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Original Contributions.

Nature and Causes of Asiatic Cholera.

by Prof. Michael von Visanik.

Translated from the German by T. C. Miller, M. D.

EVER since the first appearance of the epidemic cholera physicians have endeavored to investigate and discover the inner nature and true cause of the disease, that upon the knowledge thus obtained they might base a rational mode of treatment.

But in accordance with the prevailing usages of the profession, the nature and causes of this fell disease have remained unknown and the attempted explanations have been based upon hypotheses and empirical observation and not upon any rational and accurate course of observation and reasoning. Some have explained the etiology as a "*virus*" others as "*humores alienati*," and have contented themselves with these unintelligible abstractions as sufficient to account for the origin and duration of the contagion and disease. But we have recently become dissatisfied with these phrases in place of ideas, and since the researches of the pathologist and the chemist have given us more definite information, the reformatory truths obtained from them have enabled us to penetrate far more profoundly into the true nature of this epidemic.

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It would prove fatiguing to the reader for me to enumerate all the various hypotheses which have from time to time obtained in regard to the etiology of

cholera, and hence I shall only glance at a few of the more prominent of them as prefatory to the opinions and conclusions to which I have arrived.

It has been observed that fat, and particularly the fats that are to be found in diet where the food has become sour and rancid, will if eaten often produce symptoms very closely analagous to cholera, and from this observation the conclusion has been drawn that the cholera miasm is one produced by a specific decomposition of animal tissues forming a combination of gases similar to those evolved in the decomposition of sausages, and which is known as the *sausage poison*. That this view cannot be correct has become evident to nearly all.

Others have supposed that cholera is caused by what they have been pleased to style the *cholera-mite* a supposed microscopic animalcule diffused in vast quantities through the air, the food and the drink, and that these animalcules are the *potentia nocens* of the disease. The advocates of this hypothesis attack all other opinions and defend their own with great violence, and are very strenuous in the advocacy of what they assert to be the cause of cholera. Among those of this class are many able microscopists, and yet they have neglected to bring forward the only strong and indisputable evidence necessary to establish the accuracy of their deductions. They are unable to bring forward any person who has been so fortunate as ever to have seen this wonderful cholera-mite.

Not a few have directed their attention mainly to the stomach and the intestines and think they find in the vomiting and purging the true explanation of the cause of epidemic cholera; which cause to them is the irritative and congested condition of the alimentary track. On this hypothesis have they based their high estimate of the value of opium and have viewed it as a specific against the disease.

This view of the matter is so superficial and so illy sustained by the symptoms of the disease and the results of treatment that most have abandoned it. All who have had any experience in cholera and its treatment will have observed that the danger of the attack is by no means proportionate to the activity of the vomiting and purging, but that it frequently appears extremely severe and fatal where but little vomiting or purging have occurred. But this class of persons have their attention so closely drawn to their fancied seat of the difficulty that they never perceive these facts and never have the faintest glimpse of the true cause of the disease.

Some also, have considered cholera to be caused by some derangement of the chylopoietic viscera, but the anatomical and autopsical examinations have given no countenance to this conclusion.

The peculiar symptoms manifested in the asphyctic condition of cholera has induced some to suppose that the whole difficulty arose from a weakness or loss of functional power of the nerves, but more especially of the spinal cord; but the revelations of the dead-house have not confirmed these conclusions and did much to disprove the accuracy of the opinion entertained.

More recently in their search for the seat and origin of cholera physicians have been guided by what they have learned in regard to the blood, its changes and decompositions, and they have observed that in cholera there is a partial decomposition of the blood, with contemporaneous alteration in the walls of the capillaries by means of which the *serum sanguinis* in large quantities passes through their walls, or is poured directly into the stomach and intestines, leading to the profuse vomiting and purging by which this serum is removed entirely beyond the organism. This decomposition of the blood and the out-flow of its watery portions is often produced with wonderful rapidity—while the more solid portions, as the red-corpuscles, is retained in the vessels, and thus the fluid is rendered thick, dark and very liable to stagnation, to clog up and produce congestion of the vessels. The thick blood also stagnates in the vessels of the skin, and causes the blue appearance nearly always observed in that tissue. In the larger veins, and in the brain, in the liver, and the spleen, and the lungs this stasis also occurs, and hence the difficulty of breathing, the deafness, the aphonia, the thirst, the scanty urine, the coldness and numbness, that accompanies this disease.

Although this explanation is in accordance with the observations of the profession, yet it may not satisfy all, for many deny that any explanation can be given which shall prove satisfactory, and they desire to know how it is, if the blood is **really** separated, that a part of the serum is not thrown into the cellular tissue, and not the whole of it poured into the alimentary canal, or through the skin in profuse perspiration. Why are not the pleural and abdominal cavities filled with this fluid? why is the patient not attacked with hydro-thorax and anasarca? are questions urged against this opinion.

really/? —Ed.

There can be no doubt but the nerves which supply the vital force to the walls of the blood-vessels are impaired during an attack of cholera but those

who entertained the opinion that the nervous power is diminished, are divided as to which is the *prime* cause of the difficulty, one class supposing the atony of the vessels and the consequent out-flux of the fluid impairs the nerves, while the other supposes that a poison has been introduced into the system which acting directly on the brain thus lessens the nerve power, and the loss of that power leads to the atony of the blood-vessels and consequent exhalation of the serum.

There seems to be *three* principle classes of opinions as to the primal nature of cholera. 1st. A primary poisoning of the blood. 2nd. A primary affection of the nerves. 3d. A primary local affection of the alimentary canal.

From what has been said, we may perhaps draw the conclusion, that cholera, like other epidemics, as scarlatina, measles, intermittent fever, typhus fever, influenza, etc., owes its origin to a cause having a uniform origin, or at least a uniform character, while, as in the other instances, as to its peculiar nature, we may be entirely ignorant. Many physicians have striven hard to learn the exact nature and character of this morbid agent, and yet they have acknowledged a want of success.

With others, I too, have tried to solve this mystery and having had an opportunity of observing personally more than two thousand cases of cholera in different epidemics, I am led to present the following observations.

Cholera does not appear every where and at all times to possess precisely the same characteristics. At one time it will appear mild and very easily cured. But this slight form only appears in those persons whose systems appear to have but a slight *disposition* for the disease, and hence it cannot exert as powerful an influence upon such as it does upon those who are more predisposed to its attacks, and the disease will take *the form of cholera periculosa exquisita*.

Most of those who are disposed to inflammatory disease seem also disposed to receive cholera, and hence the two diseases are often met with in company. In "*cholera febrilis*" there are several congestions of the head, the lungs, or heart, in conjunction with the more ordinary symptoms of cholera. In persons who have a predominating disposition to vomit, the cholera will commence with vomiting, while with those who are disposed to looseness of the bowels, it will commence with a diarrhoea, while with those who are predisposed to the cholera, and at the same time their nervous and arterial systems are equally susceptible, the disease will take the form of *cholera fulminitissima asphyctica*.

Climate exercises upon any prevailing disease a powerful influence. This is manifested in epidemic cholera. In some countries and climates, it appears as *cholera febrilis*, with intense congestions; in others as *cholera spasmodica*; while in other climates, vomiting and purging are the most prominent features of the disease.

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It is' also important, in the investigation of the cause of cholera, to learn to distinguish between the genuine cholera and other forms of disease, as well as to decide what results are produced from cholera and what from other causes, and it is only those who have had considerable experience in this disease who can always make this distinction.

The pathologico-anatomical, and the pathologico-chemical results of the disease **coutribute** largely to the knowledge requisite to determine the cause and nature of it, and they therefore must never be neglected or overlooked. The post-mortem examinations and the examinations of the secretions and excretions must be made, particularly the secretions and excretions of the liver, the spleen, the kidneys, the stomach, and the intestines, but more particularly the excretions of the kidneys, and on the results of these examinations may we base our own view of the nature and cause, as well as of the treatment of the diseases.

contribute/? —Ed.

