rare. Avoid the too common error in young physicians of fancying that reputation and success depend upon surprising the world by some remarkable cure or brilliant operation. It rarely happens that one like our lamented Twitchell, takes a foremost position as a surgeon, by performing a truly great operation when just entering upon his professional career. The large majority of medical men find their time chiefly occupied in attending to the common forms of disease, and he is truly a good physician and deserving of a distinguished reputation, who can most successfully meet and subdue these thousand common ills which
flesh is heir to. Especially should the young practitioner regard every case as containing some new point of interest worth his knowing, feeling that there may be something either in the disease itself, in the form which it has assumed, or in the constitution of the individual who is the subject of it, which demands his special attention, and may require the exercise of all the skill of which he is the master. Such a genuine interest in the investigation of all cases, will alone qualify him to form a correct opinion of their course and termination, and direct to the employment of appropriate remedies. Without this, all pretension to diagnosis or prognosis, being without data, will be mere conjecture. The practice of medicine will be followed by one who is indifferent to the advancement of the profession or his personal standing in it; he will rest his opinions on some labor-saving theory, or what is more probable, fall into a routine system of practice, with no stimulus or inclination to mental effort. Nothing else than independent observation will contribute materially to the advancement of medicine. Metaphysical speculation has given way to physical science in this as in other departments of knowledge, and the mind of the profession is now turned in this direction with a concentration and power altogether unprecedented. We are not, however, entirely free from the liability of falling into habits of practice as unscientific and objectionable as any which the adoption of the most absurd hypothesis would lead to. We have known physicians, men of some distinction, too, who were so attached to a particular article in the materia-medica, that, it is not very extravagant to say, they would recommend and prescribe it for all diseases and on all occasions. A distinguished surgeon* of the present day, in speaking of Mr. Abernethy's habit of prescribing blue pill and black draught for various and opposite diseases, remarks, that "the propensity to resort to particular articles was not peculiar to Mr. Abernethy; since of all the habits a medical practitioner is apt to fall into, that of identical remedies in cases both identical and non-identical, is the most general. Such a course saves a great deal of thinking and is a vast accommodation to a practitioner whose rooms are thronged with patients waiting to receive their recipes."

There are some who hold theoretic views of certain diseases, and whenever they meet with a case, which by a bare nosology, can be placed within a particular class, they pursue a prescribed course of treatment, regardless of the many circumstances which may materially affect the therapeutic condition of the patient. It is evident that if we undertake the management of disease with such preconceived notions of its nature, if we begin by attempting to bring it within the compass of a favorite theory, we shall make no sure and rational progress in our knowledge. The question will not be whether we understand the actual condition of our patient, or are learning any thing new, but whether the case in hand happens to be such an one as we fancied it to be, or such as we have before successfully treated with our favorite rem-

*Dr. John C. Warren.
edy. If you would avoid these and similar faults, if you would follow your profession in a manner satisfactory and creditable to yourselves, if you would make increasing experience the means of increasing usefulness to your fellow-men, you must early in practice, acquire the habit of carefully investigating all those circumstances which may influence the condition of your patient. The history of a disease must be learned, that the causes which have led to its development may be known. These are sometimes plain to the most superficial observer, but they often lie concealed from view, and are to be found far back in the experience of the patient, in hereditary tendency, in the diseases of infancy or of subsequent life, prior to the attack under consideration. The habits and occupation, the physical form and temperament, the sex and age are all to be noticed as materially affecting the prognosis and treatment of the case. The physical and rational signs which the present condition of the patient furnishes, with the modifications and changes which the various stages of the disease present, are all to be carefully examined. Regard must also be had to the susceptibility of the system to the power of medicine, in order that those idiosyncracies may be learned, which frequently exert an important influence on the character of disease and on the action of remedies. The critical and comprehensive examination, which the managers of life-insurance companies require in relation to individuals who apply for policies of insurance, may suggest a lesson of instruction to the physician in his daily attendance upon the sick. In both cases the first subject of inquiry is the physical condition of the applicant, or rather his condition in respect to health. The managers of the institutions referred to, agree with an individual whom they believe to be in perfect health, for a consideration, in the event of his decease to pay his surviving friends a sum of money for their benefit, and the safety of the company as a monied institution, and its ability to fulfil contracts of this nature, depend upon the fidelity and competency of the examining physicians to whose inspection all applicants are subjected, and upon the accuracy of whose statements all policies are issued. The following are some of the questions to which satisfactory answers are required:

1. What is the height, figure, weight, temperament, general appearance, and habits of life of the applicant?

2. Whether any residence in the Southern, Western, or Foreign climates, and if so, what effect was produced on the constitution and health?

3. Whether any affection or disease of the head, externally or internally, or predisposition thereto?

4. Whether Paralysis, Tremors, Cramp, or Catchings in any part of the system, or nervous affections of any kind?

5. What is the Stethoscopic character of respiration? Is it full, easy, gentle and regular, or is it otherwise? Is the respiratory murmur full and healthy, and to be heard over both lungs, or otherwise?

6. Rate and other qualities of the pulse? Ratio between respiration and pulsation? Does percussion or auscultation indicate disease in any part of the viscera of the chest.
7. Whether cough, occasional or habitual? or expectoration? or occasional or uniform difficulty in breathing? or palpitation?
8. What is the Stethoscopic character of the heart's action? Is it uniform, free and unobstructed, or is it irregular, violent, and the rhythm unsteady?
9. Does auscultation indicate enlargement, ossification, or disease of the heart, or of its valves, of any kind?
10. Whether abdominal disease, externally or internally? Whether any of the abdominal viscera are diseased, or have been?
11. Whether the Party has ever suffered from mechanical injury, or disease of any kind?
12. Whether the Party's parents are living, and if not, of what disease did they die, and at what age?
13. Whether any hereditary diseases in the family, and if so, what are they?

All this and much more is demanded in reference to persons who are apparently in good health, but in whom there may nevertheless be some incipient or lurking malady, which would render the risk of a life-insurance too doubtful to be taken. The case of the physician in attendance upon the sick is indeed somewhat different, for the existence of disease is already admitted; but the reasons for making a faithful examination are not less weighty. The physician, in a certain sense, guarantees the safety of his patient's life. He virtually places himself under the most solemn obligations to do all in his power to conduct him safely through dangers more or less imminent, the nature of which he professes to understand, and the means of avoiding or escaping which, he affirms to be in a measure under his control. The uncertainty of medicine does indeed furnish a broad mantle to cover the failures in the healing art, but it offers no apology or excuse for negligences and mistakes on the part of those who practice that art. It may be asked, is this extended and detailed process of inquiry to be instituted on every occasion? When summoned to a patient who is suffering from some agony which calls for immediate relief, or who is the subject of a trifling indisposition, which scarcely deserves the name of disease, shall we proceed to the discharge of our duty with all the imposing formality, which such an array of portentous inquiries would imply? Surely not. I would by no means counsel you to magnify your office beyond the limit of reason or propriety, and reduce what is really a serious business to an impertinent absurdity. But I would most urgently commend to you the adoption of these principles as the foundation of your practice; always carry them in your minds, even if you do not at all times judge it necessary to avail yourselves of their practical aid. As a general rule, they should be carried out, so far as good sense would dictate in the management of the ordinary attacks of disease, where no danger is apprehended, as well as in those of a more doubtful and threatening aspect. Without an intelligent understanding of a disease, to be obtained by this means alone, the physician may often be surprised by the development of dangerous symptoms when they were least to be expected and prepared for;
or he may be deceived as much by the sudden disappearance of alarming symptoms when he had predicted a long and serious sickness, causing unnecessary alarm and anxiety in his own and the minds of others.

The connection between the subject which I have endeavored to impress upon your thoughts, and the habit of performing every professional duty with all the skill of which you are capable, is so intimate, that the latter almost follows as a legitimate result of the former. The young physician should be especially attentive to this, in all those minor operations and manipulations which have little about them to attract the curiosity of the student, and which appear to be so easily executed that one may accomplish himself in their performance at any convenient season. The application of a bandage, the opening of a superficial abscess, or the extraction of a tooth may be skilfully done or otherwise, and the acquisition of a ready and facile use of the hand and instruments in these and similar processes, can be most successfully made at the commencement of professional life. An off-hand style of practice, which is ready to pronounce upon the nature and result of disease at a glance, and a flourishing use of cutting instruments have attractions for a certain class of practitioners. It gratifies their vanity to have the gazing multitude regard them as possessing some peculiar insight into the nature of disease, and as holding some magic power over the implements of surgery. Such persons may enjoy a smile at the amount of time and attention you bestow upon the minute details of your art. Some censorious rival may sneer at the tardy movement of your unpractised hand; but do not allow these things to influence you. Carry in your mind the idea of your profession, and remember that whatever comes within the line of that profession you ought to perform with ease and adroitness. Be assured that many years will not pass over you before the dexterity you have acquired will excite admiration in those who once smiled, and chagrin in those who sneered.

Having thus spoken of some of the duties which claim your earliest and most zealous attention, I trust it will not be regarded as ill-timed, to remind those who are to engage in a profession, which leads its followers amid scenes of suffering, disease and death, that it becomes them to recognize their accountability to a power higher than their own or the judgment of their fellow-men. Shall those who are called to watch over the first and last hours of mortal existence, when

"Birth's feeble cry, and death's deep, dismal groan"

fall upon the ear, fail to acknowledge their relations to Him in whose hand their breath is, and whose are all their ways? Entrusted with duties, the responsibility of which can be known to none but himself, the physician needs the power of religious principle to fit him for the conscientious performance of those duties; he needs it too as a preparation for those occasions occurring in his experience when services are demanded which an undevout man would be incapable of rendering. By its influence he will him-
self be strengthened to bear the disappointment even of his most sanguine hopes and those professional vexations and trials which cannot be escaped.

Of all the trials which the young physician is called to endure, perhaps there are none more severe than those which are incident to the management of what, by way of distinction, may be termed the bad cases of disease. If one were permitted to pursue a uniformly successful practice, to live in the enjoyment of a well established and deserved reputation, to be employed in an ample and remunerative business; if it were possible, in our visitations to the sick, always to find the administration of remedies followed by a favorable effect, to witness the joyous glow of returning health, and the grateful expression of thankful hearts, then indeed the pleasures of medical life would far outweigh its trials. But he who offers himself to the world as a physician, cannot select his cases or predetermine their character. He must be prepared to enter the "Lazar house of human suffering, wherein are laid numbers of all diseased, all maladies," and among them some which will be suddenly and surely fatal, others in which the result appears at best gloomy, where hope and despondency alternately sway the feelings of friends, physician and patient; where a lingering complaint refuses for an uncertain time to yield to the best directed efforts. He must be prepared to pass through scenes in which the remarkable words of the late chief magistrate of this nation would find an appropriate application to himself. Among the last memorable expressions of the expiring President, were those addressed to his physician—"You have fought a good fight, but you cannot make a stand." The contest was more unequal than that of Buena Vista itself.

The man over whom years of experience have passed, learns to sustain himself with some composure under the anxiety ever attendant upon such cases, but to the young physician, who feels as though his whole success in life depended upon a favorable result, and who dreads a fatal issue as setting the seal of disappointment upon his future prospects, the trial is of the severest kind. There are circumstances often attending such an experience peculiarly aggravating to him. When called to attend a patient dangerously ill, in his early career, it is not unlikely to be in the family of a friend who is desirous of assisting him in securing business, and who manifests the genuineness of his confidence and good will by entrusting his own life or the lives of those most dear to him, to the professional skill of his young medical adviser. Then is he borne down by a heavy weight of responsibility, he not only feels that his own reputation is at stake, that his course is watched by the criticising eye of the community, but in addition to this there is the painful interest arising from the relation he sustains to the patient and his friends. He greatly fears that a favor conferred on himself, the confidence reposed in his skill, is to be the occasion on which a most dreadful calamity will befall a benefactor, and he sympathizes in all the solicitude and fear of immediate friends with the most tender sensibility. This is no fancy sketch, it may happen to some of you, and you will be an exception to your frater-
nity in general if you do not experience a momentary regret at having chosen such a profession. You may doubt your adaptation to the calling and feel a strong inclination to divide or throw off the responsibility by seeking the aid of some one who has had a longer experience, or by giving the management of the case entirely to other hands. In such an extremity it may be your duty to admit and even to request the counsel of others, who can bring to the case the advantage of greater practical knowledge, or of minds free from the anxiety and perplexity which a constant attendance on such cases generally produces; but you owe it to yourselves and to all concerned, to retain so long as you are permitted to, the direction and charge of all that may be done. I have heard of a physician who had succeeded in securing, according to his own report, a very extensive practice, and who upon the the same authority, was said never to lose a patient. It happened that a lady whom he was called to attend was threatened with puerperal convulsions, a disease, which from the circumstances under which it occurs, and the great and immediate danger to life attending it, requires extraordinary self-possession and energy on the part of the medical attendant. In this case the physician had foreseen the danger, he bled his patient freely from the arm, leeches had been applied to the temples and ice to the head, in fact, he thought all the resources of his art had been exhausted in the endeavor to avert the threatened catastrophe; but all was to no purpose, the enemy seized its victim with convulsive grasp, reason was driven from her throne, and a fatal result seemed inevitable. Under these circumstances an agonized husband hurried in pursuit of his physician, but he was nowhere to be found. It was reported that he had just been called out of town, and as a matter of course, two or three others were summoned to supply his place. Some one of them had reason to suspect that the man who would have it thought that he never lost a patient, was not so far away that he could not be found, and accordingly a messenger was sent for him with explicit directions to compel his attendance. He came and joined the consultation, but said every thing had been done which could be of any avail. It was proposed, as a last resort, to open the temporal artery, to this he replied that they might as well bleed a dead person; this objection was however overruled, and the operation was performed. The effect was instantaneous, the oppressed brain was relieved and resumed its powers, the case assumed new and hopeful features as did the faces of all around, and a short period found the wife and mother whose life had been despaired of, in the enjoyment of health. But what was the result of all this on the physician in question? He lost the subsequent care of the patient, he lost credit with everybody who felt any interest in the case, and all because at the trying hour, when he should have been at his post, he was skulking in a cowardly manner away from responsibility, and by this very means making himself timid and unfit for the duties incumbent upon him. Permit me to say, gentlemen, that misgivings like these are not worthy to be regarded. A physician should not avoid the responsibility at-
taching to any case of which he has once taken the management, and he cannot if he would. It may be abandoned to other hands, but the responsibility will not so easily be disposed of, and any discredit which may result from it will most certainly be accorded, in good measure to him. An enlightened enthusiasm, a high sense of duty to his profession and to himself demand that he should maintain his ground unalteringly. Only let him be self-assured that he understands the work in which he is engaged, and he will neither be too easily discouraged at an unpromising case, or too much disheartened by a fatal one, but will be thankful that any are relieved and restored to health by his instrumentality. It is related of Sir Everard Home, in his last days, when he stood the acknowledged head of his profession in England, that he was distinguished for an indomitable perseverance in practice, "as long as a spark of life or hope remained he was hopeful and persevering," and by this quality he not only saved many a life which would have been given up, but he placed himself in advance of all competitors by the brilliant achievements of his practice.

"To hope the best is pious, brave and wise,
And may itself procure what it presumes."

It is not very uncommon with physicians to discourse upon "the toilsome and perilous paths of medical practice," upon the trials and uncertainties of their profession, upon the credulity of the public, and the want of discrimination among those who belong to the higher classes in society. This is all so true, and it has become so fashionable to make it subject of remark, that you may sometimes hear men who are really eminent and successful practitioners, speaking of these things as though they themselves had found in them insuperable obstacles to success. Doubtless you will hear enough and meet with enough in the future to discourage and dishearten you at times, but do not imagine that your experience as a medical man is peculiar in this respect. No calling or profession in life is without its difficulties. Let us forego the pleasure of making martyrs of ourselves before we are called to the trial; rather let us inquire what there is hopeful and auspicious in the prospect of those who engage in the practice of medicine at the present day. Dr. William Hunter remarked that "success in the medical profession always attends the diligent." It was not his belief that ignorance and knavery would triumph in the world, and the idea that a man would fail of success who had not some great disqualification of head or heart was, in his view, fraught with infinite prejudice to science as well as virtue. It would not be difficult to find individuals who would demur to the truth of so unqualified a statement, and who would say that Dr. Hunter might speak for himself, but not for them. We have higher authority for the affirmation that "the hand of the diligent maketh rich;" yet, much as men love to be rich, there are a vast number who will not be diligent in order to become so. Speculate as we may about the unequal distribution of fortune's favors, and the accidents that control our lives, yet the general truth will always stand, that industry, zeal
and perseverance are the talismans by which men have become eminent in
the medical as in other professions.

However unpromising the untried field of labor may appear to you, there
is always this broad and solid ground of hope to rest upon, and the laborious
and conscientious man may rightfully expect eventual success. The advan-
tages under which the practice of medicine can now be pursued, are greater
than at any former period in many essential respects. Recent discoveries
have taken away from the operations of surgery, and from the most painful
processes of nature, more than half their terror without increasing their dan-
ger. Diseases are better understood; microscopical and chemical analogies
have thrown much light upon them. The treatment of disease is more sim-
ple and direct. The number of drugs relied upon and considered necessary,
is much fewer than was formerly the case, while their quality is purer, and
their operations more efficient. The superior facilities now enjoyed for ob-
taining a medical education extend their favoring influence forward into med-
ical practice, and if more is required of the student, more can thereby be
accomplished by the man. Among the auxiliaries most worthy to be men-
tioned in this connection is the American Medical Association. Already the
benefits flowing from this source are seen and felt, we trust, as a pledge of
greater and widely diffused advantages in the future. By its means we are
acquiring, as a body, a national character, and are securing in a degree not
before enjoyed, the proper and legitimate benefits of a powerful association.
It is elevating the intellectual, and I may say the moral character of the
profession; for it has already made medical ethics a prominent subject of at-
tention. Through its agency the most distinguished teachers and practition-
ers of our country are associated in throwing the combined light of their
knowledge and experience upon those questions and subject which are deem-
ed of chief importance to the sick and suffering of the world.

EVERY DAY THERAPEUTICS.—WATER.

[For the N. H. Journal of Medicine.]

The tendency of the times is and has been for the last half (if not the
whole) century, to intricate and complicated speculations; simple and con-
venient remedies have been too much disregarded, and it has seemed to be
the pride of medical writers to see who could discover and propagate the
most complicated modes of treating the "ills of poor humanity." Ingenious
combinations have been preferred to the simple means which "nature yields,"
and which nature, if attentively observed, would point out.

It is surprising, when we look back at the variety of complicated dress-
ings made use of by surgeons in past times, that the proper use of water was
not long ago universally understood; at the present day many, otherwise good surgeons, treat wounds with plasters and cerates to the neglect of the better treatment by water.

Without doubt many are restrained from making trial of the water dressing because it has been falsely called a part of the water-cure humbug. Now I am as far as any one can well be from believing in the exclusive use of water, but I do believe the general inquiry into the proper use and value of water as a therapeutic means which has been prompted by the water-cure mania will be of incalculable use to medicine, and that the use of water by physicians will go on increasing long after the "pathy" of Priesnitz will have followed its founder into utter forgetfulness.

My surprise at the apathy with which water has been regarded has been much increased by reference to the opinions of "learned physicians" of "ages past." While Hippocrates used cold water in erysipelas, fractures and ulcers, and warm water in gangrene, we of the present century have too frequently irritated and inflamed the diseased parts in like cases by highly stimulating and irritating washes, often powerful solutions of mineral and metallic salts.

The use of simple water was recommended in wounds by Ambrose Pare, in 1553, by Fallopii in 1560, Pallazzo in 1570, Samènt Joubert in 1578, by Lamorrie in 1732, and by Lombard in 1786, all of whom considered it the most important means in curing wounds. Baron Percy who had the most extensive experience declared "he would relinquish Military Surgery" if he were prohibited the use of water.

Baron Larrey who was decidedly inclined to complicated applications was forced, during the campaign of Egypt, by want of his favorite remedies, to treat many "terrible wounds" with the "water of the Nile," and the "great success" which resulted, was attributed to some inherent virtue in the water of that ancient river.

Professor Kern of Vienna, outstripped all who had preceded him in the use of water, and seems to have possessed himself of most of the principles which govern its application at the present day; he consulted the comfort of his patients by varying the temperature and dispensing with the multiplicity of bandages and medicated dressings which ancient surgery dictated.

But water was brought to the notice of the Profession in later years by Professor Macartney, of Dublin, who by his lectures, and since by his written experience, has been the means of bringing many of his medical brethren "to know and practice his better way."

Professor M. has detailed an overwhelming amount of evidence to prove that water as a dressing is to be depended upon in the greatest emergencies, but still many excellent practitioners treat all their wounds and other injuries without water, unless like Baron Larrey, they are forced by necessity to its use, a necessity not likely to occur, as "resin, lard and beeswax" are abundant in this country.

I do not propose to give a long and tedious detail of the cases in which I
have used water, but merely to bring it to the notice of such of my brethren
as are not already sufficiently acquainted with its great value as a "surgical
dressing" in the ordinary cases which occur to the country practitioner.

First, of wounds. After bringing the edges as near together as convenient
and retaining them by the simplest means possible, (avoiding all unnecessary
plastering,) I apply simple water, soft water preferred, commencing in ordinary
cases as cold as the patient will well bear, and afterwards consulting his
feelings entirely as to the temperature, covering the wound with lint or soft
rags thoroughly wet, not confining with bandages or using any pressure unless
absolutely necessary; covering with oiled silk or some other impervious
substance. The lint should be changed every four or six hours, and wet
frequently, so as to keep from becoming at all dry.

It will be found that wounds of great severity, instead of becoming inflamed,
will, if assiduously kept wet, become cool, free from pain, and mostly unite
by first intention.

Lacerated and contused wounds require water more or less warm from the
beginning. The lacerations from saws have for several years been most
happily treated by water; in some cases where the smaller joints have been
opened, the parts have united by first intention; the synovial membrane
escaping inflammation. Gunshot wounds seem to be peculiarly benefitted
by water dressings; it usually is required warm, in some cases very warm.
Punctured wounds if kept covered with a thick, soft compress, wet with
warm water, will rarely cause any unpleasant symptoms, and I think a
persevering application of water at an elevated temperature, will relieve
most of the serious consequences resulting from inflammation of punctured
wounds.

In wounds of every kind the best possible coaptation is to be procured and
maintained. This should be done without too much confining or oppressing
the parts. In these latter days I use mostly the interrupted suture and the
collodion; the latter being water-proof, is admirably adapted to the water
treatment.

A few stitches aided by a few strips of linen wet with collodion, will keep
a wound in better coaptation than an entire covering of adhesive plaster,
and leaves the part exposed to inspection; the stitches will never be found
to cause inflammation if the water is unremittingly applied.

In sprains, water at an elevated temperature, is my only remedy till the
pain and inflammation have subsided, when the stiffness and swelling may be
relieved in the ordinary manner. In many cases of sprains, and many wounds
and other injuries of the extremities, immersion of the part in water kept at
the proper temperature, will be often found the most eligible treatment, and
has the stronger recommendation, that (so far as my information goes,)
tetanus has never occurred in any case where the treatment has been
accurately and perseveringly carried out.

Fractures I keep wet with warm water till the swelling is nearly gone,
usually two to four weeks; as for pain there is little complaint when water is perseveringly applied.

The occasions where spirituous lotions are required, I consider few and far between, but it is often very proper to put in a small quantity of weak rum, say one-tenth part, to keep temperance folks from finding fault.

G. H. H.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW-YORK DURING ITS ANNUAL SESSION, HELD AT ALBANY, FEBRUARY 5, 1850.

[For the N. H. Journal of Medicine.]

Such is the title of a volume of papers of 280 octavo pages, printed by the State of New-York, in accordance, I think, with a law which makes it the legal duty of the State Medical Society, by its delegates, to appear annually before the legislature of the State, and make a report of its doings, of the progress of the profession, and to address that body on some topic connected with the health of the people of the State.

What is to hinder the States of New-Hampshire and Vermont from following a similar course, and presenting the profession and the people within their borders a similar annual volume? Surely all would prefer such a return for the annual assessment to being treated to a dinner! as has been the usage in times past. And to bring about the change I propose to occupy a few pages of the Journal with extracts from the pages of this volume, and observations upon the subjects that are therein treated upon.

I. The first article is the annual address before the members of the legislature, by the President of the Society, Alexander H. Stevens, M. D., on the subject of The Public Health. The address occupied twenty-three pages, and is followed by an appendix of some seven more.

The Address is peculiarly adapted to impress the public mind with the importance of the medical profession, and the value of health; but, unfortunately, the speaker had time only to speak of the value of health in a pecuniary point of view. Its bearings upon the morals of a community is a theme worthy the deepest attention of the legislator and divine, but one that apparently has never been properly appreciated by those classes of people.

He defines what he understands by the term physician, in the following words: Those who "fully understand the use of all the remedies and appliances suited to the prevention and cure of diseases and injuries, and the alleviation of human infirmities. Men thus instructed, and performing their high duties skilfully, openly and honestly, are alone entitled to be called phy-
sicians. They make no false pretences, are governed by no fanciful theories, do not restrict themselves to the use of one class of remedies, practice no concealment, invoke no supernatural agencies to impose on a credulous public."

The necessity of an enlightened and scientific system of ventilation and of drainage is dwelt upon at considerable length, and a comparison between the caution of the ancients, and the careless recklessness of the moderns in the location and building of cities, and the erection of private residences, is instituted, that is in no degree flattering to those who might enjoy all the advantages of modern scientific research. He says:

"Now let us look at other sources of disease. According to M. Dumas, a man changes into carbonic acid in one hour, all the oxygen contained in ninety litres (about 3½ cubic feet) of air, and the volume of all the air expired, which is about 13 cubic feet, contains 4 per cent. of carbonic acid. The quantity of heat disengaged, is equal to that arising from the burning of as much charcoal as the blood loses of carbon. Thus every breathing individual is a small furnace, fed by the air, and discharging its smoke into the room. Now suppose two thousand such living furnaces collected, as I have recently known in the city of New-York, in a newly built church, imperfectly ventilated, each burning nearly ¼ of an ounce of charcoal every hour, 1000 ounces, or 83 lbs. during a two hours' service; and this in addition to the admixture in the same atmosphere, of sulphuretted hydrogen and ammonia from the surface of the body, and the further deterioration of the air by gas light. Is it to be wondered at that faintings and permanent sickness should follow such assemblies? The common mode of suicide in Paris, is by breathing the vapor of burning charcoal. The burning the carbon of our bodies, and breathing its noxious gases in close and ill ventilated apartments, is only a slower suicide." * * * * *

"There is no other cause to be assigned for the great prevalence of consumption among those who labor in workshops, than vitiated air."

"The Registrar General (of England) reports nearly 60,000 deaths from consumption every year in England and Wales. Professor Guy thinks 36,000 only of these are true consumption, of which he believes 5,000 might be annually saved, and half of the number in London. One sixth of the whole are among the laborers; he attributes these to the foul air of the work shops, the remainder to the condition of the dwellings of the poor. Deficient ventilation produces more consumption than all other causes put together. Intemperance is the next greatest cause of the shortening of human life. 'The unwholesome state of the air in the workshops, especially printing offices and tailors' shops, is the great cause of intemperance among the workmen.'"

Perhaps the sad fact that a large majority of the men of wealth in the beautiful village of Burlington, Vt., have lost one or more wives by consumption, will admit of a similar explanation, as they are much more closely confined to the interior of their residences during the prevalence of the win-
ter season, when the extreme cold naturally prevents free ventilation. It is evident that this class of individuals are but little exposed to the inclemencies of the weather, or the ordinary causes of colds, yet more than three to one, as compared with the male population, or even with the females of the poorer classes, fall victims to this fell disease. Can medical men or medical periodicals be better employed than in pointing out these sources of disease and the proper means of prevention?

In regard to the loss to the people pecuniarily, I quote the following:

“Lord Morpeth remarked in Parliament in April, 1847, that in the various large towns in England, there were above 70,000 cases of unnecessary sickness, and in London about 250,000 such cases, and 10,000 deaths annually, that might have been prevented. ‘There are other items of expense’ he very justly observes, ‘such as direct attendance on the sick, the loss of their labor, the premature death of productive contributors to the national wealth, and and the expense of premature funerals.’”

“Dr. Playfare estimates the loss to the town of Manchester, at one million of pounds sterling; that of London at two millions and a half; that of England and Wales little short of eleven millions; and that of the United Kingdom at twenty millions of pounds sterling every year.

“I am indebted to Archibald Russell, Esq., for the following reference to Carey’s Political Economy, Part II., p. 285: In estimating the average production at $95 per head, or giving $380 for each family of four persons, we believe we shall not vary materially from the truth.”

“Population of the State of New-York in 1840, 2,428,921. Estimated population in 1850, 3,200,000, which, according to Cary, at $95, will be $304,000,000. This is the gross sum of production, i.e. of production beyond waste, loss and consumption. Five per cent. on this sum is the real amount added to the productive power of the State, by lengthening the life one year, and is equal to $15,200,000. This loss is from premature death; but death and sickness go together. It is estimated that for every death, there are two years, or seven hundred and thirty days of sickness and of lost labor, leaving out of view the expenses of attendance, the entire derangement in the course of labor in a whole family, which the sickness of one of its members occasions, there is direct loss, probably at least equal to that from death, in all, more than $30,000,000.

Dr. Simonds of New-Orleans, states the loss to that city from sickness and death, as follows:

<table>
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<th>Total loss during four and one-third years:</th>
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<tr>
<td>Capital sunk by death, $15,114,000</td>
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<tr>
<td>Value of labor lost, 17,003,250</td>
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<tr>
<td>Value of labor lost by sickness, 2.173,875</td>
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<tr>
<td>Losses, 32,177,250</td>
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<tr>
<td>Cost of deaths, 566,775</td>
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<tr>
<td>Cost of sickness, 10,579,800</td>
</tr>
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<td>Expenditures, 34,291,125</td>
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$11,146,575
$45,437,700
Being an average annual loss of $10,485.622 to the city, and of nearly $105 to every individual in it.

Well may Dr. Stevens say: "The question of the public health is emphatically the question of the age. It underlies all other philanthropic movements, whether designed to promote education, temperance, or good morals."

I have occupied so much space in noticing the Address, (which, however, is of such vast interest as to be worthy a much more extended notice,) that there is no room for remarks upon the Appendix, except to say, that in it the Doctor has fairly presented the subject of drainage more particularly, and all who would understand the actual causes of many cases of sickness, should carefully read what is there written.

II. The second article—"On the communicability of Asiatic Cholera," by the same author, is a well written defence of the affirmative of the question, but the subject has been so long and so often before the profession, that no extracts will be made from it.

III. The third article, by John B. Beck, M. D., is "An Historical Sketch of the State of Medicine in the American Colonies, from their first settlement to the period of the Revolution." This paper extends to over fifty pages, and is followed by an Appendix containing the Acts which were passed in the several Colonies for the regulation of the practice of medicine during that space of time.

The Sketch is very full and perfect, and indicates deep research and patience, not only in collating the history of the practice, but in the biographies of those most eminent in the profession, who lived in that period of time. To prove that time has not greatly altered the condition of affairs in some regards within the past eighty or ninety years, I shall need but quote from Dr. Middleton. He says:

"Yet many, too many, are the instances even in this place, (New-York) of men otherwise valuable for their penetration and good sense, who have given up their own judgments to the opinions of the credulous vulgar; and joining in the belief of nostrums, or secret cures, have countenanced, and even employed the most obscure and superficial traders in physic. While the practitioner of modesty and real merit, conscious of his own integrity and knowledge, and scorning the little acts of such licensed freebooters and secret homicides, or to stoop to the unreasonable humors or petulance of every employer, has often had very circumscribed practice; or has been abandoned in favor of some ignorant or mercenary sycophant."

"So amazingly easy of belief are some people in these miracle-mongers, that, as if there was something curative in the name of Doctor, seldom any other test of their skill is required than their assuming that title; so that this appellation, with a competent presence of mind and a string of ready-coined cures, carefully propagated by such as are carrying on the cheat, have seldom failed of procuring traffic in New-York."
IV. The fourth article is from the pen of Lemuel Shattuck, Esq., of Boston, upon "The Vital Statistics of the State of New-York," and like other writings by the same eminent statistician, it is as satisfactory and replete with ideas and hints upon this important subject as the incomplete census returns would allow. It is to be hoped that the tables for the year 1850 will not be subject to the same charge of incompleteness and error, as all former ones have been, and that from them, something positive and satisfactory may be learned. This paper and the accompanying tables occupy twenty-five pages.

V. The fifth article is the "Annual Address" delivered before the Albany County Medical Society, November, 1849, by James McNaughton, M. D., President, upon the Epidemic Cholera, and like Dr. Stevens, he favors the idea of communicability, at least, if not of contagion in the propagation of this disease.

VI. Article sixth is the "Report of the Standing Committee of the Society on Hygiene and Medical Statistics," by Charles A. Lee, M. D. This is a well written article, but owing to the want of sufficient data on which to base a full report, it is short, and mainly occupied with considering the importance of the subject, and urging the necessity of a hygienic survey of the State.

VII. "On the Vital Statistics of the City of Brooklyn," by Charles S. J. Goodrich, M. D. The multiplication of such statistics at the present day, is one of the most hopeful indications of progress in the healing art.

VIII. Article eighth, on the Medical Topography of the County of Montgomery," by Joseph White, M. D., is one of a class of recent origin, and of the greatest importance. An investigation into, and an understanding of the local causes which produce and modify the character of disease, is of deep importance, both to the physician and to the people.

The influence which damming streams of water sometimes has upon the health and prosperity of the inhabitants of the vicinity, was made manifestly apparent in the town of Sheldon in this State, some fifty years since. Black Creek empties into the Missisco River in that town, and near the confluence, a dam was erected that flowed back about three miles, and covered several acres of intervale land, on which the timber was allowed to remain.

Within two or three years it was observed that most of the inhabitants who had settled in the neighborhood of the stream, were liable to a peculiar form of fever that was very fatal, so much so, that the great mortality frightened the people, and many abandoned their homes and removed to other towns, and that region was almost entirely depopulated. About this time, the property about the mills was purchased by two brothers, who, perceiving the cause of the sickness, cut down the dam so as no longer to cause the water to overflow the natural banks of the stream, and since that time a more healthy and prosperous people cannot be found in that part of the State, than now reside in this very "region of death," as it was so aptly called.
IX. "Analysis of the Byron Acid Spring, near Batavia," by Dr. George Hand Smith, of Rochester.

X. "Report of case of premature labor, artificially induced, with successful results, at the seventh month of gestation, on account of contracted pelvis."
By Thomas W. Blatchford, M. D.

Labor was induced by the injection of half a pint of tar water, through a large sized male catheter, moderately curved, and by means of the syringe of a common self-injecting apparatus, without rupturing the membrane, in accordance with the plan of M. Cohen, of Hamburgh; but Dr. Blatchford did not deem it necessary to repeat the injection after six hours, as advised by M. Cohen, although he had to wait from Wednesday, at 10 o'clock, A. M., to Saturday, at 11 o'clock, A. M., for labor pains to commence. Probably all the plans devised for the induction of premature labor, that by injecting a fluid into the uterus without rupturing the membranes, is the safest for the child, and its only inconvenience of importance is, the uncertainty of the result;—the operation oftentimes needing to be repeated more than once.

XI. Semi-Annual Address on Erysipelas, delivered before the Albany County Medical Society, in June 1849. By John Swinburn, M. D., Vice-President.

This discourse is mainly devoted to an investigation of the identity of certain cases of puerperal fever, with external erysipelas, and the proof of the contagious nature of that disease; and the author comes to the conclusion expressed in the following extract:

"I have shown that a female in labor, when exposed to the effluvia of erysipelas, cellular inflammation, and puerperal fever, is liable to an attack of puerperal fever.

"I wish to present these considerations more forcibly, as many eminent men in this country doubt, and even deny its infectious or contagious nature. I firmly believe that my first case was induced by infection from cellular inflammation.

"From the respectability and amount of evidence on record, (a part only of which could be quoted in this short essay,) I think that if any one thing is more certain in pathology than another, it is that all these are one and the same affection, modified by the tissue affected, and that one form may produce the other, and vice versa."

XII. "A case of poisoning by Corrosive Sublimate. By Benj. W. McCready, M. D."

XIII. Notices of the Cholera at Newark, in 1832. By John S. Darcy, M. D., of that place, in a letter to Alexander H. Stevens, M. D.

XIV. "Notices of the Cholera at Rockaway, in 1849, by Julius Auerback, M. D., in a letter to Alexander H. Stevens, M. D."

The above are able and valuable contributions to Medical Science, and the two latter present strong evidence of the contagiousness of Cholera.

Waterbury, Vt., Jan. 1852.

C. H. C.
NEW-LEBANON, ITS PHYSIC GARDENS AND THEIR PRODUCTS.

The beautiful valley of New-Lebanon, situated about thirty miles east of the Hudson river, in the State of New-York, and noted for its attractive watering place, the resort of many pleasure-seeking travellers in the summer months, has long been celebrated for its gardens devoted to the culture of medicinal plants, with a view to the supply of apothecaries, druggists, and others in all parts of the United States. For a long time this business was solely in the hands of the people called "Shakers," who originated it as a regular pursuit, and who yet are largely concerned. During the past summer, whilst on a visit to the valley of the Hudson, we accepted an invitation from Mr. Henry A. Tilden, to visit his gardens and laboratory situated in the township and village of New-Lebanon, where he and his brother conduct an extensive business in the culture, drying and packing of plants, and the preparation of medicinal extracts. The Messrs. Tilden informed us that they have about forty acres cultivated under their immediate superintendence, somewhat in the following arrangement: 9 acres in Taraxacum, 2 in Conium, 3 in Hyoscyamus, 3 in Belladonna, 3 in Lettuce, 3 in Sage, 2 Summer Savory, 2 Stramonium, 2 Burdock and Dock, 1 Marjoram, 2 Digitalis, 2 Parsley, Poppies and Horehound, 1 Aconite and Balm. The remainder are occupied with Basil, Button Snake Root, Blessed Thistle, Borage, Coriander, Feverfew, Hollyhock, Hyssop, Larkspur, Lovage, Marshmallow, Marigold, Mugwort, Mountain Mint, Southern Wood, Tansey, &c. The narcotics, especially the Hyoscyamus and Belladonna, require a rich soil, and they exhaust the land rapidly. These last attain a height in many instances of five feet, but in general from three to four. They are liable to be preyed upon more or less, at all seasons of their growth by insects and worms peculiar to each, to such an extent in some instances, as to destroy the crop. Conium maculatum grows spontaneously in all that region of country, having become naturalized. It is seen along the roads, and in fields that have been abandoned for a time, attaining often the height of six feet, and presenting a striking object to the eye, by reason of its sub-divided foliage. For this reason, the Messrs. Tilden do not cultivate this plant very extensively, but depend largely on that of spontaneous growth, which they gather from the country miles around, as far as the Vermont line, and in Massachusetts. It is probable that the Conium obtained in this way is really more active, weight for weight, than the cultivated, being less succulent. We noticed the Valeriana officinalis growing with great luxuriance, and as high as five feet, although its culture has not as yet been much extended. Besides the varieties cultivated, large quantities of indigenous plants are purchased from collectors in the West and South, which are required in their business.

Their factory or laboratory is an extensive oblong, three storied building, in the basement of which is a powerful steam engine which performs the double duty of propelling the powdering apparatus, and of driving a double acting air pump connected with their vacuum evaporators.

The recent plants intended for extracts are brought to the mill from the gardens, reduced to a coarse pulpy state by a pair of chasers, and subjected to a powerful screw press to extract the juice. This is clarified by coagulation, strained, and the pure juice introduced into a large vacuum apparatus, holding several hundred gallons, where it is concentrated rapidly to a syrupy consistence, at a temperature varying 110°—130°, almost entirely free
from the deteriorating influence of the atmosphere. In the construction of
this apparatus, they have had a view to great extent of tubular steam-heating
surface, so as to be able to accomplish the very large amount of evaporation
their business demands. The finishing apparatus is analogous to the vacum pan of the sugar refiners. We witnessed the operation in progress
with the thermometer standing at 112° F. They make annually about 8000
lbs. of extracts from green plants and roots, consisting chiefly of Conium 2000
lbs., Dandelion 2000 lbs., Lettuce 1200 lbs, Stramonium 500 lbs., Butternut
800 lbs.. Belladonna 500 lbs., Hyoscyamus 500 lbs., and so on. Those ex-
tracts in the aggregate according to Mr. Tilden's estimate, are derived from
about 300,000 lbs. of green material, and require the evaporation of more
than 20,000 gallons of juice.

Besides these, a considerable amount of extracts are made from dry ma-
terials, both foreign and indigenous as Gentian, Rhubarb, Chamomile, May-
apple, Horehound, Cohosh, etc. They also are about engaging largely in
the manufacture of extract of liquorice from foreign root.

In the powdering department they run burr stones and chasers, and use
bolting and dusting apparatus. They powder large quantities of material on
contract, besides that for their special business, amounting annually to from
50 to 60,000 pounds.

In the herb department, the quantity of material handled is very large.
The plants are brought from the gardens into a large room in the factory
building, where a number of girls are employed in picking them over to re-
move other plants accidentally present, and separating the decayed parts and
the stems when desirable. They are then placed on hurdles, and exposed in
the drying room till properly desiccated. Two presses are kept in operation,
by which 2000 pounds of material are sometimes pressed in a week, and
about 75,000 pounds per annum, including near three hundred varieties of
plants.

At the time of our visit, thirty men and five girls were engaged in the
several departments of their establishment.

When we consider the large amount of extracts of important drugs pre-
pared in vacuo, which are thus thrown into the market to replace the former
 crude products, obtained by boiling down the juices, etc., in open vessels
with a naked fire, according to the old method, we cannot but believe that
much good will accrue to the medical practitioner in the increased power of
these agents. The Messrs. Tilden have, thus far, been directly beneficial to
the medical interests of the country. But they have also been indirectly use-
ful by inducing their neighbors, the Shakers, from motives of competition,
to adopt the vacuum pan, in lieu of the open boiler, in the preparation of
their extracts. We have some few observations to make in reference to the
medicine-producing department of this remarkable people, who received us
kindly during a hurried visit whilst sojourning in their beautiful valley, but
we are compelled to defer them till our next issue.—Am. Journ. Pharmacy.
epidemics of New-England and New-York, would invite attention to the profession within the limits above named to the subject of their investigation.

It is obvious that the value of the Report which will be made must depend upon the accuracy and extent of the information which the Committees may be able to gather. And for this information we must look to observers in different portions of the field assigned to us. If the physicians in each district of this field would see that some one of their number report to us what may be called the general facts in regard to the prevalence of epidemics, and that if individuals will give us the results of their personal experience in practice, a fund of valuable information will be placed in our hands. The points of inquiry to which attention should be directed are so obvious that the Committee need not to particularize them. The investigation is intended to cover only the year ending Dec. 31st, 1851.

In order that the Committee may have time to collate and digest the material which they may receive, they request that all communications be made to them previous to the 1st of March next.

WORTHINGTON HOOKER, Norwich, Conn.,
HENRY D. BULKLY, New-York,
HENRY G. CLARK, Boston.

THE CASE OF TRANSFUSION AT LYONS.

The successful case of transfusion which we mentioned a short time ago, (The Lancet, vol. ii, 1851, p. 556,) has been the subject of a communication to the Academy of Sciences, at the end of which the authors have appended certain rules, which we think it useful to transcribe. 1st. Transfusion of blood ought, as an heroic remedy, to have a place in the classification of therapeutical agents. 2d. It should be reserved for extreme cases, and be used principally and solely to prolong life. 3d. The amount of transfused blood should always be small. 4th. Pure blood only should be used. 5th. the operation does not require any special instruments. 6th. Transfusion employed as above stated is in perfect harmony with physiological laws.

London Lancet.

SESQUICARBONATE OF AMMONIA IN LEPROUS AND PSORIASIS.

M. CAZENAVE, so well known as a very successful dermatologist, has just published experiments tending to show that sesquicarbonate of ammonia may advantageously be used as a succedaneum of arsenical preparations, in lepra and psoriasis. The salt is mixed in the following proportions:—Half a drachm of sesquicarbonate of ammonia; diaphoretic syrup, seven ounces; take from one to three tablespoonfuls per diem. The physiological effects are very slight, but in the space of about a week the scales begin to fall off; those which succeed are thinner, the patches which give them support gradually fall in, the redness fades after a longer or shorter time, and a lasting cure generally ensues. If Diarrhoea, lassitude, cephalalgia, quick pulse, and rapid alternations of heat and cold, were to occur, as was the case with two or three patients, the remedy should be suspended.—London Lancet.
NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, FEBRUARY, 1852.


This is the second American edition of a valuable work upon diseases of the skin, and contains not only the notes of the American editor, Dr. H. D. Bulkley, but also those of Dr. Thomas H. Burgess, editor of the English edition. The notes by the latter are not numerous, but he has added an entire article on glanders and farcy. Dr. Bulkley's notes are numerous and valuable, being in reality, additions. A collection of formulæ used by M. Biett, is an important feature and of much convenience for reference.

An intimate acquaintance with diseases of the skin is a matter of prime importance to every practitioner of medicine, and it is a department which we fear is sadly neglected. The descriptions of these diseases given in works on theory and practice are always meagre from the necessity of the case, and if they are relied on entirely, the treatment will be far from the best. These diseases too, should be studied carefully with reference to their differential diagnosis, which requires much care and closeness of observation, and with this their treatment is by no means the most difficult thing in medicine.

These diseases should be so thoroughly understood that the name of each may be given, and that there may be no necessity for concealing ignorance by calling psoriasis, salt-rheum, or urticaria, erysipelas. To be sure a little capital might be made by successfully treating a slight disease under the name of a severe one, and boasting of the rapidity of the cure. But this is the artifice of the quack. And it is also true that many a patient will be better satisfied if he is told that he has salt-rheum than if he is assured that the eruption has another name of which he has never before heard. But he is not worthy to be a doctor who is not able and willing to teach the people.

For these reasons we commend to all the work of Cazenave. It is not so expensive as the large works which are filled with plates; it is direct, full and explicit in its descriptions, and conveniently arranged for reference. The fact that this second edition has been revised from the last French edition, gives assurance that it is fully up with recent observations upon those diseases. It can be ordered of Mr. G. P. Lyon.

The Isthmus of Panama, and what I saw there, by C. D. Griswold, M. D., recently one of the surgeons of the P. R. R. Co., p. 180. From the author.

Our former confrere (as it is now fashionable to say,) of the New-York
Medical Register, has given in this work a pleasant account of his residence on the Isthmus, and the result of his observations, in his usual agreeable style. The chapter upon the climate of the Isthmus and its effects on health is of importance to those who are thinking of wending their way to California, and has been published separately. Dr. Griswold advises persons visiting the Isthmus to wear flannel, avoid all exposure to the night air, to dampness, and to the extreme heat of the sun; but he also states that according to his observation, the use of stimulating drinks is the great cause of disease and death in that region. The climate produces in foreigners a lassitude which is temporarily relieved by stimulants, but the permanent effect on the constitution is detrimental. To those who have before been free drinkers, the climate is especially pernicious. The author says:

"Nor is it the use of alcoholic drinks on the Isthmus alone that is found injurious; but those who, previous to going there, have been intemperate—whose constitutions have become in the slightest degree impaired—are almost sure to break down at once. I have seen this effect in so many instances, that I have no hesitation in setting it down as an almost invariable rule, and therefore would advise any such unfortunate individual to keep off the Isthmus if he values his life as of the least possible consequence."

We quote another passage for the benefit of those who think that consumption is peculiar to our cold climate.

"A very wide-spread impression prevails in the public mind in favor of a Southern climate for those who are predisposed to, or affected with consumptive diseases; and as a general thing, such is the case; but the Isthmus is an exception to the general rule; for, whether or not it is the approximation of the two oceans, and almost constant sea breezes, or the extreme dampness of the climate; either or both of these causes; in no place have I seen consumption more rapidly developed; indeed it is the disease of which the natives very commonly die. The same is true of almost every other taint in the system—as, for instance, chronic syphilis is almost sure to be developed, if there are any seeds of it lurking in the constitution.

The Pocket Anatomist. Buffalo: G. H. Derby & Co. From the Publishers. This little book is a very convenient and concise statement of the origin and insertion of the muscles and of the distribution of the arteries and nerves. It is in fact a pocket edition, and is deserving of the attention of students and others engaged in dissection.

We have received from Messrs. S. S. & William Wood, 261 Pearl-street, New-York, a catalogue of books on sale by them in the different departments of medicine. Such a catalogue is a great convenience to those who are remote from the large cities and wish to order books on any subject. It can be had on application to them.

Report of the Board of Visitors of the Boston Lunatic Hospital, containing a Statement of the Condition of that Institution, and transmitting the Annual Report of the Superintendent, for 1851.

Dr. Clement A. Walker, the present Superintendent of this Institution has held his office but six months, so that his report cannot be so complete as
would otherwise be the case. It appears that this *pauper* hospital is full to overflowing, having at the time of making the report, 241 patients. Certainly this shows a great liberality on the part of the city, in providing so extensive accommodations for the insane poor, most of whom are foreigners. One feature of the report strikes us unpleasantly,—that the Board of Visitors, none of whom are medical men, *appear* to be the superintendents of the institution, speaking of their daily visits and alluding to the superintendent as if he were a mere steward under them. We cannot believe this to be intentional, much less to be in accordance with facts, for we believe we know Dr. Walker too well to suppose he would allow himself to be made a subordinate, where in justice to the profession of which he is a member, he should hold the first place. No doubt this will be rectified in the next report.

**Death** has been sadly busy among distinguished men of the profession in New-York. Dr. Granville Sharp Pattison, Professor of Anatomy in the University of New-York, Dr. John Kearney Rodgers, one of the surgeons to the Yew-York Hospital, and Dr. James R. Manley, one of the oldest physicians of that city, and who has held a prominent position in the profession, all deceased during the month of November last, and all within less than a fortnight. We learn that Professor Pattison died of ulceration of the ductus communis choledochus, and Dr. Rodgers of inflammation of the vena postarum. Dr. Manley was in his seventieth year. In Philadelphia, too, we see many notices of deaths of medical men. The loss of one will be felt more than that of Dr. Joshua M. Wallace, who died of pleuro-pneumonia, on the sixth of November, after an illness of only four days. Dr. W., though but 37 years of age, had obtained a position in the profession which might well be envied by older men, and his distant as well as nearer friends will mourn his departure.

An extra from the Southern Medical and Surgical Journal contains the reply of Dr. Dugas, editor of that journal to some strictures in the Western Journal of Medicine, upon an operation performed by him and reported in his journal. It is not our duty, if it were our inclination, to decide upon such disputes, but we mention this to praise the manner in which Prof. Dugas, though evidently under some provocation, replies to the strictures, and to commend to the profession the imitation of his example of using severe language without falling into the Billingsgate style.

**The New-Hampshire Register** for 1852, is a very useful compendium of facts concerning our State. The medical department is unusually full, giving the names of the physicians in each town. It should be on every physicians table, and may be ordered of Mr. G. P. Lyon.
The Annual Announcement of the Medical School of Maine is received, and we refer those desiring information concerning it to the advertisement in another page. The arrangement as to time is very convenient for those who wish to attend a course at this season of the year. The expenses, it will be seen, are moderate, while it should be a great consideration with students, that the diploma from this School has always been considered as guarantee of a good education.

American Medical Association. The following is taken from the Medical News, and will furnish cause of regret to those who have not paid their assessment.

"We stop the press to announce the unpleasant intelligence that, since the preceding notice was in type, a very large and disastrous fire has occurred in this city, in which two thirds of the edition of the fourth volume of the Transactions was consumed, with nearly all the previous volumes remaining on hand. Fortunately, the fourth volume had been distributed to nearly all the members of the Association who had paid their assessment, and copies for the others who had done so are at the store of Messrs. Blanchard and Lea, and are safe. Such members of the Association as neglected to take advantage of the highly favorable terms upon which the Transactions were offered, have now, unfortunately, lost the opportunity. The few remaining copies will be reserved a short time for members, but probably at an advanced price, and, if not shortly claimed, will be sold to other applicants.

A few copies of the Prize Essay were preserved, and will be for sale.

Messrs. T. K. and P. G. Collins have printed some extra copies of the Report on Medical Education, in order to supply such State Societies as are disposed to comply with the recommendation of the Association that they should distribute among their members that Report. These copies will be furnished at the rate of six dollars per hundred. Applications for them, with the remittances, must be made to Messrs. T. K. and P. G. Collins, Philadelphia."
TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW-YORK, DURING ITS ANNUAL SESSION, HELD AT ALBANY, FEBRUARY 5, 1850.

[For the New-Hampshire Journal of Medicine.]

Concluded from page 161.

XV. "On the morbid condition of the generative organs, being a paper read before the Chenango County Medical Society, June 12, 1849. By William D. Purple, M. D., of Greene, Chenango Co., N. Y."

Although the subject of this paper has been discussed recently in the pages of the Journal, (Oct. number, 1851,) yet it is considered by the writer to be of sufficient importance to demand still further attention. The writer states his subject to be, "the physical and mental phenomena which depend on certain conditions of the generative organs." After speaking of the connection of the sexual organs with the brain, the stomach, and other organs, he advances the phenomena of hysteria, the changes which the age of puberty brings with it, and other well known changes, to show that this influence is very great; and without attempting to present the subject in all its bearings, but, as he modestly observes, to call the attention of the profession to this class of diseases, he reports several cases, among which are the following:

"1. The first case to which I would call your attention in support of these views, occurred some years since in an unmarried female, aged eighteen. She was of a robust constitution, with a nervo-sanguine temperament, and had enjoyed uninterrupted health. The first symptoms that attracted attention were a propensity to lonely wanderings, a heedless inattention to business, and a disregard to her personal appearance. These symptoms were succeeded by loss of appetite, an excessive emaciation, with high nervous excitement. She had irritability of the muscular fibre, with occasional cho-
rea. These usually occurred on some sudden surprise. Her pulse was irritable, her skin dry, and she was harrassed with an almost incessant cough. These symptoms were succeeded by sleeplessness, incoherent conversation, interspersed with occasional libidinous remarks; the medulla oblongata soon became involved. This was manifested by extreme tenderness of the spinal column. In this condition she was confined to her bed for some months without any abatement of her unpleasant symptoms. Perfect delirium supervened, and she presented all the symptoms of a confirmed maniac. She was treated for this malady for about six weeks, when she gradually recovered, and was restored to perfect health.

