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ART. XXVII.—*On the Employment of Calomel in Malarious Fevers.* By JOHN JARRON, Surgeon, Dunmville, C.W.

If we take the European Dispensatories and trace them back for fifty years, we will find mercury admitted to be a specific, both in the venereal disease and in inflammation of the liver,—the first on the principle that the two poisons could not exist together in the human body, and that this virus could only be expelled from it by the administration of mercury,—while its effect in hepatitis was attributed to something peculiar to that gland and its functions. After a time, we find the worst results of the venereal disease attributed not alone to that peculiar virus, but to the effects of mercury used to expel it from the body; and facts show that even this poison is capable of being thrown off by the human body without the use of mercury; and when this is not given at all, or in a much less quantity than had been at one time used, the disease becomes much milder, and more speedily cured.

We also find its effects in hepatitis still admitted, but its use is no longer limited to inflammation of the liver alone, but it has been employed in that of other glands, and salivation is looked on by many as a specific, not only for glandular inflammation, but for that of almost every tissue of the body.

Dr John Thompson, of Edinburgh, and those of his school, denounced mercury as a poison, capable of aggravating every disease, and not to be given for any length of time without ruin to the constitution.—Many East Indian, and other practitioners in tropical climates, look on it as not only

a specific in hepatitis, but also in bilious fever, dysentery, and even in cholera itself, which are only to be cured by “pushing calomel,” commensurate with the severity of the disease, and its prominent symptoms; while European and British practitioners, when such complaints became common to them, have thrown discredit on calomel, against which a prejudice previously existed, because they did not find it an infallible cure, though it is even there looked on as a most efficacious remedy in the treatment of these diseases.

The mode in which calomel has been administered, and the extent of the dose, are equally various and unsatisfactory.—Some talk of a dose of a grain, night and morning, and opium to prevent its acting as a purgative; that five grains is a strong purgative, and even direct what is to be done when a larger dose excites violent purging, even of blood. Dr Christison, in his work on “Poisons,” mentions a case where a man was tried for the murder of his wife, by administering large doses of calomel when she was suffering from diarrhœa. He had a narrow escape from being convicted, and the doctor remarks, “that the profession are now well aware, though not at the time of this trial, that in the very malady which was supposed to have carried off the deceased, the administration of calomel, in repeated large doses, is accounted, by many, a proper method of cure.”

Calomel was used in the cholera of the East, in scruple doses, and these were even frequently repeated. The same practice was tried in Europe, but some practitioners there have lately found out

that it was a mistake to give such large doses, and that it is a specific for that disease in doses of one or two grains, frequently repeated.

Some declare that death never takes place in fever and dysentery when salivation has been excited; others, that it often does, and that a state of pyalism is neither a preventative of attacks of these affections, or of cholera, nor a means of safety when it comes on during the treatment of them.

The result of all this sufficiently shows that calomel is an important remedial agent in the whole of these affections;—that, in the use of it, the profession has seldom been guided by any general principles, and that its effects, and the proper doses, are not yet adequately understood.

It is now said that calomel, in small doses of five grains and under, is an irritant; but in doses of a scruple, though repeated two or three times a day, it is a sedative. Let us apply this axiom to bilious diseases, with that state of the secretions in the primæ viæ from which these affections originate.

In cases of fever, with little sickness of the stomach, small doses will give little immediate relief, and seldom or ever purge, unless combined with, or followed by some cathartic; when vomiting, or bowel complaint is present, its effect will be about the same. In fevers, large doses will usually relieve the uneasiness of the stomach, quiet the bowels, and render the use of subsequent purgatives more effective; should vomiting or bowel complaint be present, it will generally allay both, and give almost instant relief, and the discharges produced from the bowels by subsequent cathartics will be of a different appearance and character from those that took place before the calomel was administered.

Mr Annesley gives calomel in these diseases to fulfil two indications. "1st, To diminish the irritability of the stomach

when it exists, and depends on an increased vascularity of the villous coat. 2nd, To correct and promote the discharge of the secretions on the internal surface of the digestive canal and large secreting organs, which are generally deranged in this class of diseases," and for these purposes gives it freely in the bilious affections of India. His general treatment of such affections, and fevers in their early stages, was by large doses of calomel, repeated every night, or every second night, and followed by a cathartic draught in the morning, to be kept up until the secretions assumed a healthy character; bark being then used to throw off the remittent or intermittent type of the fever.

He applies the same principles of treatment in cases where the type is continued, and observes,—“By this plan of treatment, put in active operation during the acute stage of the disease, the subsequent state of exhaustion is generally prevented; but when the disease has advanced to this latter stage, and the typhoid symptoms are present before the patient comes under treatment, the secretions are then much more vitiated, and accumulated to a much greater extent than in the former stage. The fuliginous coating of the tongue, teeth, fauces and lips, and the appearance of the motions, sufficiently prove this; but it is evident that while these remain in the primaria, cordials and tonics can avail but imperfectly. The obvious intention is to procure their expulsion from the body, by such means as will effect the object most readily, without lowering the energies of life. With this intention, from five to ten grains of calomel, in conjunction with rhubarb, aloes, or jalap, should be prescribed, and repeated according to circumstances; whilst the energy of the system must be supported with wine and beef tea, or other appropriate means, carried to an extent which the state of the patient requires, attending also to his wants and wishes in the choice of them.”

In the treatment of bowel complaints we must constantly keep in view the admitted effects of large doses of calomel in relieving vomiting and purging, and changing the character of the discharges from the bowels—this takes place without its being combined with opium; and if the term sedative is to be applied to its action, it is certainly very different from that of narcotics, and would seem to be entirely indirect, or secondary,—by neutralizing and altering the character of secretions that would seem to be the cause of existing symptoms in the disease. Mr Annesley, after remarking, “that acute dysentery in India is confined to the cæcum, colon, and rectum, so far as respects inflammation of their intestinal surfaces; but functional derangement is general throughout the whole intestinal canal, even for days before the dysenteric symptoms become fully formed,” says, “as the disease becomes developed, the functional disorder runs into vascular derangements, particularly in the large intestines, and is soon productive of serious alterations of the structure of the interior part of the canal.” In cases running on to inflammatory dysentery, we usually find the deranged biliary functions an important feature in the disease, and repeated doses of calomel become necessary to correct these, as well as to correct local inflammatory action; indeed, the healthy or disordered state of the biliary secretions in the stools of dysenteric patients, will prove the most important guides to us in the treatment of these diseases—guides that can never be followed too closely or with disadvantage, as we will soon find that the patients will never derive permanent advantage from medical treatment, until these disorders have been removed.

In choleroide diarrhœa, and even in cholera itself, we find a peculiar character of discharges from the stomach and bowels an invariable attendant on these affections, and the sinking, the collapse,

and spasms, only concomitants, if not consequences of it. When calomel stops the vomiting and purging, and allays the other symptoms, we always find the subsequent discharges from the bowels completely changed, often then resembling those in bad cases of fever, and as long as this state continues, the choleroide symptoms will not return, and are not to be brought back by the action of purgatives. The absence of bile in the secretions from the primæ viæ, is invariable in the discharges from cholera patients, and safety in such cases can never be depended upon until it re-appears, no matter what course of treatment may be followed.

Here, again, we have a decided object in view in the administration of calomel,—to neutralize the effects of diseased secretions, and to restore a healthy action in the chylopoietic viscera; and we can be at no loss for facts to guide us in the administration of this remedy.

In the congestive and pernicious varieties of fevers, we invariably find the secretions more than usually changed, and that particular characters of these are not unusually attended by peculiar sets of symptoms. The sinking in such cases, being usually of a sudden occurrence, and not the effect of protracted disease, or of direct debility, is rarely alleviated by the most [powerful diffusible stimuli; while the action of calomel purgatives, and even venesection, by removing the cause of the symptoms, will often suddenly restore the oppressed vis vitæ; and the course of the fevers incidental to such attacks shews the little benefit derived from medicine or stimuli, until natural secretions from the bowels appear. It is also in protracted cases of this nature that patients will often seem to be snatched from the grave by the occurrence of perfect ptialism; the prostration of strength, the oppression and fever will instantly subside, and natural discharges from the bowels will follow gentle purgations.

Mr Annesley concludes his observations "on the effects of calomel on the mucous surfaces and secretions of the alimentary canal," with a detail of its effects on the diseases of children in India, which, in their course and symptoms, closely resemble those arising in this country from the effects of malaria. He says,—"In marasmus more particularly, and, indeed, in the majority of the diseases of children, the stools are often green, slimy, dark brown, and variegated; and even when they are of a healthy appearance, as respects color, they will be found on a closer examination viscid and tenacious. Sometimes they have a clay-like appearance, at other times they are like glazier's putty; occasionally they contain shreds of coagulated lymph, giving rise to the suspicion that the mucous membrane is coming away in places; and not unfrequently they even resemble the green matter which accumulates on the surface of stagnant water. Whenever motions of the kind now noticed are observed, whether they occur in marasmus or other diseases, calomel, in the manner recommended, is obviously indicated."

In the early stage of these bowel complaints, we generally find absorbents, astringents, and opium, worse than useless; while a dose or two of calomel, by changing the appearance of the discharges, will at once suppress the purging; and a repetition of the same medicine, joined with a properly regulated use of cathartics, will be the best mode of preventing the fatal consequences of such attacks.

It is exceedingly difficult, considering the contradictory reports of professional men, to regulate the quantity of calomel required to effect any particular object. I have seen, in European fevers, the dose dwindled down to a grain, even half, or the quarter of a grain, and frequently repeated, and in malarious fevers and dysentery, scruple doses, given three or four times a day, for a week together—the one

party supposing the dose could scarcely be too small, and the other that the disease could only be carried off by "pushing the calomel," which must be given in quantities commensurate to the severity of the diarrhoeas. Recoveries have taken place under both systems.

In malarious diseases, a small dose of calomel is not to be depended on, either in producing its purgative action, or the peculiar effect of the medicine on the secretions; and it is doubtful if the effect expected from the scruple doses, so frequently repeated, might not have been procured from a smaller quantity of the mineral.

With a prejudice against the remedy, increased by the reckless and apparently unscientific manner in which I have seen it pushed, I have seldom been able to discover any bad effects from the practice; and it requires no small degree of practical experience and tact to select the cases, rapidly tending to a fatal issue, in which no advantage will accrue from the frequent use of the calomel.

The forms of purgatives previously mentioned, will be found most useful in our common fevers; but should the effects of calomel on the secretions or constitution be desirable, in the remittent or continued forms, from three to five grains, combined with opium or ipecac might be given three or four times a day, with a cathartic draught every second morning. Should these small doses irritate the bowels, or purge, the quantity may be doubled in each dose, and the intervals between them prolonged. In cases attended with remitting and bowel complaint at the commencement, these had better be checked at once, for which, ten grains of calomel, either with or without opium, will generally be sufficient, but this must be followed by a dose of oil; and when such a state of the bowels shows a disposition to continue, the dose of calomel must always be large, and may be combined with opium

or ipecac; and the resinous cathartics must be avoided.

In cases of dysentery, moderate doses of calomel, ipecac, and opium, repeated every four or six hours, will be found most beneficial; but notwithstanding the frequent dysenteric stools, a dose of oil will be required every forty-eight hours, to clear the small intestines of their diseased secretions.

A dose of calomel exceeding ten grains I have rarely found required in our Canadian fevers or diarrhœas.

In cases of decided cholera, the scruple dose is, perhaps, the best. I have seen it doubled without any evil result, but, certainly, without increasing its beneficial results. If rejected, it must instantly be repeated; and should the choleraic discharges and collapse continue, may be repeated every hour or two, according to circumstances—the other remedies resorted to in such cases not being neglected:

Salivation is an effect of calomel exceedingly dreaded both by the profession and the patients. It is not likely to occur readily in serious cases of disease, with either inflammatory symptoms or those of excessive bilious derangement. The most annoying and troublesome cases of it in my own practice have been produced by small doses, given as a purgative, when its constitutional effect was not wished for; and there can be no doubt that the tendency to salivation depends much more upon the nature and state of the disease than upon any peculiar idiosyncrasy of patients.

Another constitutional effect of mercury in fevers, that has been previously alluded to, may be characterised by the very slight mercurial fetor of the breath, the inside of the lips and cheeks being red, shrunken, and irritable—sometimes blistered,—the gums red, but contracted and hard, sometimes with a white scruff on their edges, and here and there a slight ulceration where they join the teeth, no increased flow of saliva, the mouth and tongue being

rather dry than otherwise, and the salivary glands little increased in size. With this state, the febrile symptoms do not give way, but rather increase than otherwise. At times calomel may be given to a great extent without either of these states being produced.

I have never seen death take place, either in fever or dysentery, when the first of these symptoms was present; yet salivation is not a harbinger of perfect safety. It will sometimes suddenly disappear after being present for days, and the patient in a state of convalescence; the mouth may either then assume the dry appearance, or become as if no mercurial action had ever been produced; with this, a relapse will also take place, and the whole symptoms of the disease return as if they had never been checked.

A most inveterate dysentery broke out on board the Hon. East India Company's ship, London, on her passage from St Helena to England. It carried off one-fourth of the crew, and nearly all the remainder were affected with bowel complaints when the ship reached London.

Mr Roy, the surgeon, whose experience and scientific knowledge of these diseases was most extensive, assured me that nothing but salivation would check the disease, or alleviate a single symptom. I asked him if any had died in a state of salivation? He answered, "No; but that perfect salivations, which for days had completely checked the disease, would sometimes disappear in a single night, or even in a few hours, and the disease return; that he had to commence his treatment, *de novo*, as if no such state had ever been produced, and that some ultimately recovered, on leaving the ship, after two or three such changes as this."

Dunnville, Sept., 1851.

ART. XXVIII.—*Horses and their diseases.—Lamenesses, Shoulder Sprain, Rheumatism.* By J. B. TURNER, V.S.

Some veterinary writer, I just now forget whom, has called the shoulder sprain the "refuge of the ignorant," by which he meant that whenever a horse, lame in the fore leg or foot, is brought to a veterinary quack, and the quack cannot find the seat of the lameness any where else, he always sets it down to be in the shoulder, and treats it accordingly, in his fashion.

One day last summer I saw a horse at grass in a field near Montreal, who had evidently been under the hands of one of these impostors; observing from a distance that the near shoulder of the poor animal had been most severely blistered, and having a natural curiosity to ascertain wherefore, I got over the fence and made a closer inspection, when I discovered pretty quickly that the animal was laboring under that disease of the foot, named *navicularthrititis*, and that, even had it been shoulder lameness the quack had blistered the wrong one!—the horse being lame in the off and not in the near foot.

Shoulder sprain does, however, occasionally occur and is generally produced by a slip or side fall, and is apparently an unnatural extension of the *adductores* muscles, and chiefly of the *serratus magnus*; the ligaments of the articulations, both scapular and humeral, appear in some cases to be chiefly affected. Mr. Percivall is inclined to think that the injury frequently affects the tendon of the *flexor brachi*, and some French authors think it often exists in the scapulo-humeral articulation. It is, however, of very little consequence practically, to know the exact seat of the injury, as the treatment would be precisely the same.

It is not uncommon on viewing a horse in front, to find that the muscles of one or both shoulders are wasted; and, it is almost impossible to make even intelligent

observers believe that the injury does not lie where its effects are so apparent; but the fact is, that in all painful lamenesses of the fore feet and legs, not only the external, but the internal muscles of the shoulders are frequently found wasted—the fore legs are drawn closer together, the withers appear more prominent, and the whole muscular substance of the anterior part of the body seems lessened; it is therefore very important to be able to distinguish a true shoulder sprain from injuries originating elsewhere.

Whatever, then, be the peculiar tendon, muscle, or ligament injured in shoulder sprain, the symptoms are alike. When the shoulder is really sprained, the horse suffers great pain in moving, and as it will be recollected that the muscles of the shoulder are principally employed in lifting the foot, the tortured animal takes care to lift it as little as possible; and, therefore, invariably *drags the toe along the ground*. In most other lamenesses of the anterior extremities, when the horse stands in the stable, he rests the injured limb in advance of the sound one, *flat* on the ground. In shoulder lameness the foot is rested on the *toe* alone. If the suspected limb be elevated and carried forward by the hand of the surgeon, the animal will show that he is enduring great pain, which he will not do in other lamenesses of the foot or leg. Symptoms which we must *not* look for are much heat, tenderness, or swelling; for, the injured muscles being deeply seated ones, these symptoms cannot be manifested. Neither must we, if in standing in front of a lame horse we see that the point of one shoulder is considerably larger than that of the other, be then in a hurry to conclude that it is sprain of the shoulder. This species of injury is commonly attributable to a blow. Heat and tenderness will be found inside the fore-arm, and the muscles of the chest, rather than those of the shoulder, will be found affected.

Treatment.—Most writers advise us to bleed from the vein on the inside of the arm in severe cases of shoulder sprain, and perhaps with reason; though in most cases, when bleeding is advisable, I am inclined to prefer the general to the topical abstraction of blood. We should, then, foment repeatedly and perseveringly with hot water; carefully rubbing the skin dry after each. I am opposed to the application of any external stimulants, because I believe the injury to be too deeply seated for any such application to reach it. If, after the more violent inflammation is supposed to be reduced, a lameness remain, it may be advisable to blister, in which case I should use the ointment of biniodide of mercury, believing it far more efficacious than the cantharides. I need hardly say that in this, as in all inflammatory attacks, the state of the bowels should be carefully looked to, and they should be kept open by mashes and mild aloetic purgatives.