During the last epidemic the post-mortem examinations have furnished in general and in particular, the same results as those obtained during former epidemics. The skin of those who died of the disease has been cyanotic, or blue colored, particularly the skin over the extremities. The vessels in the sinuses and meninges of the brain have contained much thick dark blood. The inner meninges have been congested, with ecchymoses. The brain itself has been firm, and on intersection has disclosed similar ecchymoses in its substance. The pleura and pericardium, and all the serous membranes have a slippery feeling, showing a separation of the delicate lining from the subjacent parts, and covered with a glutenous albuminoid fluid. The lungs are dry and of a clear red, and bloodless. The heart, particularly the left ventricle has been drawn up, and in it and in the large vessels we have found a thick black, tarry blood possessing little or no power of coagulation. The liver is pale, and the gall-bladder filled with much dark bile. The spleen is usually enlarged, dark red-brown, and its enveloping membrane thrown into wrinkles. The stomach and intestines are filled up with a rice-watery, or a bloody colored fluid, with the mucus mem-

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brane of the stomach swollen and injected. The epithelium of the intestines in nearly the whole extent is dead, and rubbed off; the mucus membrane red, and the follicles swollen. The kidneys in most instances presented distinctly the changes which are found in the disease known as *morbis Brightii*. This changed condition was particularly found in those who had died of that form of cholera known as the *cholera-typhus*. The bladder was found contracted and empty.

In addition to the changes here specified others were noted but they were supposed to be caused by the presence of some other modifying disease, and hence not attributable to the cholera and not to be accounted as a pathological result of the epidemic.

Pathologico-chemically, it was found that the blood was relatively and absolutely poorer, or more deficient in water, having an appearance resembling mud.

triple/? —Ed.

It was also quite deficient in alkalinity, particularly in the **triple** phosphates, and the carbonate of soda. There was also often a deficiency of the carbonate of ammonia which it is well known has equal power to influence the coagulability of the blood and the integrity of the red corpuscles.

In all instances it was found that the cholera blood chemically was closely allied to putrescent blood, and readily made to undergo the putrefactive ferment, far more easily than healthy blood.

The evacuations were all found to be rich in water, and in the alkalinity of which the blood was deficient, particularly the **triple** phosphates and the carbonate of soda, while they contained but a trace of albumen. Occasionally in the bladder would there be found a little of the blue coloring matter mixed with chlorides and the earthy phosphates, while under the microscope could be discerned in the sediment the tuff cylinders and the epithelium which had been discharged from the lining of Bellini's small urin-ducts.

The secretions from other parts of the body have not been as carefully examined as they should be, but thus far have furnished only negative results.

If now we consider the changes produced in cholera as here described are not always uniform, or of an equally marked character, but that they depend upon the force of different influences—that epidemic cholera not unfrequently occurs with entire absence of vomiting or purging, but with an extraordinary amount of **perspiratoy** exudation, or with spasms that speedily cause

perspiratory/? —Ed.

death—that in spasmodic cholera the anti-spasmodics are generally found useful—that not a few cholera patients die from want of what is called reaction, even where there was no appearance of decomposition of the blood or deprivation of serum in the blood vessels, we must come to the conclusion that the first impression of the cause of cholera is sometimes made upon the blood and at other times upon the nervous system, while in more rare instances it may impress both the blood and the nerves at the same time.

The question as to why the serum or watery portion of the blood should escape into the stomach and bowels to produce the rice-water discharges may be answered by referring to the inevitable result of severe congestion of the lymphatics, as is also shown in the pouring out the serum upon the surface of the skin in the excessive perspiration which is sometimes present.

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The serum of the blood dissolves the epithelial cells of the alimentary canal and these dissolved and partially dissolved cells are what gives to the fluid its peculiar or ricy appearance.

Is the cholera miasm, or *sui generis*, independent of the miasms which produce other epidemic diseases?

Many physicians and natural philosophers have held that the cholera miasm is but the product of the receding of some other form of disease or rather a modification of a miasm which had produced some other form of disease, and they have endeavored to sustain this position by referring to the fact that an epidemic of cholera is usually preceded by an epidemic of a different character. Others have considered that it possesses an individual and independent character, unaltered by changes and unaffected by climates, everywhere acting upon the alimentary canal and on which, therefore, it must make its first impression.

Those who entertain this latter view consider the cholera miasm a peculiar miasm, and call the cholera epidemic *the epidemic of epidemics* or the producer of epidemics, and the cholera miasm the miasm of miasms, or the producer of miasms.

As has before been remarked, all miasms which produce epidemic diseases have somewhat in common, but each also has something peculiar or specific, and hence while the cholera has many characteristics manifested in other epi-

demics, that it has an individuality of character and an individuality of cause cannot well be denied.

The common characteristics which we observe in epidemics arise from the fact that all miasms are of telluric and atmospheric origin, and that all miasms in course of time have their power and influence modified and changed. Yet they all nevertheless manifest essential peculiarities of character and produce by a specific process each its own individual disease. For instance, one miasm will produce scarlet fever, another measles, and another cholera. If there is none of the specific miasm there will be no measles, or no cholera, as the case may be. Neither can one miasm produce another disease, for measles never produced cholera, or cholera measles, or anything else but cholera.

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This is the necessary result of the peculiar and specific character of each individual miasm which possesses its own specific power and disposition. "*Quod libet miasma proprium generationes suae typum in agendo sequitur.*"

In this as in every branch of the natural sciences, the conclusions adopted may prove so clearly the hypothesis to be correct that it ceases to be simply a hypothesis but may claim to be classed as an established scientific truth. As in the natural sciences, so in medicine, the inquirer after truth must at times adopt a hypothesis for the explanation of the phenomena which he observes; and in this instance the explanation which the hypothesis of a cholera miasm gives to the phenomena of the disease comes near proving that to be the true origin of the epidemic.

So also the later advances made in the science of chemistry have nearly proved the cholera miasm to be a reality and not merely a hypothesis. Dr. Horn of Munich, obtained from the atmosphere *Ozone*, or a negative electric body, and another body, *Todsomone*, which has been found to combine in the body with carbon and by the combination to produce effects upon the structures very similar to the effects produced under similar circumstances by the cholera miasm. I would not assert that these discoveries prove beyond cavil that the cholera miasm is *Todsomone*, but this much is certain that we may feel sure that observation will establish many practical truths by accepting this hypothesis, and will also stamp upon it the seal of truth.

Does the cholera miasm, as many suppose, make its direct impression upon the stomach and intestines?

The circumstance that the first symptoms of cholera are vomiting and purging, and other indications of derangement of the alimentary canal goes to favor the idea that the mucus membrane of the *prima vie* is the point at which the reception of the miasm first occurs and from which it progresses farther into the organism. In opposition to this idea is the fact that *spasmodic* cholera, as was observed in thousands of cases in the epidemic of 1831, frequently destroys the patient before vomiting or purging presents itself; and also the processes of vomiting and purging removes from the system a large amount of fluid which chemical researches have proved to be changed blood serum, thus proving conclusively that the vomiting and the purging are *secondary*, and sequela to the primary changes which had occurred in the fluids. So also is shown that the cholera miasm must have impressed several parts of the system and not alone the alimentary canal. The nervous system, the blood, the lungs, and the ganglionic system all bear evidence of the presence of the cholera miasm, and that it must come in contact with all these structures.

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Neither may we loose sight of the fact that cholera has often been produced by what is styled the *contagium psychicum*. It is a well-established fact that many die through a fear of the disease, and particularly through the influence of the sight of a cholera case upon an impressible person. Many doubtless are thus led to suffer from the epidemic who otherwise would have entirely escaped it.