"It was impossible, at that time, to learn definitely the cause of these symptoms; yet as she had before enjoyed uninterrupted good health, I had strong suspicions, and charged her with the cause. This, at that time, was met with a positive denial. In a subsequent conversation, however, after she was a wife and a mother, she admitted to me that all these distressed symptoms, even to the confirmed mania, were the result of violent orgasms of the sexual apparatus, to which it had been subjected from three to five times a day for two or three years. So great was the excitability of her nervous system in this case, that for months she was in a feverish condition, and every indulgence reduced her strength to that degree that she was forced to keep her bed. When local excitement and morbid priapism would so far subside as to allow her to lose herself in sleep, nocturnal orgasms would awaken her to a sense of her wretchedness. This state continued until the nervous system became involved, and the citadel of reason was invaded. The irritating process was then suspended, and with the straight jacket, and cold water we were able to effect a cure. On a return of consciousness, she reflected on my accusation, and inferred that her habits were publicly known. They were never resumed, and she was restored to perfect health."

"4. The fourth case to which I shall allude, is that of a married man, aged twenty-six, in whom there is no evidence of having suffered under gonorrheal symptoms. He has been confined to his bed for the last two years, with the following symptoms: His pulse is feeble, and occasionally irregular; he has palpitation of the heart, with throbbing at the pit of the stomach; pain in the back, with irritation of the whole spinal column; a choking sensation at the throat, equivalent to that caused by hysteria, erratic pains, denoting high nervous excitement. He is very feeble, with much emaciation; he has cold, clammy sweats, with extreme prostration of muscular power. He is intolerant of the sounds of the slightest tread, and does not speak above the lowest whisper. He dares not turn himself in bed, and an extra pillow produces a sense of suffocation. All the animal functions are exceedingly weak, and the vital are but feebly performed. He is troubled with priapism, and has voluntary and involuntary seminal discharges. They were formerly very frequent, but do not now occur oftener than two or three times a week; when they do occur, however, they very much reduce him, and ag-
gravate all the above symptoms, and to these evacuations, which have continued through a long series of years, we are compelled to refer all the above symptoms. The admitted cause is long continued and excessive ante-nuptial self-pollution, which so far weakened the young and delicate organs that they have never recovered their normal state. On his marriage the excitability of the generative organs stimulated him to excessive indulgence in his sexual appetite, when the powers of the system gave way, and he was reduced to his present wretched and helpless condition."

"5. The next and last case to which I shall allude, is that of a young girl of sixteen, whom early solitary excitement has reduced to the most abject condition. Her nervous system was entirely unstrung. This was manifested by all the neuralgic symptoms enumerated in the foregoing cases, with the addition of frequent epileptic paroxysms. The sympathetic action was early communicated to the urinary organs, and long continued and painful ischuria was the consequence. The urethra became so rigid and irritable that the catheter could with difficulty be introduced. After some months a fever followed, which ran its ordinary course in ten or twelve days. This left the stomach a prey to the sympathetic influence of the generative system. Constant vomiting followed, and for more than a year she never received a particle of liquids or solids into the stomach without producing severe retching and emesis. In this wretched condition she became almost a shadow. She was very much emaciated, and could with difficulty walk the room. Hardly enough could be retained on the stomach to support vitality. She lost her vivacity, avoided all society, and seemed to abandon herself in despair to her fate. Every thing was done for her that could be suggested, but as remedial agents were directed to the stomach, they were unavailing. At length, endurance seemed at an end, and death appeared inevitable. She then recalled her oft-repeated denials, and admitted her habits. She confessed that self-pollution commenced at the earliest signs of puberty, and that it soon became an uncontrollable passion, and for some three years she had subjected herself to violent sexual orgasms from three to six times in twenty-four hours. As soon as her secret was known, the spell was broken, and the charm dissipated. A firm resolution, aided by travelling, and spending all her time both day and night with some one to restrain her, soon put an end to her emesis, and she was gradually restored to perfect health."

Well may the author exclaim, "How limited is our knowledge of the pathological character of these troubles! How little is the country physician prepared to form a rational theory of their influence in the animal economy? How little we know of their existence, and how frequently they elude our research? The veil of secrecy and shame-faced denial hides them from our view. They are produced by personal gratification and perverted action of the strongest passion of the animal system; a passion that overrides all other physical powers, and is the basis of all earthly affections and sympathies of the heart! It partakes of all the characteristics of the for-
bidden fruit, and is heightened by the imaginings of a perverted imagina-
tion! It is the seat of the "one idea" that dethrones reason, and fills our lunatic asylums with their inmates. It is, also, the source from "whence the darker passions flow," as the prison and the gallows can assert. The grave of the suicide can bear witness to the same truth. The poet and the novelist have made this giant their theme, and portrayed his power for the weal or the woe of mankind; but the medical philosopher has neglected to cultivate his acquaintance. He has been suffered to secrete himself among the mental afflictions, and has seldom been dragged forth to answer for the deeds done in the body! It is true, that these organs, so far as re-produ-
tion is concerned, have been thoroughly studied, and their pathological influ-
ences clearly developed; but the passions and appetites which lie behind them are almost entirely hid from our view. Their use or abuse have sel-
dom been referred to as the origin of diseased action. The world sneers at and ridicules the opinion that health is affected by their indulgence, and the physician is apt to join in the cry, and refuse to give the matter serious con-
sideration. We hardly know

"That lovers' hectic flash,
"Will sap, at length, the very springs of life!"

and we have been slow to believe that disease of these organs may produce every variety of chronic disease, ultimately be transferred to the brain, and cause mania and death. But observation and reflection has convinced us that it will do all these things, nor is admitted analogy wanted to confirm this belief. We know that there is no organ of the body that is not capa-
ble, by perverted action, to work its own destruction. That the seeds of disease and death are lurking in every healthy organ, and only require a certain amount of excitability to arm them with suicidal power. We know that perverted taste and morbid appetite produces a chronic disease of the stomach, which through the nervous system invades the citadel of mind, and by the most horrid disease consigns the bacchanalian to the grave. This is emphatically true in relation to the organs we are now considering. We know that in certain constitutions the process of reproduction in the female will produce an anæmic state that ultimately produces death. We see the far-reaching influence of hysteria, and its herculean effects upon the whole physical and mental characteristics, especially after long continuance. Anal-
ogous to this, is the effect of perpetual mania, which all admit to originate in undue excitement of a portion of these organs. These diseases both pro-
duce a sympathetic irritation of the brain, and their effects are liable to exist through life, even though the causes that produced them have entirely ceased. We see habitual costiveness producing severe pain in the head; and irritation of the large intestines causing effusions, upon the brain. And we may expect that long continued disease of the reproductive organs will pro-
duce similar effects!"

It is hoped the reader will excuse the extended extracts from this paper,
both on account of the importance of the branch of medical science on which it treats, and also on account of its author.

Dr. Purple is a country physician; one who never even enjoyed the privilege of attending one single course of medical lectures, yet by a long and close application to such means of professional advancement as his circumstances have allowed, his library and sick-room observations, he has become an honorary member of the State Medical Society, and the author of several essays, remarkable for their originality and practical importance. An Essay on "The influence of Dress in the Production of Diseases in Females," was esteemed so highly that the State Society ordered ten thousand copies printed for general circulation throughout the State. In another "on Spontaneous Small-Pox," read before the County Society in June last,—he reports cases, which to the writer, furnish conclusive proof that this formidable disease, as well as the milder exanthemata may occur without contagion or infection, and in strict accordance with the law of La Place, as illustrated in the N. H. Journal of Medicine for July, 1851, page 318. Surely, with such a series of articles as those by Dr. Purple before him, no one need be ashamed to acknowledge that he is a "Country Physician," or to suppose that being such should prevent him from contributing to the Medical Periodicals.

XVI. "Account of an operation for the removal of an Ovarian Tumor, by Alden March, M. D., President and Professor of Surgery in the Albany Medical College.

XVII. "Observations on various subjects in Forensic Medicine, by Jenks S. Sprague, M. D."

"In the whole circle of science, there is not perhaps a more interesting subject than that of Forensic Medicines," says Dr. Sprague. And he might have added, one that has attracted less of the attention of the profession generally.

"Called, as we often are, to testify in a court of justice upon matters deeply interesting not only to individuals, but to whole communities, upon subjects affecting not merely the pecuniary of an individual, but his reputation, his honor, his personal liberty, nay even his life itself, what weightier considerations, what higher motives, can be urged why we should diligently and assiduously cultivate an intimate acquaintance, a perfect familiarity with the minutest details of every science which is capable of shedding any light upon subjects so vastly, often so painfully important."

"The honor of our profession is not more in keeping of its learned than of its unlearned members. Hence the importance of insisting upon the thorough education of the whole fraternity, of admitting none to our fellowship who are not well versed in all that pertains to our science."

In corroboration of the correctness of the above, I extract the following from an article on Medical Jurisprudence, read by David Humphrey.
Storer, M. D., of Boston, at the Annual Meeting of the Massachusetts Medical Society, May 28, 1851.

"I trust no one who hears me will misunderstand me,—will suppose that I would undervalue the judgment of qualifications of the great majority of medical men throughout our State. I know that they compare favorably, not only with physicians of the cities, but with the members of the profession in any other portion of the Union. I mean merely to imply that in the department of study we are now considering, many are not familiar."

"How little understood among many of the well educated and intelligent of our community, is the treatment of the restoration of the drowned! How many lives have been sacrificed by the barbarous custom of suspending the asphyxied by the feet, or rudely rolling them upon barrels with the head dependent, for the purpose of freeing the lungs of water with which they were supposed to be filled!—a custom which within a few years has fallen under my immediate observation.

How many, apparently dead, have been restored to their afflicted friends by means of long continued scientific efforts; by having their bodies carefully dried, and exposed to a moderate temperature,—their heads and shoulders elevated, their lungs artificially inflated; by the exhibition of external and internal stimulants, and judicious venesection!"

Dr. Storer here cites a deeply interesting case from the "Northern Lancet and Gazette of Legal Medicine," of a lad of nine or ten years of age, who had lain on the bottom of Lake Champlain, under eight feet of water, for at least half an hour, where, after this method of treatment had been followed by thirty or forty minutes, when signs of returning life were discovered, and the child was ultimately restored. He continues:

"The above remarks might with equal propriety be applied to the subject of hanging. Many judicious general practitioners entertain the most vague and unsatisfactory notions regarding its phenomena. They not only are unacquainted with the several appearances produced in individual cases of suspension, but they really are not aware how death is produced; and cerebral apoplexy not unfrequently being considered the cause, copious depletion employed, instead of artificial respiration, checks the vital current forever."

Dr. Sprague continues his Observations upon the subject of insanity, and also in the examination of several cases of deaths by violence, with most thorough and scorching criticisms upon the verdicts rendered in those cases. It is a source of deep gratification that this subject has been so ably presented to the profession in the States of New-York and Massachusetts.

XVIII. "Brief notices of the Medical Topography and Diseases of Washington County. By Hiram Corliss, M. D."

XIX. "Notices of deceased members."

XX. "Abstract of the proceedings of the Medical Society of the State of New-York, at its annual session in February, 1850."
XXI. "List of Officers and Members of the County Medical Societies, 1850."

XXII. "List of Honorary Members of the State Medical Society."

XXIII. "List of Permanent Members."

XXIV. "Classification of Counties as to the election of Delegates."

At the risk of being charged with verbosity, I have above presented an entire list of the articles contributed, and endeavored when necessary, to indicate their character by extracts or remarks, that the readers of the Journal, who are not so fortunate as to possess the volume, may be able to judge if it would not be far better for the State Societies of New-Hampshire and Vermont, to issue similar annual volumes, than to spend the time of their meetings in revising their By-Laws, or their annual assessments in the purchase of costly dinners.

Waterbury, Vt., Jan. 1852.

C. H. C.

HEPATICO-DUCTITIS.

[For the New-Hampshire Journal of Medicine.]

I apply this term for the want of a better, to an inflammation of the mucous lining of the biliary ducts; a disease, I apprehend of very common occurrence, and as varied in importance as any disease with which we have to contend. Its slighter forms require little or no treatment, but when severe, it may become a dangerous and fatal disease. The pathology will explain this diversity.

Every medical man feels that he owes a debt of gratitude to Dr. James Johnson, for his little work on the liver, in which he has so clearly pointed out the various cutaneo-visceral sympathies, the theory of which will apply to tissues as well as organs. There is not a mucous surface but may be acted upon by sudden atmospherical transitions in the same manner as the mucous membrane of the nose, eustachian tubes and bronchi is in "common cold." As the pathological analogy between hepatico-ductitis and many diseases, the pathology of which is so perfectly plain as to be inferred without the aid of post mortem examinations, and with which too, authors have made us familiar, I shall be very brief on this point.

As there cannot be an inflammation of the mucous membrane without thickening, we can readily see how an inflammation of this membrane lining tubes may render a tube completely impervious to air even, by an approximation of its walls, especially when the mucous surface is thickly coated over by a tenacious mucus as the bronchi and nasal passages are known to be during the earlier stages of inflammation of their lining membranes. Still
more readily can we conceive that an inflammation of the mucous membrane lining the excretory ducts of the liver may completely or partially interrupt the flow of bile in its accustomed channel, according to the degree and extent of the inflammation.

The symptoms which mark an attack of acute hepatico-ductitis are lassitude, cold shiverings, pain in the limbs, with some little acceleration of the pulse. These are followed by an early loss of appetite, great languor, disinclination to exertion, a sense of weight about the praecordia, bitter taste in the mouth, not unfrequently pain at the pit of the stomach or right hypochondrium, costive bowels, sometimes severe nausea and vomiting, pulse at this stage variable, often slower than natural; the skin and "white of the eye" begin to assume a yellow tinge, and the urine is of a deep yellow color. In slighter cases yellowness of the conjunctiva is the only pathognomonic phenomenon. Between the fifth and tenth days the disease begins to decline in favorable cases. The symptoms above enumerated disappear one after the other, the yellow tinge of the skin remaining sometimes for several days after the patient has returned to his occupation.

That the above briefly mentioned symptoms are frequently produced by an inflammation of the mucous membrane of the biliary ducts, I have not the slightest doubt, although I have not been able to prove the fact by post-mortem appearances. My reasons for this belief are the following:

In 1846–7, an epidemic jaundice prevailed in New-England to an extent unknown before since my recollection. And from that time until the present, we have seen annually more cases of this disease than formerly, especially the past autumn and the present winter. I observed in 1846 and 7, and the same remark will hold good when speaking of the present epidemic, that members of the same family were at the same time affected differently by the atmospheric, electrical or whatever other influence produced jaundice to such an extent. In one case the bronchial mucous membrane was the seat of disease; in another the nasal passages, eustachian tubes and fauces; another was jaundiced; another was jaundiced, and had an attack of bronchitis at the same time, while still others gave unmistakable evidence of inflammation of the mucous lining of the urinary passages; the unirniferos tubes, ureters, bladder and urethra;—all diseases of the mucous membrane and all running about the same course and yielding to a similar treatment.

An argument against such cases being glandular disease, would be gathered from the fact that during this epidemic, no other gland or glands were epidemically affected, and the fact also that in nearly all cases (for I do not recollect but one case as an exception, and this was most severe,) there was a natural color to the stools; proving beyond a doubt that the obstruction to the flow of bile was not universal in tubes of the liver, and that whatever obstruction did exist it must have been above the ductus communis choloclus. And I see no reason why we may not have lobular inflammation in the tubes of the liver as well as of the bronchial tubes, which would leave other
portions free to convey what we might perhaps expect, an augmented secretion, caused by an increased quantity of blood in the more healthy portions of the liver.*

The exciting causes of hepatico-ductitis are cold and moisture, variable and epidemic states of the atmosphere, sitting in damp clothing; in short all causes by which a sudden transition in temperature generally or locally is produced. To these may be added predisposing causes; indeed each and every cause that tends to weaken or "derange" the functions of the liver, may act as a predisposing cause to this disease.

The diagnosis of hepatico-ductitis is to be deduced from the leading symptoms which I have given. The only diseases with which it may be confounded are those cases termed jaundice produced by an organic disease of the gland, the effect of the passage of a gall stone, &c. But in this the history of the case will enable us to decide at once. Jaundice from hepatico-ductitis, almost immediately supervenes on exposure to exciting causes, and makes its appearance a few hours or days subsequent to the enjoyment of good or usual health; whereas jaundice from other causes is less sudden, and is usually preceded by a train of dyspeptic or other symptoms which point to the digestive organs, and that too, for weeks or even months before the jaundice comes on.

I shall not speak particularly of the chronic form of this disease, for the reason that to treat of both varieties even in the briefest manner possible, would draw this article to an inconvenient length. However, I will say that the acute and chronic forms stand in the ordinary relation to each other which is observed in other mucous diseases,—the symptoms of the chronic being more mild and tardy in their progress; and we are somewhat more likely to mistake them for symptoms of organic disease of the liver,—yet, when well understood, the chronic form will explain many of those symptoms and appearances classed under the head of "bilious complaint." We often see patients who at certain seasons of the year (most in the fall and spring,) have attacks of what they have been taught to call "their bilious complaint," for whom we know very well what to do to relieve them in a few days. I have been surprised of late to find how readily a large majority can be traced to an acute attack of hepatico-ductitis, which left a predisposition to the disease. A slight cause by producing congestion of the mucous membrane obstructs the flow of bile in the smaller passages, the lobular biliary plexus or vaginal plexus, just enough to produce a slight tinge of the conjunctiva, and when more, to give the skin a bilious hue. To say that such attacks are glandular is going beyond our almost unlimited medical supposition, which enables us to explain what cannot be explained.

I am of the opinion that the post-mortem condition of the ducts and tubes

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* I do not mean simply the secretion of bile, but an increased quantity also of mucus from the numberless muciparous follicles in the walls of the ducts, added to an increased quantity of bile, presenting the appearance of a great "flux" or "overflow of gall."
running through glands as important as the liver, pancreas, and kidneys, has been too much neglected in searching for the cause of obscure diseases, especially those referred to the digestive organs.

I have not written this article for the purpose of introducing any new treatment, but I wish to say in conclusion, that in the active or chronic forms or stages of hepatico-ductitis active depletion is seldom necessary. Even in the most acute form, the administration of an emetic, followed by a brisk cathartic, cupping the right hypocondrium and subsequently a blister to that part, will prepare the case for the commencement of the following treatment, the object of which is to establish on the biliary ducts, as rapidly as can be done without undue excitement, the influence of mercury. It is well known that the peculiar effect of mercury on the human system is hastened by combining it with antimony; and also that antimony requires that we combine some anodyne with it to render the stomach tolerant of its use. Therefore I use the following pill, varying its proportions and dose to meet indications:

R  Antimonyii et Potassæ Tartratis, gr. j.
Pilulæ Hydrarg,   gra. xvi.
Extracti Conii,   gra. xx.  M.

The above is to be made into eight or ten pills, usually eight, and given in single pill doses three times a day, till relief is obtained. The time which I have found necessary to continue their use is from three to five days. Some cases require a smaller dose longer continued. It is worthy of remark that, after the pills have been continued till a decided influence is produced by them on the mucous membrane, a single dose at bed time of a powder composed of Dovers powder, from six to ten grains, and nitrate of potash ten grains, will produce a powerful action of the skin and kidneys, which will often prove "critical."

GEO. W. GARLAND, M. D.

Meredith Bridge, Feb. 2d, 1852.

A LETTER

To THOMAS E. BOND, A. M., M. D., on Homœopathy, occasioned by the publication of his Address to the Graduates of the Washington University, on 3d March, 1851, by J. SCHMIDT.

[The following review of "John Smith's" Letter is characterized by a quiet sarcasm, and at the same time contains such an excellent statement of the absurdities of "globulism" that we believe our readers will thank us for giving them an opportunity to read it.

Ed. N. H. Journ. of Med.]

In common with our fellow citizens of Baltimore and "the rest of mankind," we have received a copy of a pamphlet of which the above is the
title. To the great number of those thus favored, the "Letter" has gone as an ingenious advertisement of Mr. J. Schmidt, who, we learn, is a homœopathic practitioner, from a foreign land. As he does not assume the title of physician, we infer that he has no pretensions to be considered one, but founds his claim to the confidence of the sick, upon some other considerations than professional grade or scientific acquirement. But to us, in our official capacity as editor, the pamphlet comes as an appellant for fair notice and candid criticism, and that we are entirely willing to bestow upon it.

Who, then, is the writer of this letter? That the title does not give correct information upon this point is evident upon every page of the pamphlet. It is apparent everywhere that the name J. Schmidt, is, as Dr. Bond says of homeopathy, "a word which is not a sign," in short, that the publication is the result of an arrangement by which the real author may escape retribution, and the ostensible one reap notoriety. There is always a doubt of identity about "John Smith."

Who, then, is the writer? Evidently not a physician, or one well acquainted with medical science. Certainly not a scholar, as the amusing parade of Greek and Latin quotations from unstudied books, and the puerile criticism upon a typographical error in Dr. Bond's "latinity," will convince any one conversant with literature. But these negations help but little towards the truth; they may even be considered to favor the pretensions of Mr. J. Schmidt himself. We do not know the author, but should we venture an inference from the style and manner of the letter, we would say, that the evident purpose to avoid discussing anything, the dealing in generalities, the smart, tripping and really pretty style, the pert yet polished sauciness of manner, the willingness to adopt another's name, and to sacrifice an independent to a represented position, all lead us to conclude that the author will never be found in pantaloons, unless she be a Bloomer—Rem acu tetigimas, Mr. Schmidt? Has homeopathy found refuge under a petticoat? Be this as it may, until we shall find the writer, we must consider Mr. J. Schmidt as his or her legal representative, and in our further remarks we will speak of him as the veritable author. We can see nothing of the craft but the figure head, harmless thing though we know it to be.

The pamphlet purports to have been occasioned by some offensive remarks in Dr. Bond's address to the graduates of Washington University. In referring to our copy of that address we find somewhat less than two pages of the nineteen devoted to remarks upon homeopathy, as Dr. Bond merely mentions it incidentally. We quote this part of the address in full:

"Or you may be succeeded by a mere name, by homœopathy, a word which is not a sign—a mereminus, serving to indicate subtraction of everything, but having no positive value. The ponderous polysyllable abracadabra used to be pronounced over luxated joints, and it was believed that a dislocated member would start at the sound and jump to its socket. Homoeopathy is the modern polysyllable—the fashionable abracadabra—equally unintelligible and equally omnipotent.

"In the words of the simple cobbler of Agawam, 'I look upon it as the very gizzards of a trifle, the product of a quarter of a cypher; the epitome of nothing, fitter to be kicked, if it were of kickable substance, than either honored or humored.' Indeed, there is something too absurd for comedy and too serious for farce in this conception, which we cannot call ideal, because it contains no thought, nor monstrous, because it has no form.

"Homoeopathy avowedly contends with diseases beyond materiality. It wrestles not with flesh and blood, 'and truly its weapons are not carnal,' for
the qualities of its medicines elude analysis, and their bulk defies the microscope. I wish to be charitable, but to peddle about these little pellicules does seem to be a small business for 'men that have bones in them.'

"The oddest thing about this animalculoid practice is the solemn simplicity with which the very few medical men who trade in it, present their claims to public confidence. They invariably declare that they have been fearfully unsuccessful in their attempts at regular practice, that medicines in their hands have proved deadly doses, and that they have been fairly lashed out of the profession by the whip of conscience.

"Now all this is doubtless true enough, but it constitutes a very dubious recommendation to the confidence of the sick. The doctor of course infers that the fault is in the science—but there is another way of accounting for the unfortunate results, and the patient may not think the doctor's explanation the most plausible.

"Suppose you were to find in to-morrow's newspaper an advertisement like the following: Navigation exploded, the present method of crossing the seas found to be altogether erroneous and inconceivably dangerous, being the confession of a regular mariner and master of a ship, who, having repeatedly lost his vessel and drowned his passengers, has become convinced that navigation is not a science, but a mere conjectural art, and now offers to the public a new and safe conveyance over the seas without the aid of sails or rudder, plank or iron.

"Suppose, upon personal application to this Solomon, he were to tell you that ships really are absurd things, that in fact they do not float, and are not propelled by the wind; that experience is a fallacious guide, and that physical science is not applicable in the matter; that if a man would traverse the seas he must not trust to anything material; that the thing to be kept above water is not the visible body but the invisible immateriality; that, therefore, the mode of conveyance should not be visible nor tangible; but be sought in the principle of similia similibus—that to preserve one against drowning, it is only necessary to swallow a drop of water, and thus fortified the passenger will have nothing to do but to plunge into the sea and swim for his life.

"Certainly you would think that you had encountered a very amusing madman. Yet if there be anything conclusive in logic, this illustration is not a caricature, or even an exaggerated exposition of homeopathy. But the name is absurd; let us christen it again, and in view of its impalpable nature and deadly consequences, call it the shadow of death; and lest the broad farce be wholly lost in the tragic designation, we will take the liberty to correct its shibboleth, and for similia similibus curantur, substitute simiæ simiæ similis ceduntur."

Mr. J. Schmidt does not like these remarks; distinctly dislikes them; is in pain about them, and can only be comforted by the cheering suggestion that notoriety may be got out of them, nay, that substantialities may be got out of them; for notoriety in quackery is practice, and practice is emolument. A donkey with a thistle at his tail, frets and kicks and brays at the tormenting thing, and then eats it. Coleridge says, truth is a good dog, but if he bark too close to the heels of error he may get his brains kicked out. Dr. Bond has learned by this time that there may be danger to the brains of a man from the heels of an ass, and will probably be more cautious hereafter in his approach towards intruders upon the domain of physic.

But let us to the pamphlet, and see if we can find out the meaning of it. Mr. J. Schmidt states the object of his letter to be to point out to that public whom Dr. Bond has gratuitously undertaken to enlighten, how little
ground or excuse he had in coming before it. This he declares to be his "inclination" and his "purpose."

In carrying out this deliberately formed and clearly expressed design, Mr. J. Schmidt declares that he will shun all "recriminations."

We have, then, his purpose positive—to defend aspersed homoeopathy.

His purpose, negative—to say nothing disrespectful of medicine.

He then proceeds to do what he did not intend, and in so doing entirely neglects to do what he designed. He falls foul of medicine in the manner universally in fashion with quacks, whatever may be the particular practice for which they may happen to be the advocates, wielding the same club that has fallen from the impotent hand of every preceding assailant, with as much confidence as though it were his own peculiar weapon, hoping, doubtless, that in the noise of the attack, the attention of observers may be directed from his promise of defence.

Mr. J. Schmidt has had so much to do with fools that he seems to think there are none others in the world.

Though we see no propriety in consenting to this diversion from the subject in dispute, for homoeopathy, and not medicine, is in question, we have no hesitation in meeting Mr. J. Schmidt, or a whole herd of Schmidt's, upon the ground he has chosen for the display of his energies. Nothing but want of space prevents from a full discussion of the objections made to medicine, not only by this man, but stereotyped for the use of all who may find it convenient to avail themselves of them. But we may not do this now. The subject is vast, and worthy of much fuller consideration than we can give it. Moreover, we would not flatter the exuberant vanity of Mr. J. Schmidt, by leading him to suppose himself of more consequence than he really is. It would be unkind to him, and might inflict upon the community another pamphlet.

Mr. J. Schmidt has ascertained by laborious research, that in past times, men have differed much, debated much, and contradicted much about medical matters. That theories once prevalent, prevail no longer, that modes of practice once thought proper, have been abandoned, and he therefore infers that there is no truth nor certainty in medicine. In other words, he snarls at the healing art, because it has progressed, because it has advanced with human advancement, because it has not stood still while everything else was moving about it. He does not perceive that if he could look back and see a common consent of physicians in all matters of importance to health, reaching into the past as far as the history of man, he would see only that in this department of knowledge, mind had been stagnant; that here, and here only, men had been satisfied with the least possible quantity of truth, had never attempted to disengage it from accompanying error, to augment it by continuous accumulation, or preserve it from adulteration. Mr. J. Schmidt might find as much fault with astronomy as with medicine. The science of the stars has its history of erroneous theories and distorted facts, and arrogant assumptions. It, too, can point to its volumes of acrid controversy, and show how truth is won by unenviable debate, and eliminated from long experience of error. Yet is there no truth in astronomy? Was there not always truth in it, and is not the science of this age the aggregate gain of all ages that have preceded it? Precious truths, Mr. J. Schmidt, like precious metals, are not given in their purity and singleness to man. It is for him to find them out, with patient labor, to select them with intellectual discrimination, to seek for wisdom as for hidden treasure. What science was ever completed by a single mind, and handed perfect to all coming generations? None
but homœopathy, which of all the sciences falsely so called, has the least claim to be called scientific. It is but the lengthened shadow of a darkened mind.

Mr. J. Schmidt might perceive that the true difference between him and medicine is found in the results of this very progression. Does he not see that homœopathy is but a slight advance from the doctrine of Signatures, and that the presumptuous arrogance of Hahnemann smacks strongly of Paracelsus? Moreover, does not Mr. J. Schmidt perceive that one reason why there are so many absurd doctrines to laugh at in the past history of medicine, is because in every age there have been Hahnemanns with packs of Schmidts yelping at their heels? Does he not know that medicine has preserved the memory of its assailants, and that much of the absurdities ascribed to it ought to be remembered as the deeds of pretenders? A hundred years hence, homœopathy will be laughed at as a folly of medicine, though in truth it has no more to do with medicine than a counterfeit note with paper circulation.

Mr. J. Schmidt does not perceive these things at all—evidently has no perceptions in the matter.

One might have supposed that after declaring his positive intention to vindicate homœopathy, Mr. J. Schmidt would have given to the public a succinct and clear exposition of the theory and practice of it. But Mr. J. Schmidt does no such thing. The success of homœopathy, with the public, depends upon their misconceptions of its nature, and these misconceptions it is by no means Mr. J. Schmidt's desire to dispel. People have been so long accustomed to associate the idea of small doses with the administration of potent medicines, that the recipients of homœopathic pellicules naturally suppose that they are taking concentrated, instead of infinitely diluted drugs. The more unprincipled of homœopathic practitioners really do give the most concentrated medicine under this disguise, being compelled to select strychnine, morphine, &c., because the medicinal dose of the drug may be concealed under the aspect of a homœopathic pill. We do not accuse Mr. J. Schmidt of downright roguery like this, but we ask him how long his patients would be contented with his physic if he would honestly inform them of the true avoirdupois quantity of medicine contained in his prescriptions? What a funny thing would be a regular report of a case treated homœopathically, with the exact medical prescriptions gravely administered and hopefully swallowed! Will not Mr. J. Schmidt grant us this gratification? No, he will not. He prefers, with all the empirical pill makers et id genus omne, to appeal to cures—always safe evidence, because it can never be examined.

Prithee, Mr. J. Schmidt, if the homœopathic dealers believe in these "cures," why do they not send for one another when they get sick? Do they doubt the practical working of their great maxim, and reject the dogma, that "like can be cured by its like?"

Instead of expounding homœopathy, Mr. J. Schmidt falls to criticising Dr. Bond's language. The doctor has said "homœopathy is a mere name," and what, says Mr. J. Schmidt, "is allopathy?" We answer, a nickname. No physician regards it as any thing else. "And what," continues Mr. J. Schmidt, "are medicine and science, but names?" Indeed, Mr. J. Schmidt, though you may know no more of them, the names are the easiest things learned a'out them. But we will not attempt to give you more information upon either medicine or science. To a homœopath it is not needed. Indeed, where ignorance is bliss, 'tis folly to be wise.

Dr. Bond has said, "that homœopathy is a word which is not a sign." To
which Mr. J. Schmidt replies, “that every word must mean something”—an opinion which he will find it hard to enforce upon any rational man who has read Hahnemann. In order to vindicate homeopathy, Mr. J. Schmidt stands up for all gibberish.

Mr. J. Schmidt avers that “minus” is a sign: Yes it is—a very good one too, for homeœopaths, and we advise Mr. J. Schmidt to put it over his windows. It would be very expressive indeed.

Mr. J. Schmidt is very indignant at what Dr. Bond says about “peddling pellicules.” He endeavors with exquisite gravity to show that a physician who dispenses his own medicines, does not degrade himself thereby, as though Dr. Bond, or any body else supposed he did. Mr. J. Schmidt does not seem to understand that while it may be consistent with the highest dignity to furnish remedies to the sick, it is something else to sell them pellets of sugar of milk, under the name of medicine.

“Peddling” is one thing, but peddling wooden nutmogs, is another. The innocence of Mr. J. Schmidt is pleasant. Vespasian’s money had no smell.

As to Mr. J. Schmidt’s learned criticism upon the medicinal uses of “abra-cadabra,” we have nothing to say. We bow to superior knowledge. In all the ways of charlatanism, Mr. J. Schmidt is doubtless better informed than we.

Dr. Bond has said that “homeopathy avowedly contends with diseases beyond materiality.” Mr. J. Schmidt positively denies the assertion. If Mr. Schmidt will refer to Dr. Bartlett’s Philosophy of Medical Science, page 191, he will find the following laid down as the first principle of homeopathy, derived, as Dr. Bartlett says, from the French translation of Hahnemann’s exposition. Prof. Bartlett’s character is sufficient authority for taking the quotation from him.

“1. To the entire human organization is superadded an immaterial principle—a dynamical or moving force—active in itself—by which the organization is ruled and controlled. It is this dynamical force or principle upon which all morbid causes or influences act, and the disturbances which these causes occasion in this principle, operate of necessity upon the organization, deranging its healthy actions, and perverting its natural sensations.”

If Mr. J. Schmidt cannot see in this statement a plain corroboration of that made by Dr. Bond, he must be wilfully or judicially blind.

Dr. Bond says that homeopathic medicines “elude analysis,” and “their bulk defies the microscope.” To this Mr. Schmidt replies by saying, “that the diameter of the pellicules is, in fact, from the one-fifteenth to the one-sixteenth of an inch.

We can hardly treat this part of Mr. J. Schmidt’s letter pleasantly. It is so evidently an attempt to deceive, that we can with difficulty refrain from expressing in plain language what we think about it. Does Mr. J. Schmidt, dare to tell this community that the “pellets” of sugar of milk represent the bulk and quantity of the medicinal agent he pretends to give? Does he mean to say that a drop of his tinctures contains a drop of his medicine? Dr. Bond never said that the vehicle in which homeœopaths pretended to convey their imaginary doses, was not visible and tangible. Mr. J. Schmidt knew this well enough, and now we will give him an opportunity to test his microscopic vision, and “analysis,” too, to the utmost.

In the first place, will he be pleased to apply his microscope to the odor of one of his smelling bottles, and find the bulk of the dose prescribed for the olfactories? When he has succeeded in this, we will call his attention to the probable bulk of a medical atom diluted to the thirty-first power.

In preparing homeœopathic dilutions it is understood that one grain of any
medicinal substance (and sulphur and table salt are among Hahnemann's most trusted remedies; the former from his notion of the wonderful prevalence of itch,) is mixed by sundry rubbings and turnings with ninety-nine grains of sugar of milk. Of this mixture, one grain is again mixed with a second ninety-nine grains of the sugar of milk. The second dilution contains, therefore, \( \frac{142857}{100000} \) part of a grain of the medicine, salt, or sulphur, or flint, or whatever it may be. A third mixture brings the proportion to a millionth; now let anybody who is disposed to see how far the power of numbers exceeds the power of human conception, carry the calculation on to the thirtieth dilution, and when the mixture is prepared, let Mr. J. Schmidt bring his microscope and find the bulk of the infinitesimal dose.

As we are not disposed to do the necessary cyphering ourselves, we avail ourselves of the calculation found in Paris Pharmacologia. If instead of taking out the hundredth grain, and adding it to the second hundred to get the 10,000th, and so on, the dilution should be attained by adding the necessary quantity of sugar of milk, in order to preserve the proportionate quantity of medicine, the quantity required would be as follows:

For the fifth dilution, 14.285 cubic feet of sugar to each grain.

Tenth do. 142.8571428571428571428571428571

Fifteenth do. 1428571428571428571428571428571428571

Thirtieth do. 1428571428571428571428571428571428571428571 71428571.

A very pretty sum in enumeration, Mr. J. Schmidt. The calculation may not be very accurate, but a few millions more or less is of little consequence in such enormous aggregates.

Now let us help our readers to comprehend the meaning of these figures.

The fifth quantity would represent a globe of sugar 30 ft. in diameter.

Tenth do. do. do. 12 miles do.


Thirtieth do. do. do. 264.646.9 24.646.784 do.

Now, Mr. J. Schmidt, bring your microscope and find the proportion of a grain of sulphur in an atom of this mighty mass. But to aid you in the selection of an instrument of sufficient power, let me hint to you that the greatest distance of the earth from the sun is 97,000,000 of miles, and that the twentieth dilution would require a sphere of sugar more than half the diameter of the sun's distance from the earth, while the thirtieth would require a sphere of sugar in comparison of the diameter of which the distance of Herschel from the earth would form but an infinitely small fraction. Yet Hahnemann recommends the fifteenth-hundredth dilution, and says: "Experience has proved that it is impossible to attenuate the dose of a perfectly homoeopathic remedy to such a degree that it will not produce a decided amelioration in the disease." (Stratton's Trans. of Organon, p. 274.)

We have no doubt that Mr. J. Schmidt, and his homoeopathic friends, will say that these calculations are mere caricatures. There is some advantage in advocating a system, the true principles of which are incredibly absurd, for it is exceedingly difficult to make people believe that human folly can have gone the length required to permit the acceptance of such propositions. But if Mr. J. Schmidt dislikes these calculations, let him make calculations for himself, and give us in round numbers, the weight and magnitude of the diluted medicines he uses—not the sugar in which his potencies are supposed to be enveloped. He had a good opportunity to do this when replying to Dr. Bond, but did not make use of it. Let us have no dodging next time.

The only thing that looks like an attempt at an argumentative defence of
homœopathy, is the miserable effort to show that Hahnemann was an able man, and, therefore homœopathy, is likely to be true, or, as Mr. J. Schmidt expresses it, the "chances" are, that Hahnemann was as likely to "stumble upon the truth" as any one else. "Stumbling on it" was certainly his only "chance" of finding it; but what kind of language, what manner of reasoning is this? Knowledge then is an accident to be "stumbled on!" To know whether a system is truthful, we have only to inquire whether the proponent is a man of parts, and from his mode of seeking truth blindfold, as likely to "stumble on it as any body else!"

If it were worth while, it would be easy to show that men are more apt to "stumble" upon errors than truths, and that Hahnemann was peculiarly liable to such accidents.

Again, Mr. J. Schmidt attempts to show that inasmuch as Dr. Forbes, and a few other erratic medical men, have spoken somewhat favorably of Hahnemann, therefore his system is true!

It might have occurred to Mr. J. Schmidt, had he known any thing of the rules of evidence, that if he brings medical testimony into court, to sustain his cause, he must admit the force of similar testimony against it, and if Hahnemann is to be judged according to the opinions of physicians, the favorable evidence would be reduced to the potency of a homœopathic dilution. Mr. J. Schmidt ought to have known that Hahnemann is regarded, by medical writers generally, and by the medical profession almost universally, as a humbug of the first water—full of vanity, and dealing out as facts, without the exercise of the least discrimination, statements and doctrines too absurd for serious refutation. But we have not space to quote from medical writers for evidence of this well known opinion.

In reply to Dr. Bond's marine illustration of homœopathy, Mr. J. Schmidt gravely announces that "homœopathy never professed to save people from drowning!" There is a good deal of pleasant simplicity about Mr. J. Schmidt.

Passing from the ridiculous, Mr. J. Schmidt makes a decided vault towards the sublime, and in solemn sententiousness announces his creed thus:

"The man of true science doubts nothing—ridicules nothing, but the existence of matter without a God!"

He has spoken! Out of emptiness has come forth a sound! Never did a man confess a more appropriate creed. To one who has avowed a belief in homœopathy it would be sheer affectation to doubt anything, and so Mr. J. Schmidt, "the man of true science," believes every thing except the existence of matter without a God!

To one who has homœopathy to defend, ridicule is particularly obnoxious. Therefore Mr. J. Schmidt ridicules nothing but atheism. The "man of true science doubts nothing." On the contrary, he doubts everything until it is proved to be true. Does the man of science receive every proposition offered him? Does he believe in perpetual motion and the quadrature of the circle, in Mormonism, Mohammedanism, spiritual knockings, hydropathy, homœopathy, Thompsonianism, mesmerism, and every lie and blasphemy, uttered upon earth in the name of science?

Mr. J. Schmidt doubts nothing, ridicules nothing. Elijah ridiculed the priests of Baal, but Mr. J. Schmidt rebukes the old prophet. The stern man of God should have "doubted nothing, ridiculed nothing." Mr. J. Schmidt would not have doubted, had he been there. Indeed he might have been a priest of Baal himself, for even these pagans would have consented to receive the one positive dogma of his creed, the existence of a God.

Mr. J. Schmidt complains that Dr. Bond has not "studied" homœopathy.
The true grievance is, that Dr. Bond knows too much about it. Studying it is the last thing that Mr. J. Schmidt wishes to be done.

If Dr. Bond is ignorant, let Mr. J. Schmidt convict him of it by showing the truth, not evading discussion of it.

As Mr. J. Schmidt is fond of quotations, we commend to his consideration the following from Rochefoucault: "Comme c'est le caractere de grands esprits de faire entendre en peu de paroles beaucoup de choses, les petits esprits, au contraire, ont le don de beaucoup parler et de ne rien dire."

We now take leave of Mr. J. Schmidt, thanking him for the pleasant entertainment we have had in his company.

"And when he next doth ride aboad, May we be there to see."

Dental Times.

NOTICE.

The Fifth Annual Meeting of the American Medical Association will be held at Richmond, Va., on Tuesday, May 4th, 1852.

All Secretaries of Societies and other bodies entitled to representation in this Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II. of the Constitution:

"Each local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CLAIBORNE GOOCH,
One of the Secretaries,
Bank Street, Richmond, Va.

A MEDICAL PARTNERSHIP.

We are in the habit of keeping a benevolent eye to windward for our distressed brethren. Anticipating shortly a change in the occupation of the editor of the American Journal of Homeopathy, we would direct his attention to the following:

Visiting a patient lately at a near city, a medical friend pointed to a one story wooden building, with the following assortment of signs, significant of the versatility of its occupant's genius.

WILLIAM BOYD, MEDICAL GALVANIST AND HOMŒOPATHIST.
TAILORING AND CUTTING, BY WILLIAM BOYD.
PHRENOLOGY AND MESMERISM.
DR. BOYD.
FASHIONABLE DRESS MAKING.

There was a "Lean-to" or adjoining shanty, with a communicating door, and an assortment of vegetables. Never despair after this, O ye persecuted philanthropists.—Scalpel.
RUPTURE OF THE BLADDER FROM EXTERNAL PRESSURE.

Dr. Tomkins, of Yeovil, records in the *Provincial Medical and Surgical Journal*, (Oct. 29th, 1851,) a case of rupture of the bladder, which is very interesting, as showing that this accident is not necessarily fatal.

The subject of it was a man who, whilst undermining some earth in a deep cutting for a railroad, was thrown from a height of more than twenty feet; the ladder on which he was standing was knocked from under him by the sudden fall of an almost solid portion of earth, weighing several tons. The man fell on his back, and the pickaxe with which he was working, together with the ladder, were thrown several feet behind him. The main bulk of earth descended on his abdomen, and it required the united efforts of nine or ten men to lift it from his body.

The surgeon who first saw him found the abdominal integuments much contused, and an extensive lacerated wound in the perineum, through which three fingers could be passed with ease, and which enabled him at once to discover that the bladder was ruptured.

When seen by Dr. Tomkins, the patient was pulseless. There was considerable haemorrhage from the wound, which was three or four inches in extent, laying open the posterior portion of the urethra. Dr. T. passed his finger through the wound, and found the bladder extensively ruptured, and at the same time introduced a catheter by the urethra, and brought it readily through the rent into the perineum. When reaction took place, the patient suffered most intolerable pain, accompanied with sickness and vomiting, for which a grain of opium was given every hour or two, with the best effect.

It is unnecessary to detail the symptoms and treatment of the case from day to day. Considerable sloughing of the integument of the abdomen took place. Fomentations and poultices were applied; the bowels were kept open by the aid of injections and castor oil; his strength was kept up; and opium given freely to soothe his pain, to the extent of from eight to sixteen grains a day. The wound soon began to assume a healthy aspect. A catheter was passed from day to day, and occasionally kept in the bladder a few hours at a time. At the expiration of two months the wound had healed, leaving the course of the urethra rather tortuous; but at the end of another month, when the man left the town, the bladder was so far restored as to enable him to retain from eight to twelve ounces of urine.

With regard to the question how this wound was produced, Dr. T. observes, "It is certain it was not from the entrance of any extraneous substance from without, for the man had on a pair of new corduroy trowsers, suspended by his braces, and there was not the slightest rent about them. It is, therefore, evident that the weight and pressure of the earth compressed the bladder so completely within the pelvis that the urine was sent forward with such force as to tear the urethra and perineum in the manner described; and this tends to point out the utter impossibility of deciding, in many cases, the precise mode in which wounds are inflicted, or the weapons or missiles by which they have been caused."—*Am. Jour. Med. Science*.

Is not the recovery in this case due to the fact that the perineum was extensively lacerated, thus allowing a free escape to the extravasated urine? And if so, it shows still more conclusively that the correct proceeding in these cases is to operate at once as for stone in the bladder, according to the practice of Dr. William J. Walker.—*Ed. N. H. Journ. of Med.*
The Case of Dr. J. K. Rodgers. We recently noticed the decease of this gentleman, and are sorry to be compelled to add that a fierce dispute has arisen among the medical gentlemen who treated him. Dr. Alexander E. Hosack, of New-York city, a brother-in-law of Dr. Rodgers, has issued a large pamphlet, concerning the treatment of the deceased. From his account we condense the following history of the case. Dr. Rodgers, though not a robust man, usually enjoyed very tolerable health. In 1835 he suffered from derangement of the digestive organs, which does not seem to have been completely understood, though it was called dyspepsia. But it was on the ninth of October last that he was seized with the disease which eventually proved fatal. On Saturday, the 11th, he was seen by Dr. Dubois, who gave him a Seidlitz powder. On Sunday, Dr. Wilkes called on the family, and Dr. Rodgers consulted him as to his disease. Dr. W. considered it functional disorder of the liver, and advised blue pill, to be followed by a cathartic. Dr. Hosack saw him first on the 13th, when he was free from fever, with a white, slightly coated tongue, although he complained of pain in the bowels, and of a slight uneasiness in the hypochondriac region, for which he had applied a mustard cataplasm. He did not wince upon pressure. On the 14th he was much the same; with the exception of a slightly accelerated pulse, full and compressible, with a tongue assuming a dingy hue at its base. Dr. Hosack considered those to be the symptoms of biliary congestion, and advised him to take an emetic or ten grains of calomel; but Dr. Rodgers "having a particular dislike to both these remedies," declined taking either. Dr. Rodgers then told Dr. Hosack that he had been visiting a patient at Flat-bush, Long Island, sick with bilious remittent fever, and it was his opinion that in consequence of his exposure to the miasm of that district he had contracted the same disease. The same evening Dr. Hosack and Dr. Dubois consulted concerning the case, but the latter had before said that it was bilious remittent fever, and adhered to that opinion. On the 15th the patient was found quite jaundiced, and Hosack again urged the use of calomel, to which objection was again raised on the part of the patient, because he feared salivation, but he was finally persuaded to take a very mild mercurial. At this time there was no pain or tenderness on pressure, or upon turning in bed, rising up or lying down. On the 17th the patient felt better, but the sallowness was more complete. On the evening of the 17th, Dr. Delafield was added to the consultation. On the 18th, during the absence of Dr. Hosack, it was decided to change the treatment, the other physicians, Dubois and
Delafielid, expressing their opinion that the disease was bilious remittent fever. The remedies used were the usual febrifuge medicines. From this treatment and diagnosis Dr. Hosack expressed his entire dissent. But in justice to Dr. H. we must here give his own words concerning the progress of the case till his withdrawal from the consultation.

"His symptoms at this time were general restlessness, imperfect sleep, depression of spirits, anxious countenance, slight fever, increased sallowness, accelerated pulse, and at times moderate perspiration. These symptoms continued much the same from the 19th of October to the 22d, (when rigors first appeared,) with the exception of the increased frequency of the pulse, which varied from 95 to 120, but usually at the standard of 110, always full and compressible. The rigors recurred at irregular intervals, sometimes in the night, and at any hour during the day; at first, however, there were but one or two in the 24 hours; they soon after increased in frequency, jaundice more apparent.

The rigors were always immediately followed by profuse perspirations; the pulse, as observed by myself, was 110 just before, during and after each rigor, which was always accompanied by more or less perspiration, and followed directly after by a profuse sweat. The gentlemen in consultation, with the view of opposing the chills, prescribed (in opposition to my judgment,) quinine in 10 and 5 grain doses, at intervals of several hours, which was continued for several successive days. The positive effect of quinine was in due time made manifest by ringing in the ears and almost total deafness; in consequence of which it was discontinued on the 29th of October. Dr. Delafielid remarked in consultation at the same time, that it was very evident that the quinine was doing no good; that there was something in the case that he could not understand; to which I replied, that I understood it, and could account for it in a very satisfactory manner. The aromatic sulphuric acid was also prescribed in large doses, for the purpose of arresting the excessive sweats. The strong tincture of aconite was also administered in doses of one drop each.

At this stage of the disease, finding myself opposed in opinion, and the patient evidently getting worse, in one of my visits to Dr. Rodgers, (when alone with him in the room,) I was prompted by my deep solicitude and anxiety on his account, to urge upon him the necessity of further medical advice. Seated by his bedside, I asked him to permit me to call in Dr. Wilkes, (as I daily communicated with him in regard to his illness,) who had seen him, and thought as I did. I then said, 'If you will permit me to do so, and follow our advice, you will get well; I promise you, you will recover.' To which he replied, after a moment's reflection, (being still biased with the idea of fever,) 'If I do, I can never recover, and I have all confidence in Delafielid.' It is deserving of remark, that a few days after, finding he was growing worse, he said to a member of his family, 'There is something in my case that Dr. Delafielid does not understand, nor I either.'

At this period of his disease, the 23d of October, on the day after the appearance of the rigors, I again remarked to Drs. Delafielid and Dubois, in consultation, that it was not bilious remittent fever, as it wanted the characteristics of fever, and that it was the consequence of unremoved obstruction in the liver. Dr. Delafielid then asked me where I located the disease; to which I replied, in the liver, either arising from obstruction in the "ductus communis choledochus" by biliary calculi, or from inspissated bile in its transit from the ramifications of the portal vein of the liver to the biliary ducts,
and that these chills, so denominated by my associates, were rigorous, indicative of matter forming, if not already formed; to which he replied, "I hope not," and said, "I had nothing to stand upon, or to sustain me in my views." I then asked him, Are these symptoms nothing? this jaundice, this condition of the tongue, these rigorous, followed by profuse sweats, and this peculiar, rapid, full, compressible pulse, and comparatively moderate heat of skin; are all these symptoms nothing? In answer to which, Dr. Delafield remarked, that this yellowness and other symptoms, as above observed, were frequently met with in bilious fevers; to which I replied, 'I have, then, yet to learn what bilious fever is.'

These same remarks were repeated in substance by me to Dr. Swett at the time of my withdrawing from the consultation, on the morning of the 9th of November, (he having been called in on the 1st inst.,) with the additional observation, that in fever there should be remissions and exacerbations, a furred tongue, and a burning, hot and dry skin.

I then drew a parallel between the pulse of bilious fever and the pulse of matter forming, or just formed, as follows: In bilious fever, during the exacerbations, it would be small, corded and quick, varying in frequency (from the remitting stage to the highest degree of fever,) from an almost natural state to 120, at which height of pulse perspiration would commence; whereas, the pulse indicative of matter would be always frequent, full and soft, varying but little from 95 to 110, while the skin most of the time would be comparatively cool. The pulse full and soft is 110 just before, during and after each rigor, which is immediately followed by profuse perspiration.

After these remarks I observed, 'With these existing symptoms, gentlemen, how is it possible you can see things with such different eyes from me?' Placing my hand upon my knee, I said, 'It is as plain to me as if matter were formed in this joint, which the knife can release; but in this case we have no such opportunity. I have no doubt that matter, if not already formed, will form and terminate fatally.' I then added, 'From my deep solicitude, I have scarcely slept for the last two nights, and have tried to reconcile my opinion with yours, but the more I reflect upon the subject, the more I am convinced that I am correct in my views.'

I then withdrew from the consultation, remarking that I did so with all respect and deference to them, but that I could not remain to trammel them by my presence, or witness a course of treatment I could not sanction.

From my connection with Dr. Rodgers, I had the privilege of visiting him at all times during his last illness, and had ample opportunity to observe the progress of his disease, and the treatment pursued by the physicians left in sole charge of him. Upon my proposing to withdraw from the consultation, it was suggested by Dr. Delafield that the patient might be disturbed by knowing that I had done so. In reply, I assured him that I would take care he should not be apprised of it, and would therefore visit him at the accustomed hour of consultation, without retiring afterwards to the council chamber. Under these circumstances I do not feel called upon to offer any excuse for continuing the history of his disease to its termination."