Rheumatism.—Chest-founder.—Flying Lameness.—According to Volpi, an eminent Italian veterinarian, rheumatism is an inflammation of the muscles, particularly common in those by which the limbs are moved, and essentially affecting both the horse and cattle. Sudden chills—forced exercise after long rest—humidity of the soil on which the animals sleep, and sometimes falls, are the causes of rheumatic affections. In the commencement of the affection, there is fever, sometimes slight, sharp pains in the shoulder or arm, loins or thighs, for rheumatism seldom affects more than one member, the animal is lame; the heat of the affected part is increased, and there is sometimes a slight swelling. If the shoulder is the seat of disease, the other parts of the limb are found to present no other lesion capable of causing lameness, and if we move the limb somewhat forcibly, in different positions, the animal shows signs of pain; lastly, lameness often diminishes, and sometimes

quite disappears, under prolonged exercise. Blaine recognizes rheumatism as a “standard equine disease;” so do Youatt, Spooner, and Dick. Blaine describes it as an attack on the membranous and tendinous aponeurosis of the muscles, occasioned by cold and moisture, and that it appears both in the chronic and acute form. Most of the writers of the present day believe rheumatism to be the disease called chest-founder, in the old farriery books, and I am perfectly convinced that what these old-school gentlemen called “flying lamenesses” for we have heard of horses that would be perfectly sound for days, then fall suddenly lame for a day or two, and as suddenly get well again, without any treatment whatever, were simply rheumatic attacks. Now the question comes, Has not this rheumatic affection, more common, by the way, in the shoulder joint than in any other part of the body, been often mistaken for shoulder sprain? I am perfectly certain that horses, as well as men, are liable to spasmodic muscular cramps, and these may, perhaps, be connected with rheumatic affections.

A remarkable instance of what I cannot but consider cramp, came under my notice the other day. Mr Burke, the late Riding Master of the King’s Dragoon Guards, brought a horse for me to look at, which was in his charge to break in, belonging to Mr Whitney—lame in the near leg behind. The horse was very lame, and so evidently in the stifle joint that my partner, Mr Mason, and myself, both concluded the horse to have sustained a violent wrench or strain of some of the ligaments connected with it—though we were also surprised to find that there was no heat or swelling, so we treated it as if it was stifle lameness, putting on a stifle shoe, etc. However, the horse was for some reason or other removed from our stable in the course of a day or two; and to our astonishment, when the stifle shoe was taken off, walked just as sound as he

ever did in his life; I can come to no other conclusion but that this horse had cramp; and that only.

Treatment.—In a well marked case of acute rheumatism; if there appeared much local inflammation or generally increased vascular action, I should be inclined to use the steam pretty freely; and open the bowels by aloetic purgatives and enemata. I should follow up this treatment by antimonial alteratives, combined with nitre and digitalis, and probably try the hydriodate of potass. Relief would also be afforded by any strong local stimulant; perhaps the *liquor ammonia*, in conjunction with camphor and olive oil, would be as good as any. When rheumatism becomes chronic, causing wasting of the muscles, and congestion of the membranes and tendinous parts, I believe that no treatment will be of much avail; we may, however, try mild doses of physic, with antimonials, alteratives, warm stimulating embrocations, bandaging, hand-rubbing, and so on, and try the effect of a few months rest at grass, if the animal be worth the expense.

Montreal, October, 1851.

ART. XXIX.—“*Similia Similibus Curantur.*” *A notice of Homœopathy and its Doctrines, by D. M^cCALLUM, M.D. M.R.C.S. England.*

That there are a few remedies employed in the treatment of disease by the regular practitioner, the long continued action of which on the healthy system, develops certain phenomena remarkable for their resemblance to the symptoms induced by the disease for whose cure they are frequently exhibited, will not be denied by even the most orthodox of the profession. The observation of this fact by a German visionary, who for some years had remained in entire seclusion, devoting his whole attention to Chemistry and the translation of medical treatises,

led to the promulgation of a system of medicine, the fundamental principle of which is contained in the words which head this article. A principle recognized indeed by the great minds of the profession as applicable in a certain few isolated cases, but quite incompatible with, and invalidated by, the careful observation and experience of centuries on the general action of remedies.

Samuel Hahnemann published his first dissertation explanatory of his views in “*Hufeland’s Journal*,” in the year 1796; this was followed in 1810 by his “*Organon der Rationellen Heilkunde*,” which contained a systematic account of his doctrine of Homœopathia, and is still regarded by his followers as the great authority—the sure foundation on which the system rests. Passing over a number of remedies whose actions might undoubtedly be referred to the operation of the principle that “like cures like,” he, unfortunately for the truth of his deductions from the results of the experiments he instituted, selected Peruvian Bark as the remedy which, from its invariable operation on the economy, was to attest the truth of his reasoning; unfortunately, as careful experiments instituted by such men as Andral proved, beyond the shadow of a doubt, the incorrectness of his assertion, that the exhibition of Peruvian Bark in certain doses, constantly produced an intermitting fever.

The immense number of symptoms, which simple substances, such as sulphur, common Salt and Soda, are said to produce as their effects on the organism, is of itself sufficient to create a suspicion in the minds of most persons, that everything conspired to morbidly excite the imagination of the experimenter. “Hahnemann” says the Rev. Mr. Everest, “for many years submitted voluntarily to privations of every kind; a severe regimen, daily, and often extremely painful sufferings, caused by the ingestion of small doses of very active

poisons." As his Reverend admirer is entitled to every credit, it will be conceded, that a person submitting for years to privations such as Hahnemann is represented to have submitted to, and daily suffering such *extreme pain*, would be the last one from whom a rigidly correct notation of the action of remedial substances, either as observed in their operation on himself or others, would be expected. The enlightened psychologist will admit that a more powerful combination of circumstances could not be desired, to produce a condition of the mind, not only morbidly sensitive to many changes momentarily occurring in the peripheral extremities of the nerves distributed in the different parts of the body, but which are not usually taken cognizance of by the mind, from the slight impression which, under ordinary circumstances, they make on the brain when transmitted to that organ; but also, to create many new and distinct sensations in various parts, through the influence of an intensely excited imagination, directing and controlling the volitional powers of the mind.

But, do Homœopaths invariably treat disease according to the fundamental law of their system? We shall endeavor to elicit an answer to this question from their own writings.

Three practical works at present very popular among the followers of Hahnemann, are the "Therapeutic Pocket Book for Homœopathic Physicians," by Dr. C. Von Bonninghausen; "Jahr's new Manual of Homœopathic Practice," and "Dunsford on Homœopathic Remedies." In the preface to the former work, the author states, that "our late master pronounced it excellent and eminently practical," and "the object of the Pocket Book is to aid the memory of the practitioner at the sick bed in the selection of the remedies; and to serve the student of the *Materia Medica Pura*, as a guide by which he is enabled to find his way, &c."

We shall now proceed to examine how far this "excellent and eminently practical work agrees with what Curie is pleased to term "that fixed principle—that immoveable basis of homœopathic art," viz: *Similia Similibus Curantur*, and thus ascertain what claims it professes to be considered as an "aid to the practitioner" and "a guide to the student."

There are, we opine, certain antipodal conditions of the system produced by disease,—certain states, in which the merest novice in medical matters would say a different kind of remedy was indicated. There are certain conditions of secreting glands and secreting surfaces as evidenced by the increase, or diminution amounting to complete arrest of their secretion, diametrically opposed to each other. In the former, Hunger and Want of Appetite—Thirst and Want of Thirst—Sleeplessness and Sleepiness, may, we think, be fairly included. As examples of the latter, we shall cite Perspiration and Want of Perspiration—Increase of Saliva, and Diminution of Saliva—copious Secretion of Urine and scanty Secretion of Urine. Now, these are divisions taken from the much approved "pocket book," and the following statement of the number of *identical remedies* recommended by this great authority for *opposite symptoms*, will serve to convey a just appreciation of the regard he entertains for "*Similia similibus curantur*," in the treatment of Disease.

The number of medicaments recommended by Bonninghausen, as represented on page 474 of his work, is 125. Of the 125 remedies, he recommends for

Hunger,	99	Want of Hunger,	115
Sleeplessness,	115	Sleepiness,	123
Thirst,	99	Want of Thirst,	86
Increase of Saliva,		117	
Decrease of Saliva,		111	
Perspiration,		119	
Want of Perspiration,		92	
Urine too copious,		100	
Urine too scanty,		91	

The circumstance which before all others arrests the attention in the foregoing statement is the great number of remedies recommended for one condition, and is highly suggestive of the uncertainty of the system. In truth of the whole 125 remedies mentioned, 123 of them are said to be beneficial in case of sleepiness, that is, according to the teachings of Homœopaths, 123 of the remedies produce sleepiness, when administered in sufficient doses to the healthy person. But again, 115 of the 125 are recommended for the very opposite condition, viz: sleeplessness. Here then, we have some hundred identical remedies proposed for the cure of states of the system, or symptoms indicative of a deranged system, if you will, directly opposed to each other. How Bonninghausen or persons holding similar views, reconcile this treatment with the principle contained in "*Similia similibus curantur*," unless they contend that, all things being equal, the same remedy invariably produces the most contrary effects at the same time in the same individual, such as thirst and want of thirst, increase and decrease of saliva, &c., which would be too palpable an absurdity even for the most gullible of their dupes to swallow, we cannot for a moment conceive. The "object" of this work as an "aid to the memory of the practitioner at the sick-bed, in the selection of remedies," is, we should imagine, altogether superfluous, as, after careful consideration, it will be evident that the whole matter might be very much simplified, e. g.: If the whole of the pharmacopœia be pressed into service when sleepiness annoys an individual, and eleventh-twelfths of the same remedies contained in the same pharmacopœia be beneficial in the treatment of sleeplessness;—if 99 out of 125 remedies allay the distressing sensation of hunger, and 115 out of the same number produce the sensation of hunger;—if 117 increase the secretion of saliva, and 111 cause a great decrease;—

if the same remedies are thus capable of producing such opposite effects, what need is there of more than a simple statement of the general efficacy of the 125? Division and sub-division tend only, we should think, to confuse rather than aid the memory of the majority of those who pretend or really suppose they effect cures by administering medicines in homœopathic doses, in consonance with the axiom, "*Similia similibus curantur*."

The "indefatigable Jahr," as he is styled by Bonninghausen, judged in the same manner, cannot be considered as an effective aid to the practitioner, or an unerring guide to the student of homœopathy, for, in his "Repertory," we find 42 of the host of remedies recommended for "dry coryza," stated to be beneficial for "fluent coryza;"—27 good for "loss of appetite" as well as for "augmented appetite;"—and 25 indicated in cases of "profuse catamenia," said to be indicated in cases of "suppressed catamenia."

Dunsford, in his work, gives the pathogenetic effects of the principal homœopathic remedies, and along with each medicament places its antidote. "These antidotes," says Black, in his "Treatise on the Principles and Practice of Homœopathy," "are homœopathic to the pathogenetic effects of the drug, and are to be selected in *strict accordance with the law*, "*Similia similibus curantur*."

Coffee is the homœopathic antidote to belladonna and ignatia amara, and its pathogenetic effects are exhibited in 42 symptoms. If, therefore, the antidote be selected according to the "incontrovertible principle," it will be supposed that many of the symptoms attributed to coffee will be found among the pathogenetic effects of the substances for which it is stated to be an antidote.

Of the 42 symptoms said to be produced by coffee, but 5 are found among the 271 said to be produced by belladonna, and 6 among the 144 attributed to ignatia amara.

Indeed, upwards of one-fourth of the symptoms have as direct opposites among the 271 and 144 as even the warmest advocate of "*Contraria contrariis opponenda*" could desire. In his practical remarks, *ignatia amara* is "a remedy adapted to extremely *irritable constitutions*—those *nervous habits* which are alternately affected by joy and sorrow, with desire to cry, succeeding each other rapidly. It is of benefit in *epilepsy, chorea, hysteria, &c.*;" and, "*Belladonna* may be ranked among *antiphlogistic remedies*. It is a remedy of extraordinary benefit in cases of *cynanche tonsillarum* and *scarlatina*, and has been used with marked success in *inflammation of the brain and its membranes, erysipelas, enteritis, puerperal fever, &c.*" A mere glance at the wide distinction which is thus established by the "practical remarks," between *belladonna* and *ignatia amara*, will be sufficient to satisfy any unprejudiced mind that if coffee be a homœopathic antidote for one, it cannot possibly be so for the other.

How practitioners and students of homœopathy can overlook these palpable contradictions and absurdities, cannot but be a matter of great surprise to the impartial reader, and the question is irresistibly forced on the mind—Is there not a reason for their apparent mental obtuseness? Love of money, and love of notoriety, are justly recognized as two of the great principles which determine the action and conduct of men. History abounds with instances illustrative of the potency of these two motive powers—of the extreme lengths to which persons, thoroughly imbued with the spirit of either, will dare to go;—of the great privations to which they will voluntarily submit—of the contumely, contempt, and derision which they will put up with, so that they may attain their object; how they will dare to raise their unsanctified hands against things most sacred, with the purpose of destroying them; how they will ally themselves with false-

hood, and, with unblushing front, prevaricate, distort facts, and strive to make truth itself appear false—how they will work on the credulity of the masses, and how they will employ vituperation and descend to the vilest abuse to gain their ends. Looking, then, at these facts of history, and keeping in mind that there is no subject on which, of necessity, the public are more credulous than on medical matters, and, consequently, liable to be attracted by everything in the shape of practice which has the merit of novelty—is the reason not plain, and can it be a matter of surprise that many unworthy members are found willing to leave the ranks of legitimate medicine, to practice according to the doctrines of Samuel Hahnemann?

Montreal, Oct. 10, 1851.

ART. XXX.—*Letters to a Candid Inquirer on Animal Magnetism.* By W. M. GREGORY, M.D., F.R.S.E., Professor of Chemistry in the University of Edinburgh. Philadelphia: Blanchard and Lea. 1851. Demy 8vo. Pp. 384.

If there is one thing for which the medical profession of the present day is pre-eminently distinguished, it is its tardiness in endorsing novelties, and the scrutiny with which all alleged facts are analysed. We consider this trait to be a meritorious one. A theory is erected upon an accumulation of facts. It must be sufficiently comprehensive to account for all the phenomena which it is intended to explain; and if it fails in one instance, it is evidently inadequate to its object, and must be discarded. On no subject has the truth of this remark been more amply verified, than with regard to the subject of animal magnetism. The hypotheses of Mesmer, Esdaile, and Townsend, or the more plausible one of Mr Braid, have all had their day. We have been more recently captivated by the "Electro-biologists," the "Phreno-magnetists," and the

“Electro-psychologists.” The hypotheses under these names have “strutted on the stage,” but where are they now? The last hypothesis which has been advanced so far as have been constructed into a theory, built nevertheless upon a most sandy foundation, is that of Karle Baron Von Reichenbach, who, comfortably located in his castle near Vienna, refers all the phenomena, elicited by what has been termed mesmerism or animal magnetism, to a peculiar fluid which he calls “Odyle,” somewhat analogous to magnetism, and associated with the latter force in the magnet.

In a review of “Mesmerism in India,” by Dr Esdaile, (see Vol. III. of this Journal, page 20,) we employed, in concluding our article, the following expression—“Mesmerism is either true or it is false. Undoubtedly many extravagancies have been perpetrated under its name; but is every thing which has been recorded of it extravagant—or is every thing equally so? It behoves the profession now to examine the subject for themselves. If false—let it be proved to be so; if true—no matter to how trifling an extent—let its therapeutic value to that extent be determined.” We believe Dr Esdaile to have been a perfectly credible witness, with regard to the facts put forth in that review, from which we have just quoted; and we propose now to continue our investigation of the subject.

There is one circumstance in the publication now before us, with which we must, in *limine*, find fault. The work is evidently written for the public; not for the profession, and the fulsome dedication to “His Grace the Duke of Argyle,” by no means diminishes this objection to it. Can it be that Dr Gregory imagines that the judgment of the profession, or that of men of science unconnected with it, will be controlled by popular opinion in a matter of this kind? The author’s eminent scientific attainments preclude such an

idea, and would have secured for any production from his pen an attentive consideration. He has not seen fit to do so, however, and he is on this account open to censure.

The first three chapters are occupied in disposing of the various objections which have been raised against animal magnetism. These objections are cleverly managed, although in some cases, the force of the argument is weakened by exaggeration. For example: “Every one knows that catalepsy, and cataleptic rigidity of muscles is of very frequent occurrence as a natural symptom, in certain diseases.—The same may be said of preternatural acuteness of the senses, of utter insensibility for the time, to sounds, to light, to smell, to taste, and even to pain; of divided consciousness, of the state of somnambulism, with its multitudinously attended train of strange phenomena.” Therefore, argues our author, there is nothing incongruous in the induction of similar phenomena by artificial influence. Admitting the induction of such conditions, which are, at most, but only *apparently* analogous to those effected by the operations of animal magnetism,—the circumstances of induction are not the same, nor are the pathological conditions the same, or their removal or suspension would be a matter of as easy attainment in the one case as in the other.

Without following our author through the whole volume before us, for he appears to be a most enthusiastic believer in, and advocate of everything strange and even extravagant, in animal magnetism, we propose now to give a *resumé* of the proposed “Odyllic” hypothesis, as entertained, or at least approved of, by our author, commensurate with the space at our disposal.

There can be no question that the hypothesis now advanced is a modification of that proposed by Mesmer. The latter conceived that the phenomena produced were the efflux of a subtle fluid from, or its in-

flux into magnets, but existing also in the sun, moon, stars, earth, and earthly bodies, but of all these, existing most potently in man and magnets. Reichenbach's experiments have led him to regard it as an imponderable agent; *sui generis*, connected with, but independent of, magnetism, pervading a large number of terrestrial bodies, existing in its highest perfection and greatest intensity in the magnet and man. This imponderable agent he proposes to designate by the term "odyle," and he views it as analogous to caloric, light, electricity and magnetism, in its specific operations.

Whatever we may think of the existence of this new imponderable, one thing is certain, that we cannot withhold from Reichenbach the merit of extreme patience and perseverance, in conducting experiments for a period of nearly six years. If a new discovery was to be effected, in this branch of psychology, the discoverer of creasote was probably the very person to do it. We are not of those who, because we cannot understand the reason, with perfect self-complacency deny the facts. Evidence, how conclusive soever it may be to one mind, may fail in being quite as satisfactory to another, and may entail a scepticism, which is far from being irrational.