With regard to which is first acted upon, the blood or the nervous system, I think the true answer is that in this regard there is a great diversity in the different cases, but that in many cases both the blood and the nerves are simultaneously impressed.

Has the cholera miasm and the Asiatic cholera undergone any alterations in its original nature and character in its transit? Does it always present forerunners of epidemics? Has it always also been followed by other forms of epidemic disease as it has passed away?

The cholera miasm has certainly *not* undergone any change but remains ever the same in nature and quality as when it started from the Punjaub as is shown by the unaltered and specific character of the epidemic in all climes and seasons, without any regard to the state of the weather, uninfluenced by heat or cold, or dryness or moisture. But no one will deny that the cholera miasm and consequently the disease which it produces does loose from time to time apart

of its potency and assume a more mild and manageable form, for the history of its various epidemics has fully established these facts. But the succeeding epidemic is found to equal in intensity any former, and the one of the year 1855 in the month of May, was more intense and destructive than any which had preceded it.

In most instances preceding an epidemic of cholera, other epidemics have been observed as preceding this, as intermittents, diarrhoea, dysentery. So also after the epidemic of cholera has passed by, have epidemic forms of disease appeared, as typhus, influenza, etc. These observations have led to the opinion that the preceding diseases might be considered as the forebodings of cholera, and the succeeding as the sequelae of the disease.

I have already pointed out the common sources from which all miasms arise and hence the connections of these various forms of epidemic diseases can be explained without our concluding there is anything more in common with these miasms than simply a relationship of origin.

[to be continued.]

Observations on the Uses of *Sanguinaria Canadensis*.

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by ABR'M. LIVEZEY, A. M., M. D.

IN several medical journals I have taken the liberty to call the attention of the profession to some of the uses of our indigenous medicinal plants, and in the present communication I beg leave to offer some remarks upon the medicinal value of the *Sanguinaria*—a plant incident to all localities and the root of which is easily gathered.

Without prejudice to the use of any other article I feel warranted in saying, from no little experience, that this plant with the aid of podophyllin will exert a more happy influence in all hepatic derangements—both as a cholagogue purgative and as an alterative—than any combination of calomel.

Possessing undoubted nauseant, sedative and alterative properties, blood-root will in cases of slight inflammation of the biliary organs, or congestive states of the same, or where a species of spasmodic action pervades those structures, give prompt relief; and where torpidity exists and the physician thinks that the stimulant action of some mercurial is indicated he need only com-

bine a minute portion of the podophyllin to obtain all the advantages that are supposed to be derived from calomel.

Sanguinaria gives a decided aid to the action of podophyllin or any other cathartic to which it is added. It is, in the form of tincture, an alterative expectorant in chronic bronchitis. It is valuable in chronic hepatitis combined with ext. taraxicum and ext. podophyllum, jalap or rhei, if obstinate constipation exists. Tinct. Sanguinaria can with advantage be substituted for wine of antimony in the *brown mixture* and wherever the wine of antimony is used. As a substitute for the compound cathartic pill the following combination—already published will generally prove more satisfactory:

R. Podophyllin, gr. i.,
 Leptandrin, " iv.,
 Sanguinaria, " ii.,
 Ext. Taraxicum, q. s. Misce. ft. pil. No. iv.

Two or three for a cathartic; $\frac{1}{2}$ to a whole one night and morning as a hepatic alterative.

A graduate student of mine, Dr. Rice, late resident physician in the W. C. Infirmary of Philadelphia, had a case of obstinate constipation which had persisted four weeks—so said the patient, an Irish woman, when she presented herself at the clinic—and in twelve hours time she had a free alvine evacuation from the use of Sanguinaria, well triturated with white sugar and given in small doses every two hours. Dr. R. is fully persuaded that blood-root is an admirable adjuvant in all prescriptions for the restoration of healthful function in the liver, and especially when constipation is coincident.

NOTE.—Perhaps no indigenous plant has attracted more attention from those physicians who are accustomed to notice the living specimens of *materia medica* as they spring up in the woods and fields than the one under consideration. The early appearance of its beautiful and pure blossom, the dark blood-color of its fleshy root, its marked taste and its prompt action on the system all lead to its obtaining the attention which has been bestowed upon it.

A trial of its therapeutic virtues has led those who have made use of it to speak of it in the highest terms of praise and to earnestly recommend it to the

favorable notice of the profession, and yet, strangely, it has never obtained that prominent position in the list of medicines all its advocates think it deserves.

Nearly every writer on Botany and Materia Medica in our country has delighted to give a full description of this plant and to speak highly in praise of its beauty and usefulness. Among the earlier writers who have made mention of it Dr. Shoenpf says that fifteen or twenty grains of the pulverized root will produce powerful emesis, but that it must not be given in the form of a powder as thus it is apt to produce great irritation of the fauces. He prefers a decoction or the pill form. Merat says it is useful in gonorrhœa. Shoenpf also mentioned the value of a weak decoction of the root in gonorrhœa and refers to the fact that Golden had found it useful in jaundice. In doses sufficient to produce emesis it was found to dislodge worms from the stomach. Thatcher, in his Dispensatory, speaks of the use made of it by Dr. Dexter in doses of one grain of the powder or ten drops of the saturated tincture, as a stimulant and diaphoretic. Dr. Downy was of the opinion that the dose as recommended by Drs. Shoenpf and Colden was larger than could be administered with safety. In speaking of the value of the root in jaundice Dr. Thatcher says it was believed to be the chief ingredient of the quack medicine known as *Rawson's Bitters*.

The younger Barton thinks that the only form in which the blood-root should be used is that of a spirituous tincture. In this form he used it in connection with the tincture of bitter-plants as a tonic with great satisfaction. He also found it useful as a wash for old indolent ulcers and sores with hardened edges and an ichorous discharge. He had also used the powdered root as an application to fungoid growths and nasal polypi. Bigelow, and Dr. Smith also used it for the same purpose. So also Dr. Shanks and Dr. Israel Sterling, according to Thatcher, used it in place of digitalis in coughs and pneumonic complaints. Dr. Darwin has used it in peripneumonia trachealis in the form of a decoction and from the benefit thence derived Dr. Barton thought it must be a useful medicine, particularly in cynanche maligna, in cynanche trachealis and other similar affections.

Drs. Barton and Downy said that the *leaves* of the puccoon as well as the seeds are possessed of a *narcotic* power similar to that of the seeds of the stramonium and that they had produced dangerous symptoms.

In 1831 Daniel B. Smith published in the *Journal of the Philadelphia College of Pharmacy* a dissertation on this plant, in which, he gives its natural

and botanical history and speaks of the experiments made by Dr. Dana on the root in 1824, when the *Sanguinarina* was probably first obtained.

Dr. Tully has carefully examined the medicinal powers of blood-root and thinks it is therapeutically allied to squills, seneca, digitalis, guaiacum and amoniacum.

More recently Dr. Williams, formerly of Massachusetts but now of Illinois, has written several valuable essays on the Sanguinaria, but unfortunately I have lost the reference to them and I only remember that he considered it one of the most valuable if not the most valuable of all the North American plants.

Dr. Thom of Ohio, in a communication to the *Western Journal*, says that for two years he had been closely engaged in observing the effects of this remedy in various diseases and he concludes that it is a *sedative* of no ordinary powers. For reducing the force and frequency of the pulse without prostrating the system he considered it one of the most efficient remedies. He also styled it an *alterative* with a marked influence on the liver and the glandular system generally. He employed it in hemorrhage from the lungs, particularly in those cases where the hemorrhage appeared to be caused by vicarious menstruation, and considered it of more value than any other agent he had used.

Dr. M'Bride in the *South. Jour. of Med.* said he considered this plant eminently serviceable in those disorders of the liver where the secretion of the bile is either suppressed, deficient or vitiated. In imperfect convalescence after bilious fever he says, "the puccoon is the best remedy." As an emmenagogue he thought highly of it. He recommended it as a substitute for mercury.