After Dr. Hosack withdrew from the consultation, the rigorous continued, sometimes following each other rapidly, but the treatment was continued by means of quinine, aconite and nitro-muriatic acid, as being appropriate to bilious remittent fever. Dr. Rodgers died on the morning of the ninth of November. A post-mortem examination was made, of which the following is the report given by Dr. C. G. Isaacs, who conducted the examination:
"On laying open the cavity of the abdomen, it was found to contain a large quantity of semi-purulent matter, with flakes of coagulable lymph, which adhered to the peritoneal lining of the abdomen, and to the serous surface of the intestines. The omentum was partially spread out over the small intestines, and adhered slightly to their surface. On carefully separating with the knife, the mesenteric border of the small intestines from the mesentery, numerous small drops of purulent matter were observed, on the separated edge of the mesentery, and on the corresponding border of the intestine—along the whole extent of divided surface, from the termination of the ilium up to the commencement of the jejunum. (This purulent matter was afterwards ascertained to have issued from the cut orifices of the mesenteric veins.) On cutting into the mesentery, several small depots of purulent matter were found, containing from half an ounce to an ounce and a half of fluid. These were situated in the cellular tissue, between the laminae of the mesentery. The large and small intestines were removed and opened; but did not exhibit any appearance of disease (except on their peritoneal surface.) The stomach, spleen and pancreas were healthy. The liver was removed, and the biliary ducts carefully traced out and opened, and appeared healthy. The liver was then laid upon its inferior surface, and upon making an incision upon its upper, or convex surface, several small points of purulent matter were perceived. On carefully examining these, the purulent matter was found to issue from the cut orifices of the branches of the vena portae. Incisions were then made into the substance of the liver, in various places, and the same appearances were observed in the cut portions. The trunk of the vena portae was now examined, and presented the appearance and feel of a firm, hard cylinder, and when opened was found to be filled with coagulable lymph and semi-purulent matter, and a few small clots of blood. This vein upon being traced into the right and left lobes of the liver, exhibited the same appearance in its branches, as far as their third and fourth divisions. Subsequently, (next day,) a small portion of the liver, placed under the microscope, exhibited no pus globules in its minute structure. On examining at the same time a portion of the mesentery, and carefully tracing up a branch of its mesenteric vein towards the intestine, this vein with its small branches was observed to be filled with shreds of coagulable lymph and semi-purulent matter. At the apex of both lungs, a few small cicatrices were found, as also some three or four small cretaceous masses. A few old and slight adhesions existed between the right lung and pleura costalis. The structure of the lungs and heart was perfectly healthy."

Of this report Dr. Hosack remarks that it does not in his opinion give an accurate impression of the actual condition of things, "inasmuch as every branch of the portal vein in both lobes so cut was literally gorged with purulent matter as far as the eye could follow its ramifications. But this is sufficient to show that Dr. Hosack was right in his diagnosis, and of course that the disease was not properly treated. This is not, however sad it may be, remediable—neither shall we on this account greatly blame the physicians who supposed it to be remittent fever. The best physicians err in diagnosis, and there may have been appearances which would have led others to give the same opinion. Neither is it by any means shown, because in this case Dr. Hosack was correct, that he is a more skilful physician than the others. In fact, had there been nothing more in the case than what appears above,
we presume Dr. Hosack's pamphlet would never have been published. But here commences a history which must make the ears of every one tingle, and spread the deepest hue of shame over the face of every man who has at heart an earnest desire for the honor of the medical profession, and remembers how much its honor is in the keeping of its prominent members.

The first thing we notice, though not the first in order of occurrence, is the statement in a note, that Dr. H. could not give the precise quantities of medicine ordered by the attending physicians, because he was unable to obtain any information from the apothecary "who was instructed by the attending physicians to refuse to give me a copy of the prescriptions." Clearly this must have been after the post-mortem examination revealed the real disease, and the attempt was made in this manner to conceal improper treatment. Can there be any occasion for us to comment upon such an unmanly course?

In the second place, after the death of Dr. Rodgers, the attending physicians made the arrangements for a post-mortem examination without giving any notice of it to Dr. Hosack. He was informed of it, however, at a late hour from another source, and taking with him Dr. Wilkes, and three other medical friends, attended at the appointed time. It was a wise precaution to have witnesses, and certainly common courtesy, if nothing more, required a notice of the time of examination to be given to Dr. H., and his presence should have been asked. Can it be that these gentlemen distrusted their diagnosis after the fatal termination, and wished to make the examination alone, and report as they thought best? It seems hardly credible, and still there is no other explanation which can be put upon it. The day previous to Dr. Rodgers' death Dr. Swett said "that he was more confirmed than ever that it was bilious remittent fever." Why then should not Dr. Hosack have been asked to attend the examination, and thus be convinced of his error. It is very doubtful if the precise state of the portal system would have been known abroad, had not Hosack and his friends been present, because it would then have been easy to conceal it, and the temptation to do so would have been exceeding strong.

In the third place we have certain occurrences of which Dr. Hosack gives the following account:

"These three gentlemen, Drs. Delafield, Swett, and Dubois, are members of a Pathological Society, which is presumed to be a scientific association for the investigation of truth. These gentlemen, after the post-mortem examination of the body of the late Dr. Rodgers, repaired to the rooms of the Society, which held its regular meetings three days after the death of Dr. Rodgers, and there made a statement pronouncing the disease to be that of phlebitis of the portal vein which had caused his death, retracting the opinion which they had before most decidedly expressed, of its being bilious remittent fever, and that I, as well as they were wrong, and this they also repeated in domestic circles. Remarks immediately followed by some of the members. Dr. Clark, the Professor of Pathology in the College of Physicians and Surgeons of the University of the State of New-York, addressed the meeting and said, 'that this disease was one of very rare occurrence; but
six cases only had been known to the profession, and that one of these was that of Dr. Rodgers. He said, this disease has no pathognomonic symptoms, and cannot be discovered until after death, and if known could not be cured, as it is always fatal."

"The learned professor goes on to state that it was impossible for any person to have diagnosed the disease of which Dr. Rodgers died; then appealing to the Society, he said, 'by the nods and smiles of acquiescence of those about me, I am satisfied that a part, if not the greater part of this Society, agree with me in opinion.' This eloquent speaker was followed by another member of the Society, who stated, 'that a member of the profession and his friends were circulating a report that Dr. Rodgers died from a mistake in the treatment of his disease, and that if they, (this physician and his friends,) had had the management and treatment of this case, they could have cured him.' He then moved 'that a vote of censure be passed upon this physician, and that all the members of this Society go forth and contradict such a statement.' The above communication and remarks are deserving of but little notice. I cannot, however, pass over the scientific part of Professor Clark's assertion. He states in the first place, 'that the disease was of very rare occurrence, and that only six cases had been known. Secondly, that this disease has no pathognomonic symptoms, and if known could not be cured, as it is always fatal.' As these assertions are so amply refuted by the authorities quoted, any additional observation from me is unnecessary, particularly as the number of authorities quoted at page 34 furnish some three, some four, some five cases, exhibiting pathognomonic symptoms as laid down, several of which were diagnosed before death in the hospitals of Vienna, Paris, Berlin, &c. &c. In reference to the last part of the learned Doctor's observation, where he says, 'by the nods and smiles of acquiescence of those about me, I am satisfied that a part, if not the greater part of the Society agree with me in opinion,' this I should deem unnecessary for a professor of pathology whose word alone should almost be a law to his hearers. I am therefore quite at a loss to imagine by what motive Professor Clark was actuated in enlisting proselytes, unless it were that of screening his fellow-members. At all events, it comport but little with the dignity of a Society, professedly learned and having truth for its object, to feel such necessity and to resort to such unworthy means to uphold errors, committed by individuals of their society, and reflecting upon a member of the profession, who is in no way connected with these local institutions. As regards the remark made by the gentleman moving the vote of censure, I presume he did so in allusion to my having tried to persuade Dr. Rodgers in the early part of his illness, to allow Dr. Wilkes and myself to assume the charge of him, and of the assurance I gave him of his recovery, in the event of his complying. Aware that the Society has honorable members in its association, and not believing it possible notwithstanding the course pursued by Dr. Clark, that they could receive and condemn upon ex parte statement, at the next meeting, on the 26th of November, I deemed it a duty to myself as well as to those honorable members, to send them so much of the case of Dr. Rodgers as came under my observation, up to the time of my withdrawing from the consultation, which was done with a liberal and impartial consideration, accompanied with, what I conceived to be, a polite note, explanatory of my object, addressed to the President and members of the Society. The note being read, Dr. Swett moved that the documents be referred to a committee, saying, 'that as Dr. Hosack was not a member of the Society, the admission of a communication of this character without any previous
consideration, implies a want of correctness in the statement of the same case, as given by a member or rather several members of the Society at the last meeting, and that the Society should by all means sustain its members, (even in error, I presume, according to Professor Clark's doctrine,) in the veracity of their report, and that they ought to have no controversy about it, for if they did, they would get themselves more and more in hot water.'

'Not hearing from the Society of any action having been taken upon it, (even in secret,) I must conclude that my communication was rejected.'

Now what does every honest man say to this? Was there ever a more astounding revelation of the proceedings of a scientific association? We have always advocated the formation and maintenance of medical societies; but either they are not formed for such purposes, or we will abandon them entirely. Shall such a society be perverted from its legitimate use—the investigation of science—and pass votes by which they agree to go forth and contradict statements prejudicial to its members in order to sustain them? Dr. Clark's statements, as to the frequency of the occurrence of this disease, its obscure symptoms, and its incurability, are all erroneous, and it is strange that a man who has been so constantly occupied in pathological investigations, who has been so long a teacher of pathology, should not have known better. There is an apparent desire on the part of this association to sustain each other, right or wrong; for upon no other ground can these proceedings be accounted for. What shall be said of such an attempt, whether made by prominent men or by those less distinguished? An association such as we suppose this to be, at any rate such as by its name it professes to be, should have occupied itself with the discussion of the proper treatment of this disease, and how to avoid the error into which some of its members had fallen, that if a similar case occurred in their practice they might be able to treat it more skilfully. Instead of this, an attempt is made to convince the public that the disease is very rarely met with, but few cases having occurred, and that if it had been recognized, the result must have been fatal. We have no patience with such proceedings.

The aim of every medical society should be to find out the truth, and to aid in its investigation, and to oppose all that would falsify facts or give a coloring to occurrences other than the true one. Some of the members of the "New-York Pathological Society" have departed from this course, and we assure them that the profession cry out shame against them. The honest members of this society must exceedingly regret these transactions, for they suffer in some measure in consequence of them, and so does every man in the profession. Some of the gentlemen engaged in them hold prominent positions, and of them better things were expected. They have lent the influence of their position to oppose the truth, and they must take the consequences; and we can tell them that these consequences are not trifling.

In conclusion, a word to our readers. We have made this statement of the case of Dr. Rodgers, and the accompanying remarks upon it, in consequence of no friendship for any one connected with it. We know none of
these gentlemen; we have no enmity to any of them. But we find here a case which has been brought prominently before the profession, and as a journalist we may not ignore it. It is unavoidable that we should condemn, or by our silence approve, these efforts of a party in the profession to sustain each other. Could we hesitate which to do? Still more the same disposition to sustain friends has been manifest in the national association, and though hitherto it has been rebuked, it is one of the sources of danger to the usefulness of that body. Here we have an exemplification of its evils, and one that must warn every one to oppose such tendencies wherever found. And it has been due, too, to the profession of New-York. Though we do not carry the weight of some of our contemporaries, it is our duty to accomplish all that lies in our power for the advancement of the profession,—and therefore it is our duty to say to those engaged in such transactions as we have above cited, that their conduct is observed and disapproved outside of the walls of their rooms, and beyond the limits of their city; that it is frowned upon, and that they will be held strictly accountable for the disgrace they have brought upon their profession.

NEW MODE OF TAKING COD LIVER OIL. Dr. Routh, of London, states in the Medical Times that by digesting a number of Sardine fishes in cod-liver oil for a month, it acquires the taste of Sardines, and is very pleasant to take; "spread over a piece of hot toast, it formed really quite a luxury." This beats the candy and lozenge makers entirely.

MAGNIFICENT MEDICAL LIBRARY. At the annual meeting of the Massachusetts Physio-medical (i.e., botanical,) Society, held at Worcester, the librarian of the Society submitted the following report:

"There are in the Society four large octavo and valuable volumes, the liberal donation of Geo. H. Dadd, M. D., of Boston. They are volumes of the London Lancet, and are in good condition. The librarian, should his office be continued another year, would respectfully represent that he could take charge of a larger number of volumes; and he would strongly advise that the members of the Society severally make additional donations of the most valuable medical works in their possession." The Bodleian, and all other libraries, are now thrown entirely into the shade.

QUERY? Is our neighbor of the Northern Lancet sure that those clinical lectures are actually delivered, as reported? We have heard the contrary stated on what appeared good authority, and it is necessary for us country people to keep a sharp look out for the cits.
Dr. Garland contributes to this number an interesting article upon " Hepatico-Ductitis." The disorder of the liver to which he refers, has been of common occurrence in this region during the past winter, and these views of its pathology are of interest, not only with reference to this disease, but because if true the same principles may be extended to other glands, as the kidneys. Our own experience differs from Dr. Garland's in one respect; the stools have always been clay-colored instead of natural, and a return of color has been among the first indications of improvement. The matter is of interest wherever this disease has prevailed, and we shall hope to receive communications from other gentlemen upon the same subject.

Transactions of the American Medical Association. Through remissness in forwarding the subscription, we, in common with most of our neighbors, have lost the opportunity of obtaining the fourth volume of these transactions, but by the kindness of Prof. Peaslee we have been favored with his copy for a time. This is a volume of 676 pages, one hundred of which are occupied by the prize essay upon the corpus luteum. We propose to lay before our readers a careful resume of the whole, knowing that most of them are in the same unfortunate predicament with ourselves as to the possession of a copy of this volume.

Ship Fever. This form of typhus fever is again making ravages among medical attendants of the emigrant hospitals of New-York city. Dr. A. Sidney Doane, of the Quarantine department of that city has fallen, as have also a number of younger men. We find the following remarks by our friend Dr. J. B. Upham, in a late number of the Boston Journal, and copy them as an illustration of the dangers to which physicians are exposed, and the liberal policy of city and town fathers towards them.

"This melancholy event has impressed me more strongly than ever with the fact of the unusual fatality of this disease among the members of our profession. Statistics will show that no epidemic or contagious malady has ever visited our shores, that has carried off so many medical men in proportion to the number exposed."

"It must be noticed that here, and elsewhere, the municipal authorities, having these matters in charge, seem coldly indifferent to the requirements of our large hospitals devoted to the reception of emigrants and indigent patients. The medical force allowed is wholly insufficient. In 1847, during the great prevalence of maculated typhus at the House of Industry, in South Boston, the whole medical staff consisted of a superintending physician, one recent graduate, and two students in medicine, one of whom was disabled by ill health from entering the hospital. To this small force was committed the care of 200 fever cases and 600 miscellaneous patients connected with the several institutions, and requiring daily and nightly attention. It pains me to add that a petition from the superintending physician to the proper authorities, at that time, to be allowed to select an assistant physician, who might share with him the responsibility of his arduous duties, was met by delay and refusal, and only granted at last when the unanimous voice of our profession made it imperious. No wonder that with such labor, and so little to second their efforts, the strong give way and the boldest succumb.

We honor that charity, at once broad and deep, which has founded these noble institutions throughout our land. Humanity demands their sufficient endowment. The error in this respect lies in not sufficiently regarding the opinions of medical men, who alone are competent to judge."
REPORT OF THE CASE OF JOHN A. DOBIE.

By E. R. Peaslee, M. D., Prof. of Anatomy, &c., Dartmouth College.

[The readers of the Journal will doubtless remember this case, as having excited no slight degree of interest at the time of its occurrence; and also that a report of it from another source has been announced. Having, however, expected the latter somewhat more than a year, and finding that the incorrect notions respecting it, before generally entertained, are only confirmed by the brief allusion to it in the last volume of the Transactions of the American Medical Association, I feel it a duty to the profession to state the facts of the case. The following is a full account of all the essential facts and circumstances, previously to the operation of Dr. D. Crosby; and also includes the most prominent of those which occurred during and subsequent to it,—the whole being condensed from notes taken at the time.

E. R. P.]

John A. Dobie, æt. about 44, a well made, robust man, a bookbinder and bookseller, having lost the cartilaginous, and also a part of the bony septum of the nostrils, from a scrofulous affection, was in the habit of introducing a piece of moistened sponge into the nasal passages several times a day, to remove the fetid secretion produced by the still progressing disease just mentioned.

On the 23d of July, 1850, while applying the sponge as usual, before entering his shop, immediately after dinner, he accidentally let it slip from his fingers, and it passed back at once through the posterior nares. A paroxysm of coughing, with considerable dyspnoea, at once ensued; and I being hastily sent for, saw him probably within three minutes after the accident occurred,—at ten minutes before one o'clock, P. M.

Being told by the patient that he had "a piece of sponge in the throat," I at once passed my finger into the pharynx, expecting to find and dislodge it. Disappointed in this, and being assured by him that he distinctly felt it
in the bottom of the pharynx, and just below the point reached by the finger, I then explored that part with the long curved pharyngeal forceps, and thus ascertained that it was not in the pharynx at all. But he now insisted that my manipulations had carried it farther down, and that he could still distinctly feel it lower and in the oesophagus.

His breathing was, however, now much easier, and his cough ceased almost entirely; and I now inquired more particularly as to the precise size of the sponge, he having at first said it was "as large as half a hen's egg."

He now placed his right forefinger across the left fore and middle fingers, at the articulation of their 1st with their 2d phalanges, (thus isolating four phalanges in all,) and said, "it is as large as that." Of this, on being farther questioned, he said he was "certain." Well knowing his great accuracy of judgment, especially in regard to any mechanical matter, I was inclined to rely on his assertion far more implicitly than I should in the case of most men; and the sequel will show that I was not thus deceived.

I next examined a larger piece of sponge, from which the one now producing mischief was taken, and found it coarse and easily torn. Still so large a piece as the patient indicated, could not, it seemed to me, be so compressed by any means, supposable in the case, as to pass readily through the rima glottidis of a healthy larynx; (as there was every reason for believing the patient's to be,) or if this had actually occurred, it must still have remained so much condensed, even in the trachea, that the air could not pass so freely to and fro in that tube, as it did at this moment. I therefore stated to the patient that if his estimate of size were correct, it was "almost an anatomical impossibility" that the sponge could be in the trachea; that I still feared he was mistaken, and it might prove to be there; but that I would be certain it was not in the other passage before I should decide that it was in the trachea.

Accordingly, I now passed a feather into the pharynx, hoping a reversed action of the oesophagus might bring up the sponge. Failing in this, and finding he could swallow some water (with some difficulty at first, but more easily at each successive attempt,) I next gave an emetic of ipecacuanha. I should here remark, that after drinking the water he breathed still easier than before, and said he could feel the sponge passing downward toward the stomach.

The emetic operated in fifteen minutes; the fluid contents of the stomach being forced out to a considerable distance, and in a small stream. But the difficulty of breathing at once returned, and the patient said he could again feel the sponge at the bottom of the pharynx; where, however, a second use of the long forceps did not find it.

I now obtained, and passed slowly into the stomach, an oesophageal bougie, intending thus to carry the sponge into that viscus, if found in the passage, and at a point too low to be raised by the instruments at my command. Not the least obstruction was encountered till the instrument had passed
about half way down the tube; and here it was so easily overcome that I supposed it might be merely a slight spasmodic contraction for the instant. Another slight impediment was met with just before the instrument slipped into the stomach; but this might be owing to the end not precisely entering the cardiac opening at once.

But the patient again breathed quietly at once, and said, "now I can feel it in my stomach." I was at first inclined to think him correct in this assertion; but as now and then a single "hack" would still occur, the following questions occurred to me, and were reasoned upon as follows:

Was the sponge actually at the first point (or the second) of obstruction in the oesophagus, and carried by the bougie into the stomach, as the patient's sensations indicate? Or is it actually in the trachea, all the while?

In favor of the idea that it had been in the oesophagus, it occurred to me that so large a sponge as this was asserted to be, would probably so compress the trachea from behind, if placed any where in the oesophagus above the bifurcation of the former, as to cause all the dyspnoea and cough the patient had thus far experienced; and that on carrying it below the bifurcation, that pressure would of course be removed and the dyspnoea with it. The act of swallowing the water might also have carried it below the bifurcation, and thus have relieved the breathing; while the emetic produced the opposite effect in both respects. Besides, the single "hack" which now remains, (and seldom recurs,) of the cough, may well be owing either to the irritation consequent on my manipulations, or even to the presence of the sponge in the stomach. Finally, that so large a sponge could, in the first place, pass into the trachea; and secondly, if there, would produce no more interruption of the breathing than now existed, still seemed improbable.

But on the other hand, on the supposition that the sponge is, nevertheless, in the trachea, I might perhaps have carried it (protruding backwards so much) by the bougie, farther down that tube, as also the act of deglutition might do; while the act of vomiting might perhaps carry it up against the chordae vocales, and thus account for the cough and dyspnoea which ensued after it. The ear, applied over the trachea and chest, had detected modifications of the respiratory sounds, varying with the symptoms, but never such as to determine whether the foreign body acted directly or indirectly on the air passage.

It was however now certain that the sponge was not in the digestive passage above the stomach; and that if the dyspnoea and suffocative cough should now return, the conclusion must follow that it was in the trachea.

I accordingly remained about half an hour longer. But the patient still remaining quiet, I then left to fulfill a consultation appointment with Dr. M. F. Bridgman, six miles distant, and other pressing engagements still farther away; having previously arranged with Mr. D., that if the dyspnoea and cough returned, he should at once send for Dr. D. Crosby, and place himself entirely under his care; as such a return would indicate that the sponge
was, after all, in the trachea, and in that case there was no alternative but an operation.

On returning at 7½ o'clock, P. M., (I left at 2½ o'clock,) Mr. D. informed me that during my absence the dyspæa and cough had returned; that he called in Dr. C., who had also passed a bougie into the stomach, and not finding the sponge, had concluded it must be in the trachea; that Dr. C. had advised him to send for me; but on learning that it would be useless, I had so far to go before returning, and that it was the wish of both myself and Mr. D. that he should take the full charge of the case, if the dyspæa returned, Dr. C. remarked that he was obliged to leave town that evening in the cars, but would return the next morning at 7 o'clock, and then attend to his case.

I therefore advised him to keep as quiet as possible during the night, and to sleep in an easy chair; remarked that as it was now sunset, nothing could be done till morning, at any rate; that he was in no immediate danger, and would probably have no severer paroxysms during the night than he had already experienced, though the sponge would again, doubtless, change its place. He now had considerably more dyspæa than when I left him at 2½ o'clock, but no cough.

He remained quiet till 3 o'clock in the morning, when another paroxysm was produced by conversation with his attendant, and I again saw him. It soon passed off, after swallowing a small quantity of fluid. But I could now perceive that during the paroxysm, expiration was much more difficult than inspiration; after it, inspiration was the more difficult, while previously (in the evening) there was no perceptible difference in the two movements. This suggested the idea that the sponge was raised by the cough, in contact with the chordæ vocales, and that it fell back towards the bifurcation afterwards; but I could not ascertain its precise location by the ear placed over the tube or the chest. On enquiring if he felt exhausted, he replied, "I am not tired, but rather dozy, not having slept much."

I saw the patient at seven the next morning (July 24th,) according to previous arrangement. He had had no paroxysms since 3, A. M.; had dozed a little, and said, in reply to a question, that he felt "strong, but tired and sleepy."

But the respiratory murmur was now found to be diminished throughout the whole of the right lung; and this side was also evidently less distended on inspiration than the other,—the sponge having probably at length engaged more especially in the right bronchus. As Dr. C. had not come in, I advised to send for him, and have the operation for its removal performed without further delay; and adding that I would gladly be present if informed that Dr. C. or himself desired it, I withdrew.

Soon after eight o'clock Dr. C. sent for me to meet him at Mr. Dobie's. The question of operation was at once raised, and no difference of opinion as to its propriety or necessity being expressed, Dr. C. decided to perform it at fifteen minutes before ten o'clock, and desired me to be present.
I have been thus explicit as to all the essential facts and circumstances previous to the operation, when the responsibility of the case passed into other hands, since I have the fullest evidence that even up to the present time they have never, except by a very few, been correctly understood.

The operation was actually commenced at twenty minutes before eleven, in presence of Drs. A. H. Brown, of Lowell, Ms., J. P. Bancroft, of St. Johnsbury, Vt., L. P. French, Ashby, Ms., J. S. Ross, Bath, N. H., F. B. Brewer, Plymouth, Ms., S. A. Lord, Danvers, Ms., C. Haddock, Beverly, Ms., and myself. Also, Messrs. M. O. Heydock and A. Crosby, students.

The patient placed himself as directed, upon a sofa, his head being slightly elevated upon a pillow, and an incision an inch long was made by Dr. C. through the skin, and subsequently into the areolar tissue beneath. The parts, however, became immediately obscured by the hemorrhage; and the incision into the trachea being made under these circumstances, and while the tube was not in a state of tension, was not at first sufficiently extensive. It was, however, rapidly enlarged, and a long forceps passed through it by Dr. C. into the trachea, but without finding the sponge. But in the meantime, the blood, still flowing freely, was drawn into the trachea at each inspiration; had filled the tube from the sponge up to the incision, and thus completely asphyxiated the patient. It was remarked that the patient was dying, and subsequently added, "he is dead;" when, a proposition on my part, to try to get the sponge being assented to, I reached after it with the forceps, after rapidly removing the blood with a pellet of cotton; and succeeded in bringing away a portion about as large as a pea. A second attempt secured only a similar result, the mass was so firmly impacted; but the third removed the whole mass, as was supposed at the time,—though it will anon appear that a very small portion still remained adherent to the membrane. Still, the patient did not begin to breathe again after its removal; but after applying the usual means for exciting the respiratory movements, he at length gasped, and in a few minutes was able to answer questions.

The sponge was even larger than the patient had said. Another piece, cut out as a fac simile of it, but found on accurate comparison to be somewhat thinner and smaller, is, when moistened, $1\frac{3}{8}$ inch long, $1\frac{1}{4}$ wide, and $\frac{7}{8}$ of an inch thick; all this in addition to the three small pieces detached from the original, as before said.

Fig. 1, its horizontal outline, slightly enlarged by mistake.  
Fig. 2, its vertical dimensions.
I now expected to take no farther part in this case, and learned of Dr. C. at half past twelve, that he had closed the wound and just left the patient. But within thirty minutes afterwards, I was sent for in great haste, (as I resided nearer than Dr. C.,) as the patient appeared to be dying. I found him breathing with greater difficulty than ever before,* livid and insensible; and the neck swollen out almost to a level with his chin, from combined emphysema, and hemorrhage into its areolar tissue. I at once reopened the wound, and on passing a probe down to the bifurcation before finding a spot in which irritability enough still remained to excite a cough, I succeeded in making him expel 4 oz. or more of fresh blood from the trachea and bronchi, when his respiration and color again at once somewhat improved. Dr. C. coming in soon after the patient was relieved, and learning from me what I had done, and why, remarked that he must leave the patient in my care till night, and withdrew. I then introduced a canula into the trachea, and called several times during the P. M. to aid him in expelling the blood which still remained in the bronchi, by passing a feather down to the bifurcation, as before explained. During all this time he was at best in a semicomatose condition; could briefly reply to a question, when directly put to him, but never uttered a word otherwise, when I was present.

I have no means of knowing the particulars of his subsequent condition. His death occurred on the P. M. of the 26th July, about fifty-three hours, I think, after the operation.

Post-mortem examination, twenty-four hours after death, by Dr. Crosby and myself. Only the respiratory organs were examined; and the following is a verbatim copy of the results, as written down at the time at Dr. C.’s request.

*Larynx—large and well proportioned, but in no respect abnormal.

Trachea—inflamed throughout. A patch of inflammatory exudation just above the bifurcation, equal to about a square inch in extent; imbedded in which, and upon the left side, was a piece of sponge about the size of a common white bean, and so adherent as to detach the membrane when removed.

Right lung—very general old adhesions; with inflammation of the upper lobe, and extensive congestion of the others. The bronchial tubes yielded a large quantity of bloody mucus.

Left lung—lower lobe inflamed; nothing unusual in the other.”

The preceding case has suggested the following reflections:

I. The diagnosis, it must be admitted, was slowly arrived at. I could of course decide only by reasoning upon the facts, and the process I adopted has already been given. It is certainly much easier to see readily that the sponge might have been in the trachea, now that the possibility of so large a body passing through the rima is demonstrated, than it was before such a case had ever been known, as I believe was then the fact. Yet the patient’s

* Except during the operation, as before stated.
safety, present or prospective, was not in the least compromised by my de-
lay. The paroxysm after I left at 2½, P. M., removed any remaining doubt
from my mind, on learning it had occurred at 7½ in the evening; the modi-
fication of the respiratory movements, noticed at three in the morning after,
made the diagnosis still more certain; and the almost entire loss of motion
on the right side of the thorax, four hours after this time, at length demon-
strated its correctness. But not even up to this time were the symptoms
considered so urgent as to admit of no farther delay; and hence, as has been
seen, Dr. C. delayed nearly three hours after eight o'clock, before commenc-
ing the operation.

II. Evidently so large a sponge could not enter the nostril under ordinary
circumstances, and when not enlarged by disease. As a general fact, it may
be stated that any body which can be introduced into the nostril, may also
pass into the trachea, so far as its size, independent of its length, is con-
cerned.

If it be remarkable that the patient could force up air enough through the
sponge to enable him to articulate distinctly; it is equally so that he could
inspire it, while the sponge was both condensed in the trachea and saturated
with its secretions. The doubt thus thrown upon the diagnosis has already
been alluded to.

III. I might here allude to certain reports which were circulated at the
time, were they not, in respect both to their motives and their effects, entire-
ly undeserving of notice. Certain pathological points, however, which they
raised, are too important not to be correctly settled here.

I therefore distinctly assert that up to eight o'clock, A. M., of July 24th,
the patient was not greatly exhausted. I twice inquired in regard to this,
and have given his replies. He also walked about the room and into the
adjoining room to wait upon himself; and placed himself upon the sofa as
directed, and possessed more physical strength at that moment, in my opin-
ion, than I ever have myself. There was no decided hardness of the pulse,
or marked febrile reaction.

Moreover, the time which had elapsed between the accident and the
operation, (twenty-two hours) was not comparatively long. In very few
instances is tracheotomy performed for the removal of a foreign body at
a shorter interval than this; and frequently, days and even weeks intervene.
Again, it is not true that the sponge had, in twenty-two hours, produced a
degree of inflammation which must ultimately have proved fatal at any rate.
There were no signs of such an inflammation before its removal; and the
post-mortem examination showed that the peculiar effects of the sponge were
limited to a slight portion of the tracheal membrane. Moreover, every
medical man knows that foreign bodies (even coins) sometimes remain in
the trachea for weeks, without inducing a fatal or even a dangerous degree
of inflammation. Lastly, it is too absurd to suppose that a fatal inflamma-
tion was produced by the small portion of the sponge, left adherent to the
membrane, as shown by the post-mortem examination. Indeed, in becoming adherent it was surrounded and held fast by the inflammatory exudation and therefore did not produce any irritation even, beyond itself, and it was of course already adherent when the larger part was removed. What, then, was the cause of the extensive inflammation, demonstrated by the autopsis, in both lungs, in the trachea, and the bronchi? There were indications that it was more recent than that produced by the contact of the sponge; but the plan, already specified, of this report does not lead me to discuss this question.

IV. This case finally quiets the question—if any body still has any doubts—of the possibility of passing a sponge through the rima into the trachea, in the treatment of tracheal disease. The sponges used by Dr. Horace Green for that purpose are about \( \frac{1}{4} \) inch (generally somewhat less) in diameter. The one I actually removed was more than fourteen times as large as one of these; and the whole mass at first was at least fifteen or sixteen times as large!

It may serve also more fully to impress certain facts in the physiology of respiration, too generally overlooked, or unknown.

1st. The force of the inspiratory muscles in dilating the thorax is very great; not less than 450 lbs. in a healthy adult male, as proved by recent experiments. That of the expiratory muscles is still greater, being about 600 lbs. In the present case, the former force was acting suddenly (i.e. being in a great hurry at the time,) to distend the chest, when the sponge presented itself at the rima as an impediment to its action. It was at once condensed and forced through the opening, and all the more surely and rapidly because it so completely filled it. But, as if to make this result even more certain, the sponge also impinged with force upon the rima; it having previously passed a distance of six to eight inches, and with great velocity, through the air passage. But why was it not seized and retained by a spasmodic action of the muscles which close the aperture, as we are taught generally to expect?

2d. During the act of inspiration, and most of all at its commencement, the rima is actively dilated by the appropriate laryngeal muscles. The inspiratory muscles also act most powerfully at first. The first instant is, therefore, the time most favorable for the admission of any foreign body,* and hence the nearer it is to the rima when inspiration commences, the more sure it is to enter the trachea at once. Whenever a foreign body is held in the rima by a spasm, I consider it is generally either because it was for some reason passing comparatively slowly, or was too large and solid to pass through the rima, (e. g. a piece of meat,) or, still more frequently, had passed through into the trachea at once with the inspired air, and a cough at once occurring, was caught on its return through the aperture by the constricting muscles. It

* The inexperienced operator may avail himself of this fact if he meets with difficulty in passing the sponge into the trachea according to Dr. H. Green's plan.
is well known that bodies have often been retained thus, (and immediate death from asphyxia been the consequence,) after remaining for an indefinite period in the tube below. It should also be observed, that during expiration the dilators of the larynx are in a passive state, and hence do not oppose the action of the constrictors at all if excited, as they do actively during inspiration.

But as the expiratory muscles are the more powerful, why do we not expect they will be able to expel any body which the force of the inspiratory muscles may introduce through the rima? Not only the greater tendency to spasm of the constrictors during expiration, but also the fact that the anatomical arrangement of the chordæ vocales and the relative parts is more favorable for the entrance than for the exit of foreign bodies, aids us in answering this question. In regard to the spasm, I should, however, add the interesting discovery of Mr. Erichsen, that an opening into the trachea entirely prevents it; the foreign body being subsequently allowed to pass out through the rima without the least muscular action.

V. In regard to the operation and the subsequent treatment by Dr. C., I have no remarks to make.

VI. Finally, in another case like the preceding, I should myself attempt to remove the sponge through the rima glottidis, before proceeding to open the trachea; provided it were found (as in this case, after a fit of coughing,) in contact with the chordæ vocales. No one who has ever seen the application of the nitrate of silver to the interior of the trachea, according to the method already alluded to, can doubt the feasibility of passing a slender curved forceps into the tube through the larynx, and thus removing the sponge, if at once seized by it. Should a spasmodic action of the constrictors, however, retain it in the rima while being removed, the operation of laryngotomy would be at once necessitated, and should therefore be prepared for beforehand. But even should this become necessary, it could hardly be regarded as a mischance, since the far more serious operation of tracheotomy would thus be avoided; and which, without the use of the forceps at all, would alone have been available. In cases where asphyxia neither yet exists, nor is imminent, previous etherization might doubtless greatly diminish the irritation and spasm of the parts to be operated on; and in case of failure to seize the sponge with the forceps, the final resort is tracheotomy.

Dartmouth College, March, 1852.
REPORT OF A CASE OF INCISED WOUND OF THE THROAT,
RESULTING IN CLOSURE OF THE LARYNX BY THE CICATRIX.

By J. B. Upham, M. D., Boston.

The following instance came under the notice of the writer while a resident physician at the House of Industry, in 1847. It is deemed important as showing, in a marked degree, the serious results that may follow a wound of the larynx and its vicinity, dependent upon the natural process of repARATION, and as directing surgical attention more particularly to this point. The description, as given below, is obtained from notes of the case written down at the time, embracing a period of about four months from its commencement, after which the writer's connection with the Hospital ceased. Being never intended for publication, the details of the treatment were not recorded. The subsequent history is gleaned from the verbal reports of those under whose charge the patient came. Tracheotomy was successfully performed by Dr. Charles H. Stedman, the Superintending Physician of the Hospital. Dr. E. K. Sanborn, the resident physician at the time of the patient's death, in 1848, conducted the autopsy, and obtained the beautiful morbid specimen from which the annexed cut was taken. The care and supervision of the patient, from the date of her first admission to the Hospital till July following, fell to the lot of the writer, who is answerable for the treatment of her case during this period, and holds himself responsible in great measure for its unhappy result. For the reasons mentioned, the subjoined report, as such, is meagre, and more general in its nature than could be wished.

F. G., the subject of this case, was a female, 25 years of age, in robust health, of sanguine and peculiarly nervous temperament, intelligent and vivacious, but whose habits of life, for a few years previous, had not been wholly unexceptionable. On the morning of the 18th of March, 1847, in a fit of mental depression, she attempted suicide, by cutting her throat with a common carving knife, having a double edge at its point. The instrument being dull and the nerves of the operator unsteady, she achieved but partial success.

About 10 o'clock, of the same day, the patient was brought into the Hospital and came under our notice. She at this time exhibited great prostration and extreme nervous agitation. From the appearance of the wound, the head must have been thrown back when the incision was made, and the knife directed upwards. It consisted of a transverse cut between the cricoid and thyroid cartilages, severing the crico-thyroid membrane and the alae of the cartilage, nearly in the course of the oblique line which gives origin to the thyro-hyoidean muscle. About three fourths of the diameter of the
larynx was divided, without injury to the oesophagus or any of the larger
blood-vessels of the part. Two or three unimportant branches of the su-
perior thyroid artery were divided, producing but little haemorrhage. The
wound was jagged and uneven, and exceedingly difficult of coaptation. The
patient was now placed in a partial sitting posture, the head and shoulders
being raised and supported by pillows. The bleeding was easily arrested
by the application of cold water. A couple of sutures were taken through
the integuments at the extremities of the incision—the edges of the carti-
lage adjusted as accurately as the nature of the case would permit—a light
cloth thrown over the neck, and the head brought towards the chest till the
wound was nearly closed, and in that position confined by a bandage so as to
allow as little motion as possible. A sedative draught was now prescribed,
and attendants employed to watch the patient constantly. Ordered—demul-
cent drinks, only, by way of diet; the bowels to be kept open by mild ca-
thartics, and absolute quiet preserved.

The inflammatory stage, though violent, passed off without any ill effect.
A few nights afterwards, from inattention of the watcher, and while the unit-
ing process was progressing favorably, the wound was torn open, but wheth-
er by design or accident on the part of the patient, we could not learn.
Much the same train of consequences followed as at first, though severer,
and accompanied by an abundant secretion of ill-conditioned pus and mucus.
The frequent and violent spasmodic efforts at coughing that resulted, pro-
duced much disturbance and retarded recovery. On healing, a marked ci-
catrix was left.

It was about five weeks from the time of admission, when the patient was
discharged from the Hospital, and removed from the convalescent rooms of
the House of Industry. Her health now being apparently good, and the
weather mild, she was allowed to go about the grounds at pleasure. Noth-
ing untoward was noticeable, except, at times, a rather difficult and stridulous
respiration, which, it was conjectured, might be the result of constriction of
the canal by the irregular cicatrix; but the peculiar hysterical habit of the
patient offered also a sufficient explanation and left us in doubt. It produc-
ed but little uneasiness, and that only occasionally.

Shortly after, the patient was the subject of a violent cold, and this, being
determined to the air-passages, revealed clearly what had before been only a
matter of supposition, viz., the existence of a stricture in the larynx, at the
point of the cicatrix of the wound. When medical aid was summoned, suf-
fection was imminent, in the violent effort made to throw off the abundant
mucus. Tracheotomy offered the only mode of relief. This was performed
by Dr. Stedman, in the following manner: The patient was placed on a low
bed, with the shoulders slightly elevated, and the neck thrown back so as to
make the parts tense. The operator, seated at her head, began by making
an incision, with a double-edged bistoury, from a point just above the ster-
num to within half an inch of the cricoid cartilage, directly on the median
CASE OF INCISED WOUND OF THE THROAT.

line. The skin and cellular substance being now drawn aside by the hands of an assistant, another incision was carried deep between the sterno-hyoid muscles, as far down as the fascia which overlies the trachea. Considerable haemorrhage followed; but the nature of the case admitting of no delay, the fascia was removed, and an opening, three fourths of an inch in length, made at once into the trachea. The face of the patient now assumed, for an instant, a peculiar expression of anxiety and distress. Violent spasmodic cough ensued, forcing through the wound a large quantity of frothy mucus, which, for a time, baffled all further efforts. When the severity of this action subsided, a canula, of large size, was introduced, and properly secured in its place. Attendants were then directed to watch the patient during the night, and remove, by the aid of a sponge and probe, the thick tenacious mucus that was constantly being expelled from the tube.

The following day inflammatory action set in; the lips of the wound were tumid and dry; all secretion was suppressed, and the presence of the canula became troublesome and painful. These symptoms passed off without any very considerable general disturbance, and the ordinary healthy secretion soon followed, though still increased in quantity and attended by an uncomfortable cough. Once or twice a-day the instrument was withdrawn and cleansed. By placing the finger on the aperture of the tube, the patient could articulate faintly; but, on withdrawing the instrument and attempting to breathe after closing the opening in the trachea by the finger in like manner, it was found almost impossible. By degrees, a tolerance of the presence of the canula seemed to be acquired; the patient learned to remove and replace it without assistance, and her usual vivacity and apparent health returned. She, however, remained about the House of Industry; engaged in various occupations, till December following, when she returned to her friends in the city.

On the 25th of April, 1848, the patient was again brought to the Hospital, apparently in a confirmed phthisis, accompanied with a distressed bronchial irritation. The case terminated fatally on the 8th of May ensuing. Post-mortem investigation revealed a thickened condition of the mucous membrane of the trachea and bronchial tubes, as also extensive disease of both lungs, they being in a state of partial hepatization, and showing abundantly the presence of tubercle. A little ulcer was noticed, where the lower extremity of the canula had rested against the sides of the trachea. The constriction in the larynx was remarkable, producing almost complete closure of the tube.

Commentary.—The preceding case seems to show, as clearly as a single instance can do, the sources of danger in casualties of this kind, though the wound in itself be comparatively insignificant. The septum (shown distinctly in the adjoining cut) at the point of the original wound, is evidently the result of cicatrization. This, in itself a recuperative effort of nature, here becomes, from its position, productive of imminent hazard. In the present
case, as may be seen, it appears in the form of a well-defined lamella-like transverse partition, projecting into the cavity of the larynx so as nearly to effect a closure of the respiratory tube. It is an imperfectly organized growth, slightly corrugated along its line of attachment to the walls of the larynx.

View of the larynx and upper part of trachea from behind. The posterior walls have been divided by a vertical section, and drawn to each side. a, a. Septum formed by the cicatrix or new growth. b, Canula in situ.

In all instances of stridulous breathing and impending suffocation, following recovery from similar occurrences, this condition, to a greater or less extent, may be supposed to exist. The difficulty of reaching the point of obstruction from above being apparent, tracheotomy becomes necessary to save the life of the patient. Serious consequences, however, will inevitably follow, if the aperture thus made be allowed to remain for any considerable length of time. The presence of the canula acting as a foreign body in the trachea—the inhalation of minute particles of dust, and the direct admission of cold air, all tend, directly and indirectly, to irritate the lungs and the sensitive tissues in connection. Moreover, the action of these organs is disturbed under this artificial provision made for their wants, and feeling the need of their accustomed regulator (that delicate muscular apparatus of the glottis, which guards so faithfully the portals of the larynx,) their movements become uncertain and unequal. Under these conditions inflammation, either bronchial or pulmonary, is constantly impending, as, also, the rapid access of phthisis when the tubercular disposition exists.

In the treatment of analogous cases, the following hints and precautions seem naturally suggested:

1st. The exercise of great care and patience, on the part of the surgeon,
in adjusting, as nicely as possible, the edges of the mucous membrane and cartilage in the original wound; and, on the part of the patient, absolute rest.

2d. If on recovery the impediments to breathing occur, and tracheotomy becomes necessary, the propriety of attempting to remove the obstacle at once, so as to allow the speedy closure of the tracheal wound, query, Would the direct application to the part, of some caustic or escharotic substance, aided by mechanical distention, effect this?

3d. To contrive some means, while the trachea necessarily remains open, to prevent the ingress of dust and other irritating matters, and furnish an atmosphere to the lungs, approximating, in warmth and moisture, to that they receive through the natural passages. This last might be effected, in great measure, by regulating the air of the patient’s room.

It was early proposed, in the case under consideration, to attempt the removal of the supposed new growth in the larynx, in the manner above suggested. What dissuaded us from carrying out the plan, was our inability to find a precedent for the undertaking, added to the extreme reluctance, on the part of the patient, to submit to the necessary manipulation, and the uncertainty of success in a subject so sensitively nervous. With the pathological revelations before us, we do not hesitate to say, that, had the attempt been boldly made, the result of the patient’s case might have been different.


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ACUTE IDIOPATHIC TETANUS, OCCURRING IN A YOUNG CHILD, WITH POST-MORTEM APPEARANCES.

By G. E. Fenwick, M. D.

On Saturday afternoon, the 9th of August, 1851, I was requested to see Robert Simpson, a boy aged five years six months, who had been laboring since the previous Thursday morning under the following symptoms:—He was at first noticed to carry his head stiffly, and when he looked to either side, he would turn the whole body. Throughout the day, he was noticed to be dull, and excited alternately; the skin was hot and dry, he refused his food, and he occasionally complained of his throat being sore, and also of pain in his belly. On Friday morning he seemed better, but as his bowels had not been moved the previous day, his mother gave him a dose of castor oil. On Friday afternoon, while at play in the yard, he was seized with a convulsive spasm, which threw him on his back; his mother told me that, being alarmed, she went out and desired him to get up; he said he could not. When she took him up, he appeared to be convulsed, and became stiff and rigid. These convulsive attacks recurred several times that afternoon, and
became more frequent during the night. The following morning, (Sat-

day,) the parents determined to seek medical aid. The father noticed the

peculiar expression of the features, and also that the jaws were closed; this

alarmed him, and he requested me to see the child.

Upon entering the room, I was struck with the peculiar appearance of the

features; every muscle was in "tonic spasm;" this gave a hideous expres-

sion to the countenance; the teeth were partially exposed by the drawing of

the mouth to each side. The \textit{alae nasi} were distended and drawn upwards,

the eye-lids were half closed, but the eyes were unaffected; he was enabled

to roll them about with perfect ease; the jaws were partially closed, and

any attempt to open them would bring on a spasm, and the teeth would be

brought together with a snapping noise. He lay on his back, the limbs ex-

tended. Upon my attempting to bend his legs, the muscles resisted. He

could, however, perform flexion and extension with impunity. The breath-

ing was short and hurried, pulse 160, weak and fluttering, the whole surface

bathed in profuse perspiration. Deglutition was performed with compara-

tive ease; he swallowed beef tea which his mother had been giving him at

intervals since the morning. About every ten minutes he would be seized

with spasm of the muscles of the back, thighs, and legs. At such times he

would rest on the occiput and heels. During the spasm, he complained much

of pain at the \textit{præcordium}, and would call out to his father to press on his

belly, which seemed to give him ease. A blister was ordered to be applied

to the whole length of the spine; as his bowels had not been moved, although

the castor oil had been repeated, four grains of calomel were given, to be

repeated in four hours if necessary. Chloroform was also ordered to be

given by inhalation, whenever the spasms recurred.

I returned in two hours, accompanied by my friend, Dr. Gibb; we ex-

amined the whole body carefully, but there was no sign of injury, nor had

he received any blow; all the symptoms above described were as marked as

before. He had had two inhalations of chloroform; after the first, the little

fellow remained in a tranquil state, apparently sleeping for full fifteen min-

utes.

Visited the patient again at 9½, P. M. There has been considerable

abatement in the symptoms, the spasms recur at longer intervals, and are

less severe; during the last half hour he has had no spasm. After the

third or fourth inhalation of chloroform the \textit{trismus} seemed to abate; the

father said he opened his mouth wide enough to protrude his tongue. The

calomel had operated twice, the stools were passed in bed. The breathing

was less hurried, pulse 110, fuller. I ordered the chloroform to be con-

tinued, and also that he should receive nourishment at intervals in the shape of

beef tea.

About midnight the spasms came on with re-doubled violence, and he died

at 2, A. M. Death occurred during a severe fit.

Post-Mortem.—Assisted by my friends, Drs. R. P. Howard and Wright,

I proceeded to make a post-mortem examination, thirty hours after death.

The muscles were perfectly relaxed; there was not the slightest "rigor morti-

s." The whole surface was covered with petechial spots. On carefully

opening the spinal canal, a clot of blood was discovered lying upon, and com-

pletely surrounding, the meninges of the cord; the clot extended from the

sixth cervical to about the tenth dorsal vertebra. The meninges were much

congested. On opening into the dura mater, a small quantity of serum ex-

uded, not more that is usual in a state of health. There was no disease of the

vertebræ.
Remarks.—This is a case of some interest, inasmuch as the symptoms during life did not indicate pressure on the spinal marrow. Cases of effusion of fluid blood between the dura and pia mater, are mentioned by Jess—cay; he found also the vessels of the pia mater gorged with blood. He, however, considers these cases as the result of the rude use of the chisel and saw. The petechial spots, I have no doubt, existed early in the disease, but they escaped notice during life; the other symptoms were so striking as to fix my attention exclusively; however, they showed an evident hemorrhagic tendency. It would have been interesting to search farther, but I was prevented by the parents, from whom I obtained permission with difficulty to examine even the state of the spinal cord.—Canada Med. Journal.

OBSTETRICAL AUSCULTATION.

By M. M. Rodgers, M. D.

I trust I may be pardoned for the few suggestions I may make on the important subject of obstetrical auscultation. This branch of obstetrics, though by no means new, is still very little studied, and seldom called in requisition in practice. This is more especially the case with practitioners remote from large towns, where the spirit of medical investigation almost necessarily languishes for want of certain facilities to sharpen and stimulate it, which are afforded in cities. Among these means, are hospitals, medical schools, meetings of medical societies, easy access to new publications and new instruments, opportunities of dissections, and the frequent contact of the profession in consultation, &c.

But fortunately, the branch of science in question can be studied as well in the country as in the cities; practitioners in the country have more obstetrical practice in proportion, than those in the cities. Obstetrical auscultation is, however, so far as I have observed, neglected to a very great extent, both in town and country. I believe comparatively few of the profession habitually call to their aid this means of diagnosis in cases of suspected pregnancy. There are several reasons why this is true:

1. Because treatises on this subject are hardly to be had in this country, except such brief ones as are found in the works on obstetrics. 2. Our knowledge of it is not sufficiently thorough and practical, to cause us to give it the importance due, as a means of diagnosis. 3. Delicacy on the part of physicians as well as patients, in practising this mode, which, nevertheless, is far less repulsive, more delicate and certain in results, than the "toucher."

This method, which is the only one by which a safe and certain diagnosis of pregnancy can be made, is usually the last proposed by the physician, and is considered by most women to be some "new experiment," to which they submit with distrust and reluctance. This ought not to be; the women and all other patients should be taught what is required of them, and be induced to submit to such reasonable and necessary course as an intelligent physician may propose. But the time to dispense with obstetrical auscultation, or to doubt its utility in diagnosis, and prognosis also, is past, and those who neglect to avail themselves of its advantages must be content with second
rate success and reputation in this branch. That this is the only means by which we can obtain positive evidence of pregnancy, needs no proof.

The facts which may be thus established are briefly:—1. After the fourth or fifth month, whether a foetus exists in the uterus or not. 2. Whether there are more than one. 3. Whether the foetus is living. 4. In many cases, whether it is in a state of disease or health. 5. What the presentation will be before labor commences. 6. Whether there will be a large or small amount of amniotic fluid. 7. After the fifteenth or sixteenth week, whether there be a placenta or mole, if no foetus. These are points on which auscultation gives positive evidence: the absence of the foetal "tic tac" and "soufflet" or "bruit placentaire," are only negative proof of the contrary of these propositions. The foetal "tic tac" can be confounded with no other sound; the "bruit placentaire," only with aneurismal varix.

Any mode of diagnosis which enables us to establish so many important facts, cannot be unworthy careful investigation.

I believe I hazard nothing in saying, that any man of ordinary acuteness can acquire a fair knowledge of this branch of our profession, by fifty hours study, and ten days' practice on the living subject.

In a medico-legal point of view, this knowledge is of vast importance. But I will defer farther remark for another number of this Journal.

Rochester, Jan. 14, 1852.  

CASES OF INTRO-SUSCEPTION,

With some remarks on Mr. Hunter's Theory. By Robt. S. Bailey. Read before the Medical Society of South-Carolina, July 1st, 1851.

The publication of cases, terminating in recovery, is gratifying to the physician, interesting to the patient, and looked upon, generally, with much satisfaction by the public. Notwithstanding, a degree of uncertainty prevails as to how far our Divine Art may be concerned. Time alone may prove to have been the principal remedy; it being well known that fevers depending upon a specific cause, (variola for example) are not much influenced by medicine, run a certain course, and frequently terminate in health; it is upon this principle that I am inclined to think favorably of Homoeopathy, not that I have any confidence in "infinitesimal doses," but consider it as an ingenious mode of defeating meddlesome practice, or, as Sydenham expresses "nimia medici diligentia,"* the conservative powers of the constitution being left to give the patient a chance of recovery. Again, in diseases of periodicity, a "crisis" occurs, which may be indicative of life, or death, sometimes, apparently, independent of our therapeutical means, and, occasionally, where patients are young and of vigorous constitutions they will get well, notwithstanding opposite methods of treatment may have been pursued. Such cases, Sir Gilbert Blane† remarks, may rather be considered as lucky escapes than cures. The cases I am about to lay before you from their very nature, commonly terminate in death, and I have often thought that were physicians to record those only which prove fatal, we should derive more

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* Sydenham, § vi. Cap. 2.  
† Medical Logic.
knowledge from the pathological condition of the parts, and also as to the modus operandi of medicines. With these preliminary remarks I proceed.