This new fluid, proclaimed to be so wonderful in its operations, has been found obedient to certain laws, of which the following is an exposition:—1. It is transmissible through all matter. 2. It is polar in its distribution. 3. The emanations are to sensitive persons, visible in the dark, radiating by a faint light in all directions. 4. The "odylic" influence exists in crystals. 5. It exists in the human body, and in the dark may be seen by the sensitive issuing from the ends of the operator's fingers. 6. It exists in all material substances. It is developed by heat, light, electricity, galvanism, friction, chemical action, respiration, and all organic chemical operations. "It has been found to

exist in plants" by Reichenbach, and "he has detected it in the light of the sun, moon and stars!" 7. The human body is influenced strongly by the magnetism of the earth. 8. The "Odylic" influence is excited differently at different periods of the day; being at its lowest ebb before sunrise, and at its maximum at sunset. 9. Negative "Odylic," or the North Pole, caused a sensation of coolness, and the perception of a blue light: positive "Odylic," or the South Pole, a disagreeable warmth, and the perception of a red light. The right hand is negative and cool—the left hand positive and warm. The sun's rays are negative. "Nay, a hot stove caused to the very sensitive, until they came so near as to be affected by the radiated heat, a cold feeling amounting to that of frost; due to its negative 'Odylic' influence; and in some, the numerous tapers in a Roman Catholic Church, caused not only cold, but fainting!" (We have never heard of such effects having been produced in this frigid climate.) The moon and planets are positive. 10. "Odylic" is universally diffused throughout the material universe.

Such, then, are the conclusions obtained by Reichenbach, and endorsed to their full extent by Dr. Gregory. The conclusions partake too greatly of the Transcendentalism of the German school to be easily adopted by the more soberly investigating English mind. One thing we are prepared to admit, and Dr. Esdaile's work demonstrates it, as do also those numerous isolated cases on this Continent and in England, in which well authenticated surgical operations of the severest character have been painlessly performed, that it is possible to induce, in susceptible persons, conditions, *ultra naturam*, in which anaesthesia and perversion of taste, smell, hearing, touch, or muscular action are remarkable phenomena. But in all these cases, as far as we have witnessed, the ideas were suggested, and the effects were

produced in persons of nervous temperament, or else labouring under disease.—How far, or to what extent, a mental impression of an intensely vivid nature is capable of producing all the phenomena, is a question still to be settled. One thing, however, is clear, that all the phenomena elicited by Reichenbach's Odyle, have been produced, especially by Mr. Braid, under circumstances in which such an hypothesis is utterly untenable; and there are few physicians, so unlearned in the history of their profession, as to have forgotten the extraordinary effects of Miss Perkins' metallic tractors, and the equally marvellous ones of analogous instruments made of gingerbread, while in the same category may be classed the galvanic belts and rings, at present imposing on the credulity and the imagination of the public. Like most of German theories, the present one is far too much extenuated, (if we may be permitted to coin a new meaning for an old English word.) Certainly, additional evidence is required, beyond that furnished by Dr. Gregory or Baron Von Reichenbach, to convince us, firstly, that there exists such a fluid, (Odyle); secondly, that all the effects attributed to its operation, are really its results. One thing, however, is certain, that we are on the eve of important developments in psychology, and Dr. Gregory's publication may conduce to this desirable end, despite the evidence of his own credulity which the book amply furnishes.

The work is an exceedingly curious one, and to those prosecuting these researches, is deserving of an attentive consideration. It embodies everything at present known of the subject, and is illustrated by most singular narratives, a very large proportion of which are, we are constrained to say, unsophisticated fictions.

ART. XXXI.—*The Microscopist, or a complete Manual on the Use of the Microscope for Physicians, Students, and all Learners of Natural Science.* By JOSEPH H. WYTHES, M.D. Philadelphia: Lindsay and Blakiston. 1851. 12mo, pp. 191.

The above work must prove itself a valuable addition to the Physician's library, and it recommends itself in an especial manner to Microscopists. It is a valuable substitute for the more elaborate publication of Mr. Queckett. Succinctness is a desirable object in such publications, and we think it has been fully attained in the present. It is the best manual on the microscope with which we are acquainted, a *multum in parvo*.

ART. XXXII.—*Report of the Toronto Dispensary for Diseases of the Eye.* Toronto, C.W., A.D., 1851, by G. S. STRATFORD, M.R.C.S., Surgeon and Oculist, Toronto. A. F. Plees. 1851.

The foregoing is a pamphlet of twenty-seven pages, on the first two of which is comprised the whole of the Report proper. From it we learn that 149 patients were treated during the year ending June 1, 1851, of whom there remained under treatment at the time it was drawn up, five. The diseases are the ordinary ones observed in Dispensary practice of the kind. Had Mr. Stratford terminated his labors here, he would have performed every duty required of him as the attending Surgeon, but when we find the remaining twenty-five pages occupied with a description of the pathology of the diseases specified in the Report, and the treatment which had been adopted, and which should be pursued in similar cases, Mr. Stratford leaves the boundary of a Dispensing Surgeon, enters that of authorship, and renders himself open to censure. What the Governors and Subscribers to the Toronto Dispensary, "to whom the Report is respectfully

submitted," (why did he not say dedicated?) can possibly have to do with the nature and treatment of disease, is an enigma to us. It should suffice them to know that a competent person has the professional charge of the Institution, in which they must feel naturally interested. In writing for "the Governors and Subscribers," Mr. Stratford has deviated from that path which strict professional etiquette prescribes. He has endeavored to write himself up in the eyes of the public, and he must not feel surprised, if this effort on his part, does not win general professional approbation.

Of *Purulent Ophthalmia*, Mr. Stratford appears to have had six cases, "four of which had resided in marked malarious districts, while the others were inhabitants of low miserable hovels in the city." We cannot forbear noticing the results of his practice. "Under this treatment, the chronic inflammation of the conjunctiva soon subsided, and in most cases the opacity of the cornea was easily removed, and the cornea restored to its wonted transparency, perfect vision being the result; but in some cases (out of the six) it must be confessed, the success was not so complete." This is the general *resumé* of the results of the practice, but unfortunately, when Mr. Stratford descends to particulars *with regard to these six cases*, he informs "the Governors and subscribers," that in one of the cases sloughing occurred with an evacuation of the humor of the eye; in another, a penetrating ulcer of the cornea, with escape of the aqueous humor, and prolapsus of the iris. Here, then, two of the cases are accounted for. "In some" (of the remaining four,) "the success was not so complete," as "opacity remained," and yet we are informed that in "most" cases "perfect vision was the result!" We leave to Mr. Stratford the task of reconciling the discrepancy.

Gonorrhœal Ophthalmia, Purulent Ophthalmia of Infants, Pustular Ophthalmia, and Schrofulous Ophthalmia follow in succession, in the latter of which Mr. Stratford discovers a new symptom, "hot acid tears streaming down the cheeks." This is a new diagnostic in the etiology of that disease, and one which we cannot forbear chronicling. The peculiar acid developed in this instance, is a matter of mystery to us, in the meanwhile; but we beg to direct Mr. Stratford's attention to it, for the purpose of investigating its nature, its quantity, and the cause of the abnormal secretion. It is the only pearl in the whole pamphlet.

We notice the pamphlet in no captious spirit. We think there are more legitimate means of obtaining practice, whether special or general, than writing *for the public*. On these grounds, we condemn it; and the more cheerfully, could we succeed in repressing effectually all such pamphleteering for the future.

ART. XXXIII.—*Surgical Anatomy. By* JOSEPH MACLISE, Surgeon; *with colored plates.* Philadelphia: Blanchard & Lea. Imperial 4to. Part 5, and last. 1851.

This magnificent work, one of the greatest artistic triumphs in surgical anatomy of the age, is now completed. The fifth and last fasciculus contains lithographic delineations of deformities of the urinary bladder, and of the operations of sounding for the stone, of catheterism, and of puncturing the bladder above the pubis. Next follow two plates representative of the surgical dissection of the popliteal space and the posterior crural region, and lastly, two more, demonstrative of the anatomy of the anterior crural region, the ankles and foot. We cannot too highly recommend this book to the attention of the profession in this province. Whether regarded as a work, the letterpress of which is descrip-

tive of minute surgical anatomy, or the plates of which are accurately delineative of the same,—the beauty of the latter, and the fidelity of both; recommend it as worthy of a prominent place in every medical library. A medical library is, indeed, incomplete without it, especially in country places, in which access to dissection is, generally, out of the question.

ART. XXXIV.—*Cox's Companion to the Sea Medicine Chest, and Compendium of Domestic Medicine, particularly adapted for Captains of Vessels, Missionaries, and Colonists, &c., &c., revised and considerably enlarged by R. Davis, M.R.C.S.* First American, from the thirty-third London, edition. New York: Samuel S. & W. Wood, 1851. 12mo, pp. 216.

This little work, profitably enlarged, as it has been, by the American editor, must prove of essential service to captains of vessels, and all who, unacquainted with diseases and their management, are forced to rely upon means within their reach on emergent occasions. The first portion contains a brief materia medica, with the doses and uses of the articles comprised under it; the second portion enumerates the most common surgical and medical complaints, with methods of treatment appropriate to each, while the means of restoring suspended animation, and of obviating the effects of poisons, are detailed at length. This work should form a companion to every sea medicine chest, and should be consulted on all occasions of emergency.

ART. XXXV.—*A Contribution to the Statistics of Rupture of the Urinary Bladder, with a table of Seventy-eight Cases.* By STEPHEN SMITH, M.D., Assistant Surgeon Bellevue Hospital New York. New York, 1851. Pamphlet, pp. 43.

This pamphlet is a condensation of all

known on this subject to the present time. After detailing the history of the disease, the condition under which it is produced, the locality of effusion, the prognosis, diagnosis, and treatment; the author details the particulars of the seventy-eight cases specified; and concludes with the following analytical summary, which is worthy of attention:—

Sex.—Males 67; females 11; making about 6 of the former to 1 of the latter.

Age.—Under 10, 3; 10 to 20, 3; 20 to 30; 19; 30 to 40, 26; 40 to 50, 7; 50 to 60, 4; above 60, none; adults 16, age not given.

Condition.—Bladder distended, 30; of which 10 were intoxicated; 5, from stricture; intoxicated, condition not given, 14; parturition, 4; in good health, 4; doubtful, 2; no note of 24.

Causes.—Direct violence, 48; concussion, 15; internal causes, 9; of which 4 were parturition, 4 results of stricture, 1 retroversio uteri; no note of 6.

Primary Symptoms.—Severe, 59; of which 43 were ruptured into the peritoneal cavity; 2, not involving peritoneum; 10, into cellular tissue; 3, not given. Slight, 9; of which 7, were into peritoneal cavity; 2, into cellular tissue. No symptoms, 3; 2 into peritoneal cavity; 1, indefinite. No note of 7. Inability to urinate, 28; of which 22 were into peritoneal cavity; 1, not involving peritoneum; 5, into cellular tissue. Power to void urine, 3; 2, into the peritoneal cavity; 1, not involving peritoneum. Power of locomotion, 7; all through the peritoneum. Felt a sensation as of the bladder bursting, 7.

Progress of Cases.—Severe: symptoms continued in 48; of which 39 ruptured into the peritoneal cavity; 7, into cellular tissue; 2, peritoneum not involved. Severe symptoms set in in 10; in 1, three hours after accident; 6, two days; 2, four days; 1, three days—all ruptured into peritoneum except last. In 1, power to urinate continued, the rupture being into cavity of abdomen. In 14, it came on; in 12 of these, on 2d day; 9, being into peritoneum; 2, not involving peritoneum; 1, into cellular tissue; in 1, on third day; in 1, on fourth day. Locomotion continued in 2, both ruptured into peritoneum. Bloody urine drawn in 25; clear in 4. Symptoms were mild in 2, both ruptured into cellular tissue.

Result.—Died, 73. Within 5 days, 39; 26 being ruptures into the peritoneum; 9, into the cellular tissue; 3, not given. Between 5 and 10 days, 22; 17, into peritoneal cavity; 3, into cellular tissue; 2, not involving peritoneum. Between 10 and 15 days, 2; both into cellular tissue. Between 15 and 20 days, 3; 1, into the peritoneal cavity; 2, into cel-

lular tissue. Above 20 days, 2; both into cellular tissue; of which 1 lived 42 days.

Recovered, 5; 3, into cellular tissue; 1, into peritoneal cavity; 1, partial.

Post-mortem appearances of Viscera.—External marks of injury in 2, both ruptured into peritoneal cavity. No external marks of injury in 8; 7, ruptured into cavity of peritoneum; 1, not involving peritoneum. Fracture and injury of pelvis in 15; 11, ruptured into cellular tissue; 3, into peritoneum; 1, not given. Marks of inflammation in abdomen, in 31; 27, being into peritoneal cavity; 5, into cellular tissue; 2, not involving peritoneum. No marks of inflammation in cavity of abdomen, 7; 4, being ruptured into cellular tissue; 3, into cavity of abdomen.

Post-mortem appearances of Bladder.—Rupture into cavity of peritoneum, 50; 39, the result of direct violence; 6, concussion, or indirect violence; 4, from parturition; 2, stricture; 1, retroversio uteri. Rupture in the anterior wall of the bladder, 9; 5, being direct violence; 3, concussion; 1, stricture. Rupture at neck, 6; 5, direct violence; 1, not given. No bladder found, 2; bladder firmly contracted in 17.

PRACTICE OF MEDICINE.

Pertussis—its Treatment, based on a Conjectural Pathology—by R. L. MADISON, M. D., PETERSBURG, VA.—The wide-spread prevalence of this distressing disease—the rapidity with which it propagates itself—the formidable sequelæ by which it is followed—and, above all, the fearful manner in which it decimates the ranks of childhood, gives to it a pre-eminence in the scale of diseases, equaled scarcely by any other, and causes it to be viewed by the physician with an apprehension which he only can appreciate.

Notwithstanding the great antiquity of whooping cough—notwithstanding the careful attention which it has received at the hands of ancient and modern investigators—and in spite of the revelations of the microscope, almost the same obscurity now rests upon its pathology as in the days of De Thou, Sauvages, or Conario!

That the "pathology of pertussis" consisted in a bronchitis exaggerated by epidemic influence, was for a long period a part of the professional creed—again it was supposed to be superinduced by pneumonic inflammation—by some it was considered to be an irritation of the peripheral extremity of the pneumogastric nerve—while others believed that the

cough was essentially spasmodic in its character, and that the irritation inducing it was located in the brain!

Now with all due respect, to the high authorities who have promulgated the above-mentioned theories, it appears to me that they have invariably mistaken effects for causes, and signs for symptoms of disease. The simple fact that bronchitis occurs so frequently in children, without being accompanied by any of the phenomena of whooping cough, proves conclusively that the disease does not consist in this, and that we must push our investigations further before we can arrive at correct conclusions. If inflammation either of the lungs or of the brain could originate whooping cough, certainly pneumonia or cerebritis would constantly attend it; whereas they are known to be merely accidental lesions, or rather complications following, and evidently caused by, the violence of the cough.

Whoever has seen a child attacked by a paroxysm of whooping cough, and has witnessed its painful struggles—the convulsive and suffocative cough—the laryngismal spasm, and the sudden determination of blood to the brain—must be surprised that congestion and inflammation of the lungs, bronchi, larynx and brain do not more frequently occur!

It was conjectured by the late Dr. Sey of England, that an enlargement of the cervical glands by a "specific animal poison," similar to that of the parotids in mumps, constituted the essence of whooping cough, by causing from their enlargement an irritation of the pneumogastric and recurrent nerves. But here also the effect seems mistaken for the cause; for swelling of these glands often occurs as the result of pulmonary and bronchitic irritations, and when present in whooping cough, they make their appearance not at the commencement but at the height or towards the termination of the disease!

Now, a careful investigation of a good many cases, which have recently presented themselves to my observation, induces me to believe that the cough is essentially nervous in its character, developed by a specific irritation of the spinal cord extending from the origin of the eighth pair down to that of the phrenic nerve. This conclusion is arrived at by a species of negative induction. If the cough were dependent upon pneumonic inflammation, we should have all the physical signs of pneumonia constantly de-

veloped. If it originated in a bronchitic irritation, we should have hooping cough with every attack of bronchitis. If irritation of the *peripheral* extremity of the pneumogastric nerve were its cause, that in itself would be sufficient to produce pneumonia in every case! Inasmuch therefore as these causes seem evidently inadequate to develop the characteristic phenomena of hooping cough, and since these phenomena are clearly of a nervous character, and the parts involved in the disease are only those to which the eighth pair and phrenic nerves are distributed, I am forced to believe that the source of irritation—the cause of the disease—is to be found in the spinal cord at the roots of these nerves.

Acting in accordance with this belief, I have adopted a method of treatment remarkably simple and eminently successful. It consists in the application of a *blister to the nucha*, which, upon the principle of counter-irritation, speedily and permanently relieves all the distressing symptoms of the cough. In a large majority of cases a single application of the blister will suffice for an instantaneous cure. Those which resist the first application yield to a second, aided by the internal administration of quinine, or of iron combined with quinine in the form of the citrate. I would not recommend the use of the blister in case of infants of a very tender age; but pustulation by means of the unguentum antimonii or the ol. tigii will accomplish the desired object.