Dr. J. L. Mothershead used it in dyspepsia in the form of pills, giving from one to three grains at a dose three times a day. In troublesome cough he found it valuable. He also used it satisfactorily in tinea capitis, tetter and other forms of skin disease in the form of powder or strong tincture on the affected part. He said: "Of all the articles in the *Materia Medica*, next to mercury and its preparations, none in my opinion can compare with it in its powers to excite the action of the liver, and it has the advantage of the former in its capability of being used at all times and continued without producing any of its unpleasant results."

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Dr. Bard in his Inaugural Dissertation confirmed the statement of Dr. Downey in regard to the narcotic effect of the seeds and speaks of using the root in croup, pneumonia, whooping-cough, phthisis and jaundice. Dr. J. Allen of New

York, says it powerfully promotes diaphoresis in inflammatory rheumatism. Dr. Downy says that the leaves are used in veterinary practice in Maryland for the purpose of facilitating the shedding of the hair of animals. Dr. Griffeths has also given it to horses for the cure of bots, one or two roots serving to produce a cure.

Dr. Branch, of South Carolina, thinks a decoction of the root of more value than any other single remedy in croup. He denies that it is possessed of any poisonous properties.

I have not been able to obtain the Inaugural Dissertation of Dr. Henry West, of Belmont Co., Ohio, upon the use and value of this agent, but evidently he must have placed a high value upon it to make it the subject of his remarks.

Recently Dr. J. W. Fell has been permitted to make a trial of his mode of treating cancer on the patients of the Middlesex Hospital of London and as he had not previously made known the agents he had used the *London Lancet* condemned the secrecy which had governed him, and finally Dr. Fell was led to publish a work on Cancer and its Treatment in which he said he had used the "bruised bloody pulp of the white-flowering puccoon."

The formula used by Dr. Fell differs from the chloride of zinc paste of Dr. Papingurth and Prof. Hancke of Breslau and Dr. Canquoine of Paris, from the addition of the blood-root to the ingredients used by these surgeons in the treatment of cancer. The formula is as follows:

R. Sanguinaria Canad., ℥ss, vel ounce j.,
Zinci Chlorid., ℥ss, vel ℥ij.,
Aqua, f ℥ij.,
Tritic. Hybern. Sem. pulv., q. s.

M. f. paste as thick as treacle and apply to the cancer,

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For years this has been a popular remedy for the purpose of destroying granulations and other morbid growths, and it is more than probable the blood-root which has been added to various ointments and applications which have been used upon cancerous affections has done much toward effecting the cure.

A reference to the use of blood-root in the cure of cancer is now causing considerable discussion in various sections of the country, particularly in New England, and where much is being said in regard to who was the physician

who first used it for the cure of cancer. My own opinion is that it was in use by the people and the *country* physicians long before we have any record of its being thus applied.

From the very imperfect abstract here given of a few of the articles that have been published in our periodicals on the use of this root, we are warranted in drawing the conclusion that it is a very valuable medicine and should be introduced into more general use. But doubtless one reason for its neglect is the fact that the root rapidly loses its value by age and if kept more than one year may become nearly worthless.

The tincture and other preparations should be made from the root as soon as possible after it is gathered and not from the old and nearly worthless specimens usually sold by druggists.

In regard to the preparations sold under the names of *Sanguinarin* and *Sanguinarina*, although I have had frequent letters of inquiry addressed to me, I cannot give any satisfactory answer. I have no means of knowing what these preparations are or how manufactured, and of those who have used them I have never been able to obtain any evidence of their character or value as therapeutic agents, but a friend of mine who has manufactured these articles and sold them in considerable quantities has told me, that as the result of his own observations and the observations of those of the profession who, had bought and used them, he was fully convinced they were of even less value than the pulverized root. I consider it a duty I owe to the readers of the JOURNAL to present these facts.

If those who manufacture these agents would let us know enough about them to warrant us in making a trial of them, and if those who have used them would carefully observe their action and notify us of the result, soon the readers of the JOURNAL would be in the possession of the required information. In the present state of the case the only answer I can give is that I have never used them and know nothing positive about them. C.

Extractum Nicotianæ Rademacheri.

by THEODORE C. MILLER, M. D.

I HEREWITH present a notice of an agent which to me is possessed of extreme value. It is the *extract of the Nicotiania rustica*, as prepared by the late Dr. T. G. Rademacher.

It is not prepared from the dry but from the fresh and green tobacco plant. In preparing the extract it is necessary that *immediately* and without delay, after the leaves have been pulled they must be pressed so as to force out the juice and that juice evaporated to the consistency of an extract. When prepared in this manner the extract has none of the taste of the dried tobacco leaves; but if the leaves are pulled only a few hours before the juice is expressed, then the extract will have a taste more or less like that of smoking tobacco, in which case it is not fit for therapeutical purposes. I have always found it best to have the leaves pressed at once on being pulled; and I have always prepared it according to the directions of Rademacher, from the *Nicotiania rustica*, and not from the *Nicotiania tabacum*. Rademacher's extract is one of the best remedies in genuine cough of the lungs, and for that I can with a clear conscience recommend it to the readers of the COLLEGE JOURNAL. It is a remedy for which probably I could not find a substitute.

Rademacher gave it in doses of from one half to two grains, and repeated it several times a day. It may be made into a pill with the powdered marsh mallow root. It is a quick and safe remedy in a particular diseased condition of the lungs for which I am not able to give a name, but the want of the *name* is no loss to the practical physician, who must be governed by the nature of the disease and not by its nomenclature.

That we can, with the extract of the fresh leaves of tobacco, cure an inveterate genuine lung cough, and thus prevent pulmonary tuberculosis, in my mind does not admit of a doubt, provided the cough is kept under the control of the remedy. But there are forms of lung cough which this extract will not control, and in those cases I would recommend a trial of the *Stibium Sulphuretum Auranticum*, as mentioned in the COLLEGE JOURNAL for June, page 351. Rademacher truly says: "In general we must be guided in our minds in the practice of our art, by the following fact: The diseases are not governed or changed in character by the ideas and opinions of the physician, but the opinion of the physician must be governed by the nature of the disease."

That the extract of tobacco has a powerful controlling influence over the genuine lung cough, serves as a diagnostic as to the real nature of the disease.

If the cough originates from the lungs it will be benefitted by the extract, while if it owes its origin to a disease of some other part of the system, the extract may fail of benefitting the patient. But there may be coughs which in reality are caused by some diseases of the lungs, and yet the extract may not prove beneficial. For instance, a cough may be caused by a node, or from a closed or an open abscess in the lungs, or from the pressure of a fractured rib upon the pulmonary tissue and yet the extract would not produce a cure. The extract has a favorable influence upon idiopathic but not on secondary coughs. With opium we can often relieve secondary or sympathetic coughs. We do not with that agent obtain a cure, but we do obtain relief from the cough, and moderate it or pacify it. The extract of tobacco is not as active as opium to *allay* a cough, but far more powerful to cure it when of the genuine lung origin.

IDIOPATHIC BLEEDING OF THE LUNGS. When I speak of bleeding of the lungs I mean to be understood that form of the disease which is commonly called *spitting of blood*, where a greater or less quantity of clear blood, or blood mixed with phlegm, or phlegm streaked with blood, will be raised from the lungs. The extract is valuable in these cases, but may not be depended upon in *Pneumorrhagia*, or *Apoplexia pulmonalis*, in which latter form of disease we must resort to the use of allum and ice internally and cold wet cloths to the surface of the chest, and to other appropriate remedial measures.