Case I.—June 27th, 1823, was requested to visit a negro boy, five or six years old, who had been suddenly attacked with violent vomiting and purging, distant about three miles from my residence. On my arrival I found the patient dead. Worms were supposed to be the cause of his illness, and as is generally the case on plantations, it was thought he might have been poisoned. I therefore resolved to examine the body, which I proceeded to do the following day, the 28th. The glands of the mesentery were enlarged, and also about the root of the liver and near to the biliary ducts, there was scarcely any vestige of omentum, and no fat. The stomach and intestines were healthy; a large number of lumbrici were found in the jejunum and ileum in knots. These knots were distended by the worms so as to form pouches, their semi-circular shape could be distinctly felt outside distending the bowel, so that although intro-susception was not produced, yet by interrupting the peristaltic motion it would be followed by the same result. The weather being warm and having no assistance, I did not examine any other portion of the body. I have but two brief reflections to make on this case.

1st. When lumbrici are suspected to exist in large quantity, caution is required in the administration of drastic purgatives in the first instance, as such a degree of verminos irritation may be excited as to produce death.

2d. In this age of nostrums, the public ought to be put on their guard how they-employ certain patent medicines of a violent character— the "Dead Shot," which may give a fatal shot to the bowels as well as the worms.

Case II.—Aug. 6th, 1826, was called upon to attend a negro child between two and three years of age. I was informed that it had been ailing for one or two days, supposed to have worms. Yesterday morning was taken with convulsions. Has had four grains of calomel and also castor oil, assisted by an injection which brought away mucus. The convulsions then went off till this morning. Was then taken more violently; lays insensible, pupils dilated, breathing stertorous at times, pulse quick, skin warm. I administered two emetics, each containing about half a grain of tartarized antimony, and eight grains of ipecacuanha, but which only brought away a little phlegm. Twelve grains of calomel, with half a drachm of jalap and a few drops of oil of turpentine divided into six portions, were directed to be given every hour till the bowels were opened; a warm bath was also prescribed, and a blister to the neck; 7th—much in the same condition; no stool from the medicine; blister had acted slightly, breathing worse, pupils much dilated. Prescribed ol. terebinth, 3 ss; aqua calcis, 3 iss; liq. potassae gtt. xx—table-spoonful every two hours. The child died about 10, A. M. On an examination (six hours post-mortem,) I observed the abdomen externally to be much distended, and after making an incision, found the stomach and intestines inflated with gas—no fluid appeared—they were perfectly empty, and the coats very thin in the jejunum, ileum, and parts attached to the mesentery; intro-susception was to be observed in three or four places, and large lumbrici in several parts of the intestinal canal; the invaginated portions, I suppose, extended two inches into the calibre of the intestine, and required some degree of force to extricate them, which is somewhat at variance with the opinion that intro-susception may take place in articulo mortis, or from the natural peristaltic motion of the intestines.* The liver was of a more cineritious appearance than natural. The gall bladder empty.

*See Cooper's Dictionary of Surgery. Article, Intro-susception.
CASE III.—January 10th, 1827, was requested to visit Sylvy, four miles distant, a negro girl about four years of age. She had been taken with violent pain of the bowels and constipation on the 7th. Castor oil had been administered, but without any effect; has no fever, but her jaws appear spasmodically affected with flow of saliva. To have five grains of calomel with fifteen of jalap immediately, afterwards infusion of senna with salts, every two hours till the bowels are opened. To have also a warm bath. 11th. On my visit found that she had not had a stool, and that the pain of the bowels continues. I bled her to the extent of ten ounces. To have a tablespoonful of castor oil, with one teaspoonful of oil of turpentine every two hours till it purges. A blister was directed to be applied to the abdomen, and a warm bath; prescribed also eight grains of calomel and twenty of rhubarb at bed-time, if no stool, and an injection. 12th. One large stool from the injection; the pain and spasms continued. To have an injection of spigelia with senna every two hours, also to repeat the injection. 14th. The same. To have four teaspoonfuls of oil of turpentine. 15th. One small evacuation from the turpentine; made urine freely; abdomen much swollen; still pain and spasms. Had injection of tobacco administered, tried also a shower-bath, but of no effect. To have forty drops of tinct. of opium at bedtime. 16. Had one stool of clay color, and slimy, but no relief. Abdomen much distended: Spasms the same. Prescribed aloes and calomel, each twelve grains. Rhubarb one scruple to be divided in four portions, one to be given every two hours. To repeat the laudanum at bed-time. 17. This morning, had a convulsion and weaker; no stool; pain and spasms continue. To have four teaspoonfuls of oil of turpentine. Died about sunset; would not swallow the turpentine. On post-mortem examination found intro-susception of ileum in two places, and appearance of inflammation in those parts. Liver of a darker color than natural. The gall bladder distended with bile; the other viscera healthy in appearance.

Remarks.—It is probable that obstruction of the bowels with violent pain may give rise to this condition, much in the same manner that we see stercoraceous vomiting occasionally excited by strangulated hernia. The distinction proposed by Mr. Hunter into progressive and retrograde does not appear to be well founded, for after relating a case he proceeds to remark: "From the account I have given of intro-susception, it does not seem probable that it should be of the retrograde kind, unless from an inversion of the peristaltic motion of the intestines, which could only continue for a short time, and the natural motion being restored a cure would probably be performed;"* if such should be the result it may then be asked what evidence have we of the case being progressive? inasmuch as it cannot be demonstrated. There can be no doubt that in the majority of cases worms will be found to be the cause, and this can easily be accounted for when we reflect that the calibre of the intestines in children is small, and the worms frequently large (more particularly the lumbricus teres.) so that when entangled in the valvulae conniventes, their motion may produce inversion, by drawing the bowel after them, and this appears to have happened in the case mentioned by Sir Everard Home.† The diagnosis of this affection being uncertain, as also the particular seat, the treatment for the most part must be empirical. The administration of emetics, as advised by Mr. Hunter, with

* Hunter on the Blood, &c., by Palmer.
† Ibid.
the view of inverting the peristaltic motion, is about as impracticable as the visionary theory of Charles Darwin to induce retrograde action of the absorbents in dropsy,* for Prof. Dunglison† justly remarks, "They would only be serviceable before agglutination had occurred, and besides, one of the evidences of the invagination is the anti-peristaltic action already established. Under the same reasonings, cathartics ought to be advised in the retrograde kind."—Charleston Med. Journal.

*Circumcision.† Dunglison's Practice, vol. 1st.

CIRCULAR.

Paris, France, Jan. 10, 1852.

At a recent meeting of the American physicians in Paris, an association was established whose object is the promotion of medical science. This association, essentially national, is now progressing under the most favorable auspices; it is intended to be permanent in its nature, and is designated "The American Medical Society in Paris."

Notwithstanding the vast advantages afforded by the French metropolis for the study of medical and surgical science, we feel ourselves isolated from our national medical literature, and, therefore, confidently appeal to the conductors of American periodicals and journals.

We do this with the less hesitation, feeling assured that it will be not only a medium of improvement to ourselves, but a means of more general diffusion and just appreciation of American literature.

By order of the Society,

ALEX'R J. SEMMES, M. D., of D. C.
Corresponding Secretary
Am. Medical Society in Paris.
NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, APRIL, 1852.

This is a volume of 677 pages, and we proceed to give a summary of its contents. The first 44 pages are occupied by the list of members and the minutes of the meeting at Charleston, S. C., being in substance the same as that published in the Journal in June last. We therefore pass at once to the reports of the standing and special committees.

I. Report of the committee on Medical Sciences. This is by Dr. Bennett Dowler, the chairman of the committee. He says "an attempt will be made to sketch facts and opinions, and, at the same time, to connect them by threads of thought,—the warp and the woof of which will seldom be sufficient to produce anything resembling a uniform and extended fabric." The report consists of a summary of those cases which have been published during the year, and have appeared to the author to be of the most importance, to which he has added his own reflections upon the points suggested by them. The first division, upon anatomy and physiology, contains nothing upon which we shall dwell. The second is "illustrations of cerebral and spinal physiology," illustrated by cases of monstrosity and by traumatic lesions of the nervous system. This is a department in which Dr. Dowler is much interested, and it will be recollected that he contends against the truth of the commonly received views of the nervous centres and the offices of the various nerves. We have not seen a better synopsis of the views to which he objects and the propositions which he seeks to establish than is contained in the following passage:

"The lesions of the brain above described, not to mention many similar ones in the records of previous years, must lead to the reinvestigation of several theories that have been widely diffused and accredited. What explanation consistent with the theory of phrenology, can be given, either in the gunshot or crowbar cases, seeing that both hemispheres of the brain were injured, nay, almost destroyed, at least in the former? In the latter, the following organs must have been demolished, namely, number, wonder, hope, wit, locality, color, weight, size, time, tune, constructiveness, causality, eventuality, imitation, benevolence and veneration; whilst conscientiousness, firmness, and other faculties must have been damaged. Hours, days, years pass, and yet the felt relations, called sensations, continue between the subjective and the objective departments of nature; that is between the me, or proper self and the not me, or the outward world; the conscious element, and the unconscious. The function survives its assumed special organic Ens!"

"What becomes of the theory of the duality of the mind when both lobes of the brain are disorganized, nay, are entirely absent, as in brainless monsters, such as Dr. Purple has described? By what code of morality is any
one justified in asserting the five following assumptions as five physical or anatomical facts.

1. There is a spot in the brain called the sensorium, to which the residue of the nervous system, or nerves minister in no other manner than as insensible conductors; being themselves devoid of all sensational cognition. 2. There is one set of nerves called the sensory, to carry impressions to the above spot. 3. There is a set of nerves called the motory, to transmit impressions from the brain. 4. There is a set of nerves called the excitor, and 5, a set called the motor joined to the spinal cord, for the reflex function, which function is not only independent of the brain, but often opposed to it! The anatomical portion of this theory is entirely hypothetical. No one has ever demonstrated these five separate and distinct parts of the nervous system. Anatomy has done nothing more than to show that certain nerves have, just as some teeth have, double roots; anatomy has shown that the biceps muscle has two heads; but in none of these cases of a double origin is a double function a necessary or even a probable result of the special structure. Is it right to compound material anatomy with speculative physiology? If there be four material sets of nerves, for four material impressions to travel on, (immaterial impressions need no material routes,) let them be shown in every course of anatomy in the medical colleges. These impressions are not known subjectively, that is, by individual consciousness or intuition. If they have an objective origin, that is, come from without, let them be shown to the skeptical. Is it possible that the objective, or outward world, can produce any but one kind of impressions—real impressions, intuitively felt relations, as the visual, auditory, tactile, &c.? Are not all the felt relations called sensations, based on immediacy and intuition, not on representational and transmitted impressions? Is not sight, smell or touch, an immediate, direct, self-evident, felt relation, arising from the primary, not from the secondary transmitted impression? In hearing a sound, do we not hear the sound itself; or do we hear only an impression of a sound, and that, too, an indirect, secondary, transmitted and representational one?

In demonstrative anatomy, things, not mere words, are fundamental elements; while in physiology freedom of opinion and discussion are not only allowable, but praiseworthy; being often the precursors of discovery—often still the means of exciting further inquiry."

We regret that Dr. Dowler has to such a degree adopted the transcendental mode of expression, for it obscures instead of making his ideas more clear. The third division is that of medical chemistry—pharmacy, therapeutics and pathology with miscellaneous memoranda,—and the report closes with a short discussion of the value of "numerical medicine." There is much truth in the statement that this method is of value or not according to the manner in which it is applied to different subjects. A partial application can give only erroneous results, while from a correct application truth may be deduced.

Appended to the report is Dr. Campbell's case of amaurosis, a short report of a committee of the physico-medical society of New-Orleans on lead-poisoning and miscellaneous memoranda.

II. The second report is that of the committee on practical medicine, of which Dr. Austin Flint was chairman. The subjects assigned to this committee are divided into two classes — the improvements made in the treatment of individual diseases and the progress of epidemics. Under the first head
the first disease spoken of is dysentery, and the prominent remedy spoken of chiefly is nitrate of silver. This is recommended by different writers to be used both by the mouth and by enemata. For the latter purpose solutions of from two to thirty grains of the salt to the ounce of water were used. For the former it is used in usual doses combined with opium or morphia. Dr. Murphy, of Cincinnati, in a severe epidemic, found the best results followed the use of the following preparation:—Sulphate of morphia, one to one and a half grains; gum Arabic, one ounce; laurel water, half an ounce; sugar, one drachm; water, three ounces. Dose, one half to a full tablespoonful every three hours. Tannin, nitric acid, calomel, in small and large doses, and acetate of lead are other remedies recommended by different writers. The timely resort to stimulants and tonics seems to be urged generally. In constipation, Prof. Mettauer, of Virginia, recommends a solution of aloes and super-carbonate of soda in water, and for the expulsion of lumbricoid worms in children, the use of the tincture of diospyros Virginiana (ten or fifteen drops three times a day) with syrup of rhubarb.

Upon croup, the valuable paper of Dr. John Ware is fully quoted. It will be remembered that his treatment is

"1st. The absence of all reducing, depleting and disturbing remedies.
2d. Keeping the patient under the full influence of opium combined with calomel.
3d. Constant external application of warmth and moisture, and of a mercurial liniment slightly stimulating.
4th. Constant inhalation of watery vapor."

The use of nitrate of silver applied by means of a probang, is also advised by Prof. W., and other cases are quoted by the committee in which its use was beneficial. In other diseases of the lungs the use of nitric acid is spoken of in asthma. Dr. Bowditch's mode of tapping the chest by an exploring canula and suction pump, the use of cod liver oil in tuberculosis and the inhalation of medicated powders, are spoken of. Full quotations are made from various journals concerning typhoid fever. Of these contributions the committee say, "In each much stress is laid on sanitary, as distinguished from therapeutical measures. Depletion, in all, is considered injudicious, and the free use of cathartics, save at the incipient stage of the disease. They agree in placing a high value on the liberal use of opiates. Mercurialization is disapproved of in the first paper; this is advised in the second to relieve pneumonic complications, and in the third to prevent their occurrence. In neither is it recommended for the disease per se. The chief points of disparity relate to the stimulants and alimentation."

Inunction is spoken of approvingly in both scarlatina and measles, and also the use of belladonna as a prophylactic in the former. Dr. John E. McGirr inoculates for measles inserting blood drawn from a vivid exanthematic patch. In fourteen cases the result seems to have been decided and favora-
ble. In small pox the use of collodion is recommended to prevent pitting. In acute rheumatism the use of Croton oil is spoken of as used by Dr. Upshur, of Norfolk, Va. He thinks its efficacy does not depend entirely upon its cathartic properties. Some remarks upon general therapeutics close this portion of the report.

The second part of the report is a concise statement of the epidemics which prevailed in the country during the year for which this committee served. It occupies about forty pages, but being of so many epidemics, from cholera to catarrh, and from reports collected from different parts of the country, it is in itself a summary, and a synopsis would do no justice to it or at all interest our readers. The appendix consists of reports on the cholera in Cincinnati, by Dr. George Mendenhall; on the fevers, &c., of New-Orleans, by Dr. E. D. Fenner; an account of the Dengue fever, and an account of an epidemic which prevailed in Alleghany County, N. Y., in 1850-51.

MEDICINE AND REPUBLICANISM. Dr. Samuel Jackson, formerly of Northumberland, now of Philadelphia, read a paper in February, before the Philadelphia County Medical Society, and by their order it is published in the Medical Examiner for March,—upon the organization of the American Medical Association. As the question of reorganizing will, it is understood, be brought before this body at Richmond, a full understanding of any proposition likely to be laid before it seems to be necessary to the appointed delegates and to all others. The following is a synopsis of Dr. Jackson’s paper:

The American view of all government both secular and religious is that authority springs from the people alone. The physicians of America should be governed in this way as well as other bodies. But the American Medical Association is, on the contrary, aristocratic both in its origin and in its continuance. No complaint is made of this. “Its origin was anomalous, but there was perhaps no other way in which a large body of respectable men could be so quickly got together,” resembling in some particulars of its origin the first Congress of the Colonies. But Dr. J. believes it has now become nearly “functus officio,” it has done well in its day, but it should now pass away to give place to a more truly republican organization. Its assumed power must be laid down and the people must have a just representative government.

Objections to the continuance of the present system are first, that the profession is very unequally represented. Colleges with five or seven pro-
fessors send two of their number, reminding one of the rotten burroughs of England. So when a hospital has but one physician he can go every year and represent himself. Secondly, who is to decide as to medical societies whether or not they are "permanently organized" and are in "good standing." Two or three physicians who could not be received into any association of honorable men can unite and send as a delegate a man with whom none would be willing to associate,—and what should prevent a delegate from the Female Medical College claiming a seat at Richmond. Thirdly, a very small proportion of the physicians of the United States can become members, and as membership is not the result of merit, it is not a fair division of honor. Fourthly, the admission of members by invitation, by which delegates sent to do business for their constituents may find themselves possessed of no better advantages or greater powers than some persons entirely unworthy of either. Fifthly, the privileges of permanent members, which may prevent a true expression of the wishes and feelings of the profession at a moment when such expression is all-important.

The plan of organization proposed by Dr. Jackson is this:

"1. Let the Association be composed of delegates from County Societies only.

2. Let every man receive, as soon as he is elected into his County Society a diploma, testifying that he is a member of said County Society, of the State Society, and of the American Medical Association. He is then one of the great body of the brethren in the United States; he is ready to be elected a delegate whenever his fellows see fit to elect him; he is ready to give his vote in the election of others, he is now a member of the great medical republic of his country."

The anticipated advantages of this plan are the government of individual members of the profession would be more perfect; it would annihilate the inveterate jealousy of the schools that now exist; it would add to the respectability of the County Societies, by securing the attendance of the magnates in the profession, and causing them to take a hearty interest in the business, it would avoid all confusion in the election of delegates and the heaping of honors upon one favorite; it would prevent delegations from unworthy societies; and it can be easily accomplished. "If the Association decree that in the year 1854 this change shall be made, they will find it done at their bidding. The mere beauty of this universal government would stimulate to the speedy establishment thereof. Who would not rejoice, whose heart would not be gladdened, to see this great empire covered and served by educated physicians, all yielding obedience to one symbol of ethics and to the government now proposed."

This is a summary to the proposed organization. We neither endorse it nor reject it, but simply add that it is worthy of consideration, if for no other reason from the source whence it comes.
STRAFFORD DISTRICT MEDICAL SOCIETY.

The forty-fourth anniversary of the Strafford District N. H. Medilca Society was held at the American House, in Dover, Jan. 21, 1852.

The following officers were elected for the ensuing year:

Nathaniel Low, M. D., President.

J. E. Tyler, M. D., A. Bickford, M. D., Jas. Farrington, jr., M. D., Counsellors; P. A. Stackpole, M. D., Librarian and Secretary; J. H. Smith, M. D., Treasurer; J. Horne, M. D., Auditor; C. F. Elliott, M. D., Charles Palmer, M. D., I. W. Lougee, M. D., Orators.

Annual Address by the President.

Drs. Nathaniel Low, Charles Warren, Charles H. Shackford, and A. Bickford, were appointed delegates to attend the meeting of the American Medical Association to be held at Richmond, Va., in May next.

The President, Dr. Low, of Dover, delivered the annual Address, which was distinguished for its perspicuous style and logical arrangement.

Dr. Hill, of Dover, read a paper partly therapeutical and partly historical, in which he drew copiously from the annals of the profession, with suggestions and arguments of his own, both pertinent and practical.

Dr. Farrington, jr., of Rochester, read a paper in which he minutely detailed four cases of formidable and fatal disease of the stomach, the pathology of which was sketched with fidelity and skill. The post-mortem of these cases was given with great exactness. His treatment was well adjusted, though not successful, failing more for want of earlier application than from any other cause. Papers like Dr. Farrington's are always interesting and of great practical benefit, furnishing as they do precepts and examples which every member of the profession may put into frequent use. The Doctor has the thanks of the Society for his effort, and they hope to receive further contributions from his well-stored treasury of scientific knowledge.

Dr. Ham, of Farmington, read a very elaborate and erudite Essay, in which he discussed the relative merits of the chemical and mechanical doctrines, and the Hunterian philosophy as applied to the pathology of intermittent and contagious fevers and local inflammation.

Dr. Merril, of Dover, read a paper of great practical interest, containing some new views in relation to the therapeutical properties of Iodine and its compounds.

The papers contained much that was interesting and valuable, for which the Society gave the following expression:

Resolved, That the thanks of the Society be presented to the President and Orators, for their able, learned and useful papers just read, and that the same be requested for deposit in the archives of the Society, and for publication, if the Society so direct.

Dr. Pray, of Dover, now introduced the following preamble and resolutions, which were unanimously adopted:
Whereas, Since our last annual meeting, this Society has been bereft of one of its most active and talented members—one who was becoming useful, by his intelligence and affability in his profession, therefore, as an expression of this Society,

Resolved, That the members of the Strafford District Medical Society individually bear testimony to the growing worth and high integrity of Dr. Alvah Parker, who has been recently called from a life of usefulness, when the community might expect much from his experience, industry and energy.

Resolved, That this Society deeply sympathizes with the afflicted widow of the deceased, in the recent loss of her faithful companion, when she most needed his efficient aid and faithful councils.

Resolved, That the Secretary be requested to send a copy of these resolutions to his bereaved widow, and enter the same upon the records of this Association.

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Canada Medical Journal. This is a new journal taking the place of the "British American Journal of Medical and Physical Science." It is edited by Dr. R. S. Macdonnell and Dr. A. H. David, is to contain 64 pages each month, and the price is three dollars a year. The first number, the only one issued, is well filled with original and selected articles. It has a novel feature, in the fact that some of the articles are in French, and we should suppose that its support in the province might on this account be more liberal. It will be a welcome exchange, and we hope our neighbors across the line will give it such "material aid" as will enable the editors to do something more than pay its expenses, though this is all they ask.

New Drug Store. We are glad to see that Mr. E. H. Rollins has moved into his new store,—rebuilt on the site of the one burned last August. It is one of the best arranged and most convenient drug stores we have ever seen, and in itself is worthy of a visit of inspection merely, while physicians wishing to supply themselves with medicines should look at Mr. Rollins' stock before purchasing.

Instruction in Microscopy. Our readers will notice the advertisement of a course of instruction in physiology, pathology, and microscopy, to be given by Prof. Peaslee, at Hanover, the ensuing summer. The course recently delivered by this gentleman in New-York, upon these subjects, is highly spoken of in that city, and we are rejoiced that an opportunity is to be given to students in our vicinity to see his splendid demonstrations in these branches. Persons desiring to pursue these studies, (and they lie at the foundation of intelligent practice,) will find this an invaluable opportunity of so doing, and they should by all means embrace it.
Reports of the Corresponding Secretaries of the State Society. The time is drawing near when these reports must be made, and in the behalf of the Secretaries, we again earnestly solicit the profession to furnish them with the desired information. The topics embraced in their reports refer to any diseases, epidemics or not, which have prevailed in their various sections; any supposed improvements in treatment, surgical or medical, any operations of interest, and any facts connected with the profession and calculated to interest the Society. It will not be necessary to confine it to this year, for few of the districts have presented reports for several years, and anything will be new. To gentlemen in the Centre District we will say that as yet there has nothing been sent to us, and it is for them to say whether or not the report shall be full or meagre. Will they consider this as a notification to send in their favors at once, and govern themselves accordingly?

The class at the Medical School of Maine we understand numbers sixty—a good attendance, and showing that this institution preserves its well earned reputation.

Poison Candy. Prof. James J. Mapes, in a communication to the New-York Daily Times, states, as the result of experiments which he has been making upon banana, jargonelle pear, and other drops, (candies) that “many, if not all of these drops, are flavored with the hydrated oxide of Arnyle, known in our Pharmacopoeias as fusel oil, combined with nitric, acetic or citric acid. This poison is produced in the distillation of whiskey from corn, and probably the manufacturers of the confectionary in which it is used, as well as the consumers, are not aware of its poisonous properties. I have just made some experiments with myself in the use of this poison, and find that in the state probably used by the confectioners, the mere odor is sufficient to cause headache, coughing, &c.”

Our thanks are due to Dr. Storer, of Boston, for a copy of the report of the committee of the American Medical Association, on obstetrics; to Dr. A. K. Gardner, of New-York, for his introductory lecture, “showing the past inefficiency, and present natural incapacity of females in the practice of obstetrics;” to Dr. Geo. C. Blackman, of the same city, for a pamphlet “on the claims of priority in the exsection and disarticulation of the lower jaw,” and to Dr. Samuel Jackson, formerly of Northumberland, for his annual discourse before the Philadelphia County Medical Society. We shall endeavor to speak of them more fully next month.
Authors who have written upon the effects of opium and its active principles have noted during the prolonged use of these agents only the continuance of the primitive effects, with some variations in intensity. An attentive study has not failed to convince us that these effects, observed on different days, may be distinguished by their seat, their nature, and their coordination; that, in a word, we can recognize certain periods in narcotic medication as we can in most diseases. It has also appeared to us, that in the midst of numerous varieties which these phenomena present, it was possible to perceive the relations which they have to each other, whether it be in the same organ, or in different organs; and that independently of the common phenomena caused by the salts of morphia introduced into the prime viæ, or applied to the denuded dermis, there were still other phenomena peculiar to the one or the other of these methods. Guided by these principles we have made investigations, first, upon the succession of the phenomena which are developed during the use of narcotics; second, upon the relations of these various phenomena; third, upon the peculiar modifications, corresponding to the different modes of administration. We shall examine each phenomena from these three points of view, considering them always in relation to the doses of the drug, the sex, the temperament, and the nature of the disease; and, after having studied them in connection with the organs successively, we shall attempt to solve some general problems concerning the mode of action of the salts of morphia, and upon the characteristics which may serve to distinguish their effects from those of diseases, the symptoms of which have some analogy to those produced by narcotics.
Effects upon the Digestive Organs. Increase of thirst is one of the most constant phenomena after the administration of opiates. Two or three grains of the sulphate or hydro-chlorate of morphia placed upon the denuded dermis will produce it in a quarter of an hour, or at most, some hours after their application; but it follows the internal administration of this drug less surely and less rapidly. Dryness of the mouth and throat always accompany the thirst, and occasionally there is at the same time pain in deglutition. There are cases, though in fact very rare, in which thirst diminishes, and a very abundant salivation comes on. We have not observed this phenomenon except after the external use of the salts of morphia, though we have frequently given internally even four, five and eight grains in the day. It is to be observed that in these cases deglutition has always been easy, and that diminution in the secretion of saliva has preceded the ptyalism. Patients subjected to the influence of morphia have never been troubled with bitterness in the mouth, while all those to whom we have given belladonna or datura stramonium in doses sufficiently large to produce perceptible effects, complain of this as the greatest inconvenience which they suffer. It is to be observed, that the latter had no nausea by which the former were much exhausted. There is not, then, any connection between the bitterness in the mouth, and the vomiting, and we cannot consider the one as the precursor of the other, as Mr. Bally has said.

So long as the patient is under the influence of morphia, so long as he is sleepy, and in that uneasy state which precedes vomiting, he has a distaste for all kinds of nourishment; when the cephalic phenomena are dissipated this distaste may be prolonged, but frequently the appetite returns with the same strength, and one is astonished to hear patients who take every morning two grains of hydro-chlorate of morphia, ask for an increase of the quantity of food already allowed to them by their request.

It is the same with digestion as with the appetite. The functions of the stomach are badly performed during the action of morphia; we ought, therefore, to take care to sprinkle vesicators two hours before or after a meal. When this precept is forgotten there is danger of producing emesis even after the application of half a grain of the narcotic salt. We have not established the proportions between the number of times in which thirst, salivation, loss of appetite, &c., have been observed and the number of patients on whom we have used the preparations of morphia. To obtain results of this kind, it would be necessary to inquire every day about the most unimportant symptoms, and to pass in review a series of thirty or forty phenomena. The attention in an important hospital visit cannot be constantly fixed upon any but the most remarkable things; and it is the existence or absence of these alone that is indicated in all our observations. In this class is vomiting.

Vomiting occurred in two thirds of our patients, but with quite remarkable differences, according to the mode of administration, the sex, the temper-
ament, and the nature of the disease. In general, when the salts of morphia are applied to the denuded dermis, vomiting has occurred during the two or three first days of the application, even when the quantity was not more than one grain. Afterwards nausea alone existed, and on the fifth or sixth day of the treatment, three or four times what was used at first would not produce vomiting. In the internal use of the salts of morphia, we have observed exactly the reverse order; that is to say, vomiting did not appear till the second or even fourth day of the treatment, and continued throughout its duration; and do not suppose that we commenced with small doses and took the precaution to increase them by the eighth or quarter of a grain. We frequently commenced with one and two grains of acetate of morphia, and doubled it the next day, so that patients have taken three or four grains of acetate of morphia the first two days, and others have gone even to five grains in the same space of time without vomiting. The order which we have indicated in the succession of phenomena has some modifications. Thus we have observed vomiting in the first day when a grain of acetate of morphia was taken internally by three thin and nervous women, one of whom had sciatic neuralgia, and the other two had pains in the bones. The observation always remained true in men and also in women afflicted with rheumatism, and it is in patients of this class that we have made almost all our observations. Independently of the results we have just pointed out, many others show what remarkable modifications sex produces in the susceptibility to the effects of narcotics. Of twenty-two men, who were in the wards of the Hotel Dieu, during two or three days absorbed by the skin at least a grain of hydrochlorate of morphia, and with whom the use of the drug was continued sometimes in a larger quantity more than a week, eight vomited. Of twenty women, placed in the same circumstances, we observed this phenomenon eighteen times; that is to say, in the men the presence of vomiting was to the absence of this symptom as 8 to 14, and in the women as 18 to 2; or in other words, it was observed in the women three times as often as in the men.

In using the salts of morphia internally in nearly the same dose as upon the exterior, that is to say, commencing with a grain and going up to three or four grains a day, we have observed vomiting only four times out of ten in men, and in women six times out of ten. The difference of susceptibility of different persons to the influence of morphia is then observed after either the internal or external use of the drug. These facts being established, if we remark that all the men submitted to our observation were vigorous laborers, and that the women had for the most part that nervous susceptibility so common in large cities—even among the poorer classes, we shall see that it is in persons of the sanguine temperament that the salts of morphia produce vomiting with the most difficulty; if we then observe that the two women who did not vomit in spite of repeated doses were of the lymphatic temperament, and had marks of scrofula; that the nervous or neuralgic wo-
men were those in whom vomiting was the most frequent, we shall not hesitate to believe that the female sex and the nervous temperament have an influence upon the effects of morphia and predispose to vomiting. These ideas differ much from those of authors who believe that the sanguine temperament makes opium more active in its effects.

The desire to vomit with the state of discomfort, of disgust which always accompanies it is a phenomenon much more constant than vomiting. Of thirty-two cases we have found it wanting only three times in men, and only once out of thirty in women. It is not necessary to say that vomiting never occurs in those who have not felt any nausea. The remarks which we have made upon vomiting in relation to the doses and the time of treatment apply also to nausea,—and it may be stated in a general way, that a grain of hydro-chlorate of morphia applied to the dermis with an increase of half a grain every day, produces on the first day nausea and vomiting; on the second day, the same phenomena; or the third or fourth, nausea; on the fifth or sixth, absence of nausea and vomiting;—and that with equal quantities given internally the progression would be the reverse — nausea and vomiting would be absent at first and would continue till the cessation of the treatment.

We have already alluded to the large doses of acetate of morphia which we have used, and we have not found that immediate revulsion of the stomach, which Mr. Bally says would be the consequence of the administration of morphia in a quarter grain dose increased daily by the same quantity. Once only it was impossible for us to exceed a half-grain. This was in an extremely nervous woman, lean and slender, who had had for a long time attacks of hysteria, and suffered at the time she took the morphia from involuntary contractions of the members. This woman united all the characteristics which we have recognized in this article as predisposing to emesis. It is difficult to establish definitely the relative influence of each of the modifying elements, namely, the mode of administration, the duration of the treatment, the sex, the temperament, and the nature of the disease. To do this it would be necessary to make comparative experiments with the opportunity of varying a single agent at a time. In this way we could exactly estimate the cause of the difference between one experiment and another. But in therapeutics we cannot as in the physical sciences follow a similar method; many conditions vary simultaneously, and the mind fixes the part of each in a more or less arbitrary manner. We can only demonstrate the existence of this or that modifier without pointing out precisely where its influence begins and where it ends.

We cannot terminate these observations upon vomiting without remarking that it has never appeared to us to be accompanied by symptoms of gastritis, pains in the stomach have never been felt, and the tongue has not been particularly affected.

The lower portion of the digestive organs is modified no less powerfully
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than the upper. Constipation or diarrhoea is one of the constant effects of the use of the salts of morphia, but these two effects are owing to causes which appear to us to depend chiefly upon the mode of administration. Constipation has always existed after its external administration, and diarrhoea has been produced only by the acetate of morphia when it has been taken internally in the dose of several grains, and after at least three or four days' use. In these cases, moreover, the diarrhoea was preceded by constipation as in pulmonary catarrh, dryness of the mucous membrane is frequently observed before a more or less abundant expectoration supervenes. Observe, also, the analogy of this apparently singular phenomenon to the state of the fluids of the mouth which are sometimes deficient and sometimes in excess. Moreover we could cite many other examples of this kind to which we shall return.

The most observable modifications produced by the salts of morphia in the digestive tube, are then, thirst, loss of appetite, derangement of digestion, nausea, vomiting, and constipation or diarrhoea. It is important to study the relation which exists between these different phenomena. First, loss of appetite, derangement of digestion, and scantiness of the stools constitute a collection of symptoms which may exist without nausea or vomiting. The presence of nausea involves all the antecedent phenomena, as vomiting involves the presence of nausea, and consequently the whole series of symptoms pointed out. We at first supposed that there was a determinate relation between vomiting and constipation, the existence of the former compelling that of the latter; but more extended observation has shown us that this relation is far from being constant, and that when by the prolonged use of opium diarrhoea is produced, the vomiting still continues.

Effect upon the Secreting Organs. At the same time that the glands and follicles of the alimentary canal are powerfully affected by the salts of morphia, the other secreting and exhalant organs are affected in a way which we can at once examine absolutely and relatively.

The quantity of urine may be increased or diminished. Diminution is more frequently observed than increase, but each requires for its development that the salts of morphia should be used for at least two days in the quantity of from one to two grains. There are some cases in which a single grain of morphia on the first day suffices to produce these phenomena. Increase in the quantity of urine is more common after the internal use of the salts of morphia than when they are placed upon the denuded dermis. In men, we have observed it in a fifth part of the cases in which these salts had been used internally for several days. Diminution of the quantity of urine has been observed much more frequently than its increase, and we have been astonished that the author of an academic memoir upon the effects of morphia, has denied their influence upon the urinary secretion. He has better appreciated their influence upon the excretion of this fluid in pointing out the difficulty which a large number of patients experienced in urinating.
Yet in this view our observations agree but little with his, for we have often observed this difficulty in women, in whom he says the excretion of urine is not rendered more difficult by the use of the salts of morphia. We have enquired if this discrepancy could depend upon the frequent use we have made of the endermic method; but in reviewing our observations and repeating our experiments, we have noticed the disorder in the urinary secretion, even in women subjected to the use of morphia only a few days. It is true, however, that affections of the urinary organs have been more constant and more notable in men than in women.

The connexion between the secretion of urine and its excretion may throw light upon the cause which modifies the latter. In most cases the patients after having made ineffectual and long continued efforts discharge only a very small quantity of urine; and in five cases in which we have been obliged to catheterize the patients, men or women, we have drawn only from six to ten ounces of fluid, although the patients had not urinated for a day or two. There are some cases, though very rare, in which the efforts to pass urine were followed by a very abundant excretion of fluid without the previous engorgement having been observed.

To what cause shall we refer this difficulty in the excretion of urine? Shall we attribute it to a swelling of the prostate? But this gland does not exist in the female, and we have seen that the effects of morphia were very nearly the same in both sexes. To paralysis of the bladder? But the muscular fibres of the urinary reservoir never lose their contractility without an escape of the fluid sooner or later from its overflowing. To the small quantity of urine secreted? But this diminution is not constant. May it not be with the bladder as with the mouth? In fact, when in consequence of the action of morphia the fluids which lubricate the buccal and pharyngeal cavity, cease to be poured out on the surface of the mucous membrane deglutition becomes very difficult. Now the mucus which covers the internal membrane of the bladder should be a lubricating agent; and if it ceases, as analogy and some direct observations tend to make us believe, it should be the case that the urine passes the neck of the bladder less easily, and that consequently the excretion is rendered more difficult. However it may be with this explanation, it is nevertheless probable that the diminution in the contractility of the bladder, under these circumstances, plays a part which is not without importance.

We could now inquire what coincidences there are between the modifications spoken of as existing in the alimentary canal and those which we have found in the urinary organs; but in order to make our observations more general, we prefer first to speak of the state of the skin.

One or two hours after morphia has been applied to the denuded dermis, the sweat sometimes pours from all the surface of the skin; but the parts in which it is first manifested are ordinarily the members to which the narcotic salts have been applied, and thence it extends by degrees over the other
parts of the body. Once established, it usually lasts twenty-four hours. The heat of the skin is increased, and the face more or less colored. The sweat appears less promptly but always as constantly after the internal administration, and in this view our observations have so much identity that we have been surprised that this phenomenon has not been more insisted upon. Likewise when we wish to produce a sudorific effect, we believe we ought to have recourse to the acetate of morphia. In two cases the results differed from those which we have indicated; in one the sweat did not appear. This was in a young girl narcotized, however, in a very remarkable manner; and in the other the sweat was diminished—the patient was suffering from rheumatism.

It is to be observed that the men have rarely been obliged to change their linen during the night, while the women ordinarily did it three or four times in the same time. In comparing this observation with those which we have made above upon the urinary secretion, we see that the skin in women and the kidneys in men are relatively most influenced; besides, the cutaneous and urinary secretions are constantly in an inverse ratio. With those in whom the urine has been very abundant the sweat has been scanty, and reciprocally. The patient whose perspiration was diminished by the application of the salts of morphia urinated frequently, and each time passed nearly a pound of fluid.

The skin of patients treated with the salts of morphia is also the seat of a more of less disagreeable itching. This usually commences in the member to which the external application of the salts of morphia is made, and is propagated to the rest of the body, as we have shown the case to be with the sweat. Sometimes it is in the eyelids, the nose, the back, and the lumbar region that the itching commences, and sometimes it is confined to these parts. But commonly it spreads to the whole body, and remains more severe in those parts where it commenced. So some hours after the application of a grain or two of a salt of morphia, we see patients rub their eyes or nose, toss themselves in the bed, rub the posterior parts of the trunk, and even scratch their hands and feet as if they had the itch. The pruritus is sometimes so severe that they cannot obtain a moment's rest. These two phenomena, the sweat and the itching, are usually found together; they may, however, exist separately, especially at the commencement of treatment. Thus in four patients affected with rheumatism, and treated by the external application of hydro-chlorate of morphia in a smaller quantity than a grain, we have seen a very profuse sweat without any itching. We have seen nearly the reverse of this, that is to say, exceedingly inconvenient itching with but very little sweating in a very vigorous man who had two grains of hydro-chlorate of morphia applied to his blisters. Finally, in several patients we have seen a profuse sweat run from the forehead while there was a very troublesome itching on the nose and eyelids which were not even moist with perspiration.

Is this itching the consequence of the different eruptions which are de-
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veloped under the influence of the salts of morphia? This cannot be admitted, because the pruritus frequently exists without any kind of eruption. These, which may always be referred to one of three classes, prurigo, urtica, or eczema, are always accompanied by itching; they are especially developed on the face and about blisters sprinkled with a salt of morphia, and ought to be considered as symptoms following the sweat and itching which appear much more promptly.

Phenomena analogous to those which we have described are observed, though less frequently, after the internal use of the salts of morphia; they appear in general more slowly and are carried to a less degree. The skin of women is more decidedly affected than that of men, which is easily explained by the greater delicacy of the dermoid system; but, on the other hand, we have never observed in women the excessive secretion of urine, and they have appeared to be more disposed to constipation.

We see then, from the facts which we have just stated, what modifications the salts of morphia produce on most of the secretions. This influence cannot be summed up as it has been by some authors, by this formula:—increase of the cutaneous exhalation diminishes the internal secretions. It is true, that this is most commonly the case; but the reverse of these phenomena have been observed, as we have shown by examples. In general, every secretion which is modified by increase may be diminished, and reciprocally; but the order in which these two modifications have succeeded each other has never been variable, and the time at which they have shown themselves has been somewhat constant. Thus supersecretion has always been preceded by the opposite condition, and has come on only at a more or less advanced period of the treatment. We speak here only of those secretions of which the product is discharged externally, and the state of which we can appreciate before and after the use of the modifying means. Observe, that with the diminution of secretion there has been coincident a deficiency in the liquids which ought to lubricate the passages of the diminished secretion; the difficulty of swallowing has never existed with a supersecretion of the saliva, and if difficulty of the urinary excretion coincides with the supersecretion of urine, this fact does not contradict the preceding. The urine, in fact, is not the lubricating agent of the bladder, and the mucus alone is designed for this purpose. The urine in this case is to the bladder what drinks are to the buccal cavity.

Effect upon the Genital Organs. The menstrual exhalation has sometimes been modified. In eight women, among those we treated in the Hotel Dieu, the menses became more abundant, or at any rate appeared more so than ordinarily, and even when they had ceased for some time they were re-established under the use of the salts of morphia. We can especially cite a dropical woman in whom they reappeared three months after their suppression. The acetate of morphia was continued for seven or eight days in doses averaging four grains a day. In this woman the secretions of the skin,
of the intestinal tube, of the urinary passages were increased. She was compelled to change her linen three or four times in the night, the perspiration was so abundant; she went to stool six or seven times a day; urinated frequently, and in large quantity, and she would have appeared to be an exception to the law of compensation between exhaled fluids, if the serious exhalations had not diminished proportionally, and if the salivation had not become much less abundant than before the use of narcotics.

Effects upon the Circulation. Most of the functions which we have hitherto examined may be modified without the circulation and respiration being at the same time affected; but it is not so with the sweat which is always accompanied by heat, by increase of color in the skin, by acceleration of the pulse, and by greater frequency of the respiratory movements. Thus it is evident to us that the organs of respiration and circulation are no more strangers to the powerful effects of the salts of morphia than the other organs. Now all our observations show the same thing, and we have been much astonished in reading in Mr. Bally's essay that the salts of morphia never influenced the pulsations or the character of the inspirations, or at most they might be slightly diminished. But it appears to us difficult to reconcile this abatement with the hot sweats of which we have spoken, and with the lively coloring of the face. Mr. Bally, who perceived this contradiction, made it disappear by denying the existence of the plainest phenomena, namely, the abundance of the sweat and the heat of the skin.

Effects upon the Nervous System of Organic Life. We come now to the collection of encephalic phenomena produced by the administration of the salts of morphia. The attention of observers having been turned more especially to this class of phenomena, we have little to add to what they have made known. For this reason we shall not dwell upon the derangement of vision, the buzzing in the ears, and pain and heaviness of the head, the weakness of the muscles, &c. We shall examine them only in connection with certain details concerning the state of the pupils, the mind and sleep.

We have always found the pupils contracted, and this contraction when it was very marked, always coincided with vomiting, tendency to sleep, &c. In a word, we have always observed an exact relation between the contraction of the pupils and the phenomena of narcotism. These facts, perfectly in accordance with those which Mr. Bally has made known, do not agree with the general description which Orfila has given of the symptoms of narcotism caused by opium. This skilful and conscientious experimenter considers the dilatation of the pupils quite a common effect of the action of opium. We cannot explain so remarkable a difference between our results and his, except by the difference in the subjects on whom our observations were made. Most of Orfila's experiments were made on dogs, and ours on men. Now we know that the influence of the nerves on the state of the pupils varies much in the different classes of animals; and that, for example, the section of the ophthalmic branch of the fifth pair of nerves dilates the pupils of dogs and contracts those of the rodentia.
At the same time that the pupils contract, the eye-lids fall over the ball of the eye, they have a slight violet tinge which spreads itself along the wrinkle which starts from the internal angle. These effects, joined to the air of dejection and weakness spread over the face, makes it easy to recognize the influence of narcotics given in a rather large quantity. Numerous as our observations have been on the salts of morphia, and large as have been the doses in which they were given, we have never observed delirious outeries or incoherence of ideas; which, joined to the contraction of the pupils establishes a very marked difference between the effects of the preparations of opium and those of hyoseyamus, stramonium and belladonna. We shall revert to this difference.

The sleep produced by the salts of morphia may be calm, when the dose is small and the patient does not present any other narcotic influence, but when there is at the same time nausea, itching, and contraction of the pupils, the patient sleeps, and if he rouses, it is only to fall asleep again a moment after; but this sleep is of short duration, and almost always is interrupted by unpleasant dreams. This state is continued so long as the use of the salts of the morphia is not discontinued and the dose is increased daily; but when this treatment ceases, after being used several days, the most obstinate insomnia fatigues the patient, and for several weeks he may find it impossible to sleep. We have spoken of those cases in which the patient, becoming comatose, is almost insensible to excitants. Though we have carried the salts of morphia as far as six or seven grains in twenty-four hours, internally and externally, we have never met such grave accidents.

Therapeutic and Medico-legal Considerations. Such are the principal results of our observations upon the effects of the salts of morphia. We can now consider their effects in a general view, and inquire what application we can make of the knowledge of them in therapeutics and legal medicine. Do the salts of morphia act most rapidly when placed upon the dermis or introduced into the stomach? To solve this problem we have compared individuals presenting the most identical conditions possible, and absorbing a grain or two of morphia by the skin or stomach. In the first case, thirst, vomiting, somnolence, heaviness of the head and derangement of vision, are almost instantaneous; the patients sometimes beginning to feel intoxicated two minutes after the application of the salt of morphia to the denuded dermis. In the second case it is sometimes an hour, and even two or three hours before the symptoms develop themselves, and the vomiting is ordinarily delayed two or three days. These results, though studied in different individuals, clearly demonstrate that the rapidity of absorption by the skin is much greater than by the stomach, and they are a sufficient answer to the question we proposed; but to make it plainer, we experimented on individuals subjected to the internal and external method in succession. Every time that this latter method was substituted for the former, the effects were more powerful when the doses remained the same, and though they were diminished a quar-
ter or a half, the symptoms showed as powerful action. These results may depend on the fact that the power of absorption of the skin is greater than that of the stomach, or that this latter organ digests and modifies the salts which are introduced into its cavity, and then it will not be the stomach which is to be compared to the skin, but it is this same organ compared with the large intestine. We know, in fact, that medicinal substances taken in injections act more quickly than when taken into the stomach — where they remain as long in one case as in the other. It is probable that this difference depends less upon the greater power of absorption in the large intestines than upon the impossibility of the organs altering by digestion substances in connection with it. When we consider the rapidity with which vomiting occurs after the external application of the salts of morphia, and the time which passes between the ingestion of opium into the stomach and the appearance of vomiting, we see that this is not the result of the direct action of the drug on the stomach, but rather of the influence upon the encephalon. An exact relation is also found between the encephalic phenomena following the exhibition of the salts of morphia and the vomiting which is closely allied to them. Moreover, women, who are more easily narcotized than men, vomit more readily and easier than men. But the same relation does not exist between the nervous phenomena and the effects upon other organs; the urine may be suppressed or be very abundant; the itching, the sweat, and the eruption of the skin may be very marked, or not appear at all without the functions of the encephalon being modified at the same time or in the same degree. This is because the exhalations and the secretions are under the influence of the ganglionic system and remain independent of the cerebro-spinal system, and that the action of the salts of morphia on each of these systems undoubtedly varies with conditions which we cannot now appreciate.

We can scarcely doubt the influence of the salts of morphia on the ganglia and not attribute to it so remarkable a condition of the salivary secretion, of the bile and of the urine, the dryness of the intestines, and the increase of the exhalation from the skin; phenomena which together show that there is scarcely a secretion which remains in the same state in which it was before treatment.

Among the phenomena which we have described some are manifest from the day in which the salts of morphia are used for the first time; others appear after a longer or shorter time. The former are thirst, vomiting, frequent desire to urinate, sweat, itching, somnolence, contraction of the pupils, and the air of dejection and languor manifest by the whole body. The second, more rare and longer in manifesting themselves, are salivation, constipation or diarrhoea, supersecretion of the urine, appearance of the menses and obstinate insomnia. The latter, though deserving to be noticed, are far from aiding in the special diagnosis of poisoning by different narcotics—whether considered alone or combined in the relations which we have en-
EFFECTS OF SALTS OF MORPHIA.

deavored to make known. The phenomena indicated in the first class can alone aid as a means of diagnosis. They never fail, and a study of them it seems to us, ought to lead to a precise determination of the proper characteristics to distinguish the narcotism produced by opium from affections which may simulate it. Before entering upon the examination of these facts we may remark that narcotism following the use of the salts of morphia may consist only in the symptoms we have described, or be carried even to a loss of consciousness. It might be confounded with that produced by the action of other narcotic substances, such as hyoscyamus, stramonium, belladonna, &c. Now these drugs given in large dose cause an enormous dilatation of the pupils; the patients are delirious; they cry out; and one is obliged to take hold of them to arrest their movements; they rarely have eruptions of the skin; they are not seen scratching different parts of the body, and rarely is the perspiration so abundant as from morphia. The intoxication caused by wines and alcohol slightly resembles narcotism produced by the salts of morphia, and it frequently happens that patients compare this latter state with the former. In both there is vomiting, an abundant sweat, and disorder of the cerebral functions; but in intoxication the matters vomited have not a bilious character; they, as well as the breath, give an alcoholic odor which is characteristic; the sweat is not complicated with itching of the skin; there is a variable delirium, and the aspect of the face is that of congestion, not that of languor and dejection.

We might establish the relations between the symptoms we have described and which are peculiar to narcotism without coma, and those of divers cerebral affections, such as softening, apoplexy of the cerebellum, of the commissure of the brain, of both hemispheres; but we should go beyond the limits of this essay. It must suffice us to say that in narcotism there is stiffness of the muscles, diminution of excitability, equal and constant contraction of both pupils, suppression of urine, itching of the skin, very abundant sweats, and that in cerebral affections there is more or less extensive and complete paralysis, retention and not suppression of urine, a variable state of the pupils, absence of itching. Narcotism with loss of consciousness goes beyond our special studies, and we had no other object than the exposition of facts of our own observation. We will remark, however, that in reviewing the symptoms on which we have frequently insisted, we find grounds of distinction which the reader will appreciate as well as ourselves, and which it is consequently useless to explain theoretically.
STATE MEDICAL SOCIETY.

[For the N. H. Journal of Medicine.]

Mr. Editor: As the annual meeting of our State Medical Society is at hand, it becomes necessary for those who are of opinion that this venerable institution has not accomplished all it might for the benefit of the profession, to consider whether they will, as in years past, sit demurely looking on, silently watching the movements of the "prominent members," vainly hoping like Mr. Micawber, that "something may turn up;" or whether it will be well for those who have the temerity to think and act for themselves, to make an effort to improve upon the "time honored" management of this Society.

At any rate, Mr. Editor, would it not be well to ask ourselves what is to be the aim and object of our Society, its annual meetings, &c., in the future. If we are to have no higher object than to confer the empty honor of its officers upon the aspiring, discuss and amend our by-laws, and bolt hastily the society dinner, it may as well be so stated, and we "backwoods doctors" can save our money, time, and credit by stopping at home, and allowing the ruling few, who confer what they call "the benefits," upon each other, to enjoy their "Mutual Admiration Society," untrammeled by the multitude, whose only use at present seems to be to "pay the tavern bills."

But if the majority wish a Society whose "benefits" shall reach every member equally, and through them the public, it is time that some movement should be made to that effect. Let the matter be brought to a test, and once for all decided whether we will do or merely exist. There is talent in this State which needs but the fostering care of a well conducted State Society to produce results behind none other, and if as in years past, the action of the Society is to cover, as by a wet blanket, every development of genius, the sooner its influence is withdrawn, and each individual left to flourish on his "own hook," unaided by "family influence," and unimimidated by frowns of the "eminent," the better for all parties.

It is necessary, as a first step, that all expenses for "food and lodging" shall be paid from the private purse of the individual member, and the present $2.00 tax left to liquidate the incidental and literary expenses of the Society; and secondly, let all the appointments of committees, orators, &c., be conferred on men who "can and will" discharge their duties. Let it be expected that any failure to fulfil the duties of an appointment is a general loss and disappointment, and only to occur under force of pressing necessity, and not, as now, be considered "green" to make a worthy and labored effort to interest the annual meeting. Let our transactions be worthy of publication, let them be published at the expense of the Society, and distributed to every member who is not in arrears. This, Mr. Editor, is the
plan which promises to my mind future good; still, I would be happy to assist in any project which will increase the usefulness of our "State Medical Society." Since writing the above I have re-read your article on this subject, (published last year,) which, if I recollect right, drew down on your head the censure of "our rulers." I wish every member would read that article attentively, and discover if possible what there is in it which should offend even the "most influential member" of the Society.

That the combined wisdom to assemble next June may produce results of which New-Hampshire may be proud, is the earnest wish of

A MEMBER.

April 15, 1852.

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MONUMENTAL PHYSICIANS.