Now, whether these brief views in regard to the "pathology of pertussis," be correct or not; whether they be condemned as theoretical, and the treatment as empirical—certainly the success which has attended my efforts, justifies me in warmly recommending it to the attentive consideration of my professional brethren.—*The Stethoscope.*

Cases of Asthma treated by the Hydriodate of Potash. (From a paper read by Dr. F. H. Deane, before the Virginia Medical Society:)—I beg leave, Mr President, to give the history of the following cases, but before doing so, 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 after reaching his port of destination. He was now advised to visit Dublin to obtain the advice of Dr. Stokes—he was under Stokes's 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 attributing 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 a resort to this medicine. That his health had greatly improved, and he was now enabled to preach with a degree of comfort he had been a stranger to for so 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 5 grs. of the 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.—*lb.*

Coup de Soleil or Sun-Stroke.—In “a summary of the transactions of the Coll. of Phys. of Philadelphia,” published in the last number of the American Journal of Medical Sciences, are some remarks by Dr. Pepper, one of the physicians of the Pennsylvania hospital, on the above disease. “He considered it a remarkable circumstance that this affection has received so little attention from medical writers.”—“In consulting the standard authorities, we find but little said in reference, and that generally vague and unsatisfactory.” This fact is, in our opinion, easily accounted for. The disease seldom occurs except in crowded communities as in large cities; and in these, only among a particular class, the common laborers, who earn their daily bread by their daily work, and are consequently compelled, usually, to labor during the intensest heat of the day, when the thermometer, in the shade, ranges from 96 to 100

degrees and over, with not only the direct rays of the sun playing full upon them, but also the reflected rays from pavements and buildings. Added to this, as the efficient and exciting cause, we have fatigue, intemperance, and often insufficient or improper food as predisposing agencies. These causes do not usually exist in the country, and in small communities, where, if labor is performed in the heat of the day, and under exposure to the sun, it is with a supply of fresh, wholesome air, with none of the other predisposing causes; the powers of the constitution will, under such circumstances, generally resist its baleful influence. The members of this class, when any accident befalls them, are almost always conveyed immediately to the hospital; and therefore it is rather rare for a private physician to be called to treat a single case of coup de soleil, and of course nothing can be furnished by him on the subject in the way of practical experience. When brought to the hospital, it is generally at an hour when the attending physician is absent, and the case usually dies before his next visit, or is so far recovered as not to call for his particular notice, so that he knows but little personally of the phenomena of the disease. It is thus only seen by the resident physician, who, in the discharge of his multitudinous duties, takes no particular note of the symptoms or history of the case, but sees the patient die in a few hours, perhaps in a few minutes, after his admission, and thinks no more of it.

Private physicians are sometimes called suddenly in the heat of the summer, to a man who has "fallen down in a fit while at work," and regarding the case as one of apoplexy, he pulls out his lancet, bleeds him and sends him to the hospital. This is almost universally the practice. Dr. Pepper says, of twenty hospital patients, all had been bled previous to admission. This fact is, of itself, a strong indication that some knowledge of pathology of the disease is much needed in the medical community; for it is well known to those who have had much experience in this disease, that venesection, if it succeeds, is almost certain death.

In this city the disease is quite common in the months of July and August commencing sometimes as early as the middle of June, and ending as late as the first week in September. In the summer of 1847, if I remember rightly, there were thirty-seven cases in four days. Most of

them died so promptly that there was not time to convey them to the hospital, the coroner being usually the only physician who saw them. Not only were men affected, but animals, omnibus horses especially, it being quite common to see them fall and die in the street. During the last five years, according to our records, forty-two cases were admitted into the hospital. Of these, twenty-four died and eighteen survived. Fourteen occurred in the month of August, twelve in July, twelve in June, and four in September.

The prognosis in this disease, as in cholera, depends almost entirely upon the stage in which the disease is seen. If in the stage of collapse, the stage is almost hopeless. So that one physician might have ten cases, and all might recover; another might have the same number, and the treatment be equally judicious, yet nine out of the ten might die.

Nearly half of the cases that have been brought to this hospital, as far as my own experience extends, have been in the stage of collapse, or bordering upon it. They were usually brought in late in the afternoon, and, of course, some hours after the inception of the attack. They have then been comatose, with cold surface, except that of the head, which is often very hot, feeble, frequent and fluttering pulse, scarcely perceptible at the wrist, dilated and inactive pupils, respiration labored; sometimes stertorous. Sometimes they have lain perfectly motionless and paralyzed; sometimes restless; sometimes in convulsions. Often, when in this state, under the application of a powerful stimulus to the surface, as burning alcohol to the legs, a patient has sprung up in bed, stared at those around him for a moment, asked for a drink, taken it, and then fallen back again into his former condition. In a less advanced or less severe stage of the disease, the patient has presented pretty much the same symptoms, but in a less marked degree. The pulse is frequent but not so feeble and irregular, the pupils act feebly, the surface is cool, the head perhaps burning hot; patient is perhaps in a state of partial coma, from which he can be aroused however by addressing him by name in a loud tone; the respiration is quick and labored, but not stertorous; sometimes he has convulsions; quasi epileptic; sometimes he is extremely restless, requiring to be held in bed. In a still earlier or less severe stage, the patient is perhaps able to walk with

assistance: complains of intense pain in the head, which is usually hot. The extremities are cool; pulse not much altered, not hard or bounding; no infection of eyes; pupils rather dilated, if altered at all.

Perhaps one or two cases by way of illustration, and briefly stated, would not be amiss here.

C. 1st. A man, name unknown, about forty years of age, was brought to the hospital about noon, July 27th, 1848, and admitted under Dr. H. D. Bulkley. He had fallen in the street a short time previous to admission; was in a state of complete coma, with labored and irregular respiration; quick and fluttering pulse; head hot; pupils immovably dilated.

Treatment.—Sinapisms to feet; legs and stomach. Ice to head, and stimulants. He survived but a few hours.

Autopsy, eighteen hours after death.—Brain normal—lungs slightly congested—crepitant. Other internal organs healthy.

C. 2d. Michael Collyer, native of Ireland, laborer, was admitted under Dr. Griscom, Aug. 11th, 1848, in a state of insensibility, having fallen down in the street; respiration stertorous; pupils dilated; pulse quick, feeble and irregular.

Treatment.—Turpentine enema. Sinapisms to chest and limbs—stimulants freely. Patient survived but a short time.

Autopsy, eighteen hours after death.—Brain slightly congested; lungs emphysematous at some points; other organs healthy.

In these cases, as has been seen, there was no marked congestion of the internal organs. In nearly all the cases that occurred in 1850, there was well marked congestion of these organs; sometimes of the lungs; sometimes of the brain. Thus, out of eight cases recorded in our books, there was congestion of the lungs in two, and of the brain in four. In one of the remaining two, there was apoplexy, and this man was bled in the hospital, being the only case out of the forty-two in which the lancet was considered admissible; the case proved fatal.

In the remaining case, there were well marked epileptic convulsions; this case terminated favorably. The congestion of the brain, in two of the four cases was inferred from the symptoms as the cases recovered. In the others, it was revealed by a post-mortem inspection. In no case was inflammation of the brain or its membrane observed; and in all the cases the same course of treatment was pursued,

with the above-mentioned exception.—Cups were applied to the temples in the cases suffering from head symptoms, such as heat, dilated pupils, stertorous breathing, pain; but external and internal stimulation of the most active kind, was indicated in all, except perhaps in those admitted in the first degree or stage of the disease. Sometimes the patient was placed in the warm bath, and at the same time the cold douch, was applied to the head: this usually seemed to have some effect, though but temporary. In the cases which showed congestion of the brain, at the autopsy, the symptoms were still such as to require prompt stimulation, the only difference in the treatment being the local abstraction of blood from the temples, and the application of ice to the head. I knew of one case in private practice, in the year 1847, which occurred in a high liver, of apoplectic build, and shewed marked symptoms of apoplexy. The attack yielded with some difficulty to large bleedings.

Insolation is almost uniformly nervous exhaustion, and is to be treated as such. We are not to bleed because the patient is a robust man, and has fallen in a fit at his work, which seems to be the only circumstance taken into consideration usually by the physician who is hurriedly summoned to such a case. The pulse, is always a sure guide.—*N. Y. Journal of Medicine.*

Of the value of Belladonna in the treatment of Lead Colic.—Of all the modes of treating this intractable affection, cathartics combined with narcotics undoubtedly hold the first rank, and is most resorted to by the general practitioner.

A physician of Nantes, M. Malherbe, has recently treated with marked success twenty-nine cases of Colica Pictonum after the following manner: his chief reliance was upon the extract of Belladonna, prepared according to the formula of M. Bretonneau, and given for nervous constipation of the bowels. On the first day M. Malherbe administered 5 centigrammes of the extract, combined with 10 cent. of the powdered root of the same plant. If a decided impression be produced upon the disease, he repeats the same the day following; and after three or four days the pains will have subsided, and the bowels be freely opened. But if the first dose or two fails to check the disease, then the dose both of the extract and powder is doubled. In some cases the

medicine has been increased to 20 centigrammes of the extract and 40 do of the powder, before the enteralgia has been conquered.

The efficacy of this treatment may be greatly enhanced by frictions over the abdomen with unguent formed of the extract of belladonna and cerat simp.

When the tonic effects of the medicine are perceived, the dose may be gradually diminished and finally discontinued altogether, when a perfect cure is effected.—*Transl. Bulletin Therapeutique.*

We have seen it recommended in some authentic works to administer large doses (one or two drachms) of the powdered sulphate of alumina in the cure of lead colic; this treatment we have seen tried with complete success in more than one instance. It does not, as might *a priori* be anticipated, produce or increase the existing constipation—it positively acts as a purgative—at all events, by allaying the pain, and relaxing the spasms of the muscular coat of the intestines, it facilitates the action of purgative medicines.

We have found, finally, that when all the above mentioned means fail, small doses of calomel combined with fractional doses of opium, given until the salivary glands are excited, will remove the last vestige of the lead poisoning.—*Ed. New Orleans Med. and Sur. Jour.*

Treatment of Urticaria by the Sulphate of Quinine.—This is an eruptive disease, usually distinguished by elevations of the cuticle in the form of wheals; it is sometimes exceedingly obstinate, resisting all the means that may be brought to bear against it. We are induced to notice this affection, because recently we have met with two or three cases that yielded only to large doses of quinine.

It is often quite simple in its nature, yielding readily to tepid baths, mild cathartics, and a restricted diet; but again, it is accompanied with much febrile disturbance, pain in the epigastrium, nausea, fulness in the head, and a burning sensation over the surface of the body; the face, hands and feet swell; the eyes are almost closed; the tongue is loaded with a white coat, and the itching is intolerable at times. Again, the eruption is accompanied with severe articular pains, all of which phenomena serve to complicate the exanthema, and augment the difficulties of the case. Dr. Wickham and M. Le-

grouse of the Hospital Beaujon report some cases of the worst forms of Urticaria, which were promptly cured by full doses of quinine, continued for two or three days.

Treated with quinine the articular pains, the painful tumefaction of the face, feet and hands, the eruption itself, rapidly disappeared, together with the nausea, febrile excitement, and indeed all the distressing symptoms.—*New Orleans Med. and Sur. Jour.*

On some of the causes of Pericarditis. By DR JOHN TAYLOR.—In this communication, which appeared in the “*Medico-Chirurgical Transactions*,” vol. xxviii. p. 453, the main object of the author is to determine what are the principal causes of pericarditis, and to ascertain their frequency, both absolutely and relatively to each other.

He does not profess to investigate all the causes of pericarditis. He has first inquired what were the causes actually observed in all the examples of the disease which have fallen under his notice; in the next place, he has investigated more in detail, their frequency, both absolutely and relatively to each other, as well as some other of the circumstances connected with each of the causes so observed; lastly, he has examined, incidentally, the influence of the same causes in producing inflammation of other internal organs, both in connection with, and independently of, pericarditis.

The cases of acute and severe pericarditis examined are thirty-five in number. Of these nineteen occurred in the progress of acute rheumatism; ten in connection with Bright's disease of the kidneys; three others may have had Bright's disease, but if not, the cause is unknown; one occurred with malformation of the heart and consequent cyanosis; two were produced by the extension of inflammation from a neighboring texture,—in one from the liver and diaphragm, and in one from the left pleura.

These severe cases of pericarditis may again be conveniently subdivided into two smaller groups.

1. Those occurring in persons previously in good health, or in the course of an acute disease; and 2nd. Those occurring in persons in bad health or in the progress of some chronic disease. A remarkable and important difference will

be found in these two divisions, in relation to the causes of the disease. Of twenty-nine cases examined, with a view to this difference, sixteen belong to the first, and thirteen to the second, of the two divisions just described. Of the cases in the first class all were complicated with acute rheumatism, and none of them, so far as is known, with Bright's disease. Of the cases in the second class, only one was complicated with acute rheumatism; whereas fully two thirds were known to be associated with Bright's disease, and all of them may have been.

The two great causes of pericarditis, therefore, appear to have been acute rheumatism, and Bright's disease of the kidneys. The author next enters into some considerations intended to show that these two diseases owe their power of inducing pericarditis to the same ultimate cause, viz., an alteration in the composition of the blood; but he does not attempt to determine, whether the alteration in the blood be essentially the same, in relation to the production of pericarditis, in the two diseases referred to. If it be assumed that the pericarditis, which was associated with cyanosis, likewise depended upon the state of the blood in that disease, it will then appear that only two *generic* causes of the inflammation of the heart were observed in thirty-five cases under consideration, viz., a morbid condition of the blood, and extension of inflammation from a neighbouring texture.

The author next examines the cases of adhesion of the pericardium, and of white spots upon it, with references to the causes of the inflammation producing them; and he arrives at the conclusion, that in every case in which any information is given upon the subject, there had previously been either acute rheumatism, or pleurisy, or there was found actually existing, either Bright's disease, or some other disease of the kidneys.

The two chief causes of acute pericarditis which were thus observed, viz., acute rheumatism, and Bright's disease of the kidneys, are next examined with more detail.

1. *Of Acute Rheumatism as a cause of Inflammation in the Heart.*—The frequency of acute rheumatism, as an observed cause of pericarditis, has been already stated; it was observed in two-thirds of all the cases of the latter disease.

Of seventy-five cases of acute rheumatism, treated by the author in University College Hospital, thirty-seven, or about one-half, had morbus cordis of some kind or degree; the rest had probably none.

Among these seventy-five cases of rheumatism, there occurred six of acute pericarditis of considerable severity, besides two very slight cases. The proportion of the former, therefore, was one in twelve and a half cases. In the same seventy-five cases of rheumatism, there were thirty-two cases of valvular disease of the heart, either old or recent, besides two known to be recent. There was, therefore, one case of valvular disease in about every two cases of rheumatism.

The author next compares these results with those of various writers upon the same subject, and from this comparison he concludes—

1. That acute inflammation of the heart has occurred less frequently, as a complication of acute rheumatism, in his experience, than it has been believed to occur in the experience of those writers whose opinions seem to have been most generally adopted by the profession.

2. That the frequency of inflammation of the heart, even in his cases, has been such as abundantly to show the great influence of acute rheumatism in its production.

An attempt is next made to ascertain the real amount, and the causes of the difference between the observations of the author and those of the writers referred to. The result, as it respects most of these writers, may be briefly stated to be,—

1st. *Of Pericarditis.* In those instances in which such data have been given as enable us to compare similar cases, the results are very nearly the same. In various instances, however, no comparison can be fairly made, either from the want of figures, from the mixing together of cases of endocarditis, and of pericarditis, or from a great difference in the age of the subjects.

With respect to *Endocarditis*, the discrepancy is much greater than in the case of pericarditis, and one of the chief causes of the difference appears to the author to be, that most writers have given the proportion of cases of valvular disease in acute rheumatism in such a manner as implies (when it is not directly stated) that they were all cases of acute dis-

ease—omitting, therefore, to distinguish the proportion of them which were of older date.

The proportion of cases of valvular disease of all dates observed by the author is nearly the same as that observed by the chief writers referred to; but he attempts to show,—

1st. That the greater number of these are examples of old valvular disease.

2nd. That, at all events, in most cases it is very difficult to distinguish when the disease is recent and when old; and,

3rd. That, as far as he has been able to ascertain, acute endocarditis is less frequent than acute pericarditis in rheumatism.

The frequency of morbis cordis in chronic rheumatism is next inquired into, and compared with that in acute rheumatism; and from this inquiry it appears, 1st. That the total number of cases of morbis cordis, old and recent, is nearly the same in the two kinds of rheumatism. 2nd. That acute inflammation of the pericardium and of the endocardium is much more common in cases of acute than of chronic rheumatism.

The frequency of other internal inflammations in the course of acute rheumatism is next examined, and compared with that of inflammation of the heart, and the result is that the last mentioned inflammation exceeds every other in the frequency of its occurrence.

The next subject of examination is—the circumstances which favour the occurrence of inflammation of the heart in the progress of acute rheumatism.

1st. *Metastasis*.—Metastasis of the rheumatism did not occur in any one of the cases observed; hence it is inferred that this is not the ordinary nor even a frequent mode in which rheumatism produces cardiac inflammation. It does not, however, follow from these facts that metastasis never takes place, and it is attempted to be shown that its occasional occurrence is both consistent with theory and established by observation.

In this part of the paper the author refers—1. To some cases of rheumatism in which the inflammation of the heart appeared before that of the joints. 2. To some cases of what has been termed “rheumatic fever without arthritis,” *i. e.*, cases presenting all the symptoms of acute rheumatism except the affection of the articulations. 3. To one of his own cases in which he thinks it pro-

bable that there have been acute rheumatism, and in which there was pericarditis, but no affection of the joints throughout.

2nd. *Form of the Rheumatism*.—Adopting the divisions of rheumatism given in the treatise of Dr Macleod, we find that all the cases of rheumatic pericarditis occurred in connection with the fibrous as distinguished from the capsular form of rheumatism. In estimating the influence of this circumstance, however, it is necessary to remember that the fibrous variety of rheumatism is much more common than the capsular.

3rd. *Intensity of the Rheumatism*.—From the cases examined, it appears to result that the violence and fatality of rheumatic pericarditis, are generally greater in the cases in which the accompanying rheumatism is very acute than in those in which it is sub-acute. Whether pericarditis be more frequent in the more severe than in the less severe form of rheumatism, the author's cases do not enable him with confidence to determine. As far as they go, however, they are opposed to such a view, for three-fourths of the examples of rheumatic pericarditis occurred in sub-acute rheumatism.