I would here remark that this preparation will not produce the vomiting and purging which follows the administration of the dry tobacco, and I have never used the dry tobacco as an emetic or an injection, as I find the Lobelia inflata an equally efficient remedy.

I was called a few days since to see a patient where many other remedies had been tried by three eminent physicians who had attended on the case, without avail. The patient had been sick quite a length of time but owing to my recent illness and the distance from me I could not treat it. The case presented the characteristics of consumption, a harrassing cough, with bloody sputa, etc. As I was unable to visit the patient I was consulted by letter, and had ordered inhalations, and directed the Wild Cherry, *Lycopus Virginicus*, and Lobelia combined with *Ipecacuanha*, without benefit. I used the Lobelia, from having found it of great value in cramps and affections of the chest, and particularly in phthisis pulmonalis. For these purposes, and to relieve the dry harrassing cough and tickling of the throat, it is in use by many German physicians.

As I was at the time out of the extract of tobacco I made a trial of the Lobelia, but I obtained some from my brother and about two weeks since I commenced its use. In six days the cough and the expectoration entirely ceased. I have since visited the patient and although the symptoms are so much relieved, auscultation does not promise much for the final recovery of the patient. Too many persons had prescribed, and the lungs are too much diseased to allow much hopes of a permanent cure; but this case illustrates the power of the agent.

I am the more urgent to induce the profession to make a trial of this extract, as I think it is nearly or quite unknown to the physicians in this country.

AQUA NICOTIÆ TABACUM SPERITUOSÆ RADAMACHERI.

This preparation is recommended highly in affections of the brain accompanying fever, in *rheumatismus acutus fixus at vagus*, in other affections of the brain and spinal marrow, in cholera morbus, and in cholera Asiatica.

To prepare it: Take of choice fresh green leaves of *Nicotianæ tabacum* eight pounds, and cut them finely. Add of the best alcohol, by weight one and a half pounds, of distilled water as much as is necessary to distill over eight pounds (by weight) of the water.

The leaves are to be cut and the distillation effected immediately after they are pulled, with great care that there shall be no over-heating of the liquid, as, if the liquor be over heated it will have a very disagreeable odor of tobacco, which it does not have when the water is properly prepared.

Rademacher uses this water in every stage of the Asiatic cholera. In the earlier stages he gave the following:

R. Aqua Puræ, f ʒvij.,
Soda Acet., ʒjss.,
Aqua Nicotian., f ʒj.,
Gumi Arab., ʒss.

M. Dose, one table-spoonful every hour.

The great majority of cases treated with this mixture recovered immediately from the attack. In those cases where the attack was followed with a typhoid condition, he gave:

R. Tinct. Ferri Acetici, f ʒj.,
 Aqua Nicotian., f ʒj.,
 Aqua Puræ, f ʒvj.,
 Gumi Arab., ʒ.

M. Dose, one tea-spoonful every hour.

With this treatment the patients all recovered after a longer or shorter period.

NOTE.—The formula for preparing the acetic tincture of iron is to be found on page 351 of the COLLEGE JOURNAL.

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Pleuritis, Latant.

by C. E. WITHAM, M. D.

PLEURITIS is a disease which often presents obscure, important and interesting complications, taxing the utmost skill of the experienced physician in tracing the precise bearing and extent of the morbid action established.

The heart, lungs, bronchia and liver are often implicated in this disease. Asthenic pneumonia, and chronic and latent pleuritis have many common symptoms. It is stated that pleuritis is more prone to produce tubercular disease than pneumonia is, and it is thought by some authors that the absorption of pus into the blood may explain this rather singular fact. In the treatment of disease our object should be to remove morbid action by the most simple and effectual treatment the case will admit of. If the following report should be the means of stimulating the young practitioner to a more thorough study of thoracic diseases I shall be amply rewarded.

On the 11th of June, 1856, F. W., a lad 14 years of age was presented for my advice. He was of a sanguine temperament, and a twin brother. I had never seen him before, but from his father gained the following history of his case. Five months previous to calling upon me he suddenly lost the power of speech; did not know that he had previously suffered from cold or exposure. The loss of speech was the first symptom of disease he could recollect and this was not preceded by any very marked indications of hoarseness. A low, hoarse and

painful whisper was the result of all his efforts at conversation. This condition continued for one month when to his surprise and great joy he found himself complete master of his vocal organs and congratulated himself on so strange and unexpected a recovery. He said that while making some slight exertion he felt something give away in his chest and immediately he could talk as well as ever. At the end of one week he was again deprived of speech in the same unexpected and sudden manner. His physician after inspecting his throat, but making no other examination, prescribed a gargle of "pepper tea" saying it would soon effect a cure; but after a trial of several weeks this prescription was discarded, as no change had resulted. Lancinating pain would occasionally be felt in the chest, slight cough, expectoration streaked slightly with blood. He continued to perform light work and had not been confined to his bed. I found him presenting the following symptoms five months after the first appearance of the disease.

The mucous membrane of the pharynx presented a pale and debilitated appearance; the chest inclined forward, the body assuming a stooping position; great tenderness of the spine from the first cervical vertebra to the last dorsal; pressure over the lungs, liver, stomach and spleen gave pain. In short no part of the chest nor abdomen could be percussed without revealing deep-seated tenderness. The skin was dry, pulse quick; there was much dyspnoea with abdominal respiration. Percussion of the lungs gave rather a dull sound. Bowels torpid. I diagnosed the disease to be Latent Pleuritis complicated with chronic inflammation of the larynx which gave rise to the Aphonia. As the patient was of a strumous diathesis and the disease of long standing I doubted the efficacy of treatment but advised it and took charge of the case on the 12th of June.

I first ordered morning bathing to be practiced daily, the water used to be impregnated with chloride of sodium and bicarbonate of potassa. Internal treatment:

R. Podophyllin, 3ss.,
Capsicum, gr. X.,
Ext. Taraxicum, q s.

M. f. Pill, No. X. Take one of these pills morning, noon and night until the bowels are freely moved, then take but two a day.

R. Comp. Syr. Stillingia, f℥ iij.,
 Capsicum, gr. X.,
 Iodide of Potassium, ℥ j.

M. Take one teaspoonful four times a day. To test the progress of the case I saw the patient daily. I discovered no change until the third day; the bowels were then active, less tenderness about the cervical vertebra, could whisper with less pain and more distinctly. On the fourth day still more improved. I ordered the same treatment continued and on the next day the patient recovered full power of speech and could talk freely and without pain. He continued to improve and on the tenth day of treatment I could discover no abnormal symptoms. Percussion over the abdominal and thoracic viscera was no longer painful; no tenderness of the spine could be detected. I now discontinued the former treatment excepting one pill to be taken each day, and prescribed the following:

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R. Prussiate of Iron,
 Hydrastin, āā ℥ ss.

Mix. Make 15 powders, two to be taken a day. The patient felt well and returned home, and now nearly one year has remained well as usual.

What Influence has the Moon Upon Disease?

by COMELY JESSUP, M. D.

I WISH to ask your opinion and procure, if possible, the result of the observations of your readers, relating to the influence (if such influence exist), exerted by the moon upon disease. I have been of the number who look upon the lunar influences except such as may be attributed to the known laws of gravitation as entirely fabulous, but several instances occurring within the sphere of my observation, which have indicated the existence of some hidden agency, a few of which have been distinctly marked, have awakened a desire to see the matter thoroughly investigated and the truth or falsity of lunar influence fairly demonstrated. The following are a few of the more marked instances of apparent lunar periodicity which have fallen under my observation.

CASE 1. Mr. C., aged perhaps 45, has been subject to epilepsy for the last three years. About the time of the change and full of the moon he will have from three or four to eight or ten convulsions. At other times he is free from them, except occasionally about the time of the first and last quarter.