"It takes all sorts of people to make a world," is a homely apothegm, containing a verity indisputable. So every calling in life is made up of members exhibiting diversities of character. That of medicine, as well as other pursuits, furnishes exemplifications of this truism. For critical examination we may subdivide the professors of the healing art into various groups, each distinguished by characteristic traits from the others. An attempt at a classification of this sort may have some interest, and possibly be attended with profit. The disposition to criticise others is a common weakness, not always altogether amiable. It is often easier to do this than to recognize one's own peculiarities. That the faults of our brethren are viewed microscopically, while the personal defects of the observer never enter the field of his own vision, is but too frequently true. We cannot see ourselves as others see us. Nevertheless, if conducted with a right spirit, it may not be wholly a bootless occupation to study human character objectively as a matter of curious research; and such a study, indeed, may be useful, if the critic do not omit subjective examinations, and if he endeavor to apply the results of his inquiries, in either direction, to his own improvement.

The idea has occurred to us to portray some of the different classes of physicians, and by way of breaking ground in this unoccupied field of exploration, we propose, at this time, to say a few words of a group which we will designate the monumental. The reader might perhaps be somewhat nonplussed in trying to divine the significance of this adjective monumental as applied to a portion of the medical profession. The term, however, is something more than a mere rhetorical conceit. An eloquent teacher, in his parting remarks to a class of medical students, enjoined upon them the importance of unceasing application if they did not wish to remain living monuments of what medical science had been, instead of exemplifying its actual condition. This happy thought has suggested the epithet. We observe
everywhere in the ranks of the profession, a certain number who represent the past rather than the present. They are living monuments of former stages of the career of science. To understand their position our examination must be retrospective. They do not reflect science as it is, still less as it is to be, but perpetuate it as it has been.

We have said that monumental physicians exist everywhere. There are none of our readers who cannot indicate, in their respective circles, persons of this stamp. They have, moreover, always existed. They are not of modern origin. They were abundant at the time of Harvey, if there be truth in the often reiterated statement that none of his brethren who were over forty years of age ever admitted the verity of the discovery of the circulation. These monumental physicians doubtless continued to represent in their teachings and practice the old doctrine that the arteries were air tubes! Harvey himself had something of the monumental element in his composition, for he obstinately refused to admit the discovery of the absorbent vessels. Jenner was surrounded with monumental physicians who ridiculed, scouted, and opposed a discovery which has saved millions of human beings from a loathsome disease. A marble monument, at this late day, is to be reared to the memory of that great benefactor of the race. One cannot help thinking how much better than this had it been if his monumental contemporaries had not withheld the encouragement and meed of praise which were his due.

Monumental physicians of the present time do not all represent the same period of the past. A few are the living representatives of medicine as it was forty or fifty years ago. Some carry us back a score of years; and others are only removed a single decade. Of the monuments of the first class in the order of time, we find some adhering still to the teaching of the immortal Rush. Such an one believes in the unity of disease, and, as a practitioner, his tendencies are sanguinary. His lancet is bright and sharp, and always on hand for ready use. Blood-letting, so potent either for good or ill, is a daily operation with him. He is sure not to run any risk of letting his patient die for the want of this remedy. Other monuments of the same chronological class, (but these are comparatively few in number,) perpetuate the views and practice of the gifted, eccentric Brown. Thus, living monuments represent not only the different stadia of scientific progress, but different ideas incident to the state of science at the same era.

In monuments of a more modern date, Broussais still lives and flourishes with perrennial vigor. Inflammation the fundamental pathological element in all diseases, and deductively, leeches, with gum water for diet, form the basis of practice. The Hepatic pathology has its numerous monumental representatives. Regarded in the light of this pathology, a portion of the primeval curse was the infliction of a liver; the bile, as if it were a part of the innate depravity of man, is to be ejected by emetics and cathartics, and so long as a drop remains, the physical man is unregenerate.

To describe the different kinds of monumental representatives would in-
volve a catalogue of all the more salient points of the history of medicine within the memory of those now living. We have not the materials for an analysis of this description. Our object is only to point out the distinctive characters which belong to the class. The portrait of each specimen would present a certain individuality of physiognomy. The study, in its details, can be pursued by each observer with the models before him among those which fall within the scope of his personal acquaintance. Daguerreotype likenesses might be furnished in abundance, but the end would hardly repay the trouble.

Collectively, the members of the group under consideration have certain features in common which distinguish the genus, without descending to the multiplicity of particulars which pertain to individuals. The leading, most distinctive quality, is fixedness of position. While the progress of science and art is onward, they are stationary, occupying the same spot, with eyes reverted, not remembering Lot’s wife! They can perceive nothing encouraging or attractive in recent developments, and still less is there aught in the prospective to awaken enthusiasm. Your monumental physicians are fond of talking of the superiority of times gone by. They are the very antipodes of the optimist. “Medicine has lost much of its ancient character and claims,” is a favorite remark. “The profession is deteriorating.” “There is no telling what is to be the end.” They even entertain serious apprehension lest, with the march of pseudo-civilization, the whole world will by and by go over to quackery! “The various forms of empiricism were certainly not so rampant in their young days.” They have a very low opinion of the younger class of physicians. They regard with distrust organizations for mutual improvement and the advancement of science. Consistency with them is indeed a jewel, for they never change. Experience is, in their view, the only source of scientific illumination, and the more experience they get the more is their own confidence in their long established views and practice sure to be enhanced. They are outraged at the audacity of a newer generation in thinking and acting for themselves. Seniority, in their estimation, claims more than respect, it should be invested with authority, forgetting that it is as ungraceful on the one hand to insist upon the homage due to age, as it is, on the other hand, to withhold it in proper measure. But we need not extend the list of generic attributes; what has been mentioned will suffice for all purposes of differential diagnosis.

Let it not be said that the tenor of these remarks is calculated to depreciate the past condition of medicine. In placing a just regard on the character of our science at any former epoch, we are not alone to compare it with its present position. It would be indeed humiliating if such a comparison did not exhibit a contrast more or less striking. Constant progress is the law of this, as of other departments of knowledge which do not spring from revelation. It is by the labors of its truth-loving votaries (not living monuments) in every age, that Medicine has advanced thus far in its onward
course. It has become what it is by the aggregation of the products of each successive generation. Does any one doubt its progressive character? Such a skeptic is too ignorant of the subject to be qualified to form an opinion. Mark the changes that have transpired during the last quarter of a century! Look at the results of the application of physical signs to the diagnosis of the diseases of the heart and lungs; and, more recently, of the introduction of the microscope into the study of the solids and fluids in health and disease! Look at the nosological space now occupied by the neuroses, and consider that twenty years ago the misnomer "tic doloreux" was almost the sole representative of neuralgic affections. Look at the influence on practice which has resulted from a better appreciation of anæmia, from the recognition of the self-limited duration of various diseases, from the study of the natural history of essential fevers, from more correct views of the pathology of tuberculosis, from the light shed on the relations of the different alimentary constituents to nutrition and animal temperature, etc. etc. etc. Some diseases, in this short period, have taken entirely new situations, e. g. diabetes has become an affection of assimilation, not of secretion; and again, new diseases have been discovered, e. g. the morbus Brightii. All this is, we trust, supererogatory for our readers. But, we repeat, to place a just estimate upon any period in the past, we are to exhibit it not only in contrast with the present, but with a period still more remote. Medicine, a quarter of a century ago, was far in advance of the position which it held at the remove of a half century. Is it any disparagement of the physical sciences of by-gone years that such rapid strides have lately been made in their applications to useful arts? Is the brilliancy of the discovery of Franklin dimmed by the fact that the electrical fluid has just been made subservient to telegraphic purposes? It was not less a glorious achievement, not very many years since, for Fulton to have performed the voyage from Albany to New-York in a vessel propelled by steam, because, at a still later period the more gigantic enterprise of crossing the Atlantic by means of the same motive power has been accomplished. Let us honor the past, and reverence the names of those to whose genius and industry the world is indebted for its present stock of knowledge. But let the records of history and a just sense of our obligations take the place of living monuments, at least in medical science.

Will the captious reader say that our remarks are calculated to disparage a portion of the medical profession. The only rejoinder to this criticism is an appeal to the justness of the remarks. Are there not physicians even at the present moment who continue to sneer at the stethoscope as a useless toy? Are there not still more who virtually repudiate physical diagnosis? And is there not room for a similar question with respect to almost every other development of modern science?

A homily is not complete without an exhortation. The Science of Medicine is emphatically progressive. Not only has it advanced up to the present time, but its course is still to be onward. Do we represent its present or
CASES TREATED WITH VERATRUM VIRIDE.

By Dr. D. C. O'Keeffe. (Reported by J. S. Clements, of Penfield, Ga.)

The notes of the subjoined cases have been kindly furnished me by my friend and preceptor, Dr. O'Keeffe. In view of what has been said, in this Journal, on the remedial properties of the American Hellebore, by Dr. Northwood, and the erudite exposition of its botanical characters, by Prof. C. T. Quintard, I shall not embarrass the subject with preliminary remarks, but enter forthwith into the subject.

Case I. Nov. 3, 1851.—Mrs. ——, aged 21, was delivered of her first child one week ago; progressed satisfactorily until above date. Condition at that time: Skin hot and dry; tongue furred, white on centre, red at tip and edges; mouth dry and lips crusted; slight headache; pain in back and bowels—least pressure on abdomen causes pain; pulse 115, small and hard; dysuria for last twenty-four hours; has had two stools during same period from castor oil and spts. turpentine she had taken. Diagnosis—Incipient puerperal fever. Prescription: Pepper poultice to abdomen, warm cloths to vulva, spts. nitre in parsley tea every two hours, until dysuria is relieved.

5 o'clock, P. M. Has urinated tolerably freely since morning, less pain in bowels, pulse 120; other symptoms the same. Prescription: Eight drops distinct veratrum viride every three hours until pulse is reduced.

8th—9 o'clock, A. M. Took but two doses of the veratrum viride, before nausea was induced, and lasted two or three hours. Simultaneously with the induction of nausea, perspiration set in, the pulse was lessened in frequency, and continued so all night. Present condition—Pulse 100, skin cool, tongue less red, feels but little pain and sleeps better, except during existence of the nausea, than she had done in several nights. Took a dose of oil and turpentine at 1 o'clock this morning, which has not operated yet; feels nausea occasionally.

9 o'clock, P. M. One stool; feels better, nausea occasionally all day; pulse 85; has taken none of the veratrum viride since last night. Ordered, 10 gtt. tr. veratrum viride every three hours, till nausea occurs, if fever returns. Has passed urine tolerably freely to-day.
8th. Has had no fever of consequence since last date, and therefore needed no medical attention.

Remarks. This case would, in all probability, have terminated in puerperal fever, of which it presented the essential characters, but for the timely administration of the hellebore. The febrile action could not have been owing to the dysuria and consequent distention of the bladder, for after these symptoms were relieved, the pulse numbered 120; neither could it be fairly attributed to want of action from the bowels, for they had been moved twice the day the first note was taken. She had had her "milk fever" three or four days before the date first noted, and got on well during the interim; the lochial discharge was normal, and the untoward features were attributed by the family to "a cold she had taken." It is reasonable, therefore, to infer that it would have run its course, as a case of puerperal fever, had not the potent agency of the veratrum viride curtailed its progress. This is the first recorded case of puerperal fever treated by the the American hellebore, and the sanguine expectations of its worthy pioneer, Dr. Norwood, have been fully answered.

Case II. Nov. 8th, 1851.—Eliza, a negro woman, aged 25, strong and vigorous constitution, was taken with pneumonia of right lung on the 4th; was seen and treated by Dr. A. A. Bell until the 8th, after the usual manner. Calomel, tart. antimony, ipecac, Dov. powder and blisters constituted the treatment. He had used the tinct. of veratrum viride freely for two days, without producing any perceptible effect whatever, in addition to the remedies above enumerated. The patient's condition at above date was as follows: Skin warm and moist, from ipecac and tart. antimony she had been taking freely all day; pulse 120-130, small, compressible under influence of tartar-emetic; bowels disposed to looseness, and tender to the touch. At 5 o'clock, P. M., she took 10 gtt. tinct. veratrum viride to control the circulation, which had not been influenced in the least by the calomel and tartar-emetic which she had been taking for twenty-four hours.

7 o'clock, P. M. Pulse the same; still perspiring—15 gtt. veratrum viride.

8 o'clock, P. M. Nausea and profuse perspiration; griping in bowels, which was followed by a copious watery operation; pulse 110—took 60 gtt. tinc. opii. to check bowels. 9 o'clock, P. M. Nausea and perspiration the same, bowels easy, feels drowsy, pulse 100, intermittent. 12 o'clock at night. Nausea and perspiration, pulse 100, not intermittent—took 10 gtt. veratrum viride.

9th—10 o'clock, A. M. One operation since last note, followed by 30 gtt. tr. opii; still perspires; skin cool; pulse 100, not intermittent; no pain; feels drowsy. Ordered, 10 gtt. veratrum viride every three hours while the pulse numbers 100—should it fall before that, to be given less frequently. Convalescence commenced at above date.

Remarks.—This case Dr. O'Keeffe saw in consultation with Dr. Bell, who had judiciously treated it with the usual remedies. He had even given the hellebore a fair and impartial trial for two successive days; but it failed—
signally failed. The present case was the second in which the incomparable remedy, hellebore, failed in Dr. B.'s hands to produce any effect whatever, and he was on the eve of condemning it as an insignificant puff, when a different preparation proved to him satisfactorily that his was an inferior article—was inert. Should this disappointment happen to others, they would do well to pause, and consider the reliability and intelligence of their druggist. Dr. B. obtained his tinct. of veratum viride from his druggist, while the preparation that fulfilled its mission—told the heart's arteries "so fast shalt thou beat and no faster," was prepared by a physician, in his own office, in the proportion of two ounces to the pint of alcohol.

It is difficult to say, with unerring certainty, what agency the veratum had in bringing on a favorable crisis in this case, or how it would have terminated under the usual treatment. She took the first dose of hellebore at 5 o'clock, P. M., the tongue being moist and the skin warm, but moist also; notwithstanding these favorable effects from the calomel and tartar-emetic, the pulse was not reduced any. Two doses of the hellebore accomplished what several doses of the tart. antimony had failed to do. A crisis might have taken place without the veratum, and its occurrence, after its exhibition, may have been a coincidence instead of an effect; but from the infallible certainty with which it reduces the action of the heart and arteries, I think it not unreasonable to attribute the favorable change, in the present case, to its potency.

Case III. Mr. B., aged 45, complained of cold chills and acute pain in left side on 12th of November. Poultices, baths, diaphoretics and expectorants, failing to relieve him, he was bled next day 20 oz., the pulse being 100, full and strong. The v. s. and perspiration that followed relieved the pleuritic pain, partially, for a time, but it returned next day with some severity. A blister was applied to the affected side, which removed the pain; took 15 grs. of calomel, twice, in divided doses, which produced three dark operations. During this time, the tongue was covered on the middle with a whitish fur, natural at edges; the mouth dry, clammy, and exceedingly unpleasant, required cleansing frequently in the day; the pulse during the whole time 90-100.

8th day of illness. Skin hot, harsh and dry; tongue furred, clammy and stick- ing to roof of mouth; taste unnatural, very feeble and extremely restless; pain no where, pulse 90 to 100, variable, feeble and hard. Took several doses of diaphoretic preparations, until altering the condition of the skin, which was so hot and dry that he said he felt like he should "burn up." At 10½ o'clock, A. M., took 10 gtt. veratum viride, the pulse being 100. At 11 o'clock, the skin was warmer and disposed to become moist; pulse stronger and more frequent, 114; no nausea. 1 o'clock, P. M. Skin moist, generally; large drops sweat on face, drowsy, no nausea; pulse 114. 3 o'clock. Vomited considerable quantities of bilious matter several times. After he had vomited twice, skin became cool and dry, and the pulse fell to 100; and after he had vomited two or three times more, the pulse fell to 80, was small and
weak. 5 o'clock. The vomiting having continued, and feeling griping pain in lower bowels, he took two tea-spoonfuls of paregoric, which checked the vomiting and griping. Expectoration, of which there was little or none before nausea, became profuse after it, and relieved the lungs very much. He took no more of the hellebore, and his pulse fell to 60, and continued so for several days, when convalescence commenced, and progressed satisfactorily to recovery.

Remarks.—Here is a case in which the usual diaphoretic remedies had been used freely and faithfully, without effecting the desired result; whereas 10 gtt. of the veratrum acted like a charm. The hellebore was not given in this instance to diminish the frequency of the pulse—for that was not at all imperative—but to act simply as a diaphoretic, and to remove the great heat of which the patient complained so much. It is proper to note that, before nausea set in, and after taking the veratrum, the temperature of the surface was heightened, and the pulse accelerated from 100 to 114 in the minute—a result that ensued only in the present instance.

Without further notice of this case which was considered one of typhus fever, I propose to give in detail, the notes of the case of pneumonia in which the hellebore was administered as a principal remedy during the whole progress of the disease.

Case IV. Nov. 23d, 1851, 9 o'clock, P. M., A negro girl, aged 20, of strong constitution, in seventh month of pregnancy, felt pain (slight) for the first time, in her left side, this morning; but attended to her usual duties until three hours before she was prescribed for. Condition: acute pain in her left side; cough hard, painful and frequent; skin hot and dry; tongue clean; pulse 120, and strong. Diagnosis—Pleurpneumonia.

Prescription: Venesection 1 quart; poultice to left side, and 10 gtt. tinct. veratrum viride. 12 o'clock. The same; 15 gtt. veratrum viride. 3 o'clock, A. M. The same; 20 gtt. veratrum viride.

24th, second day, 7 o'clock, A. M. Skin a little cool, vomited some since last note, perspired some during nausea; other symptoms the same—23 gtt. veratrum viride. 8 o'clock, A. M. Nausea and vomiting several times, skin natural, pain almost relieved; pulse 80, small and weak; deathly sick—Ginger tea to relieve nausea, and poultice to chest. 6 o'clock, P. M. Took the veratrum every three hours since last note; skin warm and dry; one stool; pain in side returned; pulse 112—15 gtt. veratrum viride. 8 o'clock. Vomited three times; skin moist; pain in side the same; pulse 80. R. Calomel, Dov. powder, aa 5 grs.; ipecac, 3 grs.; to be taken at once—cups over seat of pain, and poultice.

25th—9 o'clock, A. M. One stool; emesis several times in night; skin harsh and dry, but natural in temperature; cough hard and painful; pulse 120—15 gtt. veratrum viride every three hours, poultice to chest, and expectorant to relieve cough. 7 o'clock, P. M. Took three 15 gtt. doses of the hellebore, after the last of which she vomited three times; no stool; skin cool; pulse 80; respiration rapid, 50 in the minute. 11 o'clock, P. M.
Took no medicine since last note; respiration rapid, embarrassed and difficult; skin cool, but harsh and dry; very restless, pulse 120, hard and constricted—15 gtt. veratrum viride in 50 gtt. tr. opii., to produce sleep.

26th—1½ o'clock, A. M. Took since last note 15 gtt. veratrum viride: respiration and pulse the same; skin warm and moist, is in a copious perspiration; no nausea—20 gtt. veratrum. 8 o'clock, A. M. Respiration and pulse the same; skin dry and warm; no stool; pulse 120—20 gtt. veratrum viride. 9 o'clock, A. M. Was sitting up when last note was made, which perhaps accelerated the pulse somewhat; skin a little moist and warm; pulse 100, lessened 20 beats without any nausea or vomiting; "felt worms creeping up her throat," attended with a flow of saliva and a desire to heave. (Complained of this sensation of worms in the throat since she has been taking the hellebore, and the same feeling was described by another patient who was taking the veratrum at the same time.) 15 gtt. veratrum viride every three hours, and intermediately a powder of calomel, Dover's powder and ipecac; blister to left side. 7½ o'clock, P. M. Took the above; no stool: after second dose of veratrum, vomited freely; skin warm; perspired none; blister well drawn; cough loose; pulse 90—continued veratrum every three hours, and gave injection to relieve bowels.

27th—9 o'clock, A. M. Two stools; emesis several times; cough very troublesome, causing vomiting; respiration very rapid, 50–60; pulse 100—15 gtt. veratrum viride, and same powders intermediately; blister dressed.

28th—8 o'clock, A. M. Followed prescription: two stools; constant nausea and vomiting; cough hacking and troublesome; tongue slightly furred; respiration same; pulse 100—continued hellebore and powders. Night visit: No improvement; felt labor pains since last note. Prescription: Discontinued hellebore; blisters to legs and right side; quinine, Dov. powder and ipecac, every three hours, and tart. antimony alternately.

29th—9 o'clock, A. M. Miscarried: pulse very frequent; getting worse —same treatment continued; brandy and quinine if pulse should sink. Night visit: Dead.

Remarks.—This case of pneumonia tested the hellebore to its utmost capacity, and brings home to our mind the very reasonable conviction that it will not prove infallible in the treatment of pneumonia. On reviewing these notes, it will be seen that the heart and arteries seldom failed to respond to the sedative influence of the veratrum, while the respiration was not affected by it in the least: it was a singular phenomenon to observe the respiration as frequent as 50 or 60, the skin cool and moist, and the pulse 80. Hence, in this case, at least, it did control the circulation, but did not affect the respiration or inflammation. There is every reason to believe that the pneumonic inflammation received no check whatever, notwithstanding the circumstance that the patient was kept fully and constantly under the influence of the hellebore. But it is a question of reasonable doubt, whether any course of treatment would have averted the inevitable doom that awaited this patient
in view of her advanced state of pregnancy. It is the duty of physicians who submit this agent to the test of clinical experience, to watch carefully its effects, and report them for the benefit of the profession: the remedy is in a state of probation preparatory to its admittance into the sanctum of practice, and nothing should be withheld that may add to its value or detract from its merits. In view of the severity and well marked character of the diseases in which it is most likely to be used, its effects can be early determined, either as positive or negative: it will control the bounding pulse, or it will not; there is no half-way ground — no room for speculative propensities. In a type of typhoid fever, in which pulmonic symptoms predominated, Dr. O'K. assures us it had the happiest effects in curtailing the duration of the fever and expediting convalescence. But in cases in which inflammation of the intestinal mucous membrane exists, its exhibition may prove somewhat questionable. It may be said, that as far as the cases go, the claims of the American hellebore to a potent remedy are founded on no fictitious representations: they rest on the indisputable facts of rigid experience; and we have little doubt that when it shall have passed through an extensive trial, the conviction of its importance will become universal, and in the language of Dr. Norwood, a new era in the treatment of disease will be the consequence. — [Southern Medical and Surgical Journal.

BLOOD STAINS. In concluding the evidence given at the Marylebone police court, before Mr. Broughton, in the case of William Styles, Dr. Hassall made the following observations, important in a medico-legal point of view, in reference to blood stains:—"That, while the determination by means of the microscope, of the nature of blood stains, even when very recent, formed on cloth, linen, and other soft and porous textures, is usually a matter of considerable difficulty, and is often impossible, the determination of such stains, however old, as are placed on glass, porcelain, wood, and other hard and smooth surfaces, is in general unattended with difficulty, and extremely satisfactory. This difference is to be explained thus: in the one case the fibrin, albumen, and serum of the blood are in part absorbed, and pass into the cavities of the hairs or fibres of the wool or linen; the blood corpuscles are thus deprived of their preservative fluids, and shrink up—become mis-shapen or disintegrated; while, in the other case, the fibrin and albumen harden around the blood-discs in drying, and thus preserve them slightly altered in form only." Dr. Hassall stated that he had frequently succeeded in identifying the blood of different animals, preserved on slips of glass, after the lapse of six years. The stains should be examined in white of egg, and not in water.—[London Lancet.
Proceedings of the American Medical Association, Continued. III. The report of the committee on surgery is the third in succession. It is written by Dr. Paul F. Eve, of Georgia. A discussion of the effects of various anaesthetic agents opens the report, and the committee deny that the advocates for the use of sulphuric ether are correct, in saying that no fatal results have followed its use. Though in favor of using these agents, the committee deny that sulphuric ether has more claims than other similar agents to the regards of the profession. The fact is also alluded to that from the Pennsylvania Hospital, one of the largest in the country, and the statistics of which are more frequently referred to than those of any other, anaesthetics are entirely excluded. It seems almost incredible that the surgeons of this institution should be blind to the advantages resulting from their use.

The reporter then proceeds to give a synopsis of the cases of surgery reported in various journals, and as it is impossible to give a synopsis of a synopsis which would be of any interest, we pass by the remainder. Doubtless Prof. Eve would have more completely digested his materials, and have given us a more instructive report but for the deep affliction which he sustained during the year. Appended to the report is Dr. Buck's account of six cases of Edematous Laryngitus; Dr. Washington Atlee's table of all the known operations of ovariotomy, in which he has collected 222 cases; 52 being of the minor section, 153 of the major, and 17 unknown; and Lente's surgical statistics of the New-York hospital.

IV. The report of the committee on obstetrics is by Dr. D. H. Storer, of Boston. This is also a synopsis of all that has been done, and of every article that has been published in this department, and we are of course as much at fault in presenting an abstract of it. Dr. Storer has occasionally given his own views on different points, adding much to their interest and to the value of the report. This constitutes a valuable résumé of the discussions of the year in this department and of more than passing interest.

V. Medical Education is the subject of the fifth report. Dr. W. Hooker, of Norwich, Conn., being the chairman of the committee. It is an interesting and suggestive paper, and the following are its main points: The position is taken as admitted "that the general standard of education and attainment is much lower in the medical than it is in the other professions," and the writer glances at the causes of this state of things. The first is the ever occurring and palpable one of deficient preliminary education. Without dwelling upon the general fact, the causes of this cause are inquired into.
And here the committee touch upon a point which is usually overlooked,—namely, that all medical students are placed upon the same footing as to the time necessary for pursuing preliminary studies, whether they have previously graduated at a literary institution, or have just left the shop or the counting-room. The committee believe that "a distinction is absolutely necessary to a proper recognition of the importance of a suitable preliminary education, and recommend its adoption by all the schools. Then as to the time in which the student pursues his proper medical studies—how is it passed? Eight months in the year they read medicine in some physician's office, and spend the remainder in hearing lectures, perhaps at the same time walking a hospital, and taking a course in dissection. But as in most instances the physician merely points out the books to be read, and gives no regular instruction by recitations, the student is left to himself, and no habits of study are demanded or called into action. In fact, in the expressions used, the true idea is conveyed and no study is spoken of. So it is a matter of chance whether or not the pupil acquires any thing more than a listless way of reading, and a lazy way of hearing, the probabilities being against him. During the lecture term the student is crammed with knowledge, usque and nauseum, and his reflecting and reasoning powers probably undisciplined, are utterly unable to digest the mass of knowledge forced upon them. Much of it must therefore be lost. In this view the committee believe that an increase in the length of the lecture term would be an injury if it involves a corresponding increase in the number of lectures, otherwise it would be a benefit. The belief is expressed that each lecture hour should be in part occupied by an examination of the pupils, by the professor, upon the topics of the preceding lecture, and this whether the class is large or small. This should be pursued so far that each lecturer can tell at the close of his course who are the best informed in his department, and that upon such, special honors should be conferred. In this way the whole proof of a young man's capability would not rest upon the final examination, which may or may not be a true criterion. As to the examinations, too, the committee believe that the authority to confer degrees should be vested in parties not interested in the graduation fee, as in a board of censors appointed by the State society. The professors may assist in or even conduct the examination, but the censors shall either decide alone, or have a power to veto if their judgment differs from that of the instructors. This trouble is increased by the fact that many of the schools are under the management of corporations no way accountable to the profession, whereas, the committee believe that they should be in each State accountable to the State society. As a result of the present course of procedure, the profession is every where crowded, and that with unworthy and ignorant men,—those who have chosen medicine as a trade, not a profession, and who desire to make money out of it, if not in one way then in another.

The chief cause of all these evils "is to be found in the fact that a thor-
ough education is not as essential to success in the medical as it is in the oth-
er professions. We use the word success of course in its popular sense." Hu-
militating, but alas too true is this confession! The committee add—
"Every professional man has two kinds of reputation—a popular reputation,
and a strictly professional one. In the professions of law and theology
these two reputations commonly very nearly coincide. But not so in medi-
cine. The physician may have a professional reputation of exalted charac-
ter—he may have the confidence of his brethren, not only as a man of talent,
but as a judicious and skilful practitioner, to a very high degree, and yet his
popular reputation may be far below that of some superficial but fashionable
physician, or even some shallow but showy pretender." "Education in the
physician is practically despised by a large proportion of the community."
The influence of such a state of things is to tempt the physician away from
the earnest pursuit of his science to the cultivation of the petty arts for se-
curing popularity and practice, similar to, if not the same with those to which
the undisguised quack resorts.

One fact is alluded to by the committee which is very significant,—name-
ly, that a very small proportion of the graduates of our literary institutions
enter the medical profession. By statistics drawn from eight colleges it ap-
ppears that of 12,400 graduated since the year 1800, but 934 have become
physicians, that is 1 in 13.5; while 1 in 3.8 have entered the clerical profes-
sion. The proportion choosing law is not known precisely, but the commit-
tee are satisfied that the proportion is quite as great as for the clerical pro-
ession. Allowing that higher motives than those of ambition often induce
men to enter the clerical profession, still these results show that "talent is
not so sure of its reward in the medical as it is in the other professions."

In connection with this is the fact that the medical profession receives a
large share of the uneducated talent of the country. The committee express
the opinion that this is from the fact that in that profession it can cope with
educated talent with far more success than in law and theology. In connec-
tion with this it is also shown that even of the small proportion of educated
men who study medicine, a very small number are of those who have been
distinguished by college honors, or have stood in the first rank in their class-
es. Now, taking into consideration the fact that the medical profession is
much more numerous than any other, and it is at once seen that the propor-
tion of the superior educated talent which turns to it is almost an infinitesi-
mal.

The means for remedying these difficulties are divided into those which
aim at remedying the existing defects, those which aim at a reform in the spir-
it and practices of the profession, and those which aim at a similar reform in
the spirit and practices of the community. The means chiefly relied on by
the committee are associations, and these so complete that the great mass of
the profession should be connected with them. These should not only be
large collections, but each town or few towns should have them, and the
meetings should in their character partake of a social, festive and scientific character. A mingling of the useful and agreeable is ever the most attractive. As to laws, those only should be enacted which will secure to the community a well educated body of physicians.

This report has an additional report, by the same committee, appended to it, upon demonstrative midwifery, this matter having been especially referred to this committee. It opposes the practice, but as this matter has been very fully discussed in the various journals, and our abstract is already lengthy, we pass it by without further remark.

The remaining reports are on medical literature and hygiene. Abstracts of them must be postponed till next month.

**Medical Journals.** An article entitled medical reform appears in the last number of the Transylvania Medical Journal. Among other measures proposed by the writer, we suppose Dr. Bullitt, is the establishment of a medical review by the American Medical Association, and in the course of it the following expression occurs: "All of the medical journals now in existence in the United States are either owned by publishers of medical books or controlled by the faculties of medical schools, and are not therefore in a position to deal impartially and frankly with many of the various works which claim the notice of the reviewer." We desire to say distinctly that so far as we are concerned, this statement is entirely erroneous. Our publisher does not issue other medical works, and we are not directly or indirectly connected with any medical school. We are connected with the State Society, but that body has no control over these pages. There is no medical institution within fifty miles of us, and the shadow of none of them falls over us. Other editors must speak for themselves, but so long as we remain, should it appear that no other editor is so fortunate, Prof. Bullitt's statement is too sweeping; and justice to us requires that he should correct it.

**Medical Extracts.** Our attention has been called by Mr. E. H. Rollins, to a new form in which the Messrs. Tilden are putting up their valuable extracts. This is in ounce and half ounce phials, each being enclosed in a box. The size is such as to allow the whole to go into the small trunk usually carried by practitioners in this vicinity, while the box serves to remove the danger of breaking the phial. Taking it all together, they are so well adapted to the wants of country practitioners that we are sure that if seen they will be appreciated.
CENTRE DISTRICT MEDICAL SOCIETY. The issue of this number of the Journal having been delayed, we are able to add a short notice of the annual meeting of this Society. It was very fully attended and remarkably interesting. After the usual measures for organizing, the report of the committees were called for. That of the committee on adulterated drugs was followed by a lengthy discussion of the condition of the drug trade in the district. Dr. Sanborn, of Henniker, believed that the great difficulty in preventing the use of nostrums is the fact that the public mind is misinformed. The statements of the advertisements and puffs which are paid for, do produce an effect, and till this is corrected by the public press all other effort is at fault. Dr. Sargent, of Concord, thought that the clergy had much to answer for in this respect. He had no desire to lessen their influence, but they were to blame for exerting their influence to introduce nostrums and quackery. For his own part he would not contribute to the support of such a man. This principle, moreover, he would carry out through all trades and occupations. Dr. Abbott, of Sanbornton, had often been pained to see such support of falsehood by cultivated men, but he could not join with the gentleman who preceded him as to the majority of clergymen. Still he would not practice gratuitously for any minister who was guilty of such practices, but would make him feel that if he would avail himself of the benefits of science he must honor science and scientific men.

Dr. Merrill, of Dunbarton, had seen recently an extensive dealer in drugs who told him that he could make more money by sarsaparilla than by selling drugs, and that he had for that reason abandoned the drug trade. Dr. Garland, of Meredith Bridge, would say since sarsaparillas had been alluded to, that he did not explain himself at the last meeting of the State Society with regard to the compound made by the Shakers. He gave his name chiefly because he was assured that the Society had expressed an approval of it. He regretted it, and would do all in his power to counteract the effect of it, or to prevent its continued publication. Dr. Webster, of Boscawen, believed that the great body of the clergy in this region are right on this point. Such statements as that recently made by H. W. Beecher, would do more good than all that physicians could say. Dr. Gage, of Concord, thought the committee should do what they could to make the business of the apothecary a separate matter. The dealers in drugs ought to feel that they must know something about the business, and not go into it when entirely ignorant of it. The discussion was continued in a discursive manner, and the committee were instructed to make an additional report at the next meeting. An essay was read by Dr. Knight, of Franklin, on the use of opium in rheumatism, and after the recess for dinner, the annual address was read by the President. As the Society ordered both of these to be printed, we shall not now make extracts from them. The remainder of the session was occupied in the examination of patients and in the transaction of business. Dr. Garland, however, presented to the Society an improved instrument for cauterizing the urethra, a description of which we hope soon to lay before our readers. The list of officers will be given in our next number.

The Editor of this Journal, being now engaged in microscopical investigations, will esteem it a great favor if gentlemen who may be removing cancerous or other tumors, and are not intending to add them to their own collections, will submit them to him for examination. Each specimen should be accompanied with a more or less extended history of the case.
THE PROFESSION OF MEDICINE.

An Address delivered before the Centre District New-Hampshire Medical Society, by the President, Jesse Merrill, M. D., of Dunbarton.

[Published by order of the Society.]

To the physician his profession is the *sumnum bonum* of all his desires; therefore whatever increases his knowledge, or renders his science more available, is to him of the greatest interest. That is the reason of his intense studies by day and by night, anxiety and toil, in practising its duties. That is the reason, too, as he eyes his predecessor far in advance of his former equals on the summit of fame, when age and experience have improved his powers, his emulation is to become even his superior. For that, too, he despises him who has relinquished his noble and benevolent profession for the acquisition of gold, or renders it subservient to wealth or popular promotion.

Hacknied subject though it be, the subject of this address is to adduce motives to a more zealous continuance in well-doing, and patience to bear the evils to which our position exposes us. In the first place, we should, by study and investigation, form our minds as to the nature of the disease and its remedy; and then, regardless of our own reputation, or the applause of the world, pursue it with steadiness and activity, according to its violence. No man is fit for our profession who is not willing to stake his reputation in pursuing the necessary means to accomplish his object. For the time, popular favor may be withheld, and he cried down, if, in advance of the age, he broaches new doctrines, or discovers new treatment in opposition to what they had been accustomed to reverence. However, the changes and improvements have been so great during this half of the present century, that antiquity merely has little claim to regard. A large portion of the intelli-
gent part of the community are ready to adopt progressive measures in our science as in the mechanic arts. For the question now is, not so much is it reasonable or proper, but is it successful; will it perform the duty assigned it? So many marvellous things have already been accomplished, that the gullibility of mankind is equal to any emergency to which it may be called. Indeed, they expect our profession to advance, and that is one reason our conservative opinions have been trampled down by the thousand new doctrines quackery has let out upon the world. Like communications by telegraph, effected by the smallest amount of lightning, their mesmeric touch does the same work in an instant—eradicates disease and invigorates the system; but should it fail, the lack is filled by homœopathy. Instead of the substantial medicines, calomel, morphia and quinine in sufficient doses to produce an obvious effect on the system, we have the tenth dilution of a drug, so palpably inefficient that its virtues consist merely in the shaking! Still it is a fact that, during the violent and dangerous stage, the physician is called, importuned to make frequent and protracted visits, perhaps more so than he himself would think useful. But at convalescence generally, and when a suitable reward is required, these feelings vanish. Now, many circumstances concur in rendering visits frequent or distant, as the violence of the disease, its liability to sudden changes, as in many kinds of fever. Besides, there is a vast disparity in the notions of people on this subject. If the father himself be the patient, if an only child, he would be more exacting than perhaps for the others. Then, his disposition in bearing pain or confinement, or faith in the efficacy of medicine would influence his desires for the frequent attendance of the physician. While attending a man’s wife of consumption, several years ago, he made this remark, “she has consumption, and it is not worth while to lay out money on her.” Others, because no permanent good can be done, object to the attendance of the physician during the last hours to smooth the avenues to death. It is a melancholy fact that many families are very well reconciled to the loss of friends whose ability to be useful to them has ceased. A remark I may make now that it seems cruel to present a bill, and urge immediate payment, when the business of the family has been suspended and the means of payment taken away; but delay, though grateful at first, soon degenerates into a forgetfulness that denies half the bill. Thus the man whom your kindness won a friend, afterwards turns out a malignant enemy.

Another important duty is for us to keep ever learning, to review our standard works, to take and read our medical journals, to keep pace with the discoveries and improvements made by our more fortunate brethren, and add to the heap. Repay the profession for the benefits conferred on us. If many hints, besides much useful knowledge, have been derived from old women, how much more may scientific investigation accomplish! Who so small and busy he cannot perform his part! We all remember what small hints or suggestions have led us to adopt theories and practice
useful to suffering humanity, and in the contemplation of which we are proud to this day. A thought, a remark, to what numerous ideas it may give rise! and in some things change the whole course of the system. What little symptoms often go to establish diagnosis. Many of us were apt to ridicule the precision, multitude of questions and long examinations of our late father in medicine, Dr. Wilson. But who exceeded him in power of investigation? After he had arrived at his conclusion who could contravene his diagnosis! Brought up with few books, an original genius, observation and investigation furnished the only ground-work on which he would rely. His writings, though quaint, evidence an observation and depth of thinking to which few arrive at the present day. And though the world is full of books, he spent no time except on such as had a practical bearing on subjects of the profession. But how many of our young physicians, not guilty of his research, neglect the improvements these world-wide histories are designed to produce! How small are the libraries of many who hold their heads high in the world, affecting a learning their bad language and unskillful remarks betray to the world. I know several who add to their stock only the compilations of Braithwaite. Lamentable it is, that to such most of our great discoveries are a dead letter. Ambitious for business, or eager for the avails of it, their whole time is spent in the routine of canvassing the district over which they exercise their calling. It is a melancholy fact, the age of study is gone by. Instead of the quartos and folios of ancient days concerning the symptoms of disease and the practice, we have lectures on the principal branches, and the light reading of cheap journals fill up the chasm. Few even take a large octavo of 500 pages regularly on a systematic plan, but looking over the more interesting parts, the greater portion is left to a leisure that never arrives.

True, there is little inducement for continual study if we are to estimate it by the way the multitude appreciate it. With them, quackery in its thousand forms of patent medicine, mesmerism and Thompsonianism, with homoeopathy, accomplish the object, while science and deep research are scouted as behind the times and unfit for the glories of the present century. But in that dread hour when continuance in these innumerable pretended remedies has proved their vanity, then study and science will be called on for relief. Then modesty and skill will be appreciated, while ignorance and bluster meet their deserved doom.

The recuperative powers of nature have in the mind of the intelligent physician a feeling far in advance of any remedy. How many cases abandoned as incurable have recovered by these means? And others by homœopathic doses almost less than nothing! Others still have become convalescent in spite of medicine,—the sorry effect of ignorance and imagination. When the mysteries of our science are fully unfolded, and the powers of the imagination upon the brain and diseased nerves exposed to view, a light will be elicited that will irradiate our path, so that we shall walk more
surely. The dull and obtuse will then see their way clearly, and the means will be just adapted to the ends.

With most physicians the days of dosing have passed away. The variety and indefinite prescription are substituted for some tangible object which the medicine is to effect. We wonder that the apothecary shops made of the stomachs of our patients bore the load so long. It may be remarked now, do we take sufficient pains to gratify the taste and thereby do the good the more palatable patent medicine pretends to accomplish, and thus destroy them by their own weapons?

The propriety of revealing to friends the nature of medicines, or objects to be accomplished by them, has been repeatedly discussed, but is still unsettled. It may be said the nurse in constant attendance is better qualified to judge of the dose and frequency of its exhibition, if she knows the nature of the medicine, than of the physician whose visits are at most but daily. Knowing the objects to be accomplished, she might increase or diminish it as the case may require. If the effect would cease there, she would be a valuable assistant, and by her intelligence and observation suggest new motives to perseverance, or circumstances that might induce new modes of treatment. Besides the smile and pleasant reception does much to alleviate the physician's perplexing attendance. The angel nurse that ministers to the wants of the invalid, comforts his sorrowing hours, encourages his depressed and discouraging feelings, soothes his pains, and makes all his bed in sickness, besides the light step and seraphic smile, does more than any man can do. But when she unsexes herself, becomes the head, wields the surgeon's knife, quotes Hippocrates and Galen, dabbles in the arena of doctrines and systems that a long-lived man can hardly understand, she goes altogether beyond her calling. You will bear me out in awarding equal praise to the faithful nurse who fulfils her vocation in watching the symptoms, marking the changes, recounting the effects of remedies; thereby suggesting to a well read man the course to adopt in future. They are equal coadjutors—neither could do without the other; then let each keep their own place, and the greatest good is accomplished. Otherwise a host of empirics is raised up wiser than the doctor, ready to adopt a similar course again, regardless of the circumstances that led to the treatment. Health and perhaps life is sacrificed, and a bitter animosity springs up, in which the community take sides, and the confidence of happy neighborhoods is lost. Some of us have experienced a practical exemplification of these evils, the effects of which will probably last for years, though the principal actor has fled to avoid the reproaches of a people hitherto quiet, and practice the same arts among strangers.

The threat to ruin the doctor is no unmeaning word. How many, with intelligence, science, and all the requisites of an able man in our profession, are crippled and discouraged by slander, a taunt, a sling, or a malicious leer of the eye, or something not definable. It has all the poignancy of the bite.
of the serpent's tooth, a ruin that no art of man could inflict. Yes, the
talkative and slanderous female whose visits to neighbors, and even to the
house of God, are devoted to but one object, traducing a character infinitely
above them, is no uncommon character in these degenerate days. Misrep-
resenting the case or the treatment, they charge him with notions having no
existence but in their own brains, then censure the remedies as useless or
hurtful, because they do not coincide with their narrow vision, or that of
their quack counsellor.

Military men have a code of honor by which derelictions of duty and all
those malfeasances that do not come under common law, are tried. No
other class appreciate our position, or are capable of judging of the wrongs
of medical men but themselves. But it is a melancholy fact, our brethrens
are not all they should be. It is easier going with the multitude, giving
an additional push to him who is already going down hill, than to vindic-
cate his character, redress his wrongs, and act the christian part of doing as
we would be done by. The obligation to support each other it would seem
all would acknowledge, though so many depart from it in conduct. And to
bear each other's burdens, too, is equally binding, and can a man be a chris-
tian and not perform it? It may be asked, when all have equal talents,
education, fields of labor, and are equally industrious, why does one increase
and another decrease? That there is little difference all will acknowledge;
then why is one exalted to the stars and the other counted an idiot? If we
ourselves have not given origin to feelings dishonorable and unch chris-
tonal towards our brethren, happy are we; and if we have, let us repent and do
works meet for repentance. Let us endeavor to correct the wrong impres-
sion of our people, and teach them a charity that never condemns without
fault. We shall then act like the other profession, who support each other,
maintain its dignity by assisting in its advancement.

Difference of opinion on medical subjects is a fruitful source of much of
the detraction, slander and ill-feeling existing in nearly every town. Par-
tiality towards our own and envy or malice towards his competitor, is the
natural consequence of this bad feeling. Other men agree to differ, and
why should not we? Especially in consultation, the result of which may
affect the patient's life? For the reason that we do not agree, and expose our differences to the world, our patients go to quacks, and fling it in our
faces as the reason they will not trust us. They follow quackery till its
useless and even injurious consequences appear, by adding a chronic malady
to a mild disease, then perhaps they cast about for relief among the profes-
sion. Soon they ascertain a long course of treatment is necessary, and
doubting, they change from one to another, new plans are instituted, the
system fails, and death closes the scene.

Another stigma upon the profession is, they are accused of making un-
necessary visits and continuing them after recovery. How often is it thrown
up, the patient was in the field! or his calls were too frequent. How de-
grading thus to be watched lest we make a visit too much, or give a medicine the friends may not sanction! Not unfrequently is it thrown up that we like a long, tedious case, if we did not by actual management produce it! Thus doubting our integrity or ability, how must we feel placed between the well and the sick or dying, and in their view answerable for all the casualties of disease without the freedom to anticipate and prevent them. Instead of the approbation our zeal and faithfulness deserve, they place a low estimate in order to reduce the amount of the bill, though afterwards, jockey-like, they award us the credit due.

The increase of medical schools can hardly be considered a benefit, though it may truly be said to carry the knowledge to every man's door. The increase of students, and, of course, doctors as a natural consequence, has glutted the market, showing the propensity of Yankees to crowd into any good business to ruin it. Then the competition of schools, by reducing the requirements, and either lessening the time, or sliding over the deficiencies of students, has rendered the profession too cheap, if not contemptible. The walls between a good education and none at all are well defined; but one, deficient in most of the sciences, the dust of the plow hardly rubbed off, has little of the dignity or intelligence becoming so responsible a profession. This being the case, together with the overburden, renders the patronage all on the wrong side. People being independent, and doctors dependent, these lose their self-respect, hardly dare call their soul their own. They thus are brought to labor for a trifle as well as succumb to the prejudices and whims of those wiser than seven men that can render a reason. While these things prevail, our society is little worth; we cannot achieve the good we desire for the community nor ourselves. Half the people have no estimate of our value but the cost, and with them the cheapest is best. Competition here consummates our ruin, and patent medicines finish the work as cheapest of all.

Hard though it be, we must imitate our theological friends in perseverance, in a constant exhibition of zeal and intelligence, with a patience knowing no bounds. By a living devotion to our profession during a long series of years of activity and exposure, and by constant success only, can we acquire the confidence of the community. Who then would be a doctor? and sacrifice his ease to years of study and practice; forsaking every amusement and relaxation, devoting his days and nights, too, in storms and impassable roads, to ameliorating the condition of the suffering. How much benevolence does that man possess who, in face of slander and abuse, imprisonment of motives, often denied the necessaries of life, and in face of the fact he may be bankrupt in his coffin, continue a business that a martyr would avoid!

The world claim and exercise the right thus to sift and slander the medical man. In the little country town, his business qualities, his appearance, his manners and his opinions, are all made the subject of scrutiny and
THE PROFESSION OF MEDICINE.

analysis that would tarnish the character of an angel. The only hope is he may have friends and advocates among the mass to defend him from that abyss. A love of approbation—a shrinking and sensitiveness to the criticisms of the town, sink the courage and blast the hopes of many young practitioners. Few of our best men can prescribe with equanimity and judgment amidst the sneers and distrust of friends around. If they have no faith in his counsel, he has none to give it, and the evil he deprecates comes upon them. Mistaking the origin of his failure, his modest unassuming qualities are turned against him. His waiting for his abilities to be appreciated is attributed to lack of energy or ignorance, while the noisy braggadocio carries the people at his will. Crowded down in this manner, he for half a long life continues the obedient servant of the public, subject to the mortifications of a changing confidence, derision and condemnation, where he had no control. Discouraged, and that renders any man's treatment inefficient, he finds himself unable to keep up with the times, poor, lacking books of the latest discoveries or expensive medicines, he hardly dare hold up his head. He finally dies at middle age, broken in heart and spirit, unable to purchase those comforts it had been the aim of his life to obtain. He was murdered by the tongue, the victim of modesty and non-appreciated talents.

This is no fancy sketch. In a town, healthy, independent and intelligent, and seemingly capable of appreciating merit, one of our brethren lived and died. A martyr to his good qualities, whose zeal and patience towards those who confided in him knew no bounds. A christian with the meekness of Moses, but depressed by the Dathans who wished some excuse to ruin him and gratify their own wayward disposition for new things. He is gone to his rest—he knew little of it here. While in the round of the heavens his abuses will have meted to themselves the obloquy and insult inflicted on him. Eventually God will vindicate the right even in this world, but more fully in the great day of account. And should we all act under that feeling, advancing our science, and sustaining each other, the world will be better for our having lived in it.

Finally, I have enumerated few of our active duties, but the passive, those to be borne, are many, and infinitely beyond; and they require a disciplined mind and temper, a christian will, and indeed an aggregate of the christian graces equal to the martyrs of old. Who then would study and practice our profession? Subject himself to the slanders and condemnation of those who cannot appreciate his intelligence, motives, or christian feeling, more than their own envy, malice and corruption of heart.
MEMOIRS OF THE FRENCH ACADEMY OF MEDICINE.

From the British and Foreign Medico-Chirurgical Review.

Reports on the Epidemics which have prevailed in France during the years 1841-7.

BY M. GAULTIER DE CLAUBRY.

These Reports are in continuation of others which have appeared in former volumes of the Memoirs, from the pens of Double, Piorry, Villeteneuve, and Bricheteau, constituting together a very valuable contribution to the medical history of the country. They are the results of the analysis of the various local reports forwarded to the Minister of Agriculture and Commerce by certain medical officers distributed over the different Departments of France, called "Physicians for Epidemics." Upon the prefect of a department receiving intimation from any of the mayors that epidemic disease prevails in his locality, he instructs one of these physicians to repair to the spot, in order to investigate the causes of the outbreak, superintend the application of remedial agencies, and report the results of his observations. In this way a large body of valuable facts is accumulated by competent observers; but as some of the local practitioners feel considerable jealousy at this interference, while in some of the poorest districts there are no practitioners at all, it occasionally happens that the authorities are not advertised of the existence of such epidemic until it has already long prevailed, or has even passed away, so that few correct data can be obtained respecting it. Of the two Reports by M. Gaultier, contained in the present volumes, the first is based upon the minute examination of two hundred local reports for 1841-6, and the second upon the analysis of thirty-one relating to the year 1847.

Typhoid Fever. This is the disease which exhibits by far the largest numbers in both reports. In that for 1841-6, of 10,000 cases, occurring in 142 communes of 28 departments, 1667 (one-sixth) died. Very dissimilar conditions, as regards the salubrity of the localities and the degree of comfort or destitution of the inhabitants, are reported; and some of the epidemics occurred in public establishments, where every hygienic requisite was present. The great majority of the reporting physicians, however, attach great importance, either as immediate causes, or as exerting a modifying influence, to the presence of stagnant water or marshes, the vicinity of dung-heaps, and the over-crowding which occurs owing to the smallness of domiciles in villages otherwise salubrious. In reference to this last point, however, M. Gaultier observes, that the number of attacks is fewest in winter, when these habitations are most crowded; and he adds that, in fact, there is no one condition of heat or cold, dryness or moisture, or habit of life of the rural population, that has not been cited in some of the reports as explanatory of the attack. Of 7348 cases in which the age is stated, it was below
15 years in 2282. Some of the physicians report children as young as 4, and one relates a case of undoubted typhoid occurring in a child but one year old. At the other extreme of the scale, cases are recorded at the age of 60 and 70, and one, verified by an autopsy, at 86. While the mortality amounted to one-sixth of the total number of cases, it was but one-ninth for those of less than 15 years of age—a proportion, in both cases, very similar to that observed in the Parisian hospitals. Great variations from this mean were observed in different localities. The greatest diversity of opinion prevails among the reporting physicians upon the question of contagion. It is the opinion of many of them, that the having had the disease affords an immunity against future attacks; and this is adduced in explanation of the well-ascertained fact, that the disease ravages a locality with a severity proportionate to the length of time that has elapsed since its last appearance.

In the treatment of this disease, many of the reporters have abandoned all attempts at cutting it short, limiting themselves to a rational expectancy, and meeting any important symptom that may arise with appropriate measures. Much diversity of opinion prevails among them as to the propriety of bleeding, but all agree that it can only be resorted to with great reserve. Saline purgatives are strongly recommended by many, as are emetics at an early period. Whenever any paludian complication occurred, quinine was of the greatest service. The same diversified views are contained in the twenty-one reports relating to the typhoid fever in 1847; the eastern departments, as in 1841–6, being those especially affected; but no meteorological, topographical, or anti-hygienic cause explaining their peculiar liability. Several of the reporters adduce striking facts in proof of the transmissibility of the disease by contagion. Of the 1280 cases, occurring in twenty-one localities of nine departments, 181, about one-seventh, died. Of 1119 patients, whose ages were indicated, 214 were less than 15 years, and among 162 of the fatal cases there were 28 below and 134 above 15.