4th. *Stage of the Rheumatism*.—In more than half the cases of rheumatic pericarditis, the affection of the heart appeared on or before the fourth day of the disease. With one exception, the pericarditis did not appear sooner in those cases in which it was very severe than in those in which it was much less severe.

5th. *Influence of Repeated Attacks of Rheumatism*.—In the cases examined, pericarditis was found to be both more frequent and more severe in the first than in subsequent attacks of rheumatism.

6th. *Previous Disease of the Heart*.—Ten out of fifteen patients had no previous disease of the heart, and among these were found all the most severe cases of pericarditis.

7th. *Age*.—Of fifteen patients, nine, or about two-thirds, were only twenty years of age or under; five were between twenty and twenty-six; and one was about forty.

8th. *Sex*.—Of fifteen patients, nine were males and six were females. It is necessary, however, to remember that rheumatism is more common among men than women.

9th. *Influence of Venesection.*—Twelve of the patients had not been bled before the pericarditis appeared; the remaining three were bled, one eleven days, one five days, and one three days, before the pericarditis supervened.

Modes in which Rheumatism produces Pericarditis.—Upon this question the author adopts the following hypothesis as consistent with all the facts he is acquainted with:—

The cause of acute rheumatism is probably the presence of some morbid matter in the blood, which has an especial affinity for the fibrous and fibro-serous tissues of the body, and which, by fixing itself in one or more of these, induces various local inflammations. The similarity of the structure implicated, is probably the reason why rheumatic pericarditis or endocarditis often occurs at the same time with or succeeds to rheumatic inflammation in the joints, just as rheumatic inflammation in one joint occurs with or succeeds to that in another; and the heart is more frequently (?) and more severely affected in severe cases of acute rheumatism, for the same reason that more joints are affected and more severely affected, and also that more fever is present in such cases; which reason may not improbably be a greater abundance of the *materies morbi* in the blood.

II.—*Of Bright's Disease of the Kidneys as a Cause of Inflammation in the Heart.*—We have already seen that of thirty-five cases of pericarditis, Bright's disease was the only assignable cause of the inflammation in thirteen, or more than one-third. It remains to institute the corresponding and complementary inquiry, into the frequency of pericarditis and endocarditis in Bright's disease.

1. In the bodies of fifty patients, who had either died of Bright's disease or who were ascertained to have this disease in an advanced stage, acute pericarditis was found in 5, or in 1 out of 10, and acute endocarditis in 4, or in 1 out of 12.

2. On the other hand, in 142 bodies, in which the kidneys were not affected with any appreciable disease, acute pericarditis was found in 4, or in 1 out of 35, and acute endocarditis in 2, or in 1 out of 71.

Pericarditis and endocarditis, therefore, being four times more frequent in fatal cases of Bright's disease, than in fatal cases without renal disease, it seems clearly to follow that the influence of Bright's disease

in producing these inflammations is unquestionable and great.

III. The frequency of other internal inflammations in fatal cases of renal disease, is next examined and compared with their frequency in fatal cases without renal disease. From this comparison it appears,—

1. That the proportionate number of acute internal inflammations, exclusive of those of the heart, is twice as great in the series of cases with renal disease, as in that without such disease; the numbers being respectively ninety-six and forty-two per cent.

2. That the proportion of patients, likewise, among whom these inflammations were distributed, is greater in the former than in the latter series of cases; the numbers being respectively sixty and thirty-six per cent.

Hence we may safely infer, that Bright's disease has a great tendency to produce other internal inflammations besides those of the heart.

IV. A further examination of the same facts shows, that the relative frequency of various internal inflammations, is different in fatal cases of Bright's disease and of other diseases, taken indiscriminately.

The following are the various inflammations inquired into, arranged in the order of their frequency, as they were calculated to be due to renal disease, or to the causes operating in other fatal diseases.

1. *Inflammations due to renal disease.*

—Cerebritis, pneumonia, pleuritis, pericarditis, endocarditis, meningitis, peritonitis.

2. *Inflammations independent of renal disease.*—Pleuritis, pneumonia, peritonitis,

meningitis, cerebritis, pericarditis, endocarditis.

V. From a comparison of the numbers given in this paper, we may calculate the tendency to produce various internal inflammations of the causes operating in fatal cases of Bright's disease as compared with those present in cases without renal disease. If we use the term Bright's disease, to represent all the causes operating in fatal cases of Bright's disease, and then compare these with the causes in operation in fatal cases without any renal disease, we shall find that Bright's disease produces;—1. *Endocarditis*, almost 5 times as often as all other causes put together; 2. *Cerebritis*, fully 3½ times as often; 3. *Pericarditis*, fully

2½ times as often; 4. *Pneumonia*, just 5 times as often; 5. *Pleuritis*, just ¾ times as often; 6. *Meningitis*, 3 times less frequently; 7. *Peritonitis*, 100 times less frequently. The author next inquires into the comparative efficacy of acute rheumatism and of Bright's disease, in producing pericarditis and other internal inflammations.

In comparing these two affections, we meet with some difficulty, arising from the fact that one of them is an acute disease, and is seldom fatal, whereas the other is chronic and generally fatal. It appears to the author that the best mode of avoiding this difficulty is, to compare fatal cases of Bright's disease with ordinary cases of acute rheumatism. If the object were to ascertain the proportion of cases, in which traces of previously existing inflammation were found, this method would be objectionable, because the one disease having run a much longer course than the other, it would have had much more time to produce any inflammation which it had the power to produce; but, if cases of actually existing inflammation alone be counted, then the objection does not exist, and the result should not be far from the truth.

Of seventy-five cases of acute rheumatism, eight, or one in nine and a half, were complicated with pericarditis acuta. Of fifty fatal cases of Bright's disease, five were complicated with pericarditis acuta—or one in ten.

Hence, Bright's disease in the advanced stage, and acute rheumatism, appear to have caused acute pericarditis in an equal proportion of cases.

An examination of twenty cases of old adhesion of the pericardium, however, shows, what the considerations stated above might have led us to anticipate, that old adhesions of the pericardium have been produced twice as often by Bright's disease, as by previous attacks of acute rheumatism.

From considerations which could not readily be made intelligible in this abstract, the inference is next drawn, that acute rheumatism has a greater tendency to produce pericarditis than has Bright's disease in its earlier stages, and consequently that the tendency of Bright's disease to induce pericarditis, and probably also other internal inflammations, increases in proportion as the affection of the kidney is more advanced.

The conclusion thus arrived at is quite in accordance with the *modus operandi* of

Bright's disease in producing local inflammations, which has been assumed in an earlier part of the paper; for, if this effect of renal disease depend upon a morbid condition of the blood, arising from the excessive accumulation of urea, we should expect the effect to increase in proportion as the structure and the functions of the kidneys, and the consequent composition of the blood, deviate more from the healthy condition.

In conclusion, some remarks are made upon the probable occurrence of pericarditis in other blood diseases, besides those observed by the author.

Likewise some observations on the importance of the constitutional or predisposing causes of inflammation, as distinguished from the exciting causes.—*Abridged from Braithwaite's Retrospect.*

SURGERY.

Malignant Pustule—Vel Carbuncle, Charbon, Anthrax, prevailing as an epidemic in the Parishes of St. Mary and Vermillion, La.—by JAS. H. BALDRIGE, M.D., of Franklin, La.—July, 1851.—As little is known of the treatment of a disease commonly termed Charbon, it may not be uninteresting to the majority of your readers to report a few cases with the treatment, as it appears at the present time in this parish.

In the Southern provinces of France, particularly in Lorraine, Burgundy and Provence, and in the Southern part of Germany this disease, termed by them "Pustulo Maligne," Charbon, Anthracine, and "Mil's Brand," often prevails. Morand, a French surgeon, in the history of the Royal French Academy, for 1766, gives a description of this disease. In 1755, in a work upon the treatment of biles by Chaussier and Enaux, there is described the "Pustulo Maligni," which resembles much the Charbon. Karfer also describes a disease resembling this in a great degree. There are other notices given of the malignant pustule as seen in different parts of Europe by different authors, having many symptoms in common with the disease as it appears here, but differing in some important particulars. Dr. Gross in his *Pathological Anatomy* has the best description of Charbon that I have seen; yet he has omitted several important symptoms.

No matter how common it may be in the Southern portions of France, Germany and Italy, its appearance in the United States, excepting the extreme Southern parts, is of rare occurrence. At the present time it prevails epidemically amongst the stock of this parish, and in the parish of Vermillion. So far as I can learn from the oldest and most intelligent Creole planters of the parish, charbon never appears amongst the stock, excepting after protracted heat and drought.

Of the remote cause nothing is positively known. In one of the reports above alluded to, vitiated provender with impure water is set forth as the cause. In St. Mary during this drought there has been no scarcity of good water and food. Another attributes it to a poisonous marsh malaria. The first appearance of this disease here was among the mules which were in a healthy part of the parish, and we have had no excess of disease in the human subject generally attributed to malaria. I think the most plausible speculation to be the elimination of a powerful poison produced from the rapid decay of animal matter, caused by great heat and the absence of moisture, which being imbibed by the common carrion fly is reproduced in the living animal upon the principle of inoculation from the bite. Be this as it may, it is an established fact that the disease is reproduced by the bite of the fly, by contact with the secretions, blood and excrements of the animal affected. Laceration of the flesh with the hide of cattle which have died of this affection has been known to reproduce the disease.

Those who treat stock affected with charbon, such as butchers, shepherds, tanners, and stock drivers, are most liable to it. It generally appears upon the parts that are habitually exposed, upon the extremities, face, neck and breast.

Charbon is characterized by a round prominence with a small vesicle in the centre, which contains a sero-sanguinolent fluid. As it increases, it presents a rough granulated appearance, and the contents of the vesicle become darker; the surrounding skin and cellular tissue become rapidly involved, and an erysipelatous, phlegmonous inflammation ensues. There is tendency to gangrene, and if not arrested by appropriate treatment, hastens to this end—becoming putrid from the centre to the circumference. The cellular tissue becomes indurated presenting to the touch a hard resisting tumor. The size

of this tumor varies from one to two inches. It runs its course in from 24 to 86 hours. Constitutional derangement, although considerable, is nothing like so great as described by the above mentioned authors, or as we would expect from such a disease. In fact the nervous system appears to be depressed or benumbed as it were. The rapidity or progress of the disease is dependent, in a great measure, upon the seat of the vesicle; if near a highly vascular part it is much more rapid than if near a spot not so well supplied with blood vessels and lymphatic glands.

The following cases will, perhaps, give a better conception of this disease as it appears here, than a simple description of the same: C. S., aged about 30 years, of good constitution and regular habits, states, that whilst reading in his room he was bitten by a common green carrion fly upon the back part of the left hand; that the bitten spot immediately swelled to the size of a pea, and itched very much; that it continued to itch, sting and swell, until that time, which was twelve hours after it occurred. The tumor had a brownish vesicle in the centre of it, surface somewhat granulated and had a firm indurated base. Complained of a peculiar burning sensation alternating with itching. The swelling had reached the wrist of the afflicted arm, and continued to extend upwards rapidly. I applied a strong solution of the nitrate of silver by a dossil of lint, and permitted it to remain until it had destroyed that portion of the tumor which was prominent. Applied then aqua ammonia, and directed him to place the arm and hand in a strong lie bath and to let it remain an hour; to resort to the bathing frequently during the day, and when not bathing to use the lie poultice. He had taken salts which acted freely. Six hours afterwards I saw him again, and found the swelling had reached halfway the fore arm. Complained of a numbness, a heaviness in the arm, produced, as he stated from the distended condition of the part. Administered Dover's powders, grs. x, and left two other powders to be taken one hour apart, until he slept, and wrapped the arm up in a hop poultice. In the morning he stated that he had not slept from the unpleasant fulness produced from the swelling; that he could not bear the hop poultice, and was compelled to resort to the lie bath. The swelling now reached midway the arm, the entire arm look-

ed as do the extremities in Anasarca. The lymphatic glands could be traced by their reddish appearance—were tender to the touch and enlarged, particularly those of the axilla of the affected side. There was little or no fever. Prescribed carb. of amm. grs. vi. to an ounce of mucilage, every hour; continued alkaline baths and dressings. That evening there was not much change. Continued treatment. The next morning he had stated that he had slept four hours, and felt better. I found swelling somewhat diminished, and the base of the tumor much softened. He continued to improve with this time, and by the aid of simple dressings of a mucilaginous nature was soon restored.

Dennis, a field hand, aged 34, black, and of robust constitution, states that whilst hoeing he was bitten by a green fly on the left arm, and that he killed the fly with his right hand; that the bitten place itched and smarted very much, and that it swelled rapidly. Stated that he was bitten just before the dinner bell sounded.

Yesterday (July 6th.) It was now 26 hours since the bite. Midway the back part of the left forearm I found a hard tumor of a rough granulated appearance, with a vesicle containing a yellow fluid. The swelling reached the arm; temperature of the limb but little higher than natural; pulse 90, and soft; tongue natural; complained of a numbness and weariness of the arm. The glands were swollen and enlarged. I made a crucial incision down to the base of the tumor, from which exuded drop by drop a bloody serum, or yellowish water. Pressing open the wound I filled it with aqua. amfort., allowing it to remain several minutes. He complained of a little burning sensation. Administered a saline cathartic; directed the use of the strong lie bath, and poultice afterwards, with gr. x. carb. of ammonia every two hours in mucilage.

On the morning of the 8th found him, with the exception of the swelling, which had reached the shoulder, about the same. Perhaps the glands in the axilla and those down the side were more enlarged than they were the day previous. They were more painful to the touch. The sulph. of magnesia operated freely; had not slept much; complained of no pain and wishes to eat. The tumor has a hard leathery feel; is of a dark color, and insensible. Continued the lie bath, alternating with a

poultice, with carb. of ammonia every hour instead of every two hours.

July 9th. The swelling somewhat diminished; the indurated mass appears to be about separating from the healthy flesh. Continued the poultice with an occasional bath.

July 11th. This morning the tumor became detached, leaving a cavity an inch deep and two inches and a quarter wide. It was now treated with emollient poultices and simple dressings, and continues to improve.

There are other cases that have fallen under my care, of wounds produced from the bite of the fly, but as they present nothing differing from the two cases reported above, worthy of note, I deem it useless to mention them. One case which occurred on the 14th inst. was produced on the hand from dressing the wound of a mule suffering from it. As yet no cases have occurred where the disease is seated near the neck, head or face. I am inclined to think that if bitten about the neck, head or face. I am inclined to think that if bitten about the neck or any highly vascular part, unless immediately removed by caustic or the scalpet, death would shortly ensue. I would furthermore add, in support of the alkaline treatment, that of all the remedies recommended by those who had much experience in treating the disease amongst the lower order of animals, that some powerful alkali entered into the composition of the nostrum used, although they frequently attributed the virtue of the remedy to some other ingredient.

It is not, however, so easily managed or successfully treated in the mule, horse, or cow. If seen early, before the poison has become disseminated throughout the system, and removed by the knife, actual cautery, or caustic, they almost invariably recover. Generally it is not detected until too late; and death ensues at a period varying from 24 hours to 7 days. There is no complaint on the part of the animal, commonly, at all, and will continue to eat until a few moments before death. It frequently falls dead. The planters generally treat it, when they see it early, by cutting freely into the tumor and filling up the wound with a compound of soft soap and quick lime, composed of equal parts. Others remove with the knife all of the inflamed mass. Others rely upon the hot iron, which is generally the safest remedy in the hands of persons who do

not know where to cut. Some open the wound, and pour in hot spls. of turpentine, others hot lard. I presume the virtue depends upon the heat.

Some of our Planters have lost several thousand dollars worth of horses and mules,* and an immense number of cattle. Hogs that eat of the dead carcasses soon die of the disease. The dog that eats them meets with the same fate. It is generally thought that a good rain will check the disease.—*N. O. Med. and Sur. Jour.*

Treatment of Erysipelas by the Tincture of the Muriate of Iron.—(From proceedings of Edinburgh Medico-Chirurgical Society.)—Dr. Charles Bell read a communication on the treatment of erysipelas by the tincture of the muriate of iron. The paper consisted of two parts. The first by George Hamilton Bell, F. R. C. S. E., and the second by Dr. Charles Bell, F. R. C. P.

Dr. Sellar said he had felt great interest in the paper just read. It was difficult to reconcile the treatment proposed with the acknowledged principles on which inflammation was to be treated. The fear of the exciting influence of iron on the heart's action was at one time so great, that it was forbidden whenever there was even the name of inflammation. That day was gone by; but still the approved rule was, to avoid it in acute inflammation. Acute erysipelas was, however, a peculiar inflammatory disease. The treatment in it was not to be judged of by common rules, even when the symptoms were unequivocally those of high excitement. There was reason to think, that erysipelas was usually kept up by some peculiar internal cause of irritation. And it would be desirable to ascertain how the muriate of iron acted in this disease on the urinary secretion,—whether, for example, it had any effect on the urine analogous to that of colchicum, which was one of the acknowledged remedies in the same disease. Many facts had been ascertained of late years, showing how mischievous was the effect in the course of acute, and in particular of eruptive, diseases, of the retention of urea in the liv-

ing system; and he referred to papers formerly read before the Society, by Professor Henderson and Dr. Douglas Mac-lagan, bearing on this very important subject. Could the muriate of iron be shown to operate on the chemical character of the urine in erysipelas, there would be less difficulty in coinciding with the opinion of the authors as to its beneficial effects.

Dr. Andrew stated, that so far as hospital experience went, erysipelas, it appeared to him, was a disease which did not bear the antiphlogistic treatment. On the contrary, wine and alteratives were generally required. He had seen the happiest effects result from the external use of the nitrate of silver. He had commenced a trial of the muriate of iron in a case yesterday. He would at some future time let the society know the result.