CASE 2. T. I., aged 72, was attacked some four years since with malignant erysipelas, accompanied at first with paralytic symptoms, which, together with a severe attack of "Doctors,"—though he survived them all—left him in a condition from which he has never recovered and never will. The most prominent features in his case now are pain in the back and head, which is remittent in its character, being most severe in the early part of the day; nervousness, constant trembling of the hands, or rather the peculiar shaking characteristic of paralysis, to the extent that he can with difficulty feed himself; and occasional attacks of general weakness and disposition to syncope. These **symptoms** are all much aggravated at the time of the moon's changes.

CASE 3. A. E. S., aged 5; troubled with ascaris vermicularis at the time of the new and full moon, which were during the intervening space of time quiescent. This case would not have excited suspicion, inasmuch as there seems to be frequently a periodicity in their actions, but taken in connection with other cases it is a straw which indicates the quarter from which the wind blows.

Now the question is, does the moon during its various phases exert various influences which though unperceived by the robust constitution of perfect health, make themselves felt to the sensitive system of the invalid, or are these merely striking coincidences? These are questions of interest to the Physiologist and medical Philosopher, merely as significant facts, but doubly so to the practitioner to whom a knowledge of every influence brought to bear upon those under his charge is essential.

With a hope that others may be induced to make known the result of their observations, I report these cases.

Human Blood a Styptic(?)

by O. VAN BUSKIRK, M. D.

I WISH to communicate a few thoughts upon a case which came under my observation a short time ago, in which I employed human blood as a styptic

with the most gratifying result. To you this may be no new thing, but to me it is, and it may be to many other junior members of the profession. From this consideration I thought I would write you a brief account of the case and the manner in which I employed it.

The case was a lady from whom I extracted a tooth (the first molar), and it was rather difficult to draw, but it came out whole and without doing any perceptible damage to the jaw. The hemorrhage was not very profuse at the time; not more than usual. When she left my office she seemed as well as usual and continued so for two days, at which time a profuse hemorrhage took place from the cavity in her jaw. By means of a decoction of black-oak bark she checked it for about twenty-four hours when it began again worse than before. I was then sent for and found her quite weak and sick at her stomach. I applied geranin, tannic acid, etc., all to no effect. I then took about two ounces of blood, placed it over the fire and as soon as it came to the boiling point the solid constituents of the blood coagulated, and left the aqueous portion clear and limpid. I then poured off the water and left the other over a slow fire until it assumed a thick, jelly-like form. I took a small lump of this and filled the cavity and placed over it a small wad of cotton wadding and directed her to close her jaws so as to keep the remedy in its place, and to my great delight it stopped the hemorrhage almost instantly. The remainder of the blood which was in the vessel I took through the same process and reduced it to a fine powder for future use.

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REMARKS.—The use of blood as a remedial agent is not new to the profession as a reference to the JOURNAL, page 299 will show, where Dr. Miller refers to the use made of it by Mauthner in ansemia, as referred to by Dr. Davis, of Illinois, in the Transactions of the Illinois State Medical Society for 1852, who says it may be given when inspissated in doses of from ten to sixty grains at a dose, or dissolved in water. The therapeutic use of blood is also referred to in the *Am. Med. Journal* for 1853 and perhaps in other periodicals. But none of these refer to the *styptic* properties it is supposed to possess by Dr. Van Buskirk, and which one single experiment neither proves or disproves. The Pencil Savans are accustomed to deny nothing until it is thoroughly disproved, and to admit nothing until it is thoroughly established, but rather to *receive* the opinions of others and await farther and full proof before their final disposition, and in this regard we may do well to follow their example. C.

Notes and Observations.

by T. C. MILLER, M. D.

AMMONIA VALERIANICUM [*Valerianate of Ammonia*]. This is formed by the saturation of the Valerianic acid with the carbonate of ammonia. It is usually a fluid, although an imperfect crystallization has been obtained of the salt. In warm weather even the crystals are apt to deliquesce into a syrupy fluid, having a strong valerianic odor, and a slight odor of ammonia.

OTTINGER of Munich, Germany, has highly recommended this preparation in Asiatic Cholera in the following form.

R. Ammonia Valerianici, ʒj.

Aqua Destillat., f ʒiij.

Syrup. Sacch., f ʒss.

M. Dose, one tablespoonful once in from 15 to 30 minutes.

OTTINGER used this mixture to the exclusion of every other internal remedy, and after the severity of the attack had passed and reaction was established, he gave but from four to six doses daily. He also ordered ice to be rubbed over the abdomen externally, occasionally changing the cold water for hot or placing the patient in a hot bath in which had been dissolved from one ounce to one ounce and a half of caustic potash. Many other physicians have tried these remedial measures for the treatment of Asiatic cholera and have spoken highly of it.

MICHAEL VON VISANIK speaks in regard to this mode of treatment in the following manner: "A very favorable result has been procured by the Valerianate of Ammonia, by adding a scruple to three ounces of distilled water. We tried it in *sixteen* selected dangerous cases, of which one third showed already symptoms of asphyxia. We gave in the beginning one tablespoonful every quarter of an hour, but after the system became affected with the remedy we gave the medicine each half hour or every hour. After twelve or fifteen hours, and the use of a few doses of the medicine, the pulse which before could not be felt would appear again, the discharges and the cramps would cease, and the skin would acquire its natural color, elasticity and feeling, become moderately moist, and the patient present a tendency to sleep."

As soon as the use of the remedy had produced a turgescence of the face, and symptoms of congestion of the brain were presented, we ceased to longer use the valerianate, and by lifting the head up and applying cold water these symptoms were checked. In this way, of the sixteen patients we saved *ten*, and *five* died. One case could not be made to take the medicine. Others have complained that their patients could not be made to retain the medicine, but our experience convinces us that the remedy is one deserving every attention, and should be recommended for further trials.

BLEEDING IN PREGNANCY.—The celebrated author and practitioner, Dr. K. G. Neumann, expresses himself in regard to bleeding in pregnancy in the following manner:

“While pregnant women do not continue to menstruate, some old women of either sex in and out of the profession have imagined that impurities must accumulate in the system unless *bleeding* is resorted to to furnish the desired outlet. These imaginings are certainly foolish, and while we can excuse women for entertaining them, we certainly cannot excuse physicians for entertaining and perpetuating this folly.

Such physicians should, as often as they bleed pregnant women, have several pounds of their own blood drawn off, so that they should soon die for the benefit of humanity. The blood which is supplied by the vital forces is required for the formation and perfection of the foetus, and it is a *crime* to waste it, and thus rob the unborn innocent of its most precious patrimony.”

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TYPHOID FEVER.—A late German writer, Dr. F. C. Miller, says in regard to the treatment of Typhoid Fever:

“The general recommendation of starvation and depletion by the French School will never lead us Germans to adopt their extreme notions however high they are lauded. We shall never as practitioners of medicine, become Red Republicans on the sufferings of humanity.

It is true with us there are some who pass encomiums on Calomel as an abortive remedy in this form of fever, yet others who view the disease and that agent from a RATIONAL point of view know mercury at the best is a deceitful agent, and sometimes proves very disadvantageous and greatly destructive. * *

* *

should be leader/? —Ed.

The typhoid process sometimes proceeds rapidly and with great severity, but mainly through dietetical and therapeutical errors. The obstruction of the

bowels which is often present in the commencement of the disease, may by the injudicious use of laxatives or cathartics be changed to a severe or unmanageable diarrhoea. Many physicians have, by ordering purgatives, made it necessary to also order a coffin.

The treatment for Typhoid Fever adopted by the physicians of Vienna seldom embraces either Emetics, Cathartics, or Venesection. They give an infusion of a few grains of Ipecacuanha in the congestive or nervous stage, together with Chlorine water, and a little dilute Aromatic Sulphuric Acid in the evening, and where there are severe exacerbations, with any appearance of intermittance they give about *four* grains of Sulph. Quinia daily. For the diarrhoea they prescribe Alum. When the skin remains **persistently** hot, arid there is great prostration, particularly if there is profuse diarrhoea they give camphor and alum by the mouth and in injections.