Miliary Sweat. In the first report, accounts of epidemics with profuse sweating, from fourteen departments, are noticed. Although some of these were very slight, others were severe and fatal. In the department of the Lot and Garonne 28,307 persons were attacked, of whom 519 died; the mortality varying greatly in the different arrondissements of the department. In other departments the cases were less than 1000 in number; and in the Somme, wherein the disease formerly so prevailed as to acquire the cognomen of "the Picardy Sweat," it is now found only in rare and comparatively isolated cases. The disease observed no particular period of the year in its outbreak, and very great difference of opinion prevails as to the influence of locality, weather, &c. The physician-reporters give little countenance to the popular belief of its contagiousness. It usually attacks persons between 20 and 30, but children less than three years of age, and persons of 70, occasionally suffer. The two characteristics of the disease are, first, profuse
sweating, so that changes of from eighty to two hundred shirts are spoken of as being required in four or five days, having an odor sui generis, but often compared to that of rotten straw; and secondly, an eruption of simple sudamina, or of miliary vesicles containing a turbid fluid, frequently accompanied with more or less vascularity of the skin, and terminating in desquamation. Sometimes there is intense fever or gastric derangement; but the tongue, sometimes loaded and at others clean, is always broad and moist, never red and dry; while amidst this profuse sweating there is complete absence of thirst. The eruption usually appears after the fever and sweating have lasted twenty-four to thirty-two hours, the disease then beginning to abate, and the vesicles drying up in two or three days, leaving the patient well, save for excessive debility. The disease exhibits itself in the benign form, in which the patients do well under the most varied, or in the absence of all, treatment; and in the severe, or remittent form, in which it becomes complicated with pernicious fever, and frequently proves fatal, especially if quinine be withheld. Some of the cases present cerebral symptoms, which are attended with a fatal issue when treated as inflammatory. Owing to the invincible repugnance of the rustics to post-mortem examinations, little or nothing is known of its pathological anatomy; and in respect to its nature, all the reporters reject the idea of its localization in any organic apparatus, most seeming to consider it as an affection of the blood, engendered by some atmospheric poison, itself, probably, a product of the insalubrious localities where the disease usually prevails. The treatment seems usually to have been expectant, encouraging the development of the eruption, and meeting severe congestion or inflammation of the respiratory organs, with very cautious bleeding, or with revulsives. In the second report, only one small epidemic (affecting 90 persons, of whom 28 died) is mentioned.

Diptheritis. A small portion of the arrondissement of Laon, in the Aisne, was visited several times by this affection between 1837 and 1841; and at the end of the latter year an epidemic appeared, which continued for six months, during which 128 out of 229 inhabitants were attacked, of which number 9 died. At an earlier period, when the disease was actively treated as a purely inflammatory affection, the mortality had been greater. During another epidemic at Brenville, in La Manche, 73 of 523 inhabitants were attacked, 50 of the number being children. Of the 23 fatal cases, 20 occurred in children, those of wealthy parents being equally attacked with the children of the poor, although the disease did not take on a contagious character.

Dysentery. Twenty-eight reports of epidemics of dysentery were received. Different causes of its prevalence are assigned; but among these the excessive heat of the summers of 1842 and 1846, with the cold and wet autumn of the former year, are especially dwelt upon. The vicinity of miasmata, and the bad hygienic condition of the persons actually attacked,
are also several times noted. The proportion of cases to the number of inhabitants varied much, from $\frac{2}{3}$, $\frac{1}{3}$, to $\frac{1}{5}$; but taking the mean of all the epidemics, it amounted to $\frac{1}{6}$. This is only a rough statement, however; for, in adjoining communes, apparently subjected to identical hygienic conditions, the greatest diversities prevailed. The same observation is applicable also to the proportionate mortality, which on a mean was $\frac{1}{3}$.

Passing over the accounts of epidemics of intermittent fever, cholera, measles, and scarlatina, as possessing little interest, we may note that two slight ones of cerebro-spinal meningitis are recorded. In one of these, 16 persons (9 dying) were attacked, 12 being children, of which number 7 died. In the other, 26 persons were attacked, and 6 died, 8 being children, 3 of whom died. In the village in which the first of these occurred, most of the inhabitants who were not attacked, yet suffered from severe spinal pains until a diarrhoea supervened, when these ceased. M. de Claubry regards this disease as typhus fever, with predominant affection of the spinal-cerebral apparatus. Its visitations have been hitherto nearly confined to military garrisons; and its history presents many interesting features, which we hope to be able to advert to at length on a future opportunity, while giving an account of the recent publications upon the subject.


Dr. Arnal, as the result of extensive clinical and experimental observation, states that the aqueous extract of the secale cornutum possesses great power as an haemostatic in internal haemorrhages. From his experience in employing it, and from numerous experiments he has made upon poultry, by giving every variety of preparation and dose of the ergot, he comes to the following conclusions:

1. The ergot of rye contains a poisonous principle, productive of death, but by no means so energetic as usually represented. 2. Given in the entire grain it acts much less energetically than when powdered. 3. Recent ergot does not act more efficiently than older; but, on the contrary, this last is sometimes the most active of the two. In order to produce a summum of effect, it is necessary for it to undergo, in the vessels in which it is kept, a peculiar change, which softens it, and imparts to it an odor sui generis. Thus it should not be ordered to be powdered just before using. 4. Much greater effect is produced by a certain quantity, in fractional doses, than when given only at twice, probably because less escapes the influence of the digestive organs; one of the effects of divided doses is to produce a loss of feathers; but in all his numerous experiments, both with large and small doses, Dr. Arnal has never met with anything analogous to the dry gangrene, said to be produced by ergotism in man; but which, seeing that ergot exerts a fluidifying effect upon the blood, he is disposed to attribute to other causes.
5. The ethereal oil of ergot has not proved fatal in his experiments as it did in those of M. Bonjean, and he attributes the issue of these latter to the fluid having entered the air-passages, when it proves rapidly fatal. 6. The watery extract does not contain poisonous matter, or it does so in such small proportions as to prove injurious only after prolonged use. The toxical principle thus insoluble in ether or water, is found in the residue, which kills animals just as the ergot does. 7. The ergot, however given, is very slow of digestion; and when given in excess, it produces lesions of the digestive organs. Some of these are found on post-mortem examination to resemble precisely those observed in typhoid fever, and the author exhibits a parallel of the symptoms of typhoid and poisoning by ergot. 8. The ergot modifies the composition of the blood, rendering it more diffuent; and if exhibited long enough, in divided doses, it will induce all the symptoms of scorbutus. Nutrition especially suffers from its deleterious action, as is seen by the rapid emaciation that takes place in the animals to which it is given. The aqueous extract exerts a much less modifying power upon the composition of the blood, than do the other preparations. 9. The ergot, in experiments upon man, reduces the pulse by several beats for some hours; but even by repeated doses, Dr. Arnal has never known these reduced lower than forty-eight, even in the aged. 10. The beneficial effect which ergot exerts upon uterine hæmorrhage, has led many to believe that its action is elective, as regards the uterus; but in thirty cases of other internal hæmorrhages, in which the aqueous extract has been administered by the author, a cure has been effected, or, when the presence of organic disease prevented this, amelioration has been procured. It is, however, not so applicable in all forms of hæmorrhage as in uterine. It is rare for active, idiopathic hæmorrhage to resist its action for more than twenty-four or forty-eight hours; but when this has become passive, the remedy may even prove mischievous if it be continued too long, or the dose be too large. It is also inefficacious in subjects originally feeble, or exhausted by protracted disease. Even in subjects of good constitution, when given too long in large doses, it may produce bleeding of the gums, and an injurious depression of the circulation. In hæmorrhage symptomatic of organic lesion, the ergot acts as a hæmostatic, but cannot prevent the return of the bleeding. Yet in the case of hæmoptysis, dependent upon tubercle, it may act beneficially, not only by suspending or moderating the molimen hæmorrhagicum, but also by moderating the inflammatory action of the portion of lung surrounding the tubercular deposit. In the same way, it has proved of constant service in acute bronchitis; and in pneumonia it has rapidly suppressed bloody expectoration, and moderated other symptoms. So well does the author think of it in this point of view, that when the patient’s strength requires husbanding, and the pneumonia is not too extensive, he recommends commencing the treatment with the ergot, which, by its deoxidizing agency on the blood and retarding power over the heart’s action, is an anti-phlogistic, par excellence; the de-
bilitating effects which attend other means being either not produced by it, or, if they should present themselves, ceasing on the discontinuance of the remedy. M. Arnal believes that the experiments of arresting traumatic hæmorrhage by the local application of the extract, so favorably reported on by M. Bonjean, require repetition and extension to larger vessels. 11. Ergot in its native state is more active in its operation, but its watery extract is less dangerous. 12. M. Arnal takes the present opportunity of confirming the favorable accounts he formerly gave of the utility of the extract in chronic engorgements of the uterus. Some of these cases, however, require a very prolonged perseverance in the use of the remedy.

Eighteen cases of hæmatemesis, epistaxis, hæmoptysis, &c., &c., are related in illustration. The following is the formula prescribed: Lettuce water, fʒ iv; gum-syrup, fʒ jss; aqueous extract of ergot, 15 grains. A tablespoonful every hour and a half.

*Researches on the Contagion of Typhoid Fever, and especially in relation to the circumstances under which it takes place.* By Dr. Piedvache, of Dinan.

The Academy first prize of 1500 francs was adjudged to M. Piedvache for this essay, by a committee composed of MM. Louis, Chomel, Bricheteau, Melier, with M. Gaultier de Claubry as reporter. Seventeen essays were sent in, thirteen affirming and four denying contagion, one of these last still adhering to the belief of typhoid fever being a gastro-enteritis. The successful essay seems to have well deserved the distinction conferred upon it, being conceived and executed in a true spirit of philosophic observation. The author had been accumulating facts upon the contested question of the contagion of typhoid fever since 1839; and upon the announcement of the subject for the Academy prize, he set to work to analyze them, together with those which had been already published by preceding authors. As the result of his examination, he is enabled to declare himself a moderate contagionist—that is, while he exhibits the groundlessness of the statements that the disease is never contagious, he does the same with those which make it so always; and while proving that it frequently is so, he indicates the circumstances under which it becomes so, and by the avoidance of which it ceases to be so. In fact, it seems to us, the views held by so many able observers in this country, in respect to the conditions under which typhus and cholera may be propagated, receive from M. Piedvache's facts a peremptory application as regards typhoid fever.

In the nine years, 1839-48, he had the opportunity of observing two epidemic visitations of the disease, besides a few sporadic cases occurring in intervening years; and he has collected during this period 452 cases, the history of which, as regards the propagation of the disease, he was enabled to procure with exactitude. Although, owing to the intense prejudices pre-
vailing in the rural districts, he was enabled to obtain post-mortem inspections only in two of the cases that terminated fatally, he states that the symptomatology of the disease was identical with that with which he was familiar in the Paris hospitals.

Professing to throw no additional light upon the cause of the disease, M. Piedvache premises what he has to say upon its propagation, by a notice of some of the circumstances which may have predisposed or contributed to its development. As to the age of the patients—of the 452 cases, 45 were less than ten years old, 123 between 10 and 20, 144 between 20 and 30, 79 between 30 and 40, 47 between 40 and 50, 9 between 50 and 60, and 5 between 60 and 70; these latter numbers being proportionally high compared with those of any published statistics of the disease. Sex—There were 201 males and 251 females. The regimen of those who were attacked differed in nowise from that of those who escaped. No famine prevailed, nor were any especially injurious articles of diet employed. Drunkards did not seem more liable than the sober. The operation of season was also quite secondary, the disease occurring amidst the snows of winter and the heats of summer; while augmentation in the number of cases was not observed to coincide with great variations of temperature. Patients were found in all descriptions of habitations, these differing much in regard to site, construction, and cleanliness. Those which were crowded and ill-ventilated furnished most cases; but this is the condition of the houses of the bulk of the inhabitants. The encombrement or crowding of the habitations is not, indeed, the cause of the disease, as this always prevails, while epidemics of typhoid are only occasional. One thing has struck all observers of the disease in the rural districts—viz., that almost always several cases occur in the same house or family. Much influence has been attributed by many to the presence of stagnant waters, and of putrefying animal or vegetable substances; but the existence of such conditions is almost a general rule with the rural habitations, while the liability to disease is by no means contingent upon the inhabiting such dwellings. Such circumstances, however, influence much the number of cases occurring in the various houses attacked.

For the purpose of elucidating the operation of contagion, the author distributes the cases he has himself observed, or collected from the writings of others, into four classes or categories:

1st. Typhoid fever, after attacking an individual, attacks others members of the same family in succession. From among Mr. Piedvache's 452 cases, in 49 there were two patients in the same house, in 30 three, in 14 four, in 13 five, in 2 six, in 1 seven, in 2 eight, and in 1 ten, leaving but 92 (\(\frac{1}{3}\)), in which only one case was observed in the same house. The houses attacked nowise differed from those that escaped; and that the attacks of so many individuals in the same abodes did not result from mere local causes, is seen from the fact that such attacks were not simultaneous, three or four weeks
always intervening between the first patient and his successors. The houses in which but one case occurred, were better than the others in regard to ventilation, as will be afterwards noticed.

2d. An individual attacked with the fever, and transported to a family inhabiting a locality where it did not prevail, communicates it to that family. This is the fundamental proof relied upon by all those who have advocated the contagious nature of the disease, and especially by M. Gendrin ('Journ. des Connaiss. Médic.,' vols i. and ii.), one of the ablest of these. This class of cases resembles the other in attacking several members of the same family; but the possibility of referring the propagation to any cause proper to the house which the patients inhabited, is quite cut away. The development of the disease too constantly followed the arrival of the patient to be regarded in the light of a coincidence; the family enjoying good health prior to such arrival, and giving no signs of the disease until three or four weeks after it.

3d. An individual attacked by typhoid transmits it to the persons who are in immediate attendance upon him, while the rest of the family does not suffer. Several examples of this are cited, in which the disease occurred in localities where it was not prevalent, and among the more comfortably circumstances portions of society. In the other category, in which the disease was transmitted to several members of the same family, the lower orders were alone those so affected.

4th. The attendant to whom the fever has been communicated transmits it to others. Among the 452 cases of typhoid fever which form the groundwork of this essay, 411 either transmitted the disease, or were themselves the product of transmission—that is, \( \frac{9}{10} \) of the entire number; while those cases in which no such transmission occurred, only confirm the author's views as to the mode in which such transmission was effected in the others.

Opposed to these statements, we have the negative ones advanced by some of the ablest physicians attached to the Parisian hospitals; but these cannot destroy the value of positive facts, and only show that there are circumstances under which the phenomenon of contagion is not exhibited. Even among M. Piedvache's own cases, while of the entire 452 transmission was proved in 411, it was so in 393 of 419 country cases, and only in 15 out of 35 which occurred in the town of Dinan, and some of these 15 lived in the environs; so that in the strictness they should be considered as rural cases also. Seeing the great difference as to the manifestation of contagion which occurs in town and country, the comparative condition of the patients in each should be inquired into. As peculiarities attaching to the rustic patients, M. Piedvache mentions the number of their visitors, and the great amount of personal attendance they receive from their neighbors; the bad construction and over-crowded state of their sleeping-rooms preventing effectual ventilation; and the utter neglect of all cleanliness,—though this last is of very secondary influence as compared with defective ventilation. It is
obvious that in hospitals, and in houses of the gentry, where transmission of the disease is so rare, these conditions do not prevail. To the accidental obtaining a better ventilation, by sleeping in another room, the members of families among the poor have entirely owed their exemption when this has occurred; and to the more defective ventilation that is then procured, the author attributes the fact of more cases occurring in winter than in summer. He has never seen an example of contagion from a mere visit to a patient [the sojourn of a night in the patient’s chamber seeming essential]; and priests and medical men, who are brought into very close temporary contact with the patient, very rarely acquire the disease.

An epidemic of typhoid does not spread from a centre, over a more or less considerable extent of country, like those of variola, scarlatina, &c. Only portions of a commune, a hamlet, or even a single house, may suffer; and once arrived in a locality, the length of its sojourn there is always remarkable. In the majority of the author’s cases, the disease had reached the fourth week before becoming communicated. It was so often later still, but very rarely so soon as the third week.

As several persons placed in favorable circumstances for acquiring the disease escaped doing so, some of the causes of their immunity may be adverted to. The first of these is the protection derived from a prior attack. M. Piedvache has never known an instance of its occurring a second time, and a patient surrounded by persons who have already had the disease does not propagate it. Aged persons, again, contract the disease with difficulty, though when exposed to circumstances favorable to contagion, they do not always escape. Among 138 cases, Louis found none above 39. Chomel supposed no case had been met with above 52; but since then Rayer has cited one of 56, and Prus one of 78. During the two epidemics witnessed by the author, almost all the aged persons living in houses where the disease prevailed escaped it. Still, 9 between 50 and 60, and 5 between 60 and 70, were attacked; and MM. Gendrin and Jacquet report similar examples. It was once believed that young children were very rarely attacked, but the researches of Rilliet and Barthez and Taupin show how erroneously. The attacks of children, in fact, often pass unperceived, and this may form some explanation of unlooked-for immunities in after life. Lastly, there are individuals whose constitution or idiosyncrasy resists the effect of contagion, under whatever circumstances they may be placed.

The absolute denial or absolute admission of contagion, under all circumstances, has arisen from the observers having concluded that to be a general fact or law, which only prevailed under the particular circumstances in which they were placed. Notwithstanding the rarity of the propagation of the disease by contagion in hospitals, owing to the superior ventilation there present, yet Louis, Lombard and Chomel, have recorded its occasional occurrence in the hospitals of Paris and Geneva. Yet is its spread by contagion even in the country infinitely less frequent than is that of variola, &c.;
and M. Gendrin does harm to the cause he advocates by maintaining the contrary. So, too, have Gendrin and his followers been guilty of exaggeration in maintaining that contagion is the sole cause of the epidemic spread of the disease. In the epidemics witnessed by M. Piedvache, there have always been a certain number of cases to which it was impossible to trace the transmission, and which yet possessed the power of imparting the disease to others.

"This is what observation has taught me; and it will not do to be more of a contagiousist than the facts allow. At certain epochs, in certain years, without any thing in the present state of our knowledge revealing wherefore, a larger number of typhoid fevers appears; but I have never seen two species of it, the one epidemic, the other sporadic. According to circumstances, and especially according to the condition of the habitations, the cases at one time remain isolated, and at another are propagated. I have thus observed, not great epidemics of the disease, but a certain number of small epidemics, some appearing simultaneously, others in succession. Without contagion, no epidemic properly speaking would have occurred. The cases of typhoid would have been more numerous in one year and fewer in another; and that is all. But I am far from affirming that this must always be so. I even will say that it is very probable, and even certain, that typhoid fevers, under some circumstances, may become manifested in sufficient numbers to constitute an epidemic, independently of contagion. The appearance of the different cases is successive, and follows the order of the intimate relations prevailing among the individuals attacked, when they are the product of contagion. Such appearance is simultaneous, and independent of those relations, when it depends upon what it is usual to term the epidemic influence." (tom. xv. p. 368.)

Admitting that contagion is the great cause of increasing the number of cases, the combating its production will be the best means of restricting the ravages of typhoid. M. Gendrin, and other absolute contagiousists, recommend isolation of patients and convalescents; but Dr. Piedvache, knowing the people he has to deal with, amidst an ignorant rural population, believes that such a measure would spread a panic among them, and deprive the sick of the necessary attendance. The disease should be viewed as one of limited contagious properties, which are only brought into operation by the neglect of such precautions as a sound hygiene dictates. The air of the room should be renewed as often as possible, and the healthy members of the family should not sleep in the patient's room, or remain in it longer than necessary. Those who are in immediate attendance on the sick should be relieved often enough to admit of their taking some rest, and respiring a purer air. When possible, they should be selected from among persons who have already had the disease, or from those somewhat advanced in years. Patients, too, should not be accumulated in the same room; and in hospitals they should be as much dispersed as possible. The author believes the erection of special fever hospitals would be a very mischievous procedure. If these were intended to supply the place of the wretched domiciles he describes patients
as being crowded into, we cannot agree with him in the objection; but that the reception and dispersion of such persons in a general hospital, rather than their accumulation in a fever hospital, would be the proper practice for the prevention of propagation by contagion, the experience of our own hospitals, as respects typhus, amply proves.

MICROSCOPIC OBSERVATIONS RESPECTING ARTERIAL AND CAPILLARY CIRCULATION.

By J. H. Wythes, M. D., of Paoli, Pennsylvania.

It will be readily acknowledged by most physiologists, that the movement of the blood in the capillaries, is to a great extent independent of the action of the heart, since it may continue after the cessation of the heart's action is affected by causes originating in the capillaries themselves, and is present in the vascular area before the development of the heart. The capillary vessels, however, exhibit no obvious movement when examined by the microscope; the blood passing through them in a continuous stream. Now as the only method in which the capillaries could influence the current of blood, is by a peristaltic or pulsatory motion, and as such motion is not observable in them, it seems probable either that their influence has been overrated, or that the cause and manner of their operation is yet undiscovered.

The arteries, on the contrary, are known to possess both elasticity and contractility. The former of these properties is generally considered to be of a purely physical character, serving to convert the intermittent impulses the blood receives from the heart into a continuous current. The contractility of the middle arterial coat is thought to be a vital property, similar to muscular contractility. A modification of this force is termed tonicity, an example of which is seen in the arrest of haemorrhage by the contraction ensuing on the division of an artery.

The pulsations of the arteries, however, have been regarded as caused by the alternate contraction and dilatation of the heart, and to be equalizing and retarding, rather than propulsive, in their influence on the vital current. Yet physiologists have been inclined to attribute some propulsive influence, supplementary to the heart's action, to the arterial coats. Dr. Carpenter remarks, "If the fibrous coat of the arteries is in some degree disposed to the alternate contraction and relaxation which are so remarkable in the heart, they may exert a force which shall be supplementary to that of the heart's impulse, relaxing to receive the blood from it, and contracting upon their contents, with a power superior to that by which they were distended.
It is difficult to say whether or not this be the case, though there would certainly appear some evidence in favor of the supposition. The loss of the heart's power over the currents of blood, in proportion to their degree of subdivision, occasioned by the increased friction to which they will be subjected, would seem to require some compensating power, in order that the perfect equality of pressure may be obtained which has been spoken of as existing in all parts of the arterial system. In no other way than this can the fibrous coat of the arteries be regarded as having any propulsive power over their contents, except by a peristaltic or vermicular movement, resembling that which takes place in the alimentary canal; and of such there is no evidence whatever."

It is evident that Dr. Carpenter regards the contraction of an artery upon its contents, to be owing to the stimulus afforded by its distention with blood, which being expended, the vessel is ready to dilate to receive a new supply. The microscopic observation to which we are about to refer, leads the writer of this article to entertain a different view. It seems to be demonstrated by this that the pulsatory movement is a property residing in the arterial coats themselves, independent alike of the heart's action and the stimulus of the blood.

Having caught a mouse in a trap (it was quite cold and stiff when taken out), I was desirous of making some preparations of epithelium, &c. On taking out the kidneys it occurred to me to place a thin slide upon a slide for microscopic examination. The slice was made quite through the middle of the kidney, and was about one-thirtieth of an inch in thickness, just thick enough to be translucent. On placing it under the microscope, one of the largest vessels was observed in active motion, alternately contracting and dilating with evident vermicular contortions, communicating motion to the blood corpuscles in the capillaries for a considerable distance. The movement seemed limited to the artery, and was not communicated to the coats of the capillaries, although their contents had an oscillatory motion corresponding to the contents of the artery. The phenomenon was seen for about three hours, when the observation was suspended. The motion had then considerably diminished both in extent and energy.

I was at first inclined to attribute this activity to evaporation of the watery particles from the slide, but this is insufficient to account for the regular pulsatory character of the movement. It is therefore due, in all probability, to the vital pulsations of the coats of the artery. I have not had an opportunity since that time to repeat the experiment.

The only parallel case with which I am acquainted, is recorded in Hassall's Microscopic Anatomy, as follows: "On one occasion, in examining the tongue of a frog, a portion of it broke away from the remainder; this I placed between two plates of glass, and submitted to examination, when, extraordinary to say, it was perceived that the circulation was still vigorously maintained in the majority of the vessels. Anxious to know how long
this circulation would be continued, but fully expecting to see it cease every moment, myself and a friend, John Coppin, Esq., of Lincoln's Inn, watched it for upwards of an hour, at the end of which time the blood still flowed onwards in many of the vessels, with scarcely abated vigor, though in others, often the larger ones, the motion had altogether ceased. The mutilated portion of the tongue was then placed in water, in which it remained during the whole of the night; the next morning it was again examined, when it was found that a tolerably active circulation still existed in several of the smaller vessels. After this observation, the further examination of the fragment was abandoned."

These observations show: 1. That the pulsation of the arteries is a property residing in the coats of those vessels, which is independent of the heart's action, though supplementary to it; and also independent of the stimulus arising from distention with blood.

2. That a peculiar propulsive force, in all probability, resides in the capillary vessels, of whose nature we are at present uninformed.

3. That one of the chief causes of the capillary circulation, is probably the pulsation of the arterial branches from which they spring.—[New-York Jour. of Medicine.}
NEW-HAMPSHIRE JOURNAL OF MEDICINE.

CONCORD, JUNE, 1852.

THE FIFTH MEETING OF THE AMERICAN MEDICAL ASSOCIATION was held at Richmond, Va., on Tuesday, May 4. By the very kind attention of Dr. P. C. Gooch, one of the secretaries of the association, and editor of the Stethoscope, we are furnished with an extra from that journal containing a full account of the proceedings. From it we make the following abstract:

The meeting was held in the Second Presbyterian church—Dr. Moultrie presiding. The number of delegates present at the opening was 275, representing twenty-three States, the District of Columbia, the U. S. Navy, and two foreign bodies. New-Hampshire had but one delegate—Dr. Jeremiah Blake.

After the organization and the appointment of the committee on nominations, a lengthy and able address was delivered by the president.

The following gentlemen were then elected to the various offices of the society: President, Beverly R. Wellford, of Va.; Vice-Presidents, Jonathan Knight, of Conn., James W. Thomson, of Delaware, Thomas Y. Simons, of So. Carolina, and Charles A. Pope, of Miss.; Treasurer, Francis Condie, of Penn. According to custom, they immediately entered upon the discharge of their duties.

By a motion of Dr. Haxall, of Va., the delegates from the American Medical Society in Paris were invited to take seats with the members.

Dr. Drake proposed a series of resolutions, by which all communications and reports made to the society by individuals and committees, should be referred to various committees, and by them reports made to the association. The resolutions were laid upon the table, and afterwards indefinitely postponed.

In the afternoon session, Dr. Isaac Hays read the report of the committee on publication and the reports of the treasurer.

The reports were received, and the following resolutions, appended to the report of the committee of publication, were put and unanimously adopted:

1. Resolved, That the assessment for the present year shall be three dollars.

2. Resolved, That the committee of publication be authorized to fix the price at which the Transactions for the present year will be furnished to such of the members of the association as shall remit the amount decided upon by the committee, within a specified time, (to be fixed also by them.) And that it shall be the duty of the said committee to issue a circular informing the members of the terms upon which the Transactions will be furnished to them.

3. Resolved, That the committee be further authorized to take such measures in relation to the disposal of the copies of the Transactions remaining after all such members are supplied as shall comply with the terms set forth in the circular of the committee, as they may deem expedient.

Dr. Hayward presented the report from the committee on prize essays,
and broke the seal of the paquet containing the name of the author of the essay, entitled "On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis," and which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, N. Y., to whom the prize was awarded, and the report was referred to the committee of publication.

The reports of the regular standing committee were called for, and were laid over or continued.

On the second day, the subject of the rank of the medical officers in the navy was fully discussed. Surgeon N. Pinkney of that service being present and explaining their position. A committee of three was appointed to consider the various resolutions offered with regard to this point, and report.

Dr. Simons, of S. C., offered the following preamble and resolutions which, at a subsequent stage in the proceedings, were adopted:

The accumulation of passengers who are emigrants, crowded in ships coming to our shores from foreign ports, having in a great many instances numerous cases of aggravated fever, many of which prove fatal, and likewise producing similar results at the lazarettoes, and even cities; the number, likewise, of sick arriving from California, and some of the South American ports, and the fact that none of these vessels are required by law to have physicians or surgeons on board, seem deserving of our attention as conservators of health, and as an act of humanity and duty on the part of the American medical association, to bring these facts respectfully to the consideration of congress, and to request its legislation thereon:

Be it therefore resolved, That the American medical association do memorialize congress to require all vessels carrying steerage passengers on the sea to have a surgeon on board.

Resolved further, That a committee of this association be appointed to draw up a memorial to congress, making such suggestions as it may deem fit as regards the importance of this measure.

Dr. Storer asked a suspension of the regular order, to enable him to bring to the notice of the association a scurrilous attack upon him as the chairman of the committee on obstetrics, which he pronounced to be malignant, vindictive and false, and which he would not have noticed had it been directed against him personally.

Dr. J. B. Flint, of Ky., proposed the following as an alteration of the constitution, which, according to rule, was laid over till the next meeting:

It is proposed to alter the constitution, in the fifth article of it, so as to provide, that instead of the annual volume of Transactions, the association may establish and maintain a quarterly journal, to be a medium for the publication of its proceedings, and of the most valuable contributions of its members—an organ of resolute and impartial criticism, and an official exponent and advocate of the views of the association on medical science, education and ethics.

The report of the committee on the constitution being the special order, Dr. Hays, chairman of the committee, made a report. Dr. J. H. Yardley, a member of the committee, made a counter report. Much discussion ensued, and many resolutions and amendments were proposed and withdrawn in favor of the following resolution offered by Dr. Thomas, of Maryland, and amended by Dr. Stewart, of New-York:

Resolved, That the two reports on proposed alterations of the constitution
Therefore, and several Beadle, treatment port adopted scrupulously of the vate emolument cliniques of fessors professional, although priving the blestructions be conducted, other committee, Dr. Dr. P.Resolved, The American Medicine, April 21st, 1852. Whereas the cliniques now held at the medical colleges, as at present conducted, are or may be made tributary to the private interests of the professors at the expense of other and younger members of the profession, depriving them, by an odious monopoly, of practice and operations, and often of fees, to which they are justly entitled: Therefore, Resolved as the sense of this academy, That to prescribe or operate upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinique, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice; and in either case, is a violation of the code of medical ethics adopted by this body. Resolved, That the possible perversion of these cliniques to the private emolument of those conducting them, by transferring patients to their private offices, and thus exacting fees from those found able to pay, divests the cliniques of all pretext for professing to be public charities, and should be scrupulously guarded against in all our colleges by stringent rules. Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city. The secretary was also instructed to forward a copy of the resolutions to the American Medical Association.

Respectfully yours,

JACkSON BOLton, M. D., Recording Secretary.


Dr. Corbin, of Va., read the following resolution, which was subsequently adopted:

Resolved, That one member from each State represented in this association be appointed a delegate to represent it in the medical associations in Europe, and that they be requested to visit the foreign hospitals, and to report to the next meeting of the association the various improvements in the several branches of science connected with medical education, and in the treatment of diseases in general in foreign countries.

Dr. Fye, from the committee on nominations, recommended the following officers for the ensuing year:

For Secretaries—Dr. P. Claiborne Gooch, of Va., and Dr. Edward L. Beadle, of New-York.
Committee on Publication—I. Hays, of Pa., P. Cl. Gooch, of Va., E. L. Beadle, of N. Y., Isaac Parrish, of Pa., G. Emerson, of Pa., D. F. Con- die, of Pa., and G. W. Norris, of Pa.


On motion, the report was received, and the gentlemen named were unanimously elected officers of the association for the ensuing year.

On the third day (Thursday), Dr. Jno. Watson, of N. Y., offered the following resolution, which was adopted:

Resolved, That members of the association having questions for scientific inquiry to propose as part of the business for the ensuing year, be requested to submit the same in writing to the chairman of the committee on nominations, and that said committee be requested to report on the nominations of the special scientific committees, with the subjects to be referred to said committees, at its earliest convenience.

Dr. Attkinson, of Virginia, moved the following:

Resolved, That the thanks of this association are due and are hereby tendered to Dr. Isaac Hays, for the very efficient and satisfactory manner in which he has discharged the duties of his treasurer, and to Dr. H. W. De Saussure, for the able manner in which he has discharged the laborious duties of secretary.

Dr. Green, of New-York, offered the following resolutions, which were adopted:

1. Resolved, That at all future meetings of this association all reports of committees and all contributions on scientific subjects occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principle points of such report or paper, which abstract or synopsis may be read before the association.

2. Resolved, That the above resolution be transmitted by the secretary to the chairman of each scientific committee.

Dr. W. Hooker, of Conn., offered the following resolution, which was adopted:

Resolved, That special committees on medical education and medical literature be appointed, consisting each of five members, and that the nominating committee be instructed to nominate such committees to this association.

Dr. Sutton, of Ky., moved that a committee of three be appointed, whose duty it shall be to inquire whether any, and if any, what action this association shall take in reference to requesting the congress of the United States to have a large edition of the medical statistics, furnished by the census lately taken, published in a separate form for distribution among the medical profession of the United States, and to report to-day.

On motion of Dr. Rockwell, it was

Resolved, That the committee appointed to memorialize congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

Dr. Blatchford, of New-York, offered the following:

Resolved, That a committee of three be appointed, to report at the next meeting of the association, on the best means of making pressure in the
treatment of reducible hernia, and that Dr. Hayward, of Mass., be the chair-
man. Carried.

Dr. Usher Parsons, of R. I., offered the following preamble and resolution,
which, on motion of Dr. Hays, of Pa., were laid on the table:

Whereas it is required by law that a chest of medicines shall be furnished
to every merchant ship, with suitable directions for their administration;
and whereas the pamphlets now in use are written by apothecaries instead
of physicians, and are full of errors: Therefore,

Resolved, That a committee of three be appointed to prepare suitable
directions to accompany medicine chests, that shall meet the wants of the
officers and seamen in merchant vessels, under the sanction of this associa-
tion, and report at the next annual meeting.

The report of the committee appointed on yesterday to consider the vari-
ous propositions which had been made, suggesting amendments to the con-
stitution, being called for, the chairman, Dr. F. Campbell Stewart, of New-
York, read a report and resolutions, which Dr. Hays, of Pa., moved to refer
to the committee of publication, with instructions to print.

The discussion was then continued at great length by many members.

During the discussion, the following replies were elicited from several
gentlemen, by questions propounded by Dr. Watson, of New-York:

From Dr. Horner, University of Pa.—The shortest term of medical study
in the University required for the doctorate was three years, but that under
some few and rare circumstances, a deviation had been permitted as an ex-
ception.

Drs. Davis and Rogers, of Virginia University, stated that their laws re-
quired no specified time: nine months, and eighteen years of age even, were
sufficient, but that two years were generally devoted to the study of medi-
cine by their graduates. They explained the course of instruction at the
University at length.

Dr. Huston, of Jefferson Medical College, Philadelphia, said that three
full years were required, but that occasions demanded sometimes a departure
from the stringent rule.

Dr. Frost, from South Carolina, offered some interesting observations
upon the much abused subject of medical education, and insisted that the
profession had not retrograded. That there had been a steady and gradual
improvement in our medical colleges generally, and brought to the notice
of the association the attention which was observed in preparatory educa-
tion in the medical college of South Carolina, which was highly creditable
the same. His remarks were listened to with attention, and brought forth
observations of a like character from other members present.

The proposed amendments were received, after having been amended so
as to read as follows:

**Article I.—Title of the Association.**

This institution shall be known and distinguished by the name and title of
"The American Medical Association." It shall be composed of all the
members of the medical profession of the United States of good standing,
who acknowledge fealty to and adopt the code of ethics adopted by the asso-
ciation; and its business shall be conducted by their delegates or representa-
tives, who shall be appointed annually in the manner prescribed in this con-
stitution.

Strike out the whole of Article II, referring to "Members," and insert
the following:
ARTICLE II.—Of Delegates.

§ 1. The delegates to the meetings of the association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, state, and regularly chartered medical societies; from chartered medical colleges, hospitals and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year and until another is appointed to succeed him, and he shall be entitled to participate in all the business affairs of the association.

§ 3. The county, district, chartered, and voluntary medical societies shall have the privilege of sending to the association one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half of this number.

§ 4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one-half of this number.

§ 5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this association.

§ 6. The faculty of every chartered medical college acknowledging its fealty to the code of ethics of this association, shall have the privilege of sending one delegate to represent it in the association: Provided, That the said faculty shall comprise six professors, and give one course of instruction annually of not less than sixteen weeks on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery and Chemistry: And provided also, That the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one years of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures, (not however to be embraced in the same year,) and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show by examination that they are qualified to practise medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it has not six professors, and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the association.

§ 9. Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the
annual meeting, and before voting on any question after the meeting has
been organized, shall sign the constitution and inscribe his name and address
in full, with the title of the institution which he represents.

During the discussion, Dr. Wilson, of Va., offered the following amend-
ment, which was laid on the table, on motion of Dr. Thomas, of Md.:
The faculty of every chartered medical college acknowledging its fealty
to the code of ethics, and conforming to the requisitions of this association,
on the subject of medical education as adopted by this association in 1846,
and reiterated at its subsequent meetings, shall have the privilege of send-
ing one delegate to represent it in the association: provided that the medi-
cal faculty of the University of Virginia shall be entitled to representation
in this association in consequence of its peculiar organization, but only so
long as its peculiar system of instruction and examination shall continue in
force.

Dr. Wilson gave notice that the above would be called up at the next
meeting of the association as an amendment to the constitution.

Dr. Atlee, of Penn., moved the following, which was adopted:
Resolved, That this association still recommends to the medical colleges
the propriety of lengthening their terms of instruction.

On motion, the following resolution was called up for consideration, and
adopted:
Resolved, That the colleges exclusively of dentistry and pharmacy are
not recognized by this association as among the bodies authorized to send
delegates to its meetings.

On motion of Dr. Gooch, of Virginia, the two reports from the committee
appointed last year to suggest alterations of the constitution, together with
that of the committee to which they were referred on yesterday, were re-
ferred to the committee of publication, with instructions to print.

Dr. Simons, of S. C., chairman of the committee raised on Dr. Sutton’s
resolution, adopted on Wednesday, made the following report:
“ The committee appointed, on motion of Dr. Sutton, to inquire what ac-
tion should be taken to get congress to publish the medical statistics of the
census of the United States separately, to be presented to the medical pro-
fession under the auspices of the medical association, recommend that this
or some other committee be empowered to memorialize congress on the
same.”

On the fourth day, Dr. Atlee, of Penn., offered the following preamble
and resolution, which were unanimously adopted:
Whereas it is the duty of patriotism to do homage to those who have
been benefactors to their country; and whereas the medical profession in
the United States, heretofore not wanting in patriotic feeling or action, de-
sire to cooperate with the other public bodies and institutions of the country
in rendering their profound reverence to the memory of him who was “first
in peace, first in war, and first in the hearts of his countrymen:”
Be it therefore resolved, That a committee of five be appointed, whose
duty it shall be to solicit subscriptions from members of the American
Medical Association, for the purpose of procuring a suitable stone with an
appropriate inscription, for insertion, in the name of this association, into the
national monument to the Memory of Washington now in progress of erec-
tion at Washington city.

The chair announced the committee to consist of Drs. Jos. L. Atlee, W.
P. Johnston, Ro. W. Haxall, Alfred Stille and Gouverneur Emerson.

Dr. J. M. Smith, of New-York, chairman of the committee on nomina-
tions presented the following report, which, on motion of Dr. Corbin, of Virginia, was adopted:

The committee of nominations, in fulfilling the duty of their appointment, propose to continue most of the special committees appointed by the association in May, 1851, and to appoint several new special committees: they therefore submit the following list of chairmen of special committees, with the subjects to them committed: [The report we must omit.]

Dr. Paul Lajus, of Pa., offered the following resolution, which, after some debate, was lost:

Resolved, That a prize of $250 be awarded hereafter to the best prize essay, and that honorable mention be awarded to the four next best essays, provided they be worthy of that honor.

Dr. Wood, of Pa., then moved that instead of awarding five prizes of $50 each, annually, that the association hereafter grant two prizes of $100 each, for the two best essays. Carried.

The reports of the committees on scientific subjects being called for, Dr. Horner, of Pa., moved that they be read by their titles and referred to the committee of publication; which motion was adopted.

Dr. Stewart, of New-York, then presented the report of the committee on the amendments to the constitution, and read the following additions which the committee had made since its recommitment:

To section 1, article 2, add "Delegates may also be received from the United States army and navy.

In section 6, article 2, add the words "Comprise six professors and" after "provided said faculty shall."

In section 6, add to 3d requisition on faculties, the words "and also where students are required to continue their attendance on the lectures until the close of the session."

Add section 7. "The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it is not composed of six professors, and that it does not require three years of study for its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force."

Add section 9. "Delegates representing the medical staff of the United States army or navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

After some discussion, and the failure of several motions to alter, lay on the table, etc., the report from the committee was accepted as amended by an unanimous vote, and the propositions were recommended to the next association as amendments to the constitution.

Dr. Bolton, of Va., then gave notice of the following amendment, which he should call up at the next meeting: Add to section 6, article 2, "Provided that such college require of its matriculates an adequate preliminary examination."

On motion of Dr. Gooch, of Va., the president was empowered to make the appointments under Dr. Corbin's resolution offered on the second day and passed, at any time during the year.

The association then passed the customary votes of thanks to the proprietors of the house in which the meetings were held, and to the presiding officers. After which, on motion of Dr. Pope, of Missouri, it adjourned to meet in May next in the city of New-York.
A SMALL MISTAKE.

[For the New-Hampshire Journal of Medicine.]

Mr. Editor:—There is a saying of this import, that "it is the easiest thing in the world for the best of people to be mistaken." And I think that physicians are not exceptions to this remark—for they often get mistaken, oftener doubtless than they are willing to admit, although from the nature of their profession they have an opportunity to conceal their blunders from the world. And I admit that it is much more agreeable to our inclinations to herald our success and improvements in the profession, than to expose our faults or blunders in practice. But as the profession is to be benefitted by the experience and observation of practitioners, conveyed through the medium of journals and meetings of the faculty, it is necessary that our mistakes should be noted, that others may beware lest they commit the same.

I commenced this article for the purpose of relating to your readers the history of a case which occurred under my observation, and where a very important, yet luckily not a very serious mistake, was made in the diagnosis of a physician. As the physician referred to, in view of all the excitement and sport which has grown out of the case, will not be very likely to report it, I take the liberty to do so; not out of prejudice to him, but for the benefit of the profession.

A patient, a female about twenty years of age, whose parents live in an adjoining town, had been away at work in a certain family, some two or three years. Last autumn she came home out of health; that is, having taken cold, there had been for some two or three months an obstruction of the menses, pain the head, &c. There was some suspicion among the neighbors that the girl was pregnant. A physician was called, who at first thought this to be the case, but who afterwards became satisfied that it was not the case, but that there was some slight disease or inflammation of the mem-
branes of the brain, as he gave in his verdict. The patient under the treat-
ment was confined to the bed through the winter. As her medicine did not
seem to do her much if any good, it was dispensed with, and she lay in a stu-
pid state, approaching a state of dementia, for a number of weeks. Lying
in this state, and not taking any physic, the bowels became very torpid, there
not being, as I was informed by the family, an evacuation for weeks together.

In the latter part of April she was taken with pains in the lower part of
the bowels, which resembled labor pains; and as she was so stupid herself
as be unable to inform her friends what was her real situation, an elderly
lady in the neighborhood, who was often called upon as a forerunner to the
doctor, and who would officiate in an emergency, was sent for. She decided
at once that the girl was in labor. She made an examination, felt the
"child's head low down," and the "waters had broke," &c. She advised
that a physician be sent for forthwith. A young physician was sent for,
who, being informed on his arrival that she had been in "great pain by
spells," and that the "waters had broke," the "child's head had been felt,"
&c., made a slight examination; and not having a very good opportunity for
examination, as the patient was very restless, he concluded that the old lady
was right, and that the girl was surely in travail. Her pains, however,
seemed to abate after the arrival of the doctor; and that was not regarded
as anything very strange, for a young woman having a young physician pre-
sent. The waters came away periodically about once in six or eight hours.
This rather perplexed the physician, and, after spending the night, waiting
for the "pains to come on," the physician thought, as it seemed to be, rather
a peculiar case, that it might be advisable to have council. I was sent for;
but as the messenger was informed, when he arrived in the village, that I
was not at home, another physician was sent for, who visited the patient.
Upon an examination of the patient, this consulting physician pronounced it
to be a case of super fastation; and explaining the case to the family and
attending physician, he proposed to send for a surgeon, in order to make an
"incision in the patient's side and extract the fetus therefrom." He advis-
ed, also, that a justice of the peace should be sent for to administer the ne-
necessary oath on such occasions, or in other words, to "swear the baby." The
justice came in due time, and as suspicion naturally rested upon the man at
whose house the patient had lived as before stated, she was made to swear
the baby upon this man; though the justice was not disposed, from the vague-
ness or indefiniteness of her answers to his questions, to proceed to issue a
warrant for the arrest of the alleged father of the child. The case had now
assumed a very serious aspect. The character of the patient and of a hith-
erto respectable man was "down," and the news flew on the wings of the
wind, as might be expected in this newsy world. I was sent for the next
day. The messenger related to me the case as well as he could, and re-
quested me to take my instruments with me and prepare myself for the op-
eration. I went to the scene of action, however, under the impression that
there was a joke about it. On making an examination of the patient, I found that, instead of its being a case of superfection, it was nothing but a large accumulation of feces in the rectum, so large that it occupied nearly the whole of the inferior portion of the pelvic cavity, merging forward hard upon the pubic bones, and against the bladder. This explains the reason why the old lady supposed that the "waters had broke." The urine escaped, of course, at distant periods, and then "with a rush." I directed the old lady, who had the priority in the call, to oil her fingers and cautiously to deliver the patient of her burden. I advised the father to stay process legally, until the child was born and named, and concluded myself that I should consider it a hard case to be the alleged father of such a child. The patient is, I believe, as "comfortable as could be expected" under the circumstances. I advised that her bowels might be kept pervious, and I believe that she has not had occasion to "send out" again. It would seem that but a small share of common sense would have saved any man from such a blunder; but as the physician who made the mistake claims to be a very scientific man, I am forced to admit that the saying quoted in the commencement of this article is emphatically true. Such a case should admonish young practitioners to be cautious and thorough in their examinations, and not to let modesty prevent them from discriminating between a large accumulation of feces in the rectum, and a child's head.

JAMES M. BUZZELL.
Limerick, Me.

THE PRACTICE OF MEDICINE.

An Address delivered before the Graduating Class of Dartmouth College, August, 1851, by J. S. Fernald, M. D., of Barrington.

Gentlemen Graduates:—

The duty devolves upon me, as the organ of the delegation of the New-Hampshire Medical Society, to congratulate you upon receiving the honor of graduation and of admission as members of the medical profession. I do this the more cordially from a knowledge of your acquirements. You have passed the ordeal satisfactorily, and are prepared to enter upon the duties of practitioners in medicine.

The profession you have chosen is ancient, dignified and honorable. The instinct of self-preservation doubtless first prompted man to use remedies in diseases. Simples were the first agents. They accorded perfectly with the diseases and habits of the people.

In the primitive ages, the function of priest and physician were performed
by the same individual; consequently the rites and ceremonials of religion became connected with medicine, from whence arose the faith in charms, incantations and the power of amulets, which did for ages have such a potent influence over the popular mind. Among the uncivilized nations of the present day these two offices are inseparable. In the Temple of Esculapius in Greece, the first records were made and cases registered. The priest and priestesses prepared and administered the remedies. This was the commencement of the profession of medicine.

Hippocrates, in the fourth century before the Christian era, collected the traditional knowledge then existing, adding the results of his own experience and reflections, gave the materials a logical and scientific form. This was the advent of medical science. He is the acknowledged founder of rational medicine, and is justly entitled to the distinguished appellation of "Pater Medicinae." So accurate were his observations of the phenomena of disease, and correct many of his conclusions, that they have ever retained their authority as truths in pathological science.

Among all nations, in all ages, where letters have flourished, where the intellect has been cultivated, medicine has invariably occupied a prominent position. Medical science stands preëminent among the humanities, in its relation to the welfare and happiness of mankind. The ancients, from the exalted opinion they entertained of medicine, denominated it the divine science. The office of physician they deemed so sacred and were so convinced of the ability with which he discharged its duties, that they bestowed on Hippocrates the name of "Senex Divinus." He esteemed the office so important and responsible, that he laid his disciples under the solemnities of an oath to perform its duties in strict accordance with the moral code of the Grecian philosophy.

Man, from the delicacy of his organism, is liable to disorder, disease, and all the concomitant evils, both mental and physical, pertaining to derangement of health. To mitigate these evils, to alleviate the suffering, and restore to vigor, is the peculiar mission of the physician. What office more honorable—what position more truly dignified than that which he has attained, whose life is devoted to the removal of causes which deprive life of its enjoyments, and immeasurably increase its sorrows? To perform the duties of the office well, should be the highest ambition of all who assume its responsibilities. However high and noble the occupation, it will confer no honor on him who does not scrupulously fulfill all its requirements and perform all its duties.

The military and legal professions are esteemed highly honorable. To the successful commander, and the eloquent advocate, an ovation is decreed for services deemed meritorious. These acts are performed in the open day—before thousands of spectators—they are sounded far and wide through the length and breadth of the land. The name of the hero is indelibly inscribed on the wall in the temple of fame. The services of the physician
are performed in the silence of the sick-room — no spectator but the sorrowing friends — no sounds but the groans of the suffering. If successful in restoring the victim of disease to a participation in the duties of life, the agent is often forgotten in the joy of the household. The only reward he receives is the consciousness of having performed his duty;—these peaceful emotions would not be exchanged for the most enthusiastic songs of triumph. Human pageantry can confer no honor for such services,—the reward is higher and far nobler.

Scepticism in matters of religion is thought by many to indicate independence of mind and originality of thought. It is an error of magnitude and of danger. The medical scholar, who cannot perceive in the formation of the machine the subject of his study, and in the laws that govern it any evidence of omniscient wisdom and omnipotent power, shows an obtuseness of perception not indicating a high order of intellect. It was the remark of an eminent philosopher "That an undevout astronomer is mad." The remark is not less applicable to the physician.

Medicine, in its state of progress, has been equal to other sciences, notwithstanding obstructions are often thrown in its way by the speculations of the ambitious and imaginative, which tend to obscure the truth and to give plausibility to error. The modern discoveries in physiology have raised the veil of mysticism, which has enshrouded it from its earliest days. Diseases are more accurately defined and treated. Remedies ascertained, to operate in accordance with certain laws, and not through a supernatural agency. Mysticism and science are incompatibles; where the former begins the latter ends—and the converse. Mysticism is a blind fatality, which, if true, would not be a subject for investigation; it would be amenable to no law; its only element incomprehensibility. Science is a system of law, which may be known and comprehended; therefore the legitimate subject of study. An acquaintance with these laws constitutes knowledge, which is not acquired by a fortunate speculation or happy conjecture, but as the result of diligent research and patient investigation. Physiology and pathology are the departments in the science which have recently advanced with the most rapidity. Bichat, at the commencement of the present century, gave the branches an impetus which has led to very important results. We have yet, however, but entered the vestibule of the temple. The field of investigation is extensive; the riches so abundant, than one generation can only secure a few of the gems, pluck a few of the flowers, and leave the domain to the investigation of their successors.

In all the various pursuits and occupations of life, there are individuals who are morbidly ambitious of distinction. The manner in which this shall be obtained, is a secondary consideration. They will embrace any project, however obscure, or any error, however glaring, which tends to confer upon them the desired boon. Being either too indolent to investigate, or ignorant to discriminate, they receive the opinions of designing and dishonorable men
as truths whose principles are as base as their own. The new doctrines which are so highly extolled by their friends, have for their basis, when they have any, some ancient hypothesis which has long since been abandoned by the profession. They are now proclaimed as new discoveries! We may not expect to gather "grapes of thorns or figs of thistles," but if there should be any medical truth elicited in any way, it belongs to us, and we may very properly appropriate it. If a gem be discovered in the most offensive of substances, it is good policy and sound discretion to secure, cleanse it and place it in the casket.

"Seize the truth where'er 'tis found,
Among your friends or foes,
On Christian or on Heathen ground;
Truth is a flower, where'er it grows,
Avoid the prickles, but secure the rose."

Industry and perseverance are essential to excellence in all human enterprises. "The longer I live," says Goethe, "the more certain I am that the great difference between the great and insignificant, is energy — an invincible determination—an honest purpose once formed, then death or victory. That quality will do anything that can be done in the world, and no talents, no circumstances, no opportunity will make a man without it."

To you, gentlemen, the circumstances of the times are propitious. The facilities for acquiring knowledge are abundant. Application to the right source in a proper manner is very sure to be successful. Knowledge does not consist in the accumulation of other men's thoughts or opinions. They are only the constituents of knowledge; they must pass through the alembic of our own minds before they can become our own. He reads in vain who reads without reflection.

It is absolutely necessary that you should keep pace with the progress of your profession. He who suffers other avocations to engross his time and attention, and neglects his professional studies, proves recreant to his duty, and must ultimately, reap the bitter fruits of unfaithfulness and folly. You should keep well informed of the passing events in medicine. The current medical literature is pecuniarily within the means of all. He who does not avail himself of its advantages, does himself an injury, which subsequently is not easily repaired. Standard works in the different departments should be in a constant course of study. The humoral pathology was the ancient doctrine, and it sustained its reputation for more than thirteen centuries. Though rejected by the profession, it still is the doctrine of the masses. All the nostrums, and they are numerous indeed, are recommended to them on the principle of the "purification of the blood." It is to be feared that some of the profession are not able to withstand the temptation to assent to this absurdity, and use or permit to be used these vaunted specifics. If there be any course of conduct strictly professional, which tends more to encourage empiricism and to bring odium on the medical profession than this, it is entirely unknown to me. Avoid the very appearance of evil.
It has been objected to medicine, that it has no settled principles; that opinions on some important points are conflicting. The objections are more apparent than real. In all sciences that are not demonstrative, this must necessarily occur. The universe of mind is free, all subjects are open to all who please to discuss them, and they may form such conclusions as may seem to them proper. No potentate exists to decide by an edict their orthodoxy. Error often retains its position as truth after it is completely refuted, and only gradually sinks into oblivion. Because opinions conflict, is that a valid objection to the truth of a science? Are there no conflicting opinions in law? None in theology? Is it true that there are no settled principles in these, because there is not a perfect agreement on some points? No one would utter such an opinion who had any regard for his own reputation or respect for civil and religious institutions.