Dr. Mackenzie concurred with Dr. Andrew, that in hospital practice wine and stimulants were often of the greatest service in the treatment of erysipelas, which, in many instances, from the first presented the character of a true *inflammatio debilis*. In some of the London hospitals (St. Thomas's, for instance) the disease was treated throughout by stimulants. There was another acute form of disease,—viz., phagedenic ulceration of the penis,—in which Dr. M. had found iron, according to Riccord's recommendation, of great use. The preparation employed was tartarized iron.

Dr. Simpson stated that he had tried the chalybeate practice mentioned in the paper, in two cases of erysipelas of the head and face, and both patients had done well. The first case was one peculiarly fitted for it. At the time of the attack the patient was completely blanched and anemic, from long-continued menorrhagia in connection with intra-uterine polypi. Dr. Christison had seen the patient with him. When the erysipelas first appeared upon the face, it had this strange peculiarity, that it was truly a white erysipelas, there not being apparently enough of red blood to give the usual red color to the inflamed surface. The disease consisted entirely in a gradually spreading swelling, covered with scattered vesicles. No case could be more likely to benefit under the treatment by iron; and, as the patient disliked it in the form of drops of the tincture, she used pills made of the citrate, and apparently with excellent effects. But it was to be recollected, that patients in erysipelas seem sometimes to prosper under the most opposite plan of

* This epidemic, like that described in the First Book of Homer's Iliad, made its first assault upon mules:—

"On mules and dogs th' infection first began;
And last, the vengeful arrows fix'd on man."

treatment; under antiphlogistic means in the hands of some, under bark and stimulants in the hands of others, and that pursued as a general and invariable practice. Such effects were calculated to lead one to doubt much the utility of constitutional treatment altogether in erysipelas; and to believe, that probably the disease generally progressed well, not from the type of constitutional treatment adopted, but in despite of it.—*Monthly Jour. of Medical Science.*

Case of Obturator or Thyridal Hernia successfully relieved by Operation.—By Mr. HENRY OBRE. (Communicated to the Royal Medical and Chirurgical Society by Professor Erichsen.)—After commenting on the extreme rarity of this form of hernia, and stating that he had been unable to find any record of its having been detected and relieved by operation during life, the author relates a case in which he operated successfully. The patient, a female aged 55, the mother of a large family, was seized with symptoms which led her medical attendant (Mr. Gardener) to believe that she was suffering from rupture. She denied that this was the case, and a careful examination convinced Mr. Gardner that there was no hernia in the usual situations of that disorder. A little below the femoral region on the right side, however, he detected a degree of hardness resembling a small gland, and deeply seated; with some general fulness about the part. The author saw this patient on the fourth day after the symptoms had begun; at this time she was suffering extreme abdominal pain in the umbilical region; during the previous twelve hours her vomiting had been stercoraceous and incessant; the countenance pale and contracted; voice faltering; pulse weak, small, and intermittent—in short, all the symptoms of pending dissolution from strangulated intestine were present. On careful examination, nothing could be detected but a slight degree of fulness in Scarpa's triangle on the right side; that on the opposite side being well marked on using firm pressure with the ends of the fingers over the neighborhood of the femoral artery, and a little below the saphenous opening, a distinct hardness was to be felt, slight in extent, but giving the impression as if the sheath of the vessels was being pressed on. The state of the patient was such as to induce the author to propose to make an

incision into the upper part of the thigh, down to the hard structure, in the hope that he might find confined intestine low in the femoral canal. He made a straight incision into Scarpa's triangle, as in the operation for tying the common femoral artery; beginning about three inches below Poupart's ligament. When the cribriform fascia was opened, and the saphenous opening exposed, no hernial sac was found, but the hardened structure could be felt lying deep to the inside of this opening. The dissection was with some difficulty continued downwards; the fascia lata was divided, and the pectinæus muscle exposed. The fibres of this muscle were divided transversely for about an inch and a half or two inches, and a hernial sac was exposed, which rose up into the wound to the size of a pigeon's egg. The finger being passed along the sac, entered the obturator opening. The sac was opened, and the intestine was found to be a portion of the small gut, blue and congested. The opening through which it passed did not tightly enclose its neck, but it was considered prudent slightly to divide the edge. In doing this the saphena vein was wounded, and it was necessary to apply a ligature to its upper part. This was the only ligature required. After the operation, no medicine was given; in the course of the day the bowels acted three times, and in the course of a few days the patient had quite recovered.—*Dublin Medical Press, July 16, 1851.*

Artificial Nose.—Dr. W. Roberts exhibited a model of an artificial nose and palate. He stated that, at the request of Dr. C. Bell, he had attempted to construct an artificial nose and palate for a patient of his who had entirely lost the nose and a portion of the palate. After many attempts he had at last succeeded by employing gutta percha.

The first step was to take an impression of the parts of the face with warm wax, and casting this with plaster of Paris, an accurate mould of the part desired was got. To this a nose of common wax was shaped and fitted; this wax nose was then carefully imbedded in plaster, the wax was melted out, and thus a counter mould was formed. He then got some whitened gutta percha, passed it through a pair of jewellers' rollers to bring it to the desired thickness of about a shilling; a piece large enough was first heated in warm water,

then gently pressed into the counter mould; when cold, a form was given to it exactly the same as the wax model; this being carefully fitted to the face, a silver wire was attached to it on the inner side by means of a piece of heated gutta percha, the end of the wire was turned to a small ring to which a piece of fine sponge was sewn, sufficiently long to pass over the deficient portion of the palate. The palate, as usual, was made of gold, with a piece of sponge attached to the ridge, passing through the opening into the base of the lost nose. The nose was firmly held in its place by being pushed back close to the face, the palate being then put into its place, the sponge of the palate being in front of that of the nose held it in its place, the one supporting the other. The upper portion of the nose was held firmly to the face by means of spectacles having an elastic band going round the head. The nose was carefully colored to suit the heightened spots and shades of the face, and, when seen at a few feet distant, was hardly observable. The patient wore these helps till his death. The sponge was found to be of great comfort, by absorbing any discharge that occurred.—*Journal of Medical Science.*

MIDWIFERY.

Case of Fœtal Monstrosity, in which the Placenta was Affixed to the Region of the Abdominal Walls, &c. By MR DICKSON. —Mrs D., aged 37, was recovering from an attack of influenza of six weeks' standing. Was in the seventh month of her ninth pregnancy. Quickened six weeks ago, and, since then, frequently felt the child's motions unusually active and severe, and always towards the *right* side.

Nothing particular was remarked in any of her previous labors.

About 5 P. M. of July 4, 1850, without any known exciting cause, she was seized with pains like those of labor, each pain being followed by more or less discharge of blood from the vagina.

Visited her next morning at 4 o'clock. Found the pains weak but regular, and increasing in frequency; the hemorrhage small, no fever nor sickness. Abdomen unusually large for period of pregnancy. Os uteri high, and dilated to the size of a shilling; membranous bag protruding; unable to detect presentation. Until half

past 6, the pains continued increasing with energy and frequency, having the effect of opening the os to the size of a crown piece. The bag now protruded a great way into the vagina, and, during a strong pain, it was forced externally. Could not feel presentation through it, although, in the intervals between the pains, I felt a soft resistant body beyond it, which it was impossible to diagnose with certainty. In an hour afterwards, I ruptured this bag, and a great quantity of watery fluid escaped, which I at first thought was the liquor amnii. On examining, to ascertain what presented, was surprised to find another bag almost as large as the first, protruding from the os; but no part of the child could be detected. I then supposed that the first bag contained the hydropic, and the second the true liquor amnii; or else, that each was the separate membranes of separate fœtuses.

During the next two hours there was an abatement in the severity and number of the pains, and the woman had a short repose.

About 10 they recommenced with increasing activity, and the bag protruded further at every uterine contraction. The os being now fully dilated, and, as I conceived that the bag was hindering the process of labor, I ruptured it, and a very large quantity of fluid escaped. The abdominal tumor subsided considerably after this. Introducing the finger again, to know the presenting part, I was doubly surprised on meeting with a third bag. This, however, was denser than the others; its coats had a thicker and rougher feel, and the uterine pains had no effect upon its resistance. On tracing it upwards, keeping to its lower side, the finger came in contact with the apex of the scapula of the fœtus, and searching about, I found an arm. The exact position of the fœtus was this: its head was placed towards the left foramen ovale, and its inferior extremity towards the right iliac symphysis. Thinking it was necessary to turn the child, in order to effect delivery, I proceeded in quest of the inferior extremity. Carrying the finger along the back (*i. e.* from the *left* to the *right* side of the mother), I found that the bag last referred to was firmly attached to it. In feeling for the genital organs, I could not detect the slightest irregularity of surface to mark their presence in the usual position. The surface of the abdomen was occupied by a large, soft, and yielding fleshy mass. The

right knee was easily found; but, on attempting to pull it round, I felt that the whole fœtus was firmly attached to some hard resisting body. Being afraid to use forcible extractive measures, I left the case entirely to nature. A strong pain brought the left knee into the vagina, which was quickly followed by the right one, and a few more expelled the child externally. The extrusion of the placenta was simultaneous with that of the child. Little or no hemorrhage followed, and the woman recovered perfectly in a few days. The child lived for a quarter of an hour after birth. The fœtus was about thirteen inches long. Its head, arms, and inferior extremities were naturally formed, and proportionate to its length. The chest was small and contracted. The tumor on the back was situated over the lumbar and lower dorsal region. It contained about two ounces of serous fluid. The cyst was quite closed, and no communication existed between it and the vertebra.

The placenta was of great size, being fully twelve inches in diameter; its lobes were undistinguishable. From the centre of its inner (*i. e.* fœtal) surface, a number of large vessels issued, which, after being loosely collected together for about three quarters of an inch, entered a structure immediately to be described. On lifting up the placenta, the abdomen was found open, the anterior parietes being entirely absent. Occupying their position was a large solid tumor, not unlike the liver in appearance and texture, and connected to the longitudinal fissure (but more particularly to the adjacent part of the lesser lobe) of that organ by a band of peritoneum (?) of about half an inch in length, which enclosed a number of vessels. These vessels proceeded from about the centre of the posterior surface of the tumor. The vessels from the placenta entered its inferior margin, and were soon lost in its structure. The liver, bowels, &c., lay beneath it. The diaphragm was imperfect on the right side, and the lung was in immediate contact with the liver. The kidneys were in their normal situation, and the ureters proceeded to the bladder as usual. On the anterior surface of this viscus (the bladder, which ascended for fully one and a half inches above the pubis, and was quite exposed) was a bluish spongy body resembling the penis in structure, and on either side were two small whitish glandular bodies like the testicles, from which issued a congeries of tubes or vessels, which

joined the two crura of the penis below. There was no appearance of external genital organs in their usual place. The arms were perfect.

I was not allowed a dissection of the fœtus.—*Monthly Journal of Med. Science.*

Stercoraceous Accumulation Mistaken for Pregnancy. By M. LARONDE.—Madame L., æt. 48, in otherwise good health, came to consult her physician concerning a swelling which had appeared and was increasing in the hypogastrium. Pregnancy was diagnosed,—the menses appearing very irregularly, and at long intervals. But at the end of nine months nothing made its appearance; while the tumor continued gradually but slowly to increase in size.

When M. Laronde was called in, the patient was despaired of by her attendants. He found her condition as follows:—pulse small and weak; *decubitus* dorsal, prostration very great; face pale, emaciated and characteristic of a chronic affection of the intestinal canal; breath fetid, gums soft and bleeding;—the abdominal tumor rising as high as the umbilicus, hard and rounded; but in place of rising from the sides it seemed intimately connected with them. Vaginal examination was not permitted. The tumor felt like a mass of half-dried earth or clay. She went to stool once or twice daily, and was occasionally troubled with diarrhœa.

Glauber salts, &c., &c., were administered; an immense quantity of fecal matter was discharged, and the tumor disappeared.—*Journal de Médecine et de Chir.*, November 1850.

MATERIA MEDICA.

On a Substitute for McMunn's Elixir of Opium. By EUGENE DUPUY, Pharmaceutist, New York.—Within a few years the use of this preparation of opium has been much extended in the United States, through the medium of the press, as well as from the commendation of a numerous class of our practitioners, who found it to possess a sedative property which the ordinary Tincture of Opium does not possess in a similar way. Yet many amongst them reluctantly made use of it, from the fact that its mode of preparation was kept from the public, and that the usual abuse of such preparation, fostered by directions for use without the need of medical aid, by mo-

thers, nurses, etc., was a great objection to its employment by that class of practitioners who want to know, not only what is the effect of the medicines they administer, but also, what are their component parts, and how they are prepared. Having such men among the physicians honoring my establishment with their custom, I have endeavored to prepare for their use, substitutes for some of the nostrums possessed of some efficacy. As a result of my endeavors, I will state that my substitute for McMunn's Elixir has been tested for about six years, and has been found to possess the sedative property peculiar to it, without any of the unpleasant effects attributed to Laudanum.

The late Dr. Smyth Rodgers, formerly Professor in the New York College of Pharmacy, during his painful illness, had frequent recourse to it, and even preferred it to McMunn's preparation, according to his attending physician's statements, although he had, at first, great reluctance to try anything else. An advantage in my substitute is, that its manipulation is exceedingly simple, and that a country physician having at hand the necessary ingredients, can prepare it as well as the most expert pharmacist. I prepare it as follows :

Opium - - - - ʒx.
 Water, - - - - q. s.
 Alcohol, 95 per ct. $\frac{3}{4}$ iv.

The opium is to be made into a thin pulp with water; the mixture allowed to stand in a cool place 48 hours, then transferred into an elongated glass funnel containing filtering paper; a superstratum of water equivalent to the bulk of the whole mass is added. When 12 ounces of liquid have been filtered, the alcohol is added to the filtered solution.

About two-thirds of the substance of the opium is contained in the solution; the residue consisting chiefly in resin, caoutchouc and narcotina, together with the ligneous matter. Consequently, my substitute is nothing more or less than an aqueous solution of opium, nearly free from narcotina, preserved by alcohol.

Various names could be devised for it, but as it is intended to represent an article already used under a popular name, perhaps the appellation of "Elixir of Opium" might be retained for it, if no other be suggested better adapted.—*American Journ. Pharm.*

[The unpleasant effects of ordinary tincture of opium when administered to certain patients have long since originated attempts to modify that preparation; witness the *denarcotized* laudanum, Battley's sedative solution, and the preparation suggested by the late Mr. Duhamel, (*Amer. Journ. Pharm.* vol. xviii. p. 16.) which last is almost identical with the "Elixir" of Mr. Dupuy. The latter, however, has the advantage in more completely exhausting the opium and in being less alco-

holic when finished. In common with many others, we have given an occasional insight into the probable mode of preparing the so called "McMunn's Elixir of Opium." It contains meconate of morphia, and hence is prepared with neutral solvents, so as not to disturb the natural state of combination in which the morphia exists. In glancing over the long list of the constituents of opium with the view of singling out those to which the unpleasant effects of laudanum may be attributed, perhaps none are more obnoxious to suspicion than the odorous principle, resin, acid extractive, thebaina, and perhaps codeia, and narcotina to some extent, although O'Shaughnessy and others have shown that it is extremely doubtful whether the latter really possesses any disturbing quality of the kind. By the following process, a solution of opium can be made, deprived almost wholly of the principles it is desirable to avoid, and presenting the morphia in the form of its natural salt :

Take of Opium in powder, ten drachms (roy.)
 " Ether,
 " Alcohol, each; four fluid ounces,
 " Water, a sufficient quantity.

Macerate the opium in half a pint of water for two days and express; subject the dregs to two successive macerations, using six fluid ounces of water each time, with expression, mix and strain the liquors, evaporate to two fluid ounces, and agitate the liquid with the ether several times during half an hour. Then separate the ether by means of a funnel, evaporate the solution of opium to dryness, dissolve the extract in half a pint of cold water, pour the solution on a filter, and after it has passed wash the filter with sufficient water to make the filtrate measure 12 fluid ounces, to which add the alcohol and mix.

The same result was arrived at by first digesting the powdered opium in ether at several macerations, until it was exhausted, then drying and exhausting it with water. The aqueous solution was evaporated to dryness and then re-dissolved, filtered, etc., as in the above.

The ethereal liquid was evaporated at each instance:—that obtained directly from the opium yielded a brown crystalline extract, weighing 22 grains; whilst that resulting from washing the solution of opium, afforded acicular crystals and groups of larger crystals in stellated form, with a little brown extract-like matter around the edges, amounting to two grains, and having but little odor, and which exists in the elixir of Mr. Dupuy. These crystals are not reddened in the slightest degree by nitric acid, which dissolves them with a yellow color. In this treatment, the ether removes all that the water has dissolved of the thebaina, the meconin, a part at least of the codeia, the odorous principle, meconate of narcotina, and fatty matter. The ethereal

extract obtained directly from the opium, contains nearly the whole of the odorous matter; and fatty matter, besides the narcotine, free and combined. The evaporation to dryness, and re-solution in water, removes the ethereal odor, and separates a portion of acid resin and extractive. Landerer, in another part of this number, speaks of the nauseating and other unpleasant effects of the exhalations from poppy plantations during the collection of the opium. May not the odorous principle of opium have something to do with this effect, and may not the removal or loss of this in the so-called *denarcotized laudanum*, and in *old opium pills*, be at least partially the reason of their diminished tendency to produce nausea and headache? Mr. Redwood considers the "sedative liquor of Battley," to be an aqueous solution of opium evaporated to dryness to get rid of the acid resin, redissolved in water, and a small portion of spirit added to give it permanence.]—*Ed. Journ. Pharm.*

Effects of various Therapeutical agents on the animal heat. By M. Aug. Dumeril, Demarquay, and Lecoq.—The authors, in their researches, propose to examine the effects on the animal heat of various agents, introduced into the economy in successively increased doses. The experiments were made in the laboratory of M. Flourens, at the Jardin des Plantes. The animals experimented on were full-grown dogs. As far as possible, they were kept fasting from the evening before till the evening of the day on which the experiment was made. The duration of the experiments—or rather the time during which it was thought requisite to keep the animals under observation—varied from six to twelve hours. The medicinal substances were introduced in three ways,—sometimes, and most frequently, by the stomach; sometimes by the veins; and sometimes by the cellular tissue. Before any experiment was made, it was ascertained that the ligature of the œsophagus, intended to prevent vomiting, did not produce any effect on the temperature of the animal during a number of hours equal to the duration of the experiment with the medicines.