If the disquiet and restlessness continues, but is more marked during the night, and especially if there be a bloody diarrhoea, they give Musk and Camphor in injections. They also apply as indicated, cold water to the head and cold washings to the whole body, made of equal parts of water and vinegar, so long as the skin remains hot and dry. For the purpose of hastening convalescence they lay great stress upon tepid bathing. This course I consider progressive and Rational treatment."

PHLEGMASIA DOLENS.—This disease is known by the names of White Leg, Swelled Leg, Milk Leg, White Swelling of Lying-in Women, Phlegmasia dolens alba. *Obstructus venerarum puerperalis*.

We find this a disease of lying-in women, and it commences sooner or later with febrile excitement, and a painful, bright white, strained, œdematous, acute, almost sudden swelling of the leg, and the one half of the external genitals and the glands in the groins. It does not affect both legs at the same time.

Many consider the swelling to be the result of a metastasis of the milk, and hence the popular name; others think it a disease of the lymphatics originally, and others think the veins to be the original seat of the disease.

But the majority now hold it has its origin through and in consequence of the inflammation of the crural vein, and resulting in the obliteration of the same. I agree with LEBERT that it is caused by a checking of the venous circulation from an obstruction in the veins. We find the disease mostly in those

women who have suffered great loss of blood by venesection or hemorrhage and in those who take cold during the confinement.

The prognosis has always been very favorable under the treatment which I adopt.

I always enjoin quiet, and wrap up the affected leg in roasted meal and afterwards in oil-cloth. I give only the mildest salts, as Bochele salts for the purpose of evacuating the bowels, or use injections for the same purpose, and give effervescent powders. As soon as the febrile excitement has passed or is diminished I allow an easily digested and nourishing diet, with Tonics, and the sub-carbonate of Iron. As soon as the swelling becomes oedematous I consider the disease on the decline.

DR. SCHRIMER, from his experience, as well as many others, was led to the opinion that a careful tonic and sustaining treatment is the best in Phlegmasia dolens alba and soon results in a cure. He states that in an obstinate and severe case which followed a severe, tedious labor, with extensive loss of blood, that, under what is styled the *antiphlogistic*, or depleting treatment, the disease grew continuously worse, but so soon as mild fomentation was applied, and a solution of Iodide of Potassium and iron, given internally, the cure was speedily effected.

[NOTE. A somewhat different opinion, and the reasons therefore as regards the nature and origin of this disease, may be found in Prof. King's *American Obstetrics*. C.]

SUMMER COMPLAINT. In 27 cases I have speedily arrested the disease in from 4 to 12 hours, using in some cases the *Compound powder of Rhubarb*, and in other cases I have used only the *Nitrate of Bismuth* combined with a little Rhubarb.

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Abortion—The Medical Observer and Its Publisher.

by PROF. CLEAVELAND.

IN THE LAST COLLEGE JOURNAL in answering a querie in regard to the most effectual method of producing abortion, I made some remarks in regard to a statement published in a medical journal of this city, which has led to such a

curious specimen of *Epistelation* that I am induced to refer to the matter, and favor the readers of the JOURNAL with the letter alluded to.

It is well known to the profession in this city that sometime since LOUIS BAUER, M. D., of Brooklyn, New York, gave one or more lectures to the profession, in the Miami Medical College of this city; and that while here, he was on intimate relations with the editors of the *Cincinnati Medical Observer*.

After his return to the East the *Observer*, in March last, published a communication from him, in which he made some remarks upon the frequency with which he had been "requested to assist ladies in procuring abortion." Other circumstances he also stated, which led him to suppose the production of criminal abortion is of not unfrequent occurrence, and referred to a lady whose "death seemed to be connected with criminal abortion." He continued, page 106:

"Since then we have read and heard a good deal of similar instances and trials in which medical men were implicated, *and in a large city of the West the medical men with whom we happened to come in contact, indulged in conversation that led us to the belief that the procuring of abortion was one of their daily and most lucrative engagements, in which even men occupying honorable distinction in the ranks participated.*"

In reference to this charge against members of the profession thus published and circulated in the *Medical Observer*, in my article, I said:

"Some months since a physician from the East visited this city and gave one or more lectures, by invitation, before the friends of one of the Medical Colleges in this city. He was on intimate friendly terms with the faculty of that College, and after his return to Brooklyn he published a letter in which he charged upon those with whom he had associated that their conversation led him to suppose that the unlawful murder of unborn infants was a common occurrence with them and a lucrative business. So far as my personal knowledge of the profession of this city has extended I consider the charge a base slander, but as I am not on intimate terms with the members of that Faculty I cannot answer for them and I leave them to endure the odium the charge has cast upon them or prove its falsity as they see fit."

Being unwilling to allow such a charge as that contained in the *Observer* to rest upon the profession, I expressed my full conviction that it was a "base slander," leaving those more particularly interested to answer for themselves,

for while I would ever do all I can to sustain the reputation of the profession, I would not presume to be better acquainted with the character and practice of Dr. Bauer's friends than he is.

But hardly had the ink become dry on the pages of the JOURNAL, ere I received the following *public document*, made intentionally public by being sent in the form of an *open circular* through the City Post-Office.

“Office of the Cin. Med. Observer.

AUGUST 15, 1857.

DR. CLEVELAND.—*Sir*.—As you are fully aware—the allusion to Dr. Bauer, in your article on “*Abortion*” in the Aug. No. of the COLLEGE JOURNAL is grossly and inexcusably false; and the personal reference to his friends here are as intensely malicious—as unwarranted;—the “*Observer*” therefore declines further exchange.

EDWARD B. STEVENS.”

During the present, “heated term” many have found it difficult to keep up an equipoise of temperature, but I am of the opinion that the publisher of the “*Observer*” must now have as much internal as external caloric, and according to the Thomsonian notion he is on the high road to health and happiness. In regard to the “No. 6” the “*Composition*,” and the “*Capsicum*” which he has introduced into his prescription, since he has manifested a great familiarity with them I shall leave the readers of the JOURNAL to decide if the terms “*false*” and “*malicious*” do not rather belong to those who publish the “*Observer*,” and write letters, and not to myself.

I have stated no falsehood, but cannot tell whether Dr. Bauer has or not. I have made no “*malicious*” accusation against the Editors of the *Observer*, or the former Faculty of the Miami Medical College. Neither have I allowed the use of the JOURNAL of which I am publisher or any other to do the same. Both the COLLEGE JOURNAL and its publisher have ever done what they could to sustain the character and the reputation of the profession, and both can possibly survive the terrible catastrophe of the threatened loss of “*exchange*” with the *Cincinnati Medical Observer*. Whether refusing to *exchange* will satisfy the profession that the charges made in the *Observer* are without foundation—are *malicious* and *false*, I cannot tell. The charge of falsehood and malice must rest against the *Observer* and its correspondent if anywhere, for my remarks as I have shown are almost a literal quotation from its pages.

Tincture of Gelseminum in Dysentery.

by H. M. KAIGLER, M. D.

BEING favorably impressed with the medical properties of the Yellow Jessamine, from what I read concerning its uses in various diseases by Dr. Mayes, of South Carolina, I give you these few lines to know of you in what diseases you have used it most. Dr. Mayes made frequent mention of you in writing the article. I used it in one case and it answered my expectations beyond my most sanguine hopes. It was a case of dysentery in which the pulse ranged from one hundred and forty to one hundred and sixty; in twelve hours time the pulse fell to one hundred and two beats. I gave it because I was fearful that if I gave the veratrum it would in all probability give rise to cartharsis in my almost exhausted patient. It was the first time I had ever given the Tine, of Jessamine; its effects were those as described by Dr. Mayes, viz: dimness of vision, double-sightedness, inability to open the eye-lids, etc.