To defame the medical faculty is a favorite employment of a clique of pseudo-physicians, whose impudence and duplicity is only exceeded by their ignorance and presumption; who make a trade of the pains, miseries and misfortunes of their fellow men. To add insult to injury they are legally permitted to assume the initials which designate the educated physician from the empiric. The active participators in this unique scheme are entitled to all the honor of a new discovery in civil polity. To obliterate the line between truth and error, learning and ignorance, and to make them assimilate, is worthy of those ages before science emitted its light, and when stupidity and ignorance reigned triumphantly. The time has been, gentlemen, when the initials appended to your names indicated that the individual had pursued a course of study for a definite period, and been found by the government of our highest literary institutions sufficiently versed in the different departments of medicine to entitle him to the grade of Doctor of Medicine;—an honor diligently sought and dearly earned. An association called a Botanical Society, (heaven save the mark.) are permitted to steal the livery of heaven to serve their own purposes—falsehood and deceit. A certain animal may clothe himself in a lion's skin, but his disguise is never complete. His ears will always be conspicuous—plainly indicating his parentage.

If your object has been, in making medicine your business for life, an honorable and reputable employment, a laudable ambition of distinction, and of contributing your mite to the fund of human happiness, of lessening or averting some of the evils incident to human life, you have done well; you are justified in your choice. But, on the contrary, if you have made your choice from an opinion that ease, quietude, and a fortune are the necessary and common results of a professional life, you have mistaken the vocation. Anxiety and almost ceaseless activity are inseparable from the life of a physician in an extensive business; the immense responsibility which rests upon him, (if he does not feel it he is unworthy the station he occupies,) is not at all favorable to the quiet enjoyment of the pleasures and comforts of life. The net proceeds are less in the aggregate than in any other occupation
where the same amount of physical and mental labor is expended. Men of other occupations can have holidays, their pastimes, and their hours of recreation; to the physician these pleasant seasons never come; even the day of rest does not exempt him from his usual routine of duty. Like the soldier, he must always be at his post, ready for active service. Like the soldier, too, he must be

"Patient of toils, not scar'd at fierce alarms;
Inflexible in courage, invincible in arms."

It is indispensable that he be always prepared for sudden emergencies. He is often required to prescribe instanter, with but a few moments to come to conclusions. He must not permit himself to be surprised. His munitions of war should always be in a perfect state for use. Confidence in himself is essential to his examining carefully and prescribing judiciously. Perturbation of mind might be unfortunate for the patient and disadvantageous to himself. It is that confidence which arises from a consciousness of his acquaintance with the resources of his art, and of his ability to apply them, that characterizes the enlightened and prudent physician. There is a confidence engendered by self-conceit—the offspring of ignorance. This is the principal constituent of an empiric. The one may be bold—the other will be rash.

Every individual has a personal interest in remedies for disease. The obscure and often secret action of medicines, in its removal or alleviation, and the popular opinion in regard to specifics, induces the victims of diseases to resort to remedies from impulse, which their reason, if exercised, would not approve. The nostrum-mongers, taking advantage of this state of feeling, flood the country with their sometimes innocent, but often vile and deleterious compounds. It is a subject of serious regret that they are encouraged in this nefarious business, by the influential in other professions, by lending their names to recommendations of these charlatans. Credulity is not exclusively confined to the unlearned and ignorant, but often exhibits its rankest growth in those who may justly lay claim to scientific acquisitions and cultivated minds. Aristides was for ten successive years the dupe of the Æsclepiades. He was wise as well as just. Had he exercised one iota of the common sense of which he had a fund, it would instantly have dispelled the illusion.

In charity, we must conclude that the individuals who commit the grave error of recommending a course of medicines of which they are ignorant, and of course incompetent to form an opinion, do it without reflection, and from the desire to oblige a friend, or to get rid of an importunate vendor. They would doubtless shrink with horror from a recommendation of an individual for a high literary station, because he was a good agriculturist; or a proper architect for a crystal palace, because he could build a barn,—yet their conduct is deserving of a more severe reprehension than in the instances to which reference is made, inasmuch as life and health exceed in
importance any office or structures of human invention. Almost every daily
or weekly publication has a department assigned to the advertisements of
nostrums—appended to which are seen the names of individuals, eminent in
their respective departments of social life, advising upon a matter of which
they are not well informed, and prescribing medicine, the art of which they
have never learned, certifying to the identity of a disease with which they
are not and cannot be well acquainted, except with some of the most promi-
nent symptoms, and of the effects of medicines of which they know and can
know nothing.—an absurdity which does not tend to increase their reputa-
tion for acuteness of perception or soundness of discretion.

The whole system of nostrum-mongers should be repudiated in all its par-
ticulars, by every member of our fraternity, as an evil inflicting immense
injuries on the health and comfort of the community, as well as a wholesale
fraud and speculation. It is the duty of the medical faculty, as conserva-
tors of public health, to give its most unqualified disapprobation of all sys-
tems or modes of procedure in reference to remedial measures which common
sense cannot approve and science condemns.

You are now, gentlemen, to enter upon the practical duties of your pro-
fession. The truths you have been taught, the theories and doctrines you
have imbibed, are to be brought to the test of experience. You are to act a
part in the drama of professional life; entitled to all the dignities, honors,
and privileges of the profession. You are subject to all its cares, labors and
responsibilities. The honor of a noble, an honorable, and a benevolent
profession rests upon you. Your professional reputation is identified with
the honor and reputation of your vocation. Your circumstances are doubt-
less various, more or less favorable to your advancement in your profession.
It is the man, and not his circumstances, that will decide his fate, for

Honor and fame, from no condition rise;
Act well your part, there all the honor lies.

Your pathway lies straight before you. The path of duty is always direct.
You are a part of a large company whose object is the same as yours.
You may be crowded, jostled even. Preserve your equanimity. Let no
misfortune discourage you. If you should not acquire immediately the
amount of business equal to your expectations, do not despair; be willing
to abide your time. You will still be better prepared when the exigency
does arrive. An extensive practice to a young physician is not always an
earnest of future eminence. Let no temporary success elate you. Keep
the "noiseless tenor of your way," and you will ultimately acquire that con-
fidience of the public to which a just appreciation of your talents and virtue
entitle you. This is acquired slowly, but will be enduring. There is a pop-
ularity which is gained without merit and lost without crime; it is ephemera-
al, it vanishes, and, "like the baseless fabric of a vision, leaves not a wreck
behind."

In your progress you will, like the pilgrim, find some sealing the wall on
either side, not being worthy to enter the gate at the head of the way, crossing your path; give no attention to them; a just retribution awaits them. When they come to the Hill Difficulty, they will turn off into some of the by-paths in that vicinity, which lead to ignominy and ruin. You will find paths which deviate from the direct, and some of them well trodden, too; temptation will not be wanting to induce you to follow them, as a "short cut" to the object of your ambition. Be not deceived; those who pursue those forbidden paths, soon stumble upon the dark mountains of delusions, and perish in the maze of bigotry and deceit.

In the treatment of disease, a steady perseverance is essential to success. He who makes a wrong diagnosis is less culpable than he who makes none, and uses remedies without a view to any definite effect. The principles of diagnosis should be carefully studied, and often reviewed. The differential diagnoses of diseases presenting similar phenomena, should be well impressed on the memory, ready for immediate use; for on this decision depends the issue of the disease, and the reputation of the medical attendant.

"He who proceeds," says Hippocrates, "upon a good rational method, though things do not fall out as they should, must not immediately run from one medicine to another, so long as that continues which was there at first." A vacillating course is always to be deprecated; it will inevitably lead to evils more or less serious. For the exhibition of any medicine, a reason should exist in your own minds; some indication to be fulfilled. If it should happen that your diagnosis be incorrect, you should soon discover it, and change the treatment accordingly,—otherwise you would be embarked upon a sea of uncertainties, exposed to adverse gales, without a compass or landmarks, and the danger of foundering imminent.

The moral treatment of patients is deserving of your most serious consideration. The proper medicina mentis is often more difficult to prescribe than the medicina corporis. The irritability of mind produced by disease, the unreasonable requirement of friends, the suggestions of officious individuals, and the sage advice of personages who apparently believe they know something of disease and its treatment, but who unfortunately have fallen into a great error in that particular, are all disagremens which have to be borne with all the patience at command,—consoling yourselves with the philosophical reflection, that as life consists in pleasures and pains, that you are experiencing a part of the latter.

Personal deportment has a decided influence in the sick-room. A sympathizing manner tends to inspire confidence, and is very gratifying and soothing to the patient; united with suavity of address, and a firm and consistent deportment, will conspire to assure the patient and friends that all proper means will be had in requisition to restore the sufferer. On the contrary, a careless and apathetic air would tend to impair confidence and to excite doubts whether the medical attendant understood the nature and danger of the malady, and consequently of his ability to cure it.
In diet and regimen, be indulgent, so far as the nature of the case will admit, but no farther. Let no persuasions, however specious, nor exhortations, however earnest, prevail with you to vary your proscription contrary to your judgment. "Suaviter in modo, sed fortiter in re," is a valuable truth, and should be practically applied.

The prognosis has often a very important influence upon the patient and friends. If unfavorable, in many instances, it is a very delicate procedure; it may produce undue despondency in the patient, and paralyze the exertions of his friends, which would tend to hasten the catastrophe which we would avert. If we do not warn them seasonably, much dissatisfaction will often be expressed that they were ignorant of the danger of their friend.

"It is the part of a prudent man," says Celsus, "to show the domestics the patient's danger; but without pronouncing his recovery desperate, lest he should be mistaken in his judgment, he should be thought ignorant or knavish. But as this is the duty of a prudent man, so it is the business of a quack to magnify the smallest matter, that he may be thought to have performed remarkable cures."

In your intercourse with your professional brethren, be cautious and respectful, and you may rationally expect the same kindness in return. With those in your vicinity, especially, cultivate the most friendly relations, unless you should know them to be entirely unworthy of your attention. Mutual sympathy does much to smooth the ruggedness of the road of life. Repudiate the arts and intrigues of the demagogue as unworthy the character of a member of an honorable and learned profession. They are as impotent for good as they are mean and despicable. He who resorts to these arts can never attain to that rank in his profession which his talents might otherwise entitle him. Energy, industry and perseverance will insure all that is worthy of an effort to acquire; if these should fail, these objectional means would of necessity be ineffectual. All human enterprises have in them elements of disappointment, however favorable the circumstances under which they commenced—few indeed, in which, at some period, darkness and doubts do not overwhelm their prospects.

The experience of a physician is not exempted from these dark passages which disturb his peace and happiness. Clouds of ominous character, portending misfortune and disgrace, may threaten him with an overwhelming torrent; but if not the result of his own folly nor indiscretion, they will recede as he advances, until they are finally expelled. The emotions of pleasure are so pure and unalloyed which are produced from the effusions of grateful hearts, that, in the life of a physician, they, like the Lethean waters, eradicate from the memory every trace of former injuries, of unhappiness, and it sinks to oblivion.

In your progress, gentlemen, you will of course make daily accession to your fund of experience and knowledge. The nature of your pursuit makes it your duty that your exertions be unremitting, to acquire all the knowledge
in your power, to enable you to perform the duties of your station with honor to yourselves and with the greatest advantage to your fellow-men. In making the necessary acquirement, gentlemen, be not forgetful of that "wisdom whose ways are ways of pleasantness, and all her paths are peace."

CASE OF ACUTE LARYNGITIS.

By Dixi Crosby, M. D., Prof. of Surgery and Obstetrics in Dartmouth College.

[For the New-Hampshire Journal of Medicine.]

There are two distinct forms of this disease recognized by pathologists, viz., mucous and submucous. A case of the mucous variety having occurred recently in this vicinity, possessing more than common interest on account of its progress before medical aid was called, and the unexpected recovery of the patient, I send it for publication in your journal.

Mr. A. D., 30, was out in the rain, Dec. 31, 1851, from which resulted a "common cold and sore throat." These symptoms increased up to the time I was called, and found that another physician had just bled him some eight or ten ounces, which produced incomplete syncope. He was sitting erect with respiration so loud as to be heard in an adjoining room. Could scarcely articulate in a whisper loud enough to be heard. Had not swallowed for several hours, and refused to try. Confusion of ideas with dizziness, approaching stupor, and perspiration starting from every pore. Cannot protrude the tongue much beyond the teeth.

4, P. M. Four vigorous leeches were applied over the larynx. After they fell off, the throat was enveloped with hot wet cloths to promote the flow of blood. I made a solution of 40 grs. nit. silver to the ounce of water, and against every disadvantage had the good fortune to pass a sponge saturated with the solution into the larynx. Directed more leeches and promote the bleeding as before.

9, P. M. Breathes a little easier. Leech bites, bleeding freely. Pulse quick and feeble. Respiration audible in any part of the room. Passed the sponge as before. Pediluvium.

2d. 8, A. M. Rested but little. Breathes easier. Speaks in a whisper, and asks to have the sponge used again, which I did. Does not swallow any thing. Apply leeches, followed as before, by warm fomentatives, to be followed by cold after leech bites have ceased to bleed.

2, P. M. A little improved. Sleeps semi-recumbent.

9, P. M. General Improvement. Has not swallowed, and refuses to
try. Says the cold affected him unpleasantly, increasing the difficulty of breathing. Apply a blister on the larynx.

3d. 9, A. M. General improvement; has slept somewhat. Has a good blister. Thinks he will try to swallow a dose of castor oil. Says the sponge relieves him more than every thing else, and hopes I shall pass it again.

10, P. M. Improved in every particular. Oil operated well. Can lie horizontal. Swallows with difficulty; breathes without noise; voice husky.

R. G. Arabic, 3ss.
Nit. Potass, 3ii.
Ant. Tart., gr. iii.
Hot water, half a pint.
Dissolve and give a table spoonful every two hours.

4th. Has had a good night. Can swallow with increasing ease, and now for the first time thinks he will take some thin gruel, not having swallowed any food or drank since my first visit. From this time he convalesced rapidly, and is now, Jan. 20th, quite well.

The sponge used was fastened to a crooked whalebone handle.

SUPPOSITORIES.

By A. B. Taylor.

As our National Dispensatory gives no account of this valuable class of medicinal applications, (suppositoria) a brief notice of their preparation, in the "American Journal of Pharmacy," will perhaps be serviceable to some of its readers. Though hitherto but little employed in this country, suppositories have long been extensively used in France. They have recently, however, attracted the attention of some of our physicians, and bid fair to grow into much more general demand.

They may be described as medicated compounds of a stiff consistence, designed to be introduced into the rectum, and serving the purposes of the ordinary clysters or injections; (Enemata.) They are applicable in all cases of constipation, or of irritability, or inflammation of the lower intestines; and have the advantage over liquid injections, of more easy introduction, as well as of greater comfort and cleanliness; and they may sometimes be retained, when liquids would not. There is, perhaps, no substance so well adapted to serve as the vehicle of these applications, as the butter of cocoa, (oleum cacao,) as no combinations of suet, spermaceti, or wax, &c., combine in so great a degree the proper hardness or firmness of substance, with the requisite fusibility.
The following formula, is a prescription of Dr. S. W. Mitchell and has been considerably used.

Take of Cocoa Butter $\frac{3}{12}$ iss.
Powdered Opium gr.xii.

Mix and make into twelve suppositories.

The butter of cocoa is to be melted by a gentle heat. The opium is then to be well rubbed up with a small quantity of the fluid, until thoroughly incorporated, and the remainder of the melted butter gradually added. When cool and slightly thickened, the mass, being well stirred, should then be poured into paper cones.* If the cocoa butter is too fluid when transferred to the moulds, the opium will settle to the apex of the cone, and not be properly diffused through the substance. When perfectly hard, these cones should then be pared or scraped at the base, until they weigh just one drachm,—giving one grain of opium to each suppository. Practically, therefore, it will be necessary to make one less than the required number,—reserving the parings for another operation.

The following formula has been prescribed by Dr. Pancoast:

Take of Cocoa Butter $\frac{3}{4}$ i.
Extract of Krameria $\frac{1}{2}$ ii.
Powdered Opium gr.v.

Mix and make into ten suppositories, as above.

It is stated that cocoa butter is much esteemed in France, for its supposed healing qualities, and is a favorite application in cases of piles. With powdered galls, or tannic acid, this substance would therefore probably form a useful substitute for the ordinary pile ointment. The proportions to be employed, would of course be regulated entirely by the physician's order.

In Dorvault's French work on "Practical Pharmacy," suppositories are described as varying from the size of the little finger, to that of the thumb; and weighing, from $5\frac{1}{4}$ to $5\frac{1}{2}$; (five to ten grammes.) The author gives us a formula for the vehicle, butter of cocoa melted with an eighth part, by weight, of white wax: or as an inferior substitute, and one less used, common tallow mixed with the same proportion of wax. Soap suppositories are formed by simply cutting soap into convenient shapes. Suppositories are also prepared from honey, by boiling down this substance till it becomes sufficiently hard to retain its shape. There are also formulas given for anthelmintic, anti-hemorrhoidal, astringent, emmenagogue, laxative, and vaginal suppositories; as well as belladonna, calomel, cicuta, mercurial, and quinine suppositories.

In Gray's "Supplement to the Pharmacopoeia," there is given the following formula for a suppository; taken from the Codex Medici. Hamberg, 1845.

* These moulds should be made of sized or writing paper, and may be conveniently placed in shallow boxes of sand, to preserve their position.
ON SOCOTRINE ALOE JUICE.

R.

Aloes, 3vi.
Common Salt, 3iss.
Spanish Soap, 3iss.
Starch, 3viii.

Mix and make into a mass with honey, and then form into cones of the required size.—Am. Journ. of Pharmacy.

ON SOCOTRINE ALOE JUICE, OR LIQUID SOCOTRINE ALOES.

By Jonathan Pereira, M. D., F. R. S., Physician to the London Hospital.

It has long been known that the Socotarine aloes imported into England varies considerably in its consistency, and is sometimes met with in a soft or semi-fluid state. Frequently, on opening a package of this sort of aloes the interior is found to be quite soft, while the exterior is firm and hard. In general this arises from insufficient evaporation of the aloe juice.

In the third edition of my Elements of Materia Medica (vol. ii., part 1, p. 1077,) published in 1850, I have briefly referred to a soft or semi-liquid Socotrine aloes, which had a bright or palm-oil yellow color and odor. At that time I had but little opportunity of investigating this very interesting drug; but a large importation of it having recently taken place, I have more fully examined it, and it appears to me to be the raw or unboiled juice of the plant yielding what is known in commerce as Socotrine aloes, I propose to distinguish it from the ordinary soft socotrine aloes by the name of "Socotrine Aloe Juice."

Messrs. Horner, the holders of the whole of the present importation of this juice, inform me that it was purchased of the Arabs up the Red Sea, by a merchant, who was assured by the vendors that it was very fine aloe juice, and had not been boiled or otherwise altered. It was imported into London by way of Madras, in casks each containing six cwt. I am informed that the contents of some of the packages have undergone decomposition during the voyage.

Its consistence is that of treacle or very thin honey; its color deep orange or palm-oil yellow; its odor powerful, fragrant, and resembling that of fine Socotrine aloes. By standing it separates into two parts,—an inferior, paler colored, opaque, finely granular portion, and a superior, darker colored, transparent liquid. The latter forms, however, a very small portion of the whole liquid mass.

When the granular portion is submitted to microscopic examination, it is found that the opacity and granular appearance arise from myriads of beau-
tiful prismatic crystals. If a temperature of 132° F. be applied to the juice, these crystals melt or dissolve, and the juice becomes deep, red and transparent; and when the liquid becomes cold it retains its transparency and does not deposit any crystals. By evaporation the juice yields a solid, transparent extract, having all the characters of fine Socotrine aloes, in which no traces of crystalline texture can be discovered. Mr. Jacob Bell has ascertained that 14 lbs. of the juice yield 8 lbs. 12 ozs. of solid extract, or $62\frac{1}{2}$ per cent. When the juice is mixed with cold distilled water, it becomes opaque yellow, and renders the water turbid, but not miscible with it. If, however, heat be applied, the juice dissolves in the water, forming an almost clear, rich red liquid. As the solution cools, it at first becomes turbid, owing to the separation of an opaque yellow precipitate, which, apparently, is the crystalline principle in an amorphous form. This gradually separates from the liquid and collects as a clear resinsiform mass (commonly called the resin of aloes,) at the bottom of the vessel, leaving the supernatant liquid tolerably clear. If the juice be shaken up with rectified spirit of wine an uniform clear mixture is obtained, from which numerous yellow crystals rapidly fall to the bottom of the liquid. Similar results are obtained when we mix the juice with equal parts of rectified spirit of wine and water.

This crystalline constituent of Socotrine aloes is doubtless, either the aloin* described by Messrs. T. & H. Smith, of Edinburgh, and by Dr. Stenhouse, or a principle closely allied to it. Dr. Stenhouse, to whom I have given a sample of it, is now engaged in its investigation; and in a letter which I have received from him, says, that though he has not been able to get the aloin ready for analysis, yet, from the experiments he has already made with it, he has scarcely a doubt that it will be found identical with that formerly obtained from Barbadoes aloes. It forms, he adds, a precisely similar combination with bromine, and, in short, agrees with it in every particular; I shall, therefore, provisionally term this crystalline principle the aloin of Socotrine aloes. On comparing it with a fine specimen of aloin kindly presented to me by Messrs. Smith, I find its crystals smaller and more tapering—the summits of the crystals being more acute.

In drying, the crystals of the Socotrine aloin have a strong tendency to break up; so that crystals which in the moist state are moderately large and regular, become small and pulverulent when dry. Like the aloin crystals of Messrs. Smith, the aloin crystals of Socotrine aloes strongly doubly refract and depolarize light, and are therefore, beautiful objects when viewed by the polarizing microscope.

The crystals of aloin contained in Socotrine aloe juice cannot be confounded with the crystals of oxalate and phosphate of lime found in the juices of various plants, and which are called by botanists raphides. The appearance

* See American Jour. Pharmacy, vol. xxiii. page 238.
under the microscope of the former is very different from that of the latter. Moreover, the ready fusibility, solubility, and complete combustibility of aloin crystals easily distinguish them from the calcareous salts just referred to. On platinum foil the aloin burns without leaving any residue, except such as may arise from the presence of traces of some foreign matter.

Aloin may be readily obtained from the juice by mixing the latter with spirit (either rectified or proof) and collecting and drying the precipitate. When procured in this way it appears to the naked eye like a yellow powder, but when examined by the microscope it is found to consist of minute fragments of crystals.

The tincture from which the aloin has been separated, yields by distillation a spirit having the fragrant odor of the juice; showing that the latter contains some volatile odorous principle. By evaporation the tincture yields a resiniform extract.

In the first edition of my Elements of Materia Medica, published in 1840, I have stated, that by digesting hepatic aloes in rectified spirit of wine, a yellowish granular powder is obtained, which is insoluble in [cold] water, alcohol, ether, and dilute sulphuric acid, but is readily soluble in a solution of caustic potash, forming a red colored liquid. The powder-like residue here referred to, is identical with the aloin of Socotrine aloes. When examined by the microscope, it is perceived to consist of very minute prismatic crystals, which depolarize polarized light like the larger crystals of aloin, above referred to. I think, therefore, that it may be safely inferred that hepatic aloes has been prepared without the employment of artificial heat, and that its opacity is due to the presence of minute crystals of aloin.

When Socotrine aloes is digested in rectified spirit, an insoluble portion is also obtained; but its color, instead of being yellow, as in hepatic aloes, is dark brown. On submitting this dark brown insoluble portion to microscopic examination, I find that it contains depolarizing crystals.

Artificial Socotrine aloes (prepared by evaporating this aloe juice,) also yields, when digested in rectified spirit, a dark brown insoluble portion.

I think, therefore, that Socotrine aloes differs from hepatic aloes in the circumstance of its having been prepared by the aid of artificial heat; by which its aloin constituent has become altered. This inference is further substantiated by the fact, that after it has been melted, hepatic aloes is found to have acquired the clearness and transparency of the Socotrine sort.

The clear supernatant portion of aloe juice from which the above crystals have subsided, would probably also yield, by spontaneous evaporation, an extract resembling, or identical with, Socotrine aloes.

That Socotrine and hepatic aloes were obtained from the same plant, and were not different species of aloes, I have long suspected; and in the first edition of my work on Materia Medica, published in 1840, I have observed that "the similarity of the odor of Socotrine and hepatic aloes leads to the suspicion that they are obtained from the same plant; and which is further
confirmed by the two being sometimes brought over intermixed, the Socotrine occasionally forming a vein in a cask of the hepatic aloes."

This intermixture of the two sorts of aloes in the same cask might be explained by supposing that the consolidation of the clear portion of the juice has produced the so-called Socotrime aloes; while the opaque aloin-containing portion of juice has yielded what is termed hepatic aloes.

In the third edition of my work above alluded to, I have stated that the name of opaque liver-colored Socotrine aloes might with propriety be applied to hepatic aloes. But until the present time I have been unable to offer a plausible explanation of the cause of the difference in these two commercial kinds of aloes.

From the preceding remarks I think we may infer:

1. That aloin preëxists in a crystalline form in the juice of Socotrine aloes.

2. That the substance which deposits as a decoction of Socotrine aloes cools, and which is usually termed the resin or the resinoid of Socotrine aloes, is the aloin in a modified state.

3. That hepatic aloes* is the juice of the Socotrine aloes plant, which has been solidified without the aid of artificial heat.

4. That hepatic aloes owes its opacity to the presence of minute crystals of aloin.

5. That the juice of Socotrine aloes yields, when evaporated by artificial heat, an extract possessing all the properties of commercial Socotrine aloes.

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ON THE REMEDIAL VIRTUES OF NITRATE OF SILVER IN CHRONIC DIARRHŒA.

By Prof. A. H. Cenas, M. D.

On taking charge of the Obstetrical Department of Charity Hospital in November last, I found in the wards several children, between the ages of two and four years, laboring under chronic diarrhea.

As they had been treated in the usual manner, viz: with astringents, absorbents, opiates, etc., etc., without success, I resolved to try the efficacy of Nitrate of Silver in solution, and by the mouth. The good effects of the remedy are shown in the following cases.

*By the term "hepatic aloes" I mean the opaque liver-colored aloes imported into England from the East Indies, (usually from Bombay.) This sort of aloes is very different from the hepatic Barbadoes aloes, which formerly appears to have been exclusively called "hepatic aloes."
Case I. This child, a girl, aged about two years, came under notice 6th Nov. She had been laboring under diarrhœa for nearly two months, and was very much emaciated, anaemic and ulcerations in the lower extremity. Bowels were moved about twenty times in the course of twenty-four hours, and the discharges were thin, glairy and greenish, and voided with considerable tormina.

R.     Nt. Argent. Chrys.     gr. i.
Mucilag Acac,     oz. iss.

Ordered a teaspoonful of this solution to be given after each stool. Diet, chicken broth; drink, toast water.

Nov. 7. Decidedly better, discharges from bowels reduced to twelve in twenty-four hours, less tormina, but stool of the same character. R. cont. treat. and diet.

Nov. 8. Improving rapidly, only eight stools in last twenty-four hours, no tormina, stools of better color and constitution, child more sprightly, complexion improving. R. cont. treat. and diet.

Nov. 9. From this date until the 15th improvement progressive, medicine gradually withdrawn and child discharged well on the 16th.

Case II. The child, also a girl, and aged about two years, had been ill about two weeks, condition and symptoms pretty much as above, not however, so many discharges from bowels, being, as well as nurse could ascertain, about fourteen or fifteen in twenty-four hours. R. Nit. Argent., as in the preceding case, with entire relief in four or five days.

Case III. This case, a boy, nearly four years old, had been laboring under diarrhœa for more than two months, was very much reduced in flesh, and so debilitated as not to be able to rise from bed; about fifteen stools in twenty-four hours, which were serous and almost inodorous, but acid, excreting the anus and neighboring parts.

R. Nit. Argent., as above, chicken tea; drink, toast water.

Nov. 21. A shade better, passages not quite so frequent, nurse thought only two or three less than before medicine, child expresses himself as much easier. R. cont. treat.

Nov. 22. Decidedly better, only eight stools since last visit, which were of better color, and constitution otherwise improved, disposed to set up. R. cont. treat.

Nov. 23. Still improving, only four evacuations in last twenty-four hours, and these were fecal in constitution and odorous, appetite improving, strength returning. From this date he continued to improve, getting out of bed for a few hours daily, and was finally discharged on the 28th.

Case IV. Nov. 24. Also a boy, aged about three years. This child had been laboring under lienteric diarrhœa for several months, with tumid abdomen and enlarged mesenteric and cervical glands. Highly unfavorable symptoms, indicating an advanced degree of marasmus and scrofula.
This case was decidedly unfavorable, and I had no expectation of affording relief; still, as the diarrhoea was incessant, everything the child drank running through him. I ventured on the solution, giving him the usual dose and in the usual manner; without detailing the case from day to day, I will state that for the first few days it acted like a charm, reducing the number of evacuations from more than twenty daily to only two or three, and otherwise so greatly improving the little patient that I began to hope for something permanent; when, however, on the 5th day of the treatment, the efficacy of the remedy failed, and the little patient fell rapidly back to his first condition, in which he lingered for a few days longer.

Case V. Occurred in female practice; the patient a little girl, aged about fourteen months, had been laboring under choleriform diarrhoea for nearly three days before I saw her. I found her, April 3d, pale, cold, and with a frequent pulse, and having about twenty thin serous and fetid evacuations in the twenty-four hours. I commenced the treatment of the child by a few of the ordinary remedies, and continued them for nearly twenty-four hours, when, perceiving no amendment, I resorted to sol. of Nit. Silver as in the above cases, with the satisfaction of restoring my little patient in the course of forty-eight hours.

I could enumerate other cases, but I think the above sufficient to show the advantages of Nit. Silver exhibited in the manner indicated, viz: in solution and by the mouth. I have used the agent before under similar circumstances per anum, but with indifferent success. This was principally owing to the inability on the part of the infant of retaining the enemata, or it may be the want of precaution of the nurse in administering it. By the mouth these objections vanish, the medicine being tasteless, and any mother or nurse can properly administer it.—New-Orleans Monthly Medical Register.
NEW-HAMPshire journal of medicine.

Concord, July, 1852.

New-Hampshire State Medical Society. This Association commenced its annual session on Tuesday, the first day of June, in the Merrimack County Court House. At the appointed hour the chair was taken by the President, Prof. Peaslee. The record of the proceedings of the last meeting was read, and, after slight amendment, was accepted. A communication was received from the Council, making nominations to fellowships in the Society, and stating the order of business. The following gentlemen were elected, and subsequently joined the Society: Jesse A. Sanborn, M. D., of Campton, and Ezra L. Griffin, M. D., of Derry.

The committees on examining patients, the chairmen of which were appointed last year, were filled as follows: 1. Drs. Garland, Clough, Gage, and Tenny. 2. Drs. D. Crosby, Woodbury, Eastman, N. Sanborn. 3. Drs. J. Bartlett, J. Crosby, Hammond, Abbott.

Other committees appointed were, to audit treasurer's accounts, Drs. W. H. H. Mason and Geo. B. Twitchell; to nominate officers, Drs. J. C. Eastman, N. Sanborn, J. Batchelder, P. A. Stackpole, A. Smalley, E. B. Hammond.

The time having arrived which had been appointed for hearing the annual address by the President, the Society listened with much interest to Prof. Peaslee. The topic selected was "the duties of medical men to themselves and their profession."

The following resolution was then offered by Dr. J. C. Eastman, and unanimously adopted:

Resolved, That the thanks of the Society be presented to Professor Peaslee, for the able and interesting address with which he has favored us this day, and that he be requested to furnish a copy of the same for publication in the New-Hampshire Journal of Medicine.

The reports of the corresponding secretaries were then called for. That from the Grafton District was read by Dr. A. Smalley, of Lyme. It discussed with ability the various diseases which had prevailed in the district, but more especially those which Dr. S. had himself met in practice. Those most prominent were pneumonia and dysentery, and of the treatment of those Dr. S. spoke fully. An interesting and informal discussion followed, concerning those diseases, which was participated in by many members of the Society, and was eminently practical in its nature.

Dr. J. Blake, of the Carroll District, had solicited data from the members in his county, but had obtained nothing. Dysentery had prevailed to some
extent in that region, and he agreed with Dr. Smalley, as to the necessity of using mercurials. He had in many instances derived great advantage from suppositories, and thought they might more frequently be resorted to with benefit, when injections fail. Slight influenza had prevailed, but there was nothing noticeable in it.

Dr. E. H. Parker, from the Centre District, presented his report. He had used every exertion to draw from members the facts necessary to the proper completion of his report, but had received a response from Dr. Garland alone. In this district, beside a mild influenza, there had been no epidemic unless the prevalence of whitlows and felons should be so called—that view having been taken of their frequent occurrence in other regions. Icterus, however, had occurred, but not to a great extent or severely. Dr. Garland's communication to the Secretary is as follows:

"I have a few facts which may go to illustrate the topography, or perhaps a more proper word is altitude, of epidemics. March 11th, 1840, was called to see a Mrs. S., who was having common early febrile symptoms. Had got through with the child, and was somewhat flushed. Pain in the head, back and limbs. Pulse about natural as to frequency, but full. Breathing natural; slight nausea. Ordered an emetic, with free use of warm drinks, to be followed by oil; a Dover's powder at bed-time, if not quiet. Was sent for again on the 13th. The medicines had operated well; passed a good night on the 11th, but, during the afternoon of the 12th, the febrile symptoms returned with great vigor. Drew a pint of blood, producing syncope, and gave a nauseating dose of antimony, to be followed by oil in four hours; Dover's powder and foot-bath at bed-time. The 14th, 10 o'clock, A. M. Pulse, one hundred, and full; breathing frequent; slight cough. Medicines of the 13th had acted. Drew twelve ounces of blood, and repeated antimony, &c. On the 15th the patient presented a complete case of double pneumonia, which ran through the various stages in the ordinary way, with perhaps the exception of an unusual large loss of blood by expectoration. This was one of seven like cases in the same family, and of fourteen in one school district. They were all attacked within ten or twelve days of each other. All ran about the same course and ended in health. Said school district is situated high up what is called the "Blue Hill," in Farmington, N. H. These were the only cases of the kind in that vicinity. Indeed, they were different in many respects from any thing I have ever seen. The entire absence, as far as I could judge, at the beginning and for several days, of any lung symptoms, and the large amount of blood expectorated after being so freely bled, are among their peculiarities.

Again, in 1847, the people on the high lands in Sanbornton, north part of Gilmanton and Gilford, were visited by an epidemic of scarlet fever, while those on the low lands were exempt. Not a single case occurring at Gilford or at Meredith Bridge, or in any of the families in the valleys directly between affected eminences. In 1848, the order was reversed, the epidem-
ic being confined almost entirely to valleys. These cases or instances may be of no practical value other than to prove that whatever it may be that produces certain epidemic effects, it seems to be somewhat influenced by gravity or density of the atmosphere.

It is unnecessary for me to speak of the influenza of the past winter, as it has been universal in New-England, and, as far as I have head it spoken of, has presented about the same face in all places.

The past winter and spring has been prolific of phlegmonous inflammation, and erysipelas is universal inflammation of various intensity; and as it may go to prove what is supposed by many that erysipelas and puerperal fever are nearly connected, I should mention that twelve cases of well marked puerperal peritonitis have occurred in this place and vicinity the past year. The attack has usually come on sixty or seventy hours after confinement, by severe chills, lasting from four to twelve hours when not arrested, followed by pain in head and back, dimness of eyesight, pain and tenderness of abdomen, rapid pulse, rising sometimes as high as 160 per minute, great heat of surface, thirst, &c.

The cases all, with one exception, yielded to active, general and local depletion, fomentations and blisters, calomel and opium, or Dover's powder, with a daily use of oil where no diarrhoea appeared.

It should be mentioned, also, that quite a number of cases of threatened fever were annoyed for weeks by a congestion of the uterus. An unusual number of mammary abscesses, too, have afflicted nursing women the past season."

The Secretary, (Dr. Webster,) announced the death of two members of the Society during the past year,—Dr. Job Wilson, of Franklin, and Dr. Warren E. Chase, of Portland, Me. Committees were appointed to draft appropriate resolutions, which were unanimously adopted, and the Secretary was ordered to transmit copies to the relatives.

On motion of Dr. Blake, Dr. W. H. H. Mason gave a verbal report of a successful operation performed by him for supplying an artificial lip, it having been performed in Dr. Kimball's method. (As we have a promise of a written report of this interesting case, we shall lay that before our readers in preference to our hurried minutes.)

The reports from the various District Societies were read by the Secretary. On reassembling, 2 o'clock, adjourned for one hour.

The report from the delegates to the medical department of Dartmouth College was read by Dr. Marshall, of Mason. The report dwells especially upon the value of this institution in the early education of students. The report was accepted. Remarks were made by various members of the Society upon the great advantage to students of being where they would not be tempted to enter upon clinical studies before they were prepared to derive profit from them. The opinion was general that nothing but injury would be the result of students attending clinics during the first course of lectures.
At four o'clock, the time appointed for hearing the essays, a paper was read by Dr. Parker, of Concord, on the Code of Ethics. On motion of Prof. Dixi Crosby, it was voted that the thanks of the Society be presented to the author, and a copy of the essay be requested for publication in the New-Hampshire Journal of Medicine.

The report of the delegates to the American Medical Association was called for, and made by Dr. Blake, of Tamworth, the only one who was at the meeting at Richmond. Voted, To refer the report to a committee of three, to consider some of the points of interest to this Society. At a subsequent period the committee reported the following resolutions, which were unanimously adopted.

Resolved, That we have heard with pleasure the report of the delegates of this Society to the New-Hampshire Medical Institution, and that we cordially approve of the course of instruction at this School, especially in the early education of students.

Resolved, That our delegates to the American Medical Association be instructed to exert themselves to uphold the interests of this institution.

Dr. Bartlett, of Stratham, stated that the Rev. Dr. Cummings, of Hillsboro', was present, and would like to speak concerning the relations of the profession of medicine and theology to each other. Leave being granted, Mr. Cummings proceeded to remark upon these relations, and a protracted discussion followed, which was closed by the adoption of the following resolutions:

Resolved, That it is the profound conviction of this Society that kind and intimate relations should exist between clergymen and physicians; but that while we will not interfere with the spiritual direction of the patient, unless his life is thereby endangered, we claim the same non-interference in the part of the clergy towards physicians, so far as their peculiar duties are concerned.

Resolved, That the Rev. Mr. Cummings, of Hillsboro', be requested to present the above resolution to the Pastoral Convention of New-Hampshire, and to state the accompanying circumstances.

The Society then proceeded to ballot for officers for the ensuing year, when the following were chosen:

President—Ezra Carter, M. D., of Concord.
Vice-President—Albert Smith, M. D., of Peterborough.
Secretary—E. K. Webster, M. D., of Boscawen.
Treasurer—Silas Cummings, M. D., of Fitzwilliam.


Delegates to the New-Hampshire Medical School—William Prescott, Mark R. Woodbury.


Prof. Peaslee introduced the newly elected President to the chair, and at six o’clock the Society adjourned to eight o’clock, Wednesday morning.

June 2d. The Society was called to order at eight o’clock by the President, Dr. Ezra Carter, and the reports of committees on examining patients were called for. These, with the informal discussions which followed each, occupied about two hours, and were very practical in their nature. The topics chiefly discussed were the use of anaesthetics and of nitrate of silver, as a topical application to the air passages. Dr. Moore, of Concord, introduced to the Society the Rev. Mr. Durgin, of Meredith Bridge, whose skin has been deeply stained by the use of the latter remedy. Mr. D. narrated the particulars of his case, from which it appeared that the coloration did not begin to show itself for a long time after he had made the application, and that most profusely. The relief obtained was so great that, though cautioned as to its effects, he continued to use it, and said, “if it is necessary for me to use it to enable me to speak, I shall do so, though it makes me as black as a hat.” His health otherwise is very good. Various attempts have been made, but in vain, to remove the color.

The following resolution, presented by Dr. Garland, was unanimously adopted:

The New-Hampshire Medical Society regarding the New-Hampshire Medical Journal as a valuable acquisition to the means of diffusing scientific and practical medical knowledge, Resolve, That its editor and publisher deserve encouragement from the entire medical profession of New-Hampshire, and the thanks of this Society, for their individual enterprise and independence in establishing and conducting the same.

On motion of Dr. Stackpole, it was voted, that the Secretary of the Society be required to notify the members individually by circular, instead of the usual manner. The Council announced the following appointments for the ensuing year: Orators—Dr. C. P. Gage, of Concord; Substitute, G. B. Twitchell, of Keene; Dr. J. S. Fernald, of Barrington; Substitute, A. McFarland, of Concord.

At two o’clock the Society adjourned, having been in constant session for six hours. The attendance at this meeting was large and constant, and the opinion was universal that it was most profitable to all present. Every member felt that it would have been an absolute loss not to have been present. The discussions throughout were attended with great courtesy, and al
talk of by-laws and rules of order, often so unprofitable in such associations, but so protracted, were avoided, while the different branches of medicine were dwelt upon with great enthusiasm. On the whole, this Society, now in its sixtieth year, has shown that it has all of the vigor of its more youthful neighbors, and more than their discretion.

Exchanges. The April number of the American Journal of Medical Sciences contains its usual amount of original and selected matter. Some of the prominent articles in this number are Papper's observations on scrofulous inflammation of the lungs, Bowditch on pleuritic effusions, and May's surgical cases. In the extracts from the Society for Medical Improvement, reported by the Secretary, Dr. Morland, we find Dr. Storer alluding to the strictures upon his address on medical jurisprudence, by the Charleston Medical Journal. As we stated in the —— number of this Journal that we believe Dr. S.'s ground to be the only correct one, we copy the following sentence from his remarks:

"I would merely observe that, in a conversation with Professor Greenleaf upon the accuracy of my remarks, he assured me that I was perfectly correct, that the ground I assumed was the right ground, and, at the same time, stated that he had devoted but a single line to the subject in the last edition of his Law of Evidence, because, to use his words, he considered it as 'settled law.' To my reviewer I would reiterate my assertion, that I know no higher law than the law of the land—it is supreme."

This journal, it is well known, stands among the first in our country, and continues to be under the able editorial management of Dr. Isaac Hays. It is published by Blanchard & Lea, of Philadelphia.

"British and Foreign Medico. Chirurgical Review." In our last number we made liberal extracts from this excellent reprint, not only because the matter was valuable, but that our readers might perceive the high character and tone of its articles. This is a quarterly, each number containing over two hundred pages, the price being three dollars a year. We commend it to our readers as giving a valuable review of medical opinions and practices on the other side of the water, and they will find themselves richly repaid for its price. It is republished by S. S. & W. Wood, of New-York city.

The New-York Medical Times has not reached us since February. Will the editor favor us with these numbers?

The Journal of Insanity, too, has not made its appearance this year. We miss it very much.
DEATH WHILE UNDER THE INFLUENCE OF CHLOROFORM. 307

Death while under the Influence of Chloroform. The following are the particulars, as learned from various and direct sources, of a melancholy case which recently occurred at Hooksett, in this State. A girl, of about fifteen years of age, had a tumor upon the thigh, which was examined by Dr. Timothy Haynes, of this town, and its removal was advised and strongly urged. After some time the patient consented that it should be done, and a day was fixed for the operation. At the appointed hour Dr. H. arrived, attended by his student; but the patient was so much terrified in the prospect of the operation and of taking chloroform, that she ran away and hid. After some time she was found, and with a good deal of force was brought to the house and the room, where the operation was to be performed. She entreated to be allowed to go, but still more, that she might not be obliged to inhale the ether; saying that she would bear the pain of the operation, but she knew she should die if they made her breathe it. The doctor, however, insisted upon her taking it, and she was held, and concentrated chloric ether was administered by her uncle, not a physician. An unusually large amount was required before she ceased struggling violently, but finally the operation was commenced, and almost at the same time the patient was found to be exceedingly prostrated. The tumor was removed, and the doctor exerted himself to revive his patient, but in vain; she died in a very few minutes.

We regret that we cannot give the precise quantity of ether used and the precise time that elapsed between the commencement of the inhalation and the death of the patient,—but only one medical man was present, attended by a student not at all advanced in his studies, and he proposes to "live down," that is, wait till people forget the case, not to report it. The impression of friends in such minutiae is perhaps not perfectly reliable.

In view of these facts, shall we attribute the fatal result to the anaesthetic agent? We say at once, no. The patient was extremely terrified at the idea of the operation, but she was far more so at the thought of being rendered insensible. She intreated to be allowed to suffer the pain, reaffirming that she knew she should die if she breathed the ether. Under such circumstances, would she not have died if she had inhaled the vapor of water, believing it to be ether? Our own impression is that she would; and fright was in fact the cause of her death.

The errors in this case were, first, that the operator insisted upon the inhalation, or even consented to it. In fact, under such circumstances almost any man would have deferred the operation to a subsequent day, (there being no immediate danger to life from the tumor,) and then proceeded without placing the patient in a state of anaesthesia.

Second, that he allowed it to be administered by an unprofessional person, not at all acquainted with its use. An agent so powerful should be used with the greatest caution and skill, and no one should operate without placing the patient under the charge of a reliable physician, so far as this is con-
cerned. The operator should be at liberty to devote all his attention to the operation, and not be distracted by watching the influence of the anaesthetic.

We regret that by this case discredit has been cast upon a most useful agent, and difficulties thrown in the way of its use. The following sentence from Professor Gilman’s preface to Beck’s Materia Medica exactly expresses our views of the use of anaesthetics.

“Used with constant care, watched with unceasing vigilance, they are safe and most beneficent agents;—used rashly and thoughtlessly, they are so dangerous, so almost certainly fatal to life, that such use of them involves, in my judgment, an amount of moral guilt little short of that which attaches to manslaughter.”


Before his death, Professor Beck had partly prepared for the press the course of lectures which he delivered in the College of Physicians and Surgeons of New-York, and his colleague, Professor Gilman, has completed what he left undone. It was a peculiarity of Professor Beck to omit all mention of “new remedies” in his course, adhering only to those which have been received into good and regular standing. It must be unfortunate for a lecturer to run after everything new because it is new, but it is equally unwise to ignore useful things because new. A lecturer, in this department especially, should be prepared to inform his hearers fully upon all new matters which seem to promise to be useful, and thus give a direction to the investigations pursued by his pupils. Professor Beck carried his conservatism altogether too far,—omitting in his course all mention of cod liver oil and of anaesthetics, agents which had been approved by the large majority of the profession. For these reasons, though the editor has in some measure supplied these deficiencies, we must consider this book as a little passé. To the graduates of the “College” to whom it is dedicated, it will doubtless be acceptable as a memento of a respected teacher.
THE DUTIES OF MEDICAL MEN TO THEMSELVES AND TO THEIR PROFESSION.

AN ADDRESS

Delivered before the N. H. State Medical Society, at its annual session in June, 1852, by the President, Prof. E. R. Peaslee, A. M., M. D.

[Published by order of the Society.]

Gentlemen of the N. H. Medical Society:

It is the privilege of every individual, however humble, to aspire to the highest excellence in his particular vocation; and each will thus attain to a far higher point than he otherwise would have done. Still more, it is the duty of every one to strive to adorn and improve the profession he has adopted. Or, to use the phraseology of Bacon, I would say, "I hold every man a debtor to his profession; from the which, as men of course do seek and receive countenance and profit, so ought they of duty to endeavor themselves to be a help and ornament thereto."

Moreover, I may add that every individual, however humble, may reasonable expect to advance his profession in some degree, provided he engages in it with proper aims and preparation. Discoveries are ever being made, and not seldom has it happened that such as have been almost grasped by the brightest lights in their profession, have been actually achieved by far inferior minds. It was beautifully remarked by Dr. Priestly, in allusion to the assistance he derived from his predecessors and contemporaries in his discovery of oxygen gas, that "when able navigators have, with great labor and judgment, steered towards an undiscovered country, a common sailor, placed at the mast-head, may happen to get the first sight of land." But the sailor must know how to mount the mast, and then know how to distinguish land from water and sky, and, moreover, must constantly be on the lookout, or he may not, after all, be the first to make the discovery.

The preceding remarks are as applicable to the medical, as to any other
profession; and I will request your attention to some thoughts upon the qualifications and the aims essential to render a medical man, in the words of Bacon just quoted, a help and an ornament to his profession. And if I may introduce any remarks not actually called for, in an address to a body of medical men of advanced knowledge and experience, I do it with the recollection that I am also indirectly addressing many others, who have not yet entered upon their medical career, but who are, or will become, your pupils in medicine. Nor can I for a moment suppose that there is any necessity for attention on your part to the subject I have proposed, more than exists elsewhere and in the most favored parts of our country. All may be benefited, and surely none can possibly be injured, by frequently considering our duties to ourselves personally, and to our profession at large; and the means by which we may hope to achieve a good name and improve our art.

I. The first duty we owe to ourselves—the prime requisite for advancing and improving our profession—is a thorough medical education, previously to engaging in medical practice. Of course, I allude to this subject, gentlemen, for the benefit of your present and future pupils. I am having constant opportunities, as a teacher, for witnessing the deplorable consequences of young men entering upon the practice of medicine before they have acquired a thorough knowledge of the studies usually regarded as essential in a beginner; and therefore feel it my duty to allude to this subject here. And I affirm that he who enters upon the practice of medicine before he has acquired a thorough acquaintance with all the departments alluded to—those usually taught in the Medical Colleges—commits an error and inflicts upon himself an injury, the effects of which no subsequent labor on his part can entirely remove. He begins his career with incorrect notions of structure and formation, of health and disease, and of the action of remedies. Still he is obliged to interpret all he sees in his practice in some way, and prescribe accordingly; to the detriment or the benefit of his patient, as the chances may decide. In the meantime, also, he is acquiring false notions, and forming false theories, which years of subsequent experience alone will enable him to unlearn, if he ever perceives their fallacy. But the strong probability is that he will never perceive his defect, and therefore never correct his errors. Not having planted himself upon the "terra firma" afforded by the established facts and principles of medical science, as a point of departure at the outset, he never comes to know that there is any such ground in medicine; and after plunging about for a few years in a sort of "Slough of Despond" instead, he is heard complaining of the uncertainty of Medicine, and perhaps finally gives up the regular practice, so called, for homœopathy, or some other exclusive system of similar merits. A great proportion of the apostates to homœopathy and hydropathy are from this class, and we can well afford to lose them; the more the better for our profession. Moreover, they may be well enough qualified for their new vocation, though they never were for the practice of medicine.
Some, however, become conscious of their deficiencies, and labor to the utmost to repair them; but the chances are all against this being fully accomplished. There is a proper time for each of the particular studies which the student is expected to master; and if not taken up each in its proper connexion, they can never afterwards be studied with equal benefit. I have never yet known a student to become a thorough anatomist who was employed by his preceptor, for the first few months, in reading Good's Study of Medicine, or any other work on the practice of medicine; for this and other similar absurdities have, to my knowledge, been committed by physicians in advising their pupils. On the other hand, I have never known a pupil of ordinary capacity to fail to acquire a competent knowledge of anatomy, if he attended to that branch the first of all, and in a proper manner. After anatomy, also, he may study physiology with success; and when a physiologist to some extent, he may then become also a pathologist; but not otherwise. This is only stating what every body, who ever bestowed any thought upon the subject, well knows. And yet I still continue to become acquainted with students who have been advised to commence their studies either at the wrong end, or, perhaps, at any point between that and the true beginning.

Now, to acquire the amount of knowledge just alluded to, even under the best arrangement of the course of study, the usually prescribed term of three years is surely short enough. And yet the chances are that one who enters upon practice before he acquires all this, will never essentially "help or adorn" his profession. I therefore do not hesitate to say, that such teachers as induce pupils to graduate, and such medical schools as actually graduate them with the expectation of commencing practice before the full three years, at least, have expired, thus inflict an injury upon the profession, both present and prospective, which it will require much of the good they can otherwise do to counterbalance. And, in accordance with this opinion, I have ever opposed the examination of pupils for a degree, in the circumstances just mentioned, in the schools with which I am connected. I have now in mind two young men who were refused an examination as a matter of course, they having studied somewhat less than two years. They replied that they knew where they could get a diploma, and at once left for a city school; took their diploma, and went into business a full year before those of their class who were equally advanced in their studies. But they thus condemned themselves to a state of perpetual mediocrity—of sub-mediocrity, I should rather say. They have now been in business six or seven years, and are now in every respect at least four or five years behind their classmates, who became qualified to practice before they began. And this is the uniform result, in all similar cases which have come to my knowledge.