The temperatures were taken with accurate centigrade thermometers, capable of being substituted for each other in case of accident. All the temperatures were taken by the rectum, the thermometer being introduced to the same depth, and being left in the gut, until it remained at a fixed point for five or six minutes.

By taking these precautions, and by repeating in some instances the experiments as often as ten or eleven times with the same substance, the authors have been able to assure themselves that the action of any given remedy is always the same as regards the animal heat, whether administered by the stomach, the veins, or the cellular tissue.

All the substances employed were prepared by M. Meline. They used sometimes powder or extracts, sometimes alkaloids or salts. The latter preparations were the only ones ever injected into the veins. The substances were dissolved or suspended in water, oil, or mucilage; the quantity of vehicle varying from one to four ounces, according as it was to be introduced into the veins or the stomach.

The temperature of the atmosphere in which the animals were placed was from 53° to 59° Fahr., and the temperature of the liquids containing the drugs was from 68° to 95° Fahr.

The results now published are confined to those which bear upon the animal heat. To give a systematic form to their series of experiments, they have adopted Troussseau and Pidoux's classification; they have omitted those remedies of each class which are not sufficiently energetic to produce some decided effect on the animal heat.

EXCITANTS.—This class of remedies has been examined carefully; only the more powerful have been experimented with. These are,—cantharides, cinnamon, ergot, acetate of ammonia, phosphorus, and strychnia. As a general result, it may be stated, that all these agents have produced an elevation of temperature varying from a few tenths of a degree to several degrees.

Cantharides.—This drug was experimented with four times, and given in doses of 1½ grains to 3 grains and 6 grains. At the dose of 1½ grains thermometer rose 2°. 1 (centig.) in a period of six hours, during which the temperature was noted at intervals of two hours. In three other experiments made in the same manner, and with equal care, in which the doses were on two occasions 3 grains and on one occasion 4 grains, there was again an augmentation of temperature which with the 3 grains approached to 2°, but with the 6 grains did not exceed 1°. It will be seen in the course of the experiments that cantharides is not the only substance which gives different, sometimes even opposite, results with varied doses.

Cinnamon.—Three experiments were made with this substance. It was given in decoction twice in the dose of 7½ drachms, and once in 11 drachms. The animals were put under experiment between 10 and 11 a. m., and the temperature was observed for the last time at 11 p. m. In the dose of 7½ drachms in two animals, the cinnamon produced an elevation of 1o. 7; whilst in the dose of 11 drachms the rise was 2o. 7. Here, then, the increase of temperature was directly proportioned to the dose, and the action of the drug persisted in till the twelfth hour of the experiment.

Ergot.—This substance, whose special actions on the uterus are so well known, was given only once in the dose of a drachm; and

In a period of five hours, during which the temperature was observed several times, there was ascertained to be a rise of 6°. 8.

Acetate of Ammonia.—Six experiments were made with this therapeutic agent. Five times it was introduced by the stomach, and once by the veins. By the stomach, in doses of 1½ drachms, 2½, 5, and 5½ drachms, the temperature was always raised; and the same thing occurred when it was injected into the veins. The rise of temperature, however, varied. Thus 1½ drachms thrown into the veins, raised the heat 0°. 8; 1½ and 2½ drachms by the stomach gave as results 1° and 1°. 3. The dose was then increased in the ratios stated above; but the increase of temperature did not exceed that by the first doses.

Sulphate of Quinine.—It was introduced twice into the stomach in doses of 15 and 30 grains. In these two experiments the final results were increase of temperature, which varied from 1°. 5 to 2°. 2. But a remarkable phenomenon was, that, at the beginning of the experiment, the temperature fell during the first two hours some tenths of a degree.

Phosphorus.—Six experiments were made. In doses of 3-10ths of a grain, and of ¾ths of a grain, there was a constant and successive augmentation,—1°. 7 in the first, and of 2°. 2 in the second;—whilst in the four last dogs to which the drug was given in doses of 1½ grains, 2½ grains, and 3 grains, there was a constant lowering of the temperature, though to an inconsiderable amount; for it never was to a greater extent than 0°. 2, except in the case of one animal, which died in fifty minutes. Thus phosphorus in small doses raises the animal temperature very manifestly, whilst in large doses it slightly lowers it.

Sulphate of Strychnia.—Four experiments were made with this substance. Twice it was introduced into the stomach, and twice into the veins. Only slight results were obtained; but the temperature was slightly elevated. The animals, however, always died rapidly under the influence of this agent.—*Gazette des Hopitaux*, April 5, 1851.

MEDICAL JURISPRUDENCE.

On Bromine as a Toxicological Agent—by HENRY WURTZ, assistant in Yale College Laboratory.—Mr. Wurtz has not found, in the various toxicological writings, any suggestion as to the use of bromine for destroying the organic matter of stomachs.

An experiment with it was made upon a human stomach sent to the laboratory for examination. “The entire stomach with its contents, in the same state in which it was sent, was introduced into a porcelain dish covered with water, and about an ounce of bromine poured in. A

gentle heat was now applied, much below the boiling point of water, and the stomach was turned over from time to time with a glass rod.”

“When the stomach had entirely disappeared, which took place in less than half an hour, some hydrochloric acid was added, and the heat continued for a few minutes longer. The liquid was now ready for filtration, and left upon the filter only a few flakes of organic matter, together with a little fat, and that portion of the contents of the stomach which was insoluble in hydrochloric acid. It may be here noticed that a piece of paper which had been improperly wrapped around the stomach by those who sent it, and which could not be separated from it, also a cotton string, which had been tied around it by the same parties, were also completely destroyed by the bromine.”

Mr. Kurtz observes that “especial care should be taken that this operation (the evaporation of the bromine) be performed in a strong draught, because the action of the bromine vapours upon the lungs and eyes is injurious beyond the ordinary belief. In case of accidental injury from this cause, the best antidote is inhalation of chloroform or ether.”—*Silliman's Journal*, New Series, vol. xi. p. 405.

There is a case of poisoning by bromine in a late number of the “*New York Journal of Medicine*,” which should be read in connection with the above. The article is so much used in the art of daguerreotyping, that physicians should inform themselves, so as to be prepared in case of accidents.—T. R. B.

On the Presence of Mineral Poisons in the Nervous System, as a Sequence of Acute Poisoning.—by M. ROUCHER.—This subject does not appear, as yet, to have been a matter of especial attention. Dr. Flandin, in his “*Treatise on Poisons*,” decided it in the negative. Still there have been cases related of late, in which, as a result of poisoning more or less rapid, arsenic and lead have been found in the encephalon by several experimenters; copper has been detected, in a solitary instance, in the spinal cord; and again, according to M. Millon, antimony accumulates in the brain in those fatal cases where the nervous symptoms indicate the principal seat of the poisonous action.

The author places but little reliance on previous facts, as they have not been suf-

ficiently generalized. He performed a full series of experiments on dogs, with arsenic, lead, copper, and mercury.

In two made with arsenic, that substance was found in each case in appreciable quantities in the brain.

Mercury was also constantly found in three cases of poisoning with corrosive sublimate.

Copper was detected in five cases out of six, when sulphate of copper had been employed in various doses. The proportion of oxide of copper, estimated in three instances, varied from three to ten *dix-millièmes*. When no poison had been taken, the brain of dogs did not manifest an appreciable quantity of copper.

Lead was obtained in the proportion of eight *dix-millièmes* of the metal from the brain of a dog, who had been dead three days, and to whom three grammes of the acetate of lead (with the œsophages tied) had been administered. The proportion is evidently extraordinary.

These results render it probable that similar ones may be obtained with other mineral poisons, and they seem to justify the opinion that poisons generally may exercise a special action on the nervous centres.—*Comptes Rendus*, April 28, 1851.

Detection of lead in the brain and liver of a man who died of acute Saturnine Apoplexy. By MM. CHATIN et BOUVIER.—Desirous of affixing their opinion on a point of medical science still doubtful, the authors undertook experiments with a view to finding the lead of poisoning in the brain of a man who had just died, as if by thunder stroke, from acute saturnine apoplexy (*encéphalopathie saturnine aigue*), the second day after he had quitted the manufactory of a maker of white lead. As they had to do, however, with an investigation which necessarily involved delicate operations, from the very minute quantity of lead which could be present, they made a preliminary experiment on the liver.

Liver.—300 grammes were cut into very small pieces, and boiled for two hours with 2000 grammes of water acidulated by a tenth of pyroligneous acid. The solution having been evaporated, and carbonised with a little nitric acid, the charcoal was heated with boiling distilled water, containing a twentieth of nitric acid. After having driven off the excess of acid from the nitric solution by concen-

tration, they passed a current of sulphuretted hydrogen through it, which produced an abundant black precipitate; treated with boiling nitric acid, this precipitate furnished a solution of lead very nearly pure—which, deprived of excess of acid, and reduced to 10 grammes, gave the following re-actions:—With sulphuretted hydrogen, a black precipitate; with sulphate of soda, a white precipitate; with ferrocyanide of potassium, a white precipitate; with iodide of potassium, a yellow precipitate.

Brain.—The half of the cerebral mass was subjected to the preceding treatment, only the solution which was to be subjected to the re-agents had been reduced to one gramme, on account of the very small quantity of lead found in the course of operations by sulphuretted hydrogen gas. The following were the re-actions:—Sulphuretted hydrogen, a brownish black precipitate; sulphate of soda, a slight white precipitate after some minutes; ferrocyanide of potassium, a light white precipitate after some minutes; induret of potassium, a very slight yellow deposit after some hours.

The result of these experiments is, that the brain, and more especially the liver, contained lead; and if it is considered that the ioduret of lead is soluble at ordinary temperatures in 1000 to 2000 parts of water, it may be admitted approximately that the 300 grammes of liver contained a demi-centigramme (0.005), and the brain a demi-milligramme (0.0005) of this ioduret. The equivalent, of lead (1294.5), and of iodine (1579), shew that the poisonous metal constitutes half of the weight of the ioduret.

The process which has been followed, is that recommended by M. Orfila, for the detection of the lead of poisoning, to the exclusion of the lead called normal.

These researches prove that we can recover from the brain of workers in lead, who have died suddenly from saturnine apoplexy, an appreciable trace of the agent which has caused their death.—*Journ. de Chim.*, in *Journal de Pharmacie*, March, 1851.

Case of Rape.—Death the consequence. By R. S. BAILEY, M. D., Charleston, S. C.—August 10th, 1821.—Was called to visit a negro girl at the plantation of Mrs. LeGay, in Christ Church Parish, dis-

tance about eight miles. On seeing the patient, I was informed that she had been ill a week, and supposed to have dysentery, till this morning, when she confessed that violence had been done to her by a negro man, on the 3d inst., and who had since absconded. On examination, I found her extremities cold, pulse scarcely perceptible, continued pain in the hypogastric region, tongue furred, no appetite; her eyes have a glassy appearance; she has made no urine, and passes nothing but a bloody matter, *per ano*; the parts are tender to the touch; excoriation about the anus; on passing the finger *per ano* and *vaginam*, could only observe a thin partition of cellular membrane, not thicker than the tunica archnoides. The urethra appears inflamed; on introducing the catheter, a few drops of urine were discharged, followed by a discharge of pus, which besmeared the catheter. Ordered a warm bath, fomentation to abdomen and injection; also, prescribed the following powders:

R. Pulv. Cinchon, 1 drachm.
Potass Nitrat, ½ “
Pulv. Opii, 2 grs.

divided into six powders, one to be taken every three or four hours. She died soon after my visit.

Remarks.—It is not often that cases of this description have so fatal a termination. A similar case is recorded in the book of Judges.—See chap. xix. v. 25.—*Charleston Medical Journal.*

Poisoning by Nicotine.—An extraordinary trial, which took place in Belgium, and in which the Count and Countess Bocarmé were accused of poisoning the Countess's brother, by the forcible administration of nicotine, has been recently brought to a conclusion. The Count, who was found guilty, was condemned to death, and has since been executed; the lady may consider herself fortunate in having escaped. The most interesting circumstances connected with this horrible affair are, that the Count seems to have prepared the poison with his own hands; and that although he probably selected nicotine as a substance which could not be chemically detected in the body of his victim, M. Stas, a Belgian chemist, obtained distinct evidence of its presence on applying suitable tests. M. Orfila has since communicated the results of some experiments on the detection of nicotine, to the French Academie de Médecine, and although the process which he recommends differs slightly from that which was adopted by M. Stas, he arrives at the same conclusion, viz.,

that the poison can be detected unequivocally in present traces of the quantity of a few drops in the stomach and bowels, and that it may even be found in the liver and other organs after its absorption into the system.—*London Monthly Journal.*

MISCELLANEOUS.

Homœopathic Candidates.—Sundry printed letters and pamphlets in the homœopathic interest have been extensively circulated of late in this city and elsewhere, relative to proceedings in the Royal College of Physicians and in the University against the delusions of homœopathy. Our readers would scarcely thank us, were we to make these productions the subject of criticism. But, as several of them make use of an incorrect account, which has been given in a homœopathic periodical, of a recent decision of the Medical Faculty in the case of a candidate for medical honors and homœopathic distinction, we feel compelled to supply the professional public with a true version of the whole matter. If we thus violate, for the first time, the well-understood compact between examiners and candidates in this University,—that the fact and circumstances of failure shall be confined to themselves,—the individual principally concerned has himself alone to blame. He must take the consequences of his own ill-advised publication, and his perverted report of the proceedings.

Mr. Alfred Crosby Pope, having appeared before the Second Division of Examiners of the Medical Faculty in the middle of June, underwent the usual written examination on the practical branches of medicine and surgery, and was afterwards subjected to an oral examination on the same subjects. He had satisfied several of the examiners; but his surgical knowledge was evidently defective.—While under examination in midwifery, he was asked what doses of calomel, opium, tartar-emetic, and aloin he would give in certain diseases; in reply, he stated correctly the doses usually given in medical practice; and when asked whether these were the doses which he would himself prescribe, he replied that they were. He then underwent an examination on *materia medica*, the professors of that branch and of clinical surgery being present. His replies were satisfactory enough; the only objection of any mo-

ment indeed being, that his doses of the medicines were somewhat large. The Faculty having been furnished with positive information that Mr. Pope had avowed his purpose to become a homœopathic practitioner after graduating, it was determined that he should have an opportunity of answering to the charge. The question was put by Dr. Christison, and the following are the very words of the conversation that ensued:—"Well, Mr. Pope, I am satisfied so far with your answers; but there is another point on which I wish to be informed; and as it is best not to beat about the bush, I shall put to you a plain question, in order that I may get a down-right answer. I am told by a colleague that he has been informed on good authority, that it is your intention to become a homœopathic practitioner after you graduate; after the answers you have this day given me, I feel bound to say I do not believe it. Am I right?" To which Mr. Pope replied, "I am not now a homœopathist; but, after graduation, I mean to inquire into the truth of it."

Professor Syme then remarked, "Now, Mr. Pope, suppose that this inquiry which you meditate were to confirm your belief in the truth of homœopathy, what would you do with the diploma received from us? would you burn or return it?" "No," replied he, "I would keep it." "For what purpose?" "To show that I had regularly studied." "Studied what?" "Delusions! Fallacies! Nonsense! It would only show that you had misspent four or five years of your life in studying what could not possibly be of any service, according to your own view: and I am sure that on reflection you must see how inconsistent it would be with common honesty or common sense to use a diploma, after ceasing to entertain the principles which were professed in order to obtain it. But recollect, Mr. Pope, I offer this remark to you as a friend, and not as a professor." Mr. Pope then withdrew, and in what remained of his examinations he made a satisfactory appearance, except in medical jurisprudence, in which, as in surgery, he was defective.

The case being a new one, it was referred by the examiners to the whole Medical Faculty for decision. Of the thirteen members, eleven were present. After considering the whole circumstances, the Faculty unanimously resolved—"That serious doubts are entertained as to the soundness of Mr. Pope's principles of prac-

tice; and that on this account, as well as his insufficiency on some subjects of examination, he shall be remitted till the end of July, by which time he will have had ample opportunity of making the inquiry into the truth of homœopathy, which he says he contemplates." This resolution, which admitted of his graduating this year, in the event of his satisfying the Medical Faculty, was communicated to him in conversation by the Dean. Mr. Pope, however, withdrew at once from the list of candidates.

This is a correct narrative of the whole official proceedings. Any thing else that may have been said to the candidate privately by individual professors, could have been said in kindness only, and by them as individuals alone, and is wholly irrelevant.

We must add a single word for the information of distant friends of the University, who may be led to surmise that the misfortune of this young man in some measure justifies the fears expressed in some quarters, lest students may be infected with the delusions of homœopathy while studying at Edinburgh. The Medical Faculty had distinct evidence, which will be produced, if necessary, that when Mr. Pope came to study here three years ago, he avowed that he had practised homœopathy, and came to study for a degree, in order to settle as a homœopathic practitioner; this determination was repeated afterward; and it could neither have been engendered nor strengthened by any instructions received within the walls of the University, for the principles and practice of homœopathy have never been taught there by any professor.—*Monthly Jour. of Medical Sciences.* (The University is now pursuing a course in the right direction, but they should get rid of Professor Henderson.—ED. B. A. J.

British American Journal.

MONTREAL, NOVEMBER 1, 1851.