II. Another duty which we owe to ourselves, and without fulfilling which we cannot expect to improve or adorn our profession, is to keep up with the times by habits of professional reading and study, after we enter upon the practice of medicine. I shall certainly be excused for dwelling somewhat
upon this topic, since there are ever too many in our profession who are said to be negligent in this respect. If one commences with deficient qualifications, of course no alternative then remains than to retrieve the error, so far as may be, by double diligence afterwards. But the best educated physician at the outset, also needs incessantly to read and study, in order to keep himself familiar with the novelties, whether actual improvements or otherwise, which are constantly being laid before the medical public. Here, then, is an additional reason for thorough preliminary training. No man can both keep up with the times and also bring up arrears, after he has engaged in practice. Indeed, the usual excuse for neglect of reading even the present medical news and recent works, is the want of time to accomplish merely that. I am aware that this excuse is often made with sincerity; but, as it is never a sufficient apology for such neglect, I shall ask permission to give it some examination. I would, however, in the first place remark that generally it is not those who actually perform the greatest amount of professional labor who thus complain of want of time to read and study. It is generally those, if there be any semblance of truth in the excuse in the particular case, who have a great deal to do besides the practice of their profession. In some cases there is a great deal to do in the way of minding other people's, and possibly their professional brethren's affairs; in others, there is an office, political or otherwise, to fill; whether of town-clerk, postmaster or representative—and I admit that it is sometimes the evident duty of a physician to yield to the solicitations of his citizens to accept such offices; provided always that his ambition does not impel him that way. In other cases he is partly engaged in military movements and strategy, perhaps; and in others, still, he who is so pressed as to have no time for professional reading or study, has a great deal of newspaper reading to attend to, or a considerable amount of bar-room slang to preside over; or drives, perhaps, quite a brisk, if not a remunerative, business in the line of swapping horses. Now, that such practitioners should not find time for professional study is not strange. How can they, indeed? But would they employ it thus, could they find it? If so, I think they would manage to find it in spite of all the very evident difficulties of their case. But if I hear one who is incessantly occupied in practice, complain of want of time to study, I cannot admit the validity of the excuse. The man who has time and health for practice, can take time, if he pleases to do so, for study. I admit that, for days and even weeks in succession, it may be evidently his duty to neglect his books for his patients; but such pressure does not always continue, and if he feels it his duty to study as well as practice, and in order that he may practice the better, he will now and then find an interval, though brief, to devote to, that object. Or, if he is actually driven to the utmost of his strength, the whole of every day in the year, it is then his obvious duty to engage a partner to assist him. The strong will ever find the way, here as in other cases. Hoffman was a most laborious practitioner; so was Boerhaave; both quite as much occupied, to
say the least, as any among us who complain as above. And yet, the former
found time, not only to keep up with the medical science of his day, but
also to write so many original folio volumes that their titles alone, as given
by Haller in his Bibliotheca Medica, extend over no less than 38 quarto
pages. The latter is also known as a voluminous writer. Velpeau is in-
cessantly pressed by practice, and yet he takes time to read everything, and
in 1844 had already written and published more than 25000 pages. Roux
is also constantly laboring in his profession. Eight years since, he had op-
erated for cataract between 5000 and 6000 times; had performed staphylora-
phy, 105 times; suture of the perineum, 15 times; excision of elbow joint,
14 times, and other less rare operations in proportion. But he also finds
time to read and study; and, besides other non-professional accomplishments,
is thoroughly acquainted with, and can both speak and write, the English,
Italian and Spanish languages. All this, though he is constantly suffering
from chronic gastritis and rheumatism. Drs. Chambers and Copland of
London are constantly overwhelmed with practice; and yet the former has
found time to fill with notes of his private cases, sixty-seven quarto volumes,
of 400 pages each, besides numerous other quartos in the form of indices;
and the latter has given in his Dictionary an evidence of universal reading
and study, and herculean labor, which alone it might well have occupied a
whole life to produce. And here I am reminded of a distinguished practi-
tioner who was asked how it happened that so few medical works were written
in New York, while there were so many medical authors in Philadelphia.
"Why," said he, "the fact is that they write while we practice." Perhaps
this interpretation, satisfactory as it appeared to the speaker, would excite a
smile in the writers alluded to. I repeat, then, it is never a valid excuse,
even for those actually pressed by their professional engagements, to say that
they cannot get any time for reading and study. But, lest the method of
securing the time may not be apparent to all, I will add a few remarks on
this point.

And first, he who would secure the time for this purpose, must devote his
whole time to his profession. Indeed no one can expect to help or adorn it
essentially who is not willing to do this. For a physician to make his pro-
fession a secondary matter is an outrage upon the community he professes to
serve; to allow any other occupation to interfere with it, so as to withdraw
his attention from it, is also proportionally so. The physician needs, and
must have, recreation and relaxation, like other men; he needs general in-
formation and an acquaintance with the important topics of the day, perhaps
even more than other men. And all this surely requires the expenditure of
some time. But all this must not divert him from his main object. And
let no one suppose that it is not enough for any human mind to aspire to,
to become a good physician, in the highest sense of the term; let no one
imagine that any man can be anything better or greater. And yet, distinc-
tion in politics, or in any of the departments I have before mentioned, can
be acquired only by the sacrifice of a part at least of one's professional reputation. It is an old adage that "he who would be Pope must think of nothing else."

But we must have a regular and definite course of reading and study, or we still fail to accomplish any definite purpose. I have taken it for granted that we are never to cease studying so long as we continue in practice; though it is a very common thing to speak of "having completed our studies." A pert young physician, having used the expression, "after I had completed my studies," in presence of Dr. Rush, the latter indignantly remarked, "then you have completed your studies! I am not so unfortunate as to have completed mine, and I trust I never shall be so."

I suggest, therefore, that much advantage may be gained by reviewing the whole curriculum of our medical studies at regular periods, and that this may be certainly and easily done. For instance, we may arrange to review thoroughly all the more common and important departments within the first three years from the time we commence practice—using the best text-books at the time in each; and having completed that arrangement, again repeat it in the same or a different space of time, with new and improved books. The course should include Anatomy, Physiology, Hygiene, Materia Medica, General Pathology and General Therapeutics, Special Pathology and Therapeutics, (or Theory and Practice, as otherwise called,) Surgery and Obstetrics. This should be the regular course, and the departments may be taken up for the first time in the order I have mentioned them. But in addition to this, all the discoveries in organic Chemistry and in microscopical Anatomy and Physiology, and the contents of the best new practical works, and the news of the day, with the more important articles in the journals, must be acquired as collateral reading.

Now, all this, together with the necessary amount of consultation of authors in the investigation of particular cases, will certainly require no small amount of time in the aggregate. But if the course be thoroughly gone through with, the first time, as it may be, while we are fresh from the schools, and when, also, we are not yet pressed by business, it becomes a very easy matter to review it at the subsequent periods; since then we have to dwell only on what is new, or what we had forgotten. I speak not without having adopted the course I am recommending during the past ten years. And the necessary amount of time, per diem, is far less than would be at first supposed. There are over 900 working days in three years, and an average of 500 octavo pages for a work on each of the nine departments I have mentioned, or 4500 pages in all, would require only an average advance of five pages per day. To read this amount carefully would require an average perhaps of fifteen minutes. Very few young men are so driven by practice during the first three years that they might not daily secure five or even fifteen times this amount; and the more progress, just in proportion to the thoroughness of their preliminary education.
But it may be objected, that even fifteen minutes per diem is more time than a practitioner in full business can command. I reply that not even one half of this time, as a daily average, will be actually required, if he has previously reviewed these departments thoroughly. But even if it were required, the objection (since such an average can be secured,) is not valid. And I now come to speak of the necessity for him who would never cease to read and study of an economical expenditure of his time.

It has been said by a poet—

"The man is yet unborn who duly weighs an hour;"

but all may form some idea of the importance of hours, and even minutes, who will give the least attention to the subject. A celebrated German astronomer recently told an English traveller that he had, for years, every day studied fourteen hours out of the twenty-four, except on the day of his marriage. On that day he studied but eleven hours; but the next morning he rose three hours earlier than usual, and thus made up for his lost time. But the medical man in active business cannot expect to command hours, even if possessed of this German enthusiasm; he cannot always be sure of even a few minutes at a time. But if he knows how, and resolves to employ the minutes as they can be gained, a vast amount of knowledge may be thus acquired. A German practicing physician committed the whole Iliad in Greek to memory during the snatches of time he gained while passing from one patient to another. Dr. J. M. Good's translation of Lucretius was composed in the streets of London during his extensive walks to visit his numerous patients. And Dr. Burney, the musician, by the help of pocket grammars and dictionaries, acquired a knowledge of the Italian and French languages, while passing from place to place to give instruction to his pupils. Dr. Pepusch, also a music teacher, remarked that when he was a young man he determined never to go to bed at night till he knew something that he did not know in the morning; "a short lesson," says Dr. Burney, "which I long endeavored to practice;" and which the hard-working physician should have ever before his mind. Thus, "spare minutes are the gold dust of time." Take care of them and the hours will take care of themselves. How great, then, is the responsibility incurred in the use we make of our leisure moments! Moreover, if not well employed, they are, of all the portions of our lives, the most prolific source of evil. "They are the gaps through which temptations find the easiest access to the garden of the soul."

——"Time is our master if we sleep; Our servant if awake, and at our post, Faithful and true. If thou hast aught to do,— If thou wouldst win thyself a name—be great, Or good, or wise, or powerful—then seize The golden minutes as they pass. To day! The living moments of to-day are thine! Nor thou nor angels know what lies beyond."

But a medical genius, as he considers himself, would probably regard all
this as mere drudgery; and expect to make for himself, or find, an easier and a more direct path to scientific eminence and professional reputation. But let no such man deceive others, though he may himself. His supposed inspiration will expend itself in theorizing; and, however splendid his talents may be, unless he has chastened them by the severest study, his theories will be as liable to fallacy as those of less brilliant endowments. Labor, incessant labor, is the only condition of ultimate success, of enduring reputation. John Hunter is often spoken of as one of the greatest geniuses ever devoted to the advancement of medical science. But it was his incessant labor which secured the brilliant results he achieved, and not his natural endowments. For thirty years in succession he never rose after sunrise in summer or winter; and seldom lost a moment while awake. Almost all of the most important discoveries in our science have been made by men of the most persevering industry. Harvey devoted nearly twenty years to his work upon the Generation of Animals; and his immortal treatise on the Circulation of the Blood cost him twenty-six years to bring it to maturity. Says Dr. Marshall Hall, the author of the most important discovery in Physiology of the present century, "I have spent 25,000 hours in my investigations on the Diastaltic (or Reflex) Nervous System." Dr. Robert Lee, for seven years in succession, rose at day-break the whole year round, and employed the time 'till eight o'clock in dissecting the nerves and ganglia of the uterus, alone; and his labors upon the ganglia and nerves of the heart, in which he made the most important anatomical discovery of the present century, were almost equally arduous.

"I know of no such thing as genius," said Hogarth. "Genius is labor and diligence." And Sir Isaac Newton says, "If I have been able to do anything, I have effected it by patient thinking only." Indeed, we may say of the difficulty of acquiring knowledge and actually advancing our science, as a heathen poet says of the difficulty of agriculture: that the Creator has interposed a barrier against the accomplishment of either without incessant toil; and whoever expects to contravene this law deceives himself.

——"Pater ipse colendi—
Haud facilem esse viam voluit."

The preceding remarks imply that a physician cannot expect to become "an ornament and a help" to his profession at once after entering it; but what is to be gained by refusing to admit, or by concealing the fact? It will be found generally true that physicians are at least forty years old before they can justly claim this eminence. It is said of Cline, one of the most accomplished of English surgeons, and who accumulated a fortune of £200,000, (or $1,000,000,) by his practice, that he was borrowing money at forty. Medical men must calculate at the outset on a long race, and make their plans accordingly, if they would finally reach the goal.

Still, no young man may despair of finding a niche in the temple of fame, however rare the occurrence of such instances. Bichat died at the early
age of thirty-four, after immortalizing himself by his investigations and discoveries. Andral wrote his splendid work on Pathological Anatomy at the age of twenty-eight. Laennec was little more than a mere medical student, when he made his discovery of the stethoscope; and Galileo discovered the pendulum, and thus commenced the career of modern science, when a medical student, and less than twenty years of age. Therefore, let no one, however young in the profession, despair of improving it, provided he will study, and observe, and think as did the illustrious men just named.

But, on the other hand, it may be considered altogether too much for those already advanced in life to adopt such a course as has been suggested. Still this must be done, if the object I have specified is to be gained at last. I admit there is a difficulty in making an entire change of one's habits in respect to study, late in life. And hence it is that we find among those who are already advanced, so many who are far more inclined to ridicule any novelty in medicine, than to study into and understand it before they express their opinions. The history of the introduction of the stethoscope and the microscope in diagnosis, well illustrates this point. Indeed, it has been often repeated, as a standing reproach to our profession, that no physician over forty years old at the time, ever admitted the truth of Harvey's discovery of the circulation of the blood. This assertion is, however, untrue.

But others will investigate the merits of new inventions and appliances; and, if found truly valuable, they will be generally introduced, whether particular individuals desire it or not; and it is well if we do not find ourselves at last obliged to use a method we at first condemned. I well remember the sneering expression of a medical man on first looking through the microscope I have used the past ten years; but I am happy to learn that within two or three years after, he purchased one for himself, and has since that time spoken strongly in its commendation.

But the difficulty alluded to is not insurmountable by any means. Here again the strong desire will secure the means and the result. Socrates learned to dance and play on musical instruments at an advanced age. Cato learned the Greek at the age of eighty, and Plutarch first studied Latin at about the same age. Dr. Johnson began to study Dutch at seventy-one, and desired Dr. Burney to teach him the musical scale six months before his death, at the age of seventy-five. The Marquis de St. Aulaiìe began a successful acquaintance with the muses at the age of seventy. But if new studies may be commenced with success so late in life, certainly no limit need be assigned beyond which one may not commence, and successfully pursue, a systematic course of professional study and reading. We find that Theophrastus commenced his Characters of Men at ninety; Colbert returned to his latin and law studies at sixty; Dryden wrote his most pleasing productions in his old age, and at sixty-eight proposed to versify the whole Iliad; Young commenced his Night Thoughts at sixty; and Ludovico Monaldino wrote the memoirs of his times at the age of one hundred and fifteen. I.
might add many more similar instances. The fact is, that the hebetude of old age is far more frequently the result of too little than of too great intellectual effort after the meridian of life; and there is no means for preventing and postponing it like a constant exercise of the intellectual powers in a judicious and systematic manner.

Nor does advanced age necessarily disqualify one for active business and physical effort, any more than for intellectual pursuits. Talleyrand stood at the head of affairs in France under Napoleon and the Bourbons, to the age of eighty. Blucher was seventy when defeated at Ligny, where he fell under his horse and was rode over by the French cavalry; though a day or two after he led on his Russians against Napoleon on the field of Waterloo; and eight years ago Wellington and Marshal Soult, at the head of the Cabinets of England and France, though both over seventy-five, were preserving the peace of Europe and the world by their talents and energy.

But though I must not extend the list, I should do great injustice to our own profession did I not specify a few of the many similar examples which I might mention. Cullen was a splendid lecturer at eighty-three; Monroe was the same, at about the same age. Dr. Caldwell, of Louisville, is an equally remarkable example. Boerháve at over seventy, and Blumenbach at eighty-three to eighty-five, attracted crowds of students from all parts of Europe, by their lectures. Hufeland, at eighty and upwards, was the pride of his profession in Berlin. We also find Mr. Guthrie, of London, engaging, at the age of sixty-six, in microscopic anatomy and its applications to the practice of surgery, with all the enthusiasm of youth; and Bransby Cooper, availing himself practically, at the age of fifty-nine, of the aids afforded by the recent discoveries in organic chemistry and by the microscope, in the various departments of surgical diagnosis. I need not mention the names of both practitioners and professors, in our own country, who, flourishing in a green old age, still adorn and also help their profession, by keeping themselves acquainted with all its improvements; and, from time to time, contributing to its improvement, as their long cherished habits of study and thought enable them still to do.

Let us, therefore, henceforth regard the idea that it is ever too late for medical men to learn, or too late to study and read, as obsolete.

III. Still another requisite for advancing our profession, is an acquaintance with the history of its progress in past times. "Not to know what has been done in former times," says Cicero, "is to remain forever a child." How much time has been thrown away in consequence of ignorance in this respect. How many investigations have been entered into upon subjects already investigated, and satisfactorily settled, because their authors were ignorant of the fact that others had anticipated them. How many old discoveries are remade, with much parade and useless toil, for the same reason! And how many theories spring up from time to time, which have either already been refuted, or of which their authors would at once detect the fallacy, if they
were well versed in either the history or the principles of their science. We are bound to know what has been done, and what is therefore required, before we can expect to add thereto anything valuable, by our efforts. In this way alone can we perceive what has not been done, and what is therefore required; and thus have a definite aim in all our investigations. It must be admitted that this is a department in the knowledge of which medical men are generally too deficient; but its importance will be perceived without further remarks.

The three preceding being the primary requisites for adorning and advancing our profession, what shall we say of the merely practical man—the man who boasts that he does not study, but relies on experience, and decries (as is sometimes the case, even in the lecture room,) the study of books! We would first inquire how much of all he knows would not be found, on investigation, to have been derived from books, after all? though not perhaps by himself directly. Or if he is actually in great part original, we would inquire whether in fact he knows much more than is contained in the books, or can state it very much better than is therein laid down? Finally, it may be asked if such a practical man really supposes, as his language implies, that he is the sole repository of all that is really valuable in medical science or art? for we have certainly never yet seen one of this class of whom his professional brethren did not form an entirely different opinion. All art is founded upon science; and the idea of practising our art without a full acquaintance with, and a constant reference to, its scientific principles, is preposterous. The quack practices with an utter ignorance of medical science; the mere practical man is distinguished from him only so far as his slight acquaintance with it makes the difference. And I will add, in the words of Dr. M. Hall, that the "time is coming, though it may yet be distant, when the mere practical man will be viewed as the mere empiric, which he is in fact; and when to know the nature and modes of action of the springs of life, will be accounted the appropriate preparation for the investigation, prevention and treatment of diseases." (London Lancet, Sept. 1847, p. 88.)

I shall doubtless be understood to inculcate the necessity of study together with practice. Either, exclusively followed, is productive of the direst consequences, though the chances are certainly not in favor of a too great devotion to study, to the neglect of practice.

I have alluded to the tendency of the mere practical man to rely upon and boast of his experience; and appeals to experience have at first sight something so decisive in them, that I will stay a moment to point out their fallacy. In the first place, I remark that certain acquirements are necessary before one can derive anything worthy the name of experience from his practice. What reliance could be placed upon the experience of one who had practised medicine five or even thirty years without any preliminary education at all? Certainly he must have correctly learned some things; and as certainly he must have supposed himself to have ascertained many things more, but which will prove, on examination, to be errors. How far, then, can we trust him,
if he is not in a condition to distinguish truth from error? Just so far only as we believe he is capable of making this distinction. But this capability depends altogether more upon what he has read and studied (for in reading he learns the thoughts of others upon the subject, and can thus test his own conclusions,) than upon what he has merely seen and hastily judged upon, himself. Experience, so called, may therefore be of such a kind—so unreliable—that the more one has of it the worse for him and his patients. Being upon a wrong track, or upon a false foundation, the farther he advances the farther he strays from the truth.

Thus the only reliable medical experience is that which is founded upon a thorough acquaintance with all the principles of medical science. But the practitioner who possesses this qualification will never be heard boasting of his experience. He knows too well the many possible sources of error in his conclusions, and is entirely wanting in the assurance of the merely practical man. Indeed, assurance is incompatible with the true experience; and the latter always soon banishes it, if at first a characteristic of a young practitioner. Radcliffe used to say that “when young he had fifty remedies for every disease; and when old, one remedy for fifty diseases.” But even admitting that all the materials for a trustworthy experience may be derived from practice alone, independently of reading or study, there is still another reason why the merely practical man’s experience can never be relied on; for it is doubtless true, as stated by the late Dr. Hosack, of New York, that “no physician can actually remember the details of his practice longer than three years.” This fact would lead to the conclusion, that if we are to rely upon our practice alone, an experience of three years (the amount of business being the same,) is as reliable, and even more so, than one of a longer period.

It follows from the preceding, that years alone are not the measure of a reliable experience; and that one with the proper qualifications may derive as much from a practice of six years as another, not qualified, may even in twenty. The testimony of Liston on this point is explicit. “It does not follow,” says he, “that the older a surgeon is, the more experienced and trustworthy he must be. The greatest number of well-assorted facts upon a particular subject constitutes experience, whether these facts have been culled in five years or in fifty.”* When, therefore, we hear one boasting of an experience of ten, thirty or even fifty years, let us inquire into his previous qualifications, and his habits of study and reasoning, as well as his opportunities and talents for observing, before we submit implicitly to his decisions.

The preceding are some of the duties which each medical man owes directly to himself, and through himself to his profession. But I should also state some of the means by which he may directly “help” his profession.

And I know of no more efficient method by which we may benefit our profession directly, than by treating every regular and educated physician

* Elements of Surgery.
with courtesy and respect. The fact cannot be concealed that one of the influences most powerful in preventing the profession from rising to a higher level, is the scandalous deportment of medical men, in too many instances, towards each other. For if two physicians are reciprocally behaving in an ungentlemanly manner, or applying opprobrious epithets to each other, how should the community around them be expected to have a very high degree of confidence in either? Certainly this cannot be, unless one, or both, is believed to be falsifying in what he says of the other. And this interpretation is certainly not a very strong ground of confidence, to begin with. There is not a more humiliating spectacle than that afforded by two physicians, perhaps equally qualified and both well qualified for their profession, engaged in maligning each other, and mutually applying severer epithets than they would to any mountebank who might intrude within their limits. And how are the people, generally, to discover the superiority of scientific medicine over quackery, under such circumstances? if when one loses a patient the other meanly hints that the treatment killed him; or if the patient is saved, implies that the recovery occurred in spite of the most egregious mal-practice? We certainly never hear anything worse than this said of any kind of irregular practice. And how, I repeat, are the people to judge? Let us not blame them if they do not always judge correctly in such circumstances. On the other hand, let physicians treat each other with courtesy, as they treat other gentlemen; or, at all events, let them cease to abuse each other, and be silent when they cannot commend—and even a rival, who is a gentleman, can do this;—let each remember that by speaking contemptuously of a professional brother in respectable standing, he to some extent inflicts a scandal on his profession at large, as compared with other systems of practice—and we should soon see the results, in elevating our profession above all appearance of similarity to the other systems alluded to.

But we may also directly help our profession by direct efforts to isolate it entirely in the public mind from all other systems of practice; by openly avowing, on all proper occasions, an entire abhorrence of all exclusive systems; by never attending a patient in consultation with Thompsonians, Homœopathists, or Homœopathists, and not for a moment seeming to admit any real value in them as systems of practice. To submit to even an appearance of relationship to any of these systems implies a degree of self-abasement which no well educated physician can allow himself to incur; and a decent self-respect demands that all attempts to force such an alliance should be strenuously resisted. No one can expect that the medical man, who has thoroughly cultivated the whole field of medical science, will afterwards retire to some small hole or corner within the same, and narrow himself down to the use of a few remedies, and these in certain peculiar forms or quantities. And why should he be expected, any more, to manifest any particular sympathy for those who do choose, or find themselves obliged, to adopt this narrowing process? We are told that when Iphierates, the Athenian general, was
pressed by an orator before the people, to say what he was, that he should take such high ground, and was asked if he was a soldier, a captain, an engineer, a spy, a pioneer, a sapper, a miner? "No," said he, "I am none of these; but I am commander of them all." So the educated physician may say, "I am not a botanist, nor a hydropathist, nor a homœopathist, nor of any other exclusive sect; but I am over and above them all. I know all that is valuable in them altogether, and a hundred fold more besides, of which their contracted limits have never included even the conception."

Nor should we consent in any case to visit a patient, as physicians, while under the care of any exclusive practitioner, and in his absence, though with his consent or at his request. He must have done before we can begin, if we begin at all. Still more: We may enlighten our citizens in regard to the various systems of quackery, and show the difference between them and scientific practice, in popular lectures, and by other such means, as circumstances may suggest; always, however, avoiding discussion with old women and others, who have adopted and are strenuously laboring to diffuse any of these systems; since such cannot appreciate our arguments, and we only expend both our logic and our time to no purpose. "It is useless," says Swift, "to attempt to reason a man out of a thing which he was never reasoned into."

And in this connection allow me to allude to what I believe to be the duty of the medical schools of our country in this respect, if they also would, in every way, help our profession. I hold that a diploma should in no instance be granted to a medical student who is intending to adopt either of the exclusive systems of practice I have mentioned. And I feel it my privilege to say here, that I cannot myself conscientiously sign the diploma of such a candidate; that I never have done it, in either of the medical schools with which I have been connected, nor do I intend hereafter to do it. How can I endorse a man as a practitioner, in whose method of practice I have no confidence? And how shall I answer to the community if I do this? Moreover, I hold that it is the duty of medical teachers to inquire respecting this matter of every candidate for graduation; and not admit any to examination at all, whose answers—and these to be left on file in writing, if thought best—are not explicitly to the effect that they have no intention of practising either of the exclusive methods I have named.

Nor can such students themselves complain of this arrangement. If they are sincere in their professions, they should scorn to receive a diploma from an Institution which holds their peculiar notions in contempt; and seek it—for such places, I am told, exist in this country—where these notions are taught. This movement alone, if made by all the schools, would, in my opinion, do more for the elevation of our profession and the suppression of quackery, than anything else in their power; and more than all organizations for the latter special purpose. Who does not know that homœopathy and hydropathy thrive by attaching themselves to, and, as far as possible, con-
founding themselves with, the scientific practice of medicine? and that they must be thrust from it, and shown in their own dimensions and proportions, before the community, generally, can obtain a correct view of them? What would be the result in religious matters, if all the theological institutions of our own country admitted and graduated all the different sects indiscriminately? Precisely what now obtains in medical affairs. And the present system of graduating exclusives in our regularly constituted medical schools is, in itself, as great an inconsistency as that would be in the theological.

IV. Finally, he who would adorn and benefit our profession, in the highest sense, must also be an honorable, upright, and truly christian man. And I possess the proofs that no profession, excepting, of course, the clerical, includes so many bright examples in these respects as our own, notwithstanding the very common but ungrounded sneer as to the infidelity of medical men. I need not, however, adduce these proofs in this presence; nor need I mention the names of those who have left a halo around their christian characters, even more bright than that which encircles their intellectual memories. It is enough to remind you of the poet’s testimony, that piety is, after all, the highest merit, even in eminent men.

"And to add greater honors to his age
Than man could give, he died fearing God."

With such aims and qualifications as have been specified, every medical man may hope, if life and health be spared, to become in his degree an "ornament and a help" to his profession. But even should he fail at last to do all he had hoped, he has at least lived and labored—lived because he has labored. For

"Life’s more than breath, and the quick round of blood;
’Tis the great spirit and the busy heart."

Indeed, it is in our labors alone that we can live after our decease. The labors of Washington will never cease to be felt; nor will those of Calvin, Bunyan, or Knox; or of Boerhaäve, Hoffman, Harvey, Jenner, Hunter, or Marshall Hall. Let us, then, strive to do something worthy of an existence at the present era of unexampled scientific and practical progress. The progress of mind is ever onward. Let us do our whole duty, and we shall never be forgotten.

"Lives of great men all remind us,
We can make our lives sublime;
And departing leave behind us
Footsteps on the sands of time.

Footsteps which perhaps another,
Sailing o’er life’s solemn main,
A forlorn and shipwrecked brother,
Seeing may take life again."
Not enjoyment and not sorrow,
Is our destined end or way;
But to act, that each to-morrow
Find us further than to-day.

Let us, then, be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait.

Transactions
Of the Medical Society of the State of New-York during its Annual Session,
held at Albany, Feb. 3, 1852.

Through the politeness of a very highly esteemed friend, I have received the last volume of the "Transactions" of the Medical Society of New-York.

This annual volume is not as large as the one formerly noticed in the Journal, as it contains but 160 pages; neither do its contents interest the writer as deeply as did the articles in that volume; yet it is very creditable to the profession in the Empire State, and their example in furnishing such a yearly addition to the library of the members of the Society, is every way worthy of our imitation.

The first article is the Annual Address before the Albany County Medical Society, by the President, James H. Armsby, M. D., containing a clear and succinct history of the origin and present condition of several of the Hospitals of Europe, especially of England and France, and also, an appeal to the friends of the Hospital then being erected in the City of Albany. This production does honor to the head and the heart of its gifted author.

Article Second. On Dislocation of the Femur on the Dorsum Ilii, reduced without Pullies, or any other Mechanical Power, by William W. Reid, M. D., of Rochester, is a reproduction of a former paper by the author, which has already been fully noticed by the medical press.

In this article, the author has again brought prominently before the profession a method of repairing this injury, that had been taught by Professor Smith, and others, years ago, but which, like many other valuable things, had never obtained the credit it deserved.

There is no evidence to prove that Dr. Reid did not discover this method, yet there is ample testimony to establish the fact that he was not its originator, as has been claimed for him by his friends. He is deserving of the gratitude of all for his close and careful examination of the teachings of the authors on this matter, and the fearless manner in which he exposes their fallacious reasonings and false conclusions. It were well if more of the dog-
mas of the fathers were tried by similar tests, ere their conclusions were accepted as truths.

Article third. Epidemic Diarrhoea, by William Woodward, M. D.

This is devoted to an attempt to establish the theory that Epidemic Diarrhoea, like many other diseases that partake of the same epidemic characteristics, owes its origin to "the introduction and generation in the system, of parasitic fungi or moulds."

For the origin of this opinion, he gives credit to Prof. J. K. Mitchell; and in support of it he quotes many authors, and presents many facts, compiling a formidable array of proof; yet it is probable that all will not be convinced who are favored with a perusal of his address. In regard to treatment, he merely throws out a hint, but does not venture any precise directions.

Article fourth. Biographical Sketch of the life and Professional Character of Dr. James R. Manly, of New-York. By Chas. S. J. Goodrich, M. D.

This is one of the most interesting articles in the volume, and of a kind that must tend to cheer and elevate the reader. The every-day professional duty of the practitioner of medicine is of so trying and laborious a nature, that many seem to think that when they have prescribed for their patients they have fulfilled their entire duty to them, and that they have earned the right to devote the remainder of their time to the pleasures of leisure and enjoyment. Not so, however, thought Dr. Manly. In his inaugural address before the State Medical Society, in 1826, he said: "The physician is not only obliged to be well informed, but his knowledge must at all times be at command, to act with decision when the occasion requires.

"To be well furnished for his profession is not his only duty, but his deficiency is his sin; ignorance is his crime; he is not only obliged to administer relief, but the relief must be extended in the best and speediest manner, and with the least possible suffering. It is his exclusive business to shield from danger and assuage the pains of disease; to furnish the means which alone can give life its enjoyment, or to mitigate the sufferings which must inevitably terminate in death."

With such views of the duties of a physician, it is not to be supposed he would prefer an annual dinner to the possession of a yearly volume of the observations of his fellow practitioners; or would refuse his dollar in exchange for a year's subscription to a journal.

Article fifth. Abstract of a case of Pleuro Pneumonia: By Samuel Shumway, M. D.

In the spring of 1849 the patient was attacked with acute pleuro pneumonia of the left side, which terminated in empyemia of that side. "While waiting for that condition to become matured, a red spot appeared upon the seventh rib, which seemed to indicate that nature was about to form an external opening, which progressed so far as to evince a fluctuation under the skin, and was opened, and discharged a spoonful of pus, but did not com-
municate with the cavity of the chest. Subsequently the operation for empyema was performed between the seventh and eighth rib, near the angle of the rib, which discharged a large quantity of pus. The opening was attempted to be sustained by a tent, but was not watched with sufficient care to prevent its escape, and the opening healed and a re-opening became necessary."

After a time, the abscess penetrated the cavity of the chest, and both the external and internal opening continued to discharge for a time, when the external orifice healed. That internally continued to discharge, until the spring of 1850, attended with well defined hectic symptoms. "During this period he was treated with tonics and nutritious diet." In the interval, in July after the attack, he had the whooping-cough, and while in the paroxysms of coughing from that epidemic, considerable quantities of pus were discharged by the mouth. The discharge gradually lessened, until the spring of 1850, when it ceased, to reappear at intervals until July, when the patient had a severe attack of the measles, when the discharge became profuse, amounting to half a pint a day. This gradually lessened in quantity until November, 1850, when it again "ceased entirely, and he enjoyed good health until Feb. 3, 1851, when he was attacked with inflammation of the other lung; but being promptly treated, it was soon subdued, and he enjoyed good health until Dec. last, when I was again consulted.

"I now found him laboring under a severe form of St. Vitus' dance, supposed to be induced by a fright occasioned by the running away of a colt, while riding with his father. I now treated him, in the first place by a cath. of cal., followed by tonics and galvanism, oxyd of iron, and actea, with little or no improvement, for some time. I then resumed the cal., followed with castor oil and spts. turpentine, till the stomach and bowels were well evacuated, and then resumed the tonic treatment; but they becoming again stationary, I substituted the tincture of canth. in doses of ten drops three times a day, since which time he improved most rapidly, and is now convalescent."

**Article sixth**, is an Address by B. E. Bowen, M. D., delivered before the Oswego County Medical Society. This is devoted to a history of the origin, rise, and progress of that Society, and must have been very acceptable to the members.

**Article seventh.** On deaf and Dumb Institutions. By Peter Van Buren, M. D.

In accordance with previous appointment of the Society, Dr. Van Buren presented an essay on the "wants of the deaf and dumb, as intellectual beings—the necessity of furnishing them, the poor as well as the rich, with increased facilities for obtaining proper mental instruction, together with a knowledge of some appropriate industrial pursuit; and to point out the deficiencies in the present system for effecting these objects; with some sug-
gestions to remedy them;"—and ably has he fulfilled his intentions. The essay is highly deserving the careful consideration of the philanthropist.

*Article eighth* is devoted to the Vital Statistics of the city of Brooklyn. By Charles S. J. Goodrich, M. D.

Like previous contributions to statistical science by the same gifted author, this is clear, concise, and satisfactory.

The remaining pages of this volume are devoted to a reprint of Dr. Hooker's Report on Medical Education to the American Medical Association. An abstract of the proceedings of the Medical Society of the State of New-York, at its annual session in Feb., 1852. A list of honorary members of the Society; a list of persons eligible for election as honorary members; a list of officers of County Medical Societies, 1852; and a classification of counties as to the election of Delegates.

After what has formerly been said in favor of similar annual reports from all the State Medical Societies, it might be supposed that any farther remarks on the subject must be uncalled for; yet it may not be improper to "keep this before the people" until the desired result is attained.

*Waterbury, Vt., June, 1852.*

C.

P. S.—Since the above was written, the July No. of the Journal has been received, and from the report of the Annual Session of the N. H. Medical State Society it is discovered that some of the above remarks are not strictly applicable to that State. They will apply to Vermont.
PHYSICIANS AND CLERGYMEN. In the report of the proceedings of the State Medical Society, mention was made of the passage of certain resolutions concerning the mutual relations of these professions. As there seems to have been an entire misapprehension on the part of the Pastoral Convention as to the introduction of these resolutions, we will endeavor to explain the accompanying circumstances. Dr. Bartlett, of Stratham, stated to the Society that the Rev. Mr. Cummings, of Hillsborough, was present, and would be happy to address the Society; whereupon it was unanimously voted that he be heard. Mr. C. proceeded to say, in substance, that he esteemed it a privilege to be present at the meeting of this Society. The physician and the minister must necessarily often meet in the sick room, and under the most solemn circumstances; and upon them together must rest, under God, all the hopes of the suffering ones, both for relief and consolation. How desirable is it that they should always be found in the greatest harmony, aiding each other in the performance of their respective duties, without conflict and without misunderstanding. Such conflict, unfortunately, does sometimes occur. If the clergyman does not understand how to approach patients under all circumstances, he needs information from the physician. He feels pained if he is shut out from his parishioners during the most solemn moments of life. He should propose in the Pastoral Convention, to meet the next day, that a committee be appointed to investigate and explain these relations.

A discussion followed among the members of the Society, which was participated in by Drs. Bartlett, Blake, Mason, Garland, Peaslee, Dixi Crosby, Hill, Fernald and others, in which the opinion was expressed that medical men had cause for complaint that clergymen often allowed their influence to be on the side of some of the wild theories in practice, or to the encouragement of the nostrum vender. Of these things clergymen are unable to judge any better than others; and while their duties lie in another channel, there is no occasion for their interference with the treatment of the patient. Such occurrences are, in the opinion of all, comparatively rare; at least among the thoroughly educated clergy. As to any suggestions which physicians might be called upon to make as to the time, or length, or manner of the pastor's visit, they are generally received with kindness and acted upon; and the duty of the physician is to make all such suggestions. Where it seems necessary, to the preservation of the patient's life, that he should see no one, the minister should be told so, frankly; but such prohibition should not be made unnecessarily.

Mr. Cummings having spoken of a committee on the part of the Pastoral
Convention, it was proposed that a similar committee of conference be appointed by the Society. To this it was objected, that the Society would in this way appear to take the initiative, which it had not done; the first movement having been made from the other side.

That that Association of clergymen, about to meet, might understand that the Society was ready to do all in their power to remove these difficulties, the resolution was passed, which is found in the record of the proceedings; it being understood that Mr. Cummings would explain the accompanying circumstances to the Convention. Should they then wish to make farther communications to the Society, the way would be open. We find in the Congregational Journal the following report of the proceedings in the Pastoral Convention. The resolutions of the Convention were received by the Society but a moment before adjourning, and were laid on the table for consideration at the next annual meeting.

"The communication from the Medical Society was referred to a committee consisting of Rev. J. Cummings, Stone, and Woods, who at a subsequent hour reported as follows:

To the New-Hampshire Medical Society: The Pastoral Convention of Congregational and Presbyterian ministers, convened this day, cordially respond to the communication received from your body. The relations we hold to the community are most important, and the two professions should be mutual helpers of each other. The physician feels a deep anxiety for the life and health of the patient, and so should the minister; and no interference on the part of the latter should be allowed to encroach upon the professional duties of the former.

Yet, as ministers of the gospel of Christ, we feel that we have tender and solemn relations to the sick of families under our pastoral care, which involve interests higher and more important than any which relate to this life only—Therefore,

Resolved, That while we cordially respond to the communication received from the New-Hampshire Medical Society, respecting non-interference with their professional services, we earnestly ask their cooperation in the discharge of our arduous and often difficult duties.

The report was unanimously adopted. In the course of the discussion the courtesy and kindness of physicians to ministers and their families were freely admitted and gratefully acknowledged, and it was stated that, while the well educated physicians are generally attendants upon public worship in our congregations, and the friends of good order, of education, and whatever tends to the improvement of society, quack physicians seldom if ever find a place in our churches."

THE JOURNAL AND THE NORTHERN LANCET.

Our neighbor, Dr. Parker, Editor of the New-Hampshire Journal of Medicine, somewhat obfuscated, as we suppose, by the high appreciation which the Profession place on Prof. Bedford’s Clinical Lectures, in the March number of his Journal, put the following question to us: —

"Query? Is our neighbor of the Northern Lancent sure that those Clinical lectures are actually delivered as reported? We have heard the contrary
stated on what appeared good authority, and it is necessary for us country people to keep a sharp look out for the cats."

In the April number of the Lancet we answered Dr. Parker's query as follows:—"If your authority pretends to say that there is one case reported, which has not been introduced by the Professor to his Class, and fully lectured upon as reported, and published (except those cases incidentally introduced, and which have previously appeared in other journals, for which credit is always given,) then your authority says what is false in every particular—and we challenge him to prove to the contrary. Now, your query is answered—one good turn deserves another—please inform us in your next number who your authority is. Now, Doctor, do."

Our readers may be somewhat surprised to learn that Dr. Parker has preserved a profound, if not an ominous silence. He has not only failed to give his authority—but he has not even retracted the ungenerous imputation. Is this the honesty of the Granite State? If such an imputation had proceeded from an individual like Reese, whom we convicted in the June number of the Lancet of glaring and willful falsehood, we should not have expected the amende honorable—but from our New-England friend, who has been educated to love truth for truth's sake, we did certainly expect either a prompt recantation, or the surrender of his "authority."

As an act of simple justice, therefore, we demand of him some explanation. He either did or did not know of the "query" addressed to us—if the former, it has his sanction—and he is bound by every principle of honor to state his authority or confess that he has none. If the latter, let him state the fact. It cannot be concealed that the eminently practical Lectures of Professor Bedford on the diseases of women and children are creating rather a flutter in certain quarters. It is well known how these Lectures are received by the Profession generally throughout America and the British Provinces—and it is also well understood that they will have a powerful effect in attracting Students to the University of New York, for no where else are such facilities found for the practical study of this department. We are willing and happy to acknowledge our obligations to the Professor—his Lectures having given the Lancet a circulation unexampled in this country—and we are constantly receiving orders for all the back numbers containing them—but unfortunately, such has been the demand that we have long since been unable to supply it. Not a single number of any previous volume remains on hand.

Come, Dr. Parker, let us hear from you—the recantation or the "authority."—Northern Lancet.

Most certainly we knew of the query, for we wrote it ourself; and, whatever may be the custom with others, nothing appears in this journal as editorial that is not so in reality. Our pages are open to communications, but we will be a mouth-piece for no man. We wrote the query, and it has our sanction. As we said, "we have heard the contrary stated on what appeared good authority;" but as to stating our authority, though the editor of the Lancet may wish us to do so, we see no claim that he has upon us. In conversation with more than one gentleman, we have heard the correctness of these reports doubted and denied, and in such a way as to satisfy our own mind; but shall we drag these gentlemen into a position in which they will be subject to public attacks for remarks made in the confidence of private conversation? We have more honor than that. Thus much as to authority.
We have been silent as to the remarks of the editor of the Lancet upon our query, because we found that most unwittingly we had touched the very quick; and the unexpected wincing revealed to us a remarkable state of affairs. If the subscribers to the Lancet are content to receive these Lectures as eminently practical and valuable, we most assuredly have no sort of objection. Their publication does not at all affect us in the matter of subscribers, or in any other way that we know of. Supposing, then, that Dr. Nelson had got all the capital out of our innocent query that he desired, we proposed to say no more. As he has chosen to force us to speak, we will now add some farther remarks concerning these lectures.

It is a well known fact that the University of New-York is in a bad way. Its struggles for existence in competition with the College of Physicians and Surgeons, and also, more recently, with the New-York Medical College, have been confessedly more and more desperate and more and more unprincipled. It is impossible now to speak of all the tricks and subterfuges resorted to, to obtain students. Among the later of these means is the idea of an obstetric clinic, the name of which was evidently suggested by the University of Buffalo, in which, after great parade and glorification, cases are presented such as may be seen at any ordinary clinic, differing in no way from them except that the Professor occasionally, say often enough to excite the grossest of curiosities, exposes a female, and possibly introduces a speculum. Now we venture to say that no one useful lesson can be learned by "those pupils on their crowded benches," that cannot be learned at other ordinary clinical lectures; that is, taking the Lancet report as our basis of reasoning.

Still farther: there are in the city of New-York several well conducted medical journals, whose pages are always open to valuable articles, come from whom they may. How natural to do, as is done in Philadelphia, with valuable clinical lectures, publish them in the journals of the city, where they are delivered. But no; the lectures are reported for a distant journal, and that not the first in the country. It claims, however, to have a very wide circulation. Is this distant journal selected because its influence is greater; because it is known more favorably than any other; because in this way the profession can be more benefitted than in any other? Or is this journal selected because it will publish the lectures without asking any questions, and because it will at the same time lend all its influence to puff the University. The appearance is that these are the true reasons. We may be in error; but, judging from the pages of the Lancet, this has been for a long time our unprejudiced conviction. Take, for example the number of the Lancet which contains the passage which we have inserted above, and its first article is the twentieth of these lectures, which occupies twelve pages; the first two being devoted chiefly to glorification of the lecturer, his clinic, and "the crowded seats before him." Most of the cases were those of ordinary occurrence, but the "great attraction" was a case of polypus of the uterus, of which the report says: "Here the patient was placed on the bed, and with-
out the slightest exposure, the Professor taking the index finger of the left hand as a guide, introduced along the finger the calculous forceps, with which he seized the polypus; and this he twisted off two or three times and removed it apparently without the least difficulty, much to the satisfaction of the patient, and admiration of the class;" and we venture to add, without their deriving a particle of instruction from it other than can be gained by reading a description of the process. Then, skipping three pages of other matter, we have a letter from Indiana, of a page and a half, puffing the University; then pass eight pages, and a letter of a page comes puffing Dr. Valentine Mott, and with him the University; then a page of abuse of Dr. Reese, editor of the New-York Medical Gazette, who is especially obnoxious to the Lancet—for what reason we do not know, unless because he spoke too plainly of the University. After a page and a half come five pages of Professor Bedford's March address to his class; then five and a half pages of other matter, when we come to the editorial, consisting of nine pages, of which six at least are directly or indirectly puffing the University,—seven pages of Thompson's lectures on medical jurisprudence, in our opinion the most valuable part of the number, close it,—a total of twenty-six and one half pages concerning the University, or calling attention to it, to twenty-eight pages of other reading matter. If, now, our readers bear in mind that the reports in the Lancet are alluded to in the lectures of the Professor, and that the janitor of the University is one of the authorized agents of the Lancet in the city, have we not an evident intimacy of connection which hardly fits an editor to be an unbiased judge of the school. In fact, were the Faculty of any institution to establish a journal on purpose to puff themselves and make public opinion, what more could they desire. We will add, that we do not know or care to what extent the Lancet circulates among our subscribers, and have not any desire for a controversy with it. The world is large enough for us both. When we wrote the query, we supposed it possible that the editor of it might have been unconscious of the suspicion with which the reports were regarded, and that our hint might be useful. As to that, we were mistaken, and he is welcome to all he makes of the lectures.

**Small Pox and Vaccination.** The culpable neglect of vaccination throughout our State is astonishing. From a careful inquiry we are led to think that not more than a third of all the inhabitants of our State are thus protected. Formerly this was a matter of comparatively little importance. So long a time was required to travel from the crowded cities on the coast to these regions that there was almost no possibility of the communication of small pox by those who had been or were suffering under this disease. The same want of facilities of travel kept our people at home and prevented them from going to the disease. Now all this is changed. The man who to-day
asks our charity, or seeks with us employment, may yesterday have left the foulest pest house; and the young man who till this morning never left his paternal farm, may to-night be exposed to the contagion of the metropolis. Clearly, if unprotected by vaccination, we are constantly exposed to be marked if not destroyed by the foulest of diseases. Such a state of things ought not to be; and we feel that it is our duty again to call the attention of the profession to this matter. Not because it chiefly concerns medical men, but because it is their duty to warn the public, however much that warning may be neglected. The occurrence of this disease in any of our smaller towns throws the whole community into the highest excitement—interrupts, and, for a longer or shorter time, destroys the business of the place, and even if valuable lives are not lost, very great expense must be incurred both by individuals and the town. Under such circumstances it is a matter of pecuniary economy, as well as personal safety, for each town to see to it that the people are vaccinated. Be this as it may, it is not realized till the pest comes, and then all crowd to obtain that protection which they should have had years before.

A remedy for this evil is loudly called for. What shall it be? We hope to have some suggestions from our correspondents upon the subject. Meanwhile we would propose that the Legislature be petitioned, at its next fall session, to pass a law requiring every child, to be vaccinated before it can be admitted to the district schools. In this way, although we cannot reach the adults, we can in time remedy this serious evil.

Wood's Practice of Medicine.—Third edition. We have received from Dr. George B. Wood, of Philadelphia, the copy of the third edition of his valuable book. It is rarely the case that we can notice a book with so much satisfaction as we do this, for we well know its merits, having made constant use of it since its first appearance. Its rapid sale, two large editions having been exhausted in five years, shows that it is highly appreciated by the profession at large. Every one who ever heard Dr. Wood lecture well knows his clearness of thought and happy facility of expression; and one great charm of these volumes of his practice is that the same excellencies are manifest. As compared with other books upon this branch of our science, we consider Dr. Wood's practice as unusually full and remarkably practical. His views are not those of a theorist, but he knows what he speaks of, having put his precepts in practice by the bedside. They are therefore to be relied on. Neither are they old fashioned, a repetition of the same facts in language but little varied from what others have used. But they are fresh; fully up with all discoveries made at the time of issuing each edition. Thus in this, the third, not only have many parts been re-written since the second
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edition, to keep pace with the new discoveries in microscopy and pathology, but descriptions of new diseases, as the dengue fever, have been added, with references in all to the recent articles of the various medical journals. In this way these volumes contain eighty pages more than those of the second edition. But perhaps the distinguishing feature of the book is that it is thoroughly American. To Watson's Practice, which has so long and so justly had a high reputation, it is a serious objection that it is rather adapted to England, and is not precisely suited to American practice. The contrary is true of Wood's treatise, and he who consults it is almost sure to find the disease described with accuracy and the treatment advised beneficial. Not that any one can blindly follow its dictates and always take for a routine the course proposed by the author, but his suggestions are valuable, and being adapted to the case in accordance with the judgment of the practitioner, will be usually satisfactory.

We say then to every one of our readers, without fear of contradiction, if you would have the best book of practice; the one that is most fully up with the times; the one that will give you the greatest amount of new and valuable information; purchase Wood's Practice. It can be ordered of G. P. Lyon.

DR. HAYNES' CHLOROFORM CASE. A surgeon of eminence in this State, writing to our publisher on business, adds: "Please call the attention of the editor to the opinion that the girl under the influence of chloroform, died from fright. It has been laid down as a rule in poetry never to call in the assistance of the Gods unless there is cause of magnitude sufficient to require it. A similar rule is good in medicine." There is a rule in law to consider a person innocent till he is proved guilty; and even if there is only a slight doubt, in this case the chloroform ought to have the benefit of it. Some of our correspondents think we spoke of the affair too leniently. We believe this is not the opinion of the operator.

"THE PRACTICE OF ALLOPATHY." We notice in several of our exchanges an advertisement of a large drug house with this caption, and take the liberty respectfully to call the attention of the editors to it. It seems apparent that to characterize the practice of medicine as allopathy is to place it on the same ground as homœopathists and other thists; and, for ourself, we are not willing thus to be classified. We recognize but two classes among doctors, namely, physicians and followers of systems, as they are called. Claiming rank then with the former honorable body, we will not receive a title which shall confound us with the latter.
HEALTH OF CONCORD. Diseases of the bowels, dysentery, diarrhoea, cholera morbus and cholera infantum, are at present very prevalent in this town. Dysentery commenced in the State Prison in the month of June, as we have learned from the attending physician, Dr. Prescott, and some thirty or forty cases have occurred—one of them fatal. In July, after a succession of very hot days, the disease made its appearance in the neighborhood of the prison, and has gradually extended through the village. A number of cases have been fatal, but the disease does not now present so malignant characteristics as at first. Cholera infantum has been very fatal, and it is an interesting question why does it prevail here, as is the case more or less every year. Certainly the air is as pure as any where. Is it the sometimes excessive heat?

MEDICAL JOURNALS. In the May number of the New Hampshire Journal of Medicine, our friend Dr. Parker defends himself against the charge of Dr. Bullitt, (Transylvania Medical Journal,) that "all the Medical Journals in existence in the U. S., are either owned by publishers of Medical books, or controlled by the faculties of Medical Schools." We think there is no ground, either for a charge or defence in these premises, and that the illiberal views of Dr. Bullitt will not be adopted by any considerable number of the Medical Profession.

The Medical Journals which are owned by booksellers in this country, have been especially distinguished for the dignity and impartiality of the review department, and we do not think it a necessary consequence that an editor, whose literary and professional reputation is at stake, must write his reviews to suit the pecuniary views of his Publisher. As to the faculties of Medical Schools, we presume neither Dr. Bullitt or Dr. Parker would exclude them from all participation in scientific labor or emulation. Facts, induction, eclectism, should be cordially welcomed to the store-house of knowledge, irrespective of the source whence they come.—Western Medico-Chirurgical Journal.

We are very glad again to greet our Western acquaintance after so long a silence, from which we feared the worst. The views expressed above are precisely our own as to the independence of other journals, but we were authorized to utter a disclaimer for ourselves alone.

AMPUTATION OF THE LOWER JAW. Professor Carnochan, of New-York, nearly a year ago removed the whole of the jaw for extensive necrosis of the bone. In a report of the case, published in the New-York Medical Journal, Dr. C. alluded to it as the first operation of the kind ever performed; but Dr. Blackman of the same city subsequently denied the claim, in a style, however, and with a spirit which appeared far from commendable. Prof. C., in the last number of the same journal, has re-asserted and, to our mind, established his claim to precedence in the successful performance of this formidable operation. His language is as dignified as it is convincing.
New-Hampshire Asylum for the Insane. The report of the Superintendent represents this institution as in a highly prosperous state. Additional appropriations and bequests have furnished means for the increase of comforts and supply of necessaries for such an establishment. These, with the increase of room furnished by the new wing, greatly augment its means of benefitting the unfortunate insane.

As we go to press, we learn that Dr. McFarland has tendered his resignation to the Trustees. For the benefit and usefulness of the institution, we trust it will not be accepted.

Our readers, we are sure, will excuse the tardy issue of this number, when they learn it has been delayed only by deep affliction in our own family.

Philadelphia Medical and Surgical Journal. Several of the later numbers of this journal are received. It is published semi-monthly, by an "association of physicians;" contains sixteen pages in each number, and the price is $1.00 in advance, or $1.50 at the close of the year. Truly, we are startled at our temerity in doing alone what others accomplish by association. We trust the journal will be liberally supported.

The Secretary of the State Medical Society requests us to insert the following circular, which explains itself. Gentlemen wishing to procure copies of the Transactions will see that they have but a few days left in which they can obtain them at the lowest price. They should immediately address Dr. E. K. Webster, Boscawen.

Philadelphia, June 24, 1852.

Dear Sir:— The "Transactions of the American Medical Association" at its Session of 1852, will, it is estimated, make a volume of nearly one thousand pages. Notwithstanding the increase in size, the Committee of Publication have not, however, considered it expedient to charge the members of the Association, and the several bodies represented therein, a greater price for the forthcoming volume than was paid by them for either of the four already published. They have resolved, therefore, to furnish to the members, and the institutions represented, one copy for three dollars, and two copies for five dollars; provided the said amounts are remitted previously to the first day of September next ensuing; after which period the price of the volume will be raised to five dollars.

The Committee of Publication would respectfully suggest the propriety of an early answer to this circular; the funds in the hands of the Treasurer are insufficient to defray the expense of printing the volume of Transactions, and until an additional sum of eleven hundred dollars is received, the Committee will not be warranted in putting it to press.

Respectfully yours,

D. Francis Condie, Treasurer.