TO COUNTRY SUBSCRIBERS.—Having resolved that the permanence of this Journal shall be disclosed by the subscriptions, the large majority of which are due from the country, we have resolved to discontinue it, if the expenses of publication are not met by the receipt of subscriptions. The ensuing six months must determine this. The subscription is such a trifle to each member of the profession to

whom the Journal is addressed, that we feel surprised that a more general response has not been accorded. We thank those who have done so, but we wish their name was Legion. If, as we fear, we will have, in the event of the Journal being continued, to advance the cash to meet the demands of the printer, an alteration in its subscription price will be also required, such as the *Boston Medical Journal* now demands, and from which we intend there will be no departure.

The True Witness.—The issue of this weekly paper of the 24th inst., contains a letter under an anonymous signature, conveying a severe reflection against the medical staff of the Montreal General Hospital:—"Why, once more, do the medical gentlemen in attendance approach the patients, and address them on the most *disgusting subjects* (italics are the writer's) while the priests are administering to them the most venerable and august of all the sacraments of the Church!" The issue of the same journal of the 31st, (yesterday,) disavows the application of the words to the members of the Medical Board, and restricts them to some of the medical officers connected with the in-door medical department; and, at the same time recapitulates a series of insults to which Roman Catholic clergymen have been subjected, when in the discharge of their important duties. We are utterly incompetent to pronounce upon the charges thus laid at the door of the management of the Hospital; but they are of too grave a nature to be treated lightly. We think it the bounden duty of the Governors to investigate this matter. A clergyman in the discharge of his sacred duties, is no fit subject for interference or ribaldry, and the sooner that the truth or falsity of the charge is determined the better. We have, for the last sixteen years, been an observer, by night, as well as by day, of the unerring zeal of the Catholic clergy in attend-

ing upon the sick, and of their heroic devotion, even to the sacrifice of life, under circumstances where many a Protestant minister has quailed, and have, on all occasions experienced the most marked courtesy and kindness. We can scarcely credit the statements advanced by the *True Witness*, as, apart from all other considerations, the sacredness of his profession, no matter whether he be a Roman Catholic or Protestant, should protect the Minister from all rude interference and unseemly levity, more especially when administering a sacrament. We sincerely trust that this affair will not rest here.

Veterinary Hospital and School.—We direct attention to the fact that a school for the purpose of teaching veterinary medicine has been instituted in this city, under the charge of Messrs Turner & Mason, V.S. We have received a Prospectus of the lectures, which are to commence on the 1st November, and to be continued three times a week until the end of April. The course will be rendered as complete, as this, the first essay at a measure of the kind, will permit. Connected with the lectures there is an extensive field for clinical observation, and opportunities will be afforded for dissection. The singular inattention hitherto paid to the diseases of the horse, have been frequently painfully forced upon our mind. People, generally, seem to think that an illiterate fellow, qualified, by dint of practice, to shoe a horse, must necessarily be acquainted with, and able to treat, satisfactorily, all his diseases. No error is more prevalent than this; none, almost, more difficult of eradication; and none, more fertile in loss to owners. We hope now that matters will change, and we hail the establishment of the veterinary school as one means certain to conduce to this end. We understand that there is probability of a respectable class this winter. The originators of the school have our warmest wishes for their

success, more especially as we believe it to be the first attempt of the kind on this continent.

New York College of Dental Surgery.

—The first annual announcement of this newly established institution has come to hand. The college is situated at Syracuse, N. Y., and the chairs are filled by the following gentlemen, favorably known to the profession: — Drs Westcott, Shipman, Spencer, Stevens, and Van Denburg. The lectures will commence on the 1st Monday of December, and continue fifteen weeks. To Provincial students purposing to practice this specialty, the contiguity of this school to their own homes presents advantages to which that of Baltimore cannot pretend. We wish both of these schools well, persuaded that, by establishing some higher standard in dental science, it will elevate the character of that portion of the profession, and repress that charlatany with which, we regret to say, it is too replete.

Meteorological Instruments used by Dr Smallwood, St. Martin.—

BAROMETER.—The *Barometer* is placed in-doors; has a south-western aspect; is constructed with a straight tube furnished with a moveable cistern. The diameter of the tube is 0.20 inches, and its capacity is as 1 to 30. The bulb of its *attached thermometer* is inserted into the cistern.—The readings are taken at 6 a.m., 2 p.m., and 10 p.m., daily. The temperature of the mercury in the tube is taken at the same time.

THERMOMETER.—The *standard thermometer*, as well as the *register thermometers*, are placed in a northern aspect, four feet from the soil, and are kept perfectly dry, and shaded from the sun. The standard thermometer is at present used as a *dry bulb*, and its readings are noted at 6, 2, and 10, daily. The *maximum and mini-*

um thermometers are read off twice, daily, and their indices are then accurately adjusted. The *wet bulb thermometer* (or *psychrometer*;) is observed simultaneously with the dry bulb, or standard thermometer.

From these observations on temperature are deduced *the temperature of the dew point, the elastic force of aqueous vapor in the atmosphere, the weight of one cubic foot of air, and the weight of moisture in a cubic foot of air, complete saturation being considered as unity.*

RAIN GAUGE.—The receiver of the *rain gauge* is placed 20 feet above the soil, and is observed at 6, 2, and 10, daily.

THE EVAPORATING GAUGE—is placed 4 feet from the ground, and is observed at 6 a.m. and 10 p.m., daily. This is carefully preserved from the sun and rain.

THE ANEMOMETER is observed at 6, 2, and 10, daily, and the number of miles travelled by the wind since the previous observation is noted, from which is deduced the mean amount of miles per hour. Observations on the direction of the wind, by the *anemoscope*, are also taken at the same time

The Electric state of the Atmosphere is observed thrice, daily. The conductor is 55 feet high, and perfectly insulated.—The instruments used in this department of Meteorology are, Volta's electrometers, Nos. 1 and 2, Henly's electrometer, Bennet's electroscopie, a distinguisher, and a discharger. Observations are also taken by Peltier's induction electrometer.

The *ozone registers* are changed at 6 a.m. and 10 p.m., daily, and after their removal, are carefully preserved from the light.

The observations of the *clouds and weather* are made at 6, 2, and 10, daily. All *atmospheric phenomena*, as aurora, storms, &c., at the time of observation, are duly registered. A special register is also kept for thunder storms. A cloudy sky is denoted by 10 and a cloudless sky by 0,—

At the end of each month, the whole of the means are reduced. Extra hours are fixed for observations in November, in connection with the great atmospheric wave. Most of the instruments are self-registering; this dispenses with a great amount of labor to the observer.—*Com. by Dr. S.*

Medico-Chirurgical Society.—At the annual meeting of this Society, held on the 27th September, the following gentlemen were elected officers for the ensuing year:—

President—Dr Macdonnell.
 First Vice President—Dr Hall.
 Second Vice President—Dr Wright.
 Secretary—Dr Gibb.
 Treasurer.—Dr David.
 Committee of Management—Drs Sewell, Howard, and Fenwick.

Pathological Society.—At the annual meeting of this society, held on the 11th October, the following gentlemen were elected officers for the ensuing year:—

President—Dr Gibb.
 Vice President—Dr Boyer.
 Secretary—Dr Fenwick.

College of Physicians and Surgeons of Lower Canada.—The Board of Governors met in Quebec, and held their semi-annual meeting on the 14th ult. We have as yet received no report of the proceedings for publication.

CORRESPONDENCE.

[COPY.]

Brockville, Oct. 7, 1851.

Sir,—As you have been called upon by Mr Edmondson to certify as to his character, perhaps you will oblige me by testifying to what you know of the late rupture between that gentleman and myself.

Query 1.—Were you not called upon, on the 20th June last, by Mr Edmondson, to justify his conduct, in my presence?

Query 2.—Did I not, at that time, state, it was not his differing in opinion with me, regarding the stitches, that I cared about, it was the gross and ungentlemanly manner of his doing so?

Query 3.—Did I not, at that time, repeat what I afterwards published in the

Journal, and did he, at that time, deny the charge?

Query 4.—Did he not promise to take you to see the injury the next day, and did he do so?

Query 5.—Did you not, at that time, tell him that his conduct was incorrect, and had a tendency to injure me in the eyes of the public?

Query 6.—Did you not hear from some men in the street, a few minutes after the disagreement on the 20th, that you ought to have been there a little sooner, to hear Edmondson give Smythe the *devil to eat*, for wanting to put a stitch in a wound?

Query 7.—Will you have the kindness to state who is the medical attendant of Mr Geo. Howison's family for some time past, and at present?

Query 8.—Having since seen the child, what length would you suppose the wound to have been, from the cicatrix.

Query 9.—From the situation of the cut, as described in my article in the *Journal* of September, and which you have since examined, would you consider my views, in putting in a stitch, *absurd*?

Query 10.—There is some allusion made to the case of one *Kemp*, which I attended some two years since. You saw that case on two or three different occasions, with myself. Are you aware of anything unprofessional on my behalf, in its treatment?

Query 11.—From all you know of the transaction between Edmondson and myself, do you not think I have been shamefully treated?

Query 12.—Having been appealed to in the case by Edmondson himself, and from what you know of the affair, have you not every reason to believe my straight-forward statement in the *Journal* to be correct?

I have the honor to be, Sir,

Your obed't serv't,

T. W. SMYTHE, M.D.

Thos. F. McQueen, Esq.,

Brockville.

REPLY.

Brockville, Oct. 9, 1851.

Dear Sir,—In answer to your note of yesterday, in which I am called upon to answer a number of *queries* respecting the treatment of Dr Edmondson towards you, in the case of Mr Geo. Howison's child. I regret such a thing should have occurred, as it makes it particularly unpleasant for me, being on friendly terms with both par-

ties. However, as I have been drawn into the matter, and as I can now see no chance of an amicable settlement of the affair, particularly after the issue of the last *Medical Journal*, I will endeavor to answer your questions in all honesty and candor.

In answer to Query 1, I have to state that I was called upon on the 20th June last, by Dr Edmondson, to justify or hear his statement of the case, in your presence,

Query 2.—You did state, at that time, that it was not his differing in opinion with you, you cared about—it was the ungentlemanly and unprofessional manner of his doing so.

Query 3.—You repeated, at that time, in my presence, what you afterwards published in the *Medical Journal*, and I must say it was not denied.

Query 4.—Dr Edmondson promised to take me to see the injury the next day, or at its first dressing; he, however, did not do so.

Query 5.—I found it necessary on that occasion to tell Dr Edmondson his conduct towards you was very wrong, as it had a tendency to injure you in the eyes of the public.

Query 6.—I heard, a few minutes after your disagreement on the 20th, from a couple of men on the street, that I ought to have been there sooner, to hear Edmondson give Smythe the devil to eat, for wanting to put a stitch in a wound, mentioning the circumstance.

Query 7.—I have attended Mr George Howison's family for some time past, to which the child injured belongs, and think am still the medical attendant,—having been called to see the child professionally since the occurrence of the 20th June.

Query 8.—I looked at the cicatrix on the 5th August last—it appeared to be about $2\frac{1}{2}$ inches in length. I could not say what the incision may have been, but should suppose it to have been much longer.

Query 9.—From the situation of the cut, I must say the introduction of a stitch or two would have been the best and safest treatment, as there would be a difficulty, without perfect quietude, of keeping the parts together with adhesive plaster.

Query 10.—I recollect being called to see the case of Kemp, with yourself, about two years ago, and am not aware of anything unprofessional in its treatment.

Query 11.—From my knowledge of the whole transaction, I regret to say you

have, in my humble opinion, been treated very badly.

Query 12.—I cannot think (your charges not being denied when they ought to have been,) your statement in the *Journal* to be otherwise than correct.

I have the honor to be,

Dear Sir, yours, truly,

TIOS. F. McQUEEN.

T. W. Smythe, M.D.

[We have received from Dr Smythe the foregoing series of questions and answers, in reference to the case between him and Dr Edmondson. As these documents are a summary of the whole transaction, we consider it quite unnecessary to publish Dr Smythe's explanatory comments which accompanied them. The cognizance of the violation of the ethical rules of the profession is strictly within the province of this *Journal*; in exposing these latter, and denouncing them, this *Journal* is but doing its duty—that of maintaining and sustaining professional morality. The whole case is now before the profession, and each member is as competent as ourselves to pronounce his own verdict. Here this matter closes.—Ed. B. A. J.]

BOOKS, &c, RECEIVED.

Smith on Rupture of the Urinary Bladder. New York: 1851.

Cox's Companion to the Sea Medicine Chest, by R. Davis. New York: Samuel S. & W. Wood. New York, 1851.

The Geological Observer, by Sir Henry T. De-laBeche. Philadelphia: Blanchard & Lea. The Laws of Health in relation to mind and body, by L. J. Seale, M.R.C.S. Philadelphia: Blanchard & Lea, 1851.

Surgical Anatomy, by Joseph Maclise, Surgeon, with colored plates. Philadelphia: Blanchard & Lea. Part 5, and last.

Transactions of the Medical Society of the State of Pennsylvania. Vol. 1. Philadelphia, 1851.

Braithwaite's Retrospect of Medicine. Vol. 23. Jan. to June, 1851. Simpkin & Co., London.

On Diseases of the Heart and Lungs, by Henry Walshe, M.D. Blanchard & Lea, 1851.

OBITUARY.

Died, at his residence in Hamilton, on the 7th inst., William H. Macartney, Esq., Surgeon, aged 40 years.

Died, at his residence, in Brampton, Chingacousy, on the 27th ult., Wm. Murdoch, M.D. Graduate of the Edinburgh University, aged 37 years. He was a native of Perth, Perthshire, Scotland, and resided in this county for 16 years.

MONTHLY METEOROLOGICAL REGISTER AT ST. MARTIN, ISLE JESUS, by O. SMALLWOOD, M.D., SEPTEMBER, 1851.
 Latitude 45° .32 N. Longitude 73° .36 W. Nine miles due west of Montreal.—Elevation same as Montreal.—For the Brit.Amer. Jour.

Date.	Barom. corrected & reduced to 32°			Temperature of Air.			Force of Aqueous Vapour.			Humidity of Atmosphere.			Direction of Wind.			Average Miles per hour.			Rain in Inch.	Weather. A cloudy sky is represented by 10, a cloudless sky by 0.
	6 a.m.	2 p.m.	10 p.m.	6 a.m.	2 p.m.	10 p.m.	6 a.m.	2 p.m.	10 p.m.	6 a.m.	2 p.m.	10 p.m.	6 a.m.	2 p.m.	10 p.m.	6 a.m.	2 p.m.	10 p.m.		
1	29.945	29.877	29.772	65.	79.6	69.	.365	.416	.805	.452	N.E.	S.E.	2.91	2.63	0.09	1.606	Clear	Clear	Clear	
2	54.6	39.8	68.2	61.6	66.5	61.2	0.17	69.3	91.2	90.0	N.E.	W	1.85	6.14	5.13	1.506	Clear	Cldy 4ths th	Clear	
3	77.2	76.2	80.6	60.5	77.	62.7	0.17	68.5	88.8	64.2	N.E.	S.E.	0.91	0.38	0.11	—	Rain	Cldy 9	Cldy 9	
4	86.1	81.1	80.1	67.2	81.	66.	0.17	72.1	60.2	69.9	N.E.	S.E.	0.88	0.38	0.11	—	Do 3	Clear	Clear	
5	82.8	76.3	72.9	63.2	84.2	70.2	0.17	67.8	96.9	69.1	S.W.	S.W.	0.88	1.66	2.19	—	Clear	Do	Do	
6	77.9	71.3	69.9	66.	84.2	74.	0.17	67.8	87.1	69.4	S.W.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
7	80.2	65.9	62.3	61.2	90.	76.	0.17	80.9	89.1	60.7	S.W.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
8	67.2	66.6	76.5	70.	81.	71.	0.17	72.1	83.8	65.8	N.E.	E.N.E.	0.88	1.66	2.19	—	Do	Do	Do	
9	85.9	85.1	76.6	67.	81.	62.4	0.17	81.6	81.6	61.6	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
10	70.9	69.3	61.3	65.6	62.4	92.	0.17	78.1	92.2	63.3	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
11	70.4	69.3	69.6	64.5	86.	74.	0.17	83.9	93.3	66.3	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
12	64.6	43.3	46.1	64.5	87.	67.	0.17	86.7	81.7	71.8	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
13	66.5	70.7	79.3	44.	65.	44.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
14	85.5	91.9	30.000	41.	65.	44.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
15	30.163	30.122	11.9	39.	66.	65.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
16	11.5	10.0	0.59	42.	66.	65.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
17	14.1	0.57	0.27	39.	73.	67.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
18	0.17	29.832	29.822	43.5	71.	73.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
19	29.812	70.6	67.1	63.	73.	65.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
20	66.9	53.9	57.8	69.5	70.	70.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
21	69.9	81.4	90.9	69.5	70.	66.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
22	30.014	93.2	86.2	35.2	60.1	44.5	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
23	29.676	30.3	41.9	32.6	61.6	38.2	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
24	72.3	74.2	81.6	32.6	61.6	38.2	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
25	65.9	84.5	63.1	44.	69.	69.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
26	48.4	63.8	67.1	44.	69.	69.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
27	61.5	67.9	62.8	55.	69.	69.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
28	61.5	67.9	62.8	55.	69.	69.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
29	63.4	67.0	68.6	55.	69.	69.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	
30	47.9	46.1	62.9	51.4	61.	49.	0.17	86.5	80.0	80.0	N.E.	S.W.	0.88	1.66	2.19	—	Do	Do	Do	

Highest, 15th day 30.163
 Lowest, 23rd day 29.830
 Monthly Mean 0.750
 Therm. Highest, 10th day 93.10
 Lowest, 24th day 60.80
 Monthly Mean 62.50
 Mean Temperature of 66°.95
 Evaporation 2.60
 Dew point 64.33
 Amount of Evaporation 2.631 in
 of Rain 6.400 in
 Rain fell on 11 days, recomb
 with thunder on 5 days.
 Most prevalent Wind, W.S.W
 do do do do do do
 Most Windy Day, 14th day.
 Least Windy Day, 4th day.