I at first gave twenty drops every three hours, afterwards increased it to forty drops because of her dangerous situation. I prepared my tincture according to the formula of Dr. Mayes; he put four ounces of the root chopped fine in a pint of dilute alcohol and let it stand fourteen days; he says from twenty to fifty drops is a dose. From his mentioning your name as using the article largely in diseases, I address you to know what is your manner of administering the medicine and in what diseases do you think it will answer? Do you think it a remedy that will cure Gonorrhœa? Dr. Douglas of Chester, S. C., says it will cure the above named disease; he says he saw it used thirty years ago in that complaint. I should like it very much if you would give me your views concerning the article. We want something that will control the vascular system without running any risk to our patient, as is frequently the case in using the Tincture of Veratrum. The people in this part of the country are so prejudiced against it that it is impossible to use it here, so we will have to hunt up another remedy to use in its place.

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REMARKS.—I am pleased to know that my efforts to extend a knowledge of this agent are already successful to a considerable extent, and I gladly respond to the request for farther information.

In regard to the value of the Tincture in Gonorrhœa I am not at present prepared to advance an opinion, as neither my own experience or that of my

friends, has presented a sufficient amount of results on which to base any absolute opinion.

In regard to its use in other diseases, perhaps it will be found to be possessed of other properties in addition to its power as a sedative to the heart, which will prove it to be of great value in many instances. The splanchnic system of nerves doubtless govern the secreting organs, as well as the processes of chemical change and nutrition, and when these functions, as well as that of circulation are performed too actively, great harm may result and the agent which is capable of moderating, checking or controlling these changes, may be found to possess more valuable remedial properties than have been heretofore suspected.

In the article quoted by Dr. Mayes, I said: "I am satisfied that as a sedative to the nerves branching from the spinal cord and going to the organs of locomotion, or the nerves of voluntary motion; and in a lesser degree to the vagus and sympathetic nerves that are distributed to the heart and lungs, inducing a less powerful and less frequent pulse, and a more sluggish and feeble respiration, the *Gelseminum* will prove highly satisfactory to any who may give it a trial."

I also accord with the remarks made by Dr. Mayes, as quoted in the JOURNAL, p. 187, except that I think as the agent impresses, as has been stated, the *Exito-Secretory* nerves, it is capable of diminishing their undue activity, as in Gonorrhoea and Dysentery and other forms of undue activity and excitability of those nerves, and hence it will prove not only a valuable adjuvant to other treatment, but also a direct remedial agent of no inconsiderable value in a very large number of dangerous and painful diseases, including inflammations of the brain, the lungs, the pleura, the viscera and in rheumatism, and various disorders of the fluids of the body.

But before we can determine the actual value of this potent agent we need the results of many carefully made trials of it, cautiously noted and frequently repeated, and we hope to be favored with these from all who have made such observations and have noted the results obtained.

C.

Queries Answered

“Catarrh.”

I WILL make the following query to which I would be pleased to get an answer in the next No. of the COLLEGE JOURNAL. I am annoyed considerably with noises in my ears, it being however almost entirely confined to the left one. Sometimes the noise is of a ringing character; at others there is a roaring and rushing. It is almost constant, yet frequently more marked in the evening and aggravated by every slight cold I take. I have no pain in the ears but sometimes a slight itching; I have been very subject to irritation of the larynx from the slightest check of perspiration. My tonsils also were formerly irritated and somewhat enlarged, but by means of astringents and stimulants locally applied they were reduced and have not given me any trouble for some months. My general health is good, but I have been somewhat troubled with papular eruptions on the face. I have at times felt more or less dizziness when raising my head suddenly after having bowed down; and not long since, after having taken a slight cold, the noise was greatly augmented in my ear and I became quite dizzy and for a short time (after a somewhat full meal), was unable to walk straight. My hearing has been slightly affected. Now what is most probably the difficulty and what course of treatment would you recommend? I might have mentioned that I never had acute inflammation of the ear either external or internal, nor have I been subject to headache.

ANSWER.—Your annoyances probably arise from chronic inflammation of

the mucous membrane of the nares and pharynx; the “ringing” in the ears is produced by a partial obstruction of the Eustachian tube, preventing a free passage of air from the throat to the ear. The laryngeal difficulty depends upon the same disease which is continued into the vocal organ; and the dizziness is consequent upon a congested state of the vessels of the head, the blood being determined thither in undue quantities by the irritation existing in and about the pharynx. The disease, in the acute form called “coryza” and “influenza” is a common one, especially in countries subject to great atmospheric vicissitudes.

The lower animals are subject to a similar disease. It is well known that within the heads of mammalia there are extensive pneumatic cavities communicating with the mouth and nose. These cavities in man are called, “antrums,” as that of Highmore; and “sinuses,” as the frontal, ethmoidal and sphenoidal sinuses. The elephant and the owl derive considerable reputation for intellectual profundity from the prominence given by these airy cells. Pneumatic cavities in the bones of birds filled with rarified air serve them a good purpose in flight, and in mammals in supporting their ponderous heads.

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The horse is subject to attacks of acute inflammation of the membrane lining these cavities, and among farmers the disease is called “horse distemper.” The inner structure of the horns of kine is liable to take on the same disease, and then it has the appellation of “horn-ail.”

Considering that a large portion of the human face is taken up with antrums and sinuses, all lined with a membrane extending from the nasal cavities, it is not surprising that “coryza” and “catarrh” so often prevail. Existing in the chronic form, the symptoms of catarrh become somewhat varied and complicated. From sympathy of continuity the disease extends itself through the nasal duct and the lachrymal canals, and affects the conjunctiva, which, together with a congestion of the vessels about the origin and along the course of the optic nerves, interferes with vision. The patient is unable to read or use the eyes upon minute objects, for much time, without dimness or a blending of objects being the result. Hearing is impaired in a manner before hinted at, and the patient is often treated by pretending “aurists” with applications to the external ear, leaving the real cause entirely overlooked, while any laryngeal trouble is nursed as “bronchitis.” Frequently the congested state of the lining membrane of the frontal sinuses will produce headache, which is mostly confined to the region over the eyes and about the temples—nervous headache, the patient calls

it—and it is apt to recur periodically, once or twice a day. A feeling of heat and pressure at a point half way between the crown and forehead, directly over the sphenoidal sinuses, is not uncommon. There is a dry, unpleasant sensation in the anterior nares, and by dilating these openings the septum nasi will be observed redder than natural. The patient feels a disposition to “hem” in order to relieve the fauces and a quantity of mucus mixed with globules of the same in a more condensed form will be brought into the mouth by the effort. Every morning the throat has to be cleared of “phlegm” by coughing and other efforts. In several cases mucus finds its way down the oesophagus, exciting nausea and favoring accumulations of gases in the stomach; and from the proximity of the heart to the stomach its functions are interrupted, causing the patient at night sometimes to spring from bed as though suffocation were about to result from a heart disease.

The treatment of chronic catarrh, as given by authors, is meagre and unsatisfactory in its results. By many physicians the disease is pronounced incurable, yet they recommend their patients to snuff up the nose cold water and use astringent gargles. Fumigation by directing into the nostrils the fumes of burning sugar, ginger and cinnabar, has comprised a part of the treatment for catarrh, but it is attended with too little success to favor repetition.

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Dr. Ira Warren, of Boston, for many years has douched the nostrils and pharynx with a solution of nitrate of silver, employing a syringe with a long curved nozzle.

Instead of any of the above treatment, I would recommend the patient to take in some convenient vehicle the muriate or chloride of gold in one-twentieth grain doses three times a day, and make frequent use of an errhine composed of pulverized kalmia angustifolia and sassafras, equal parts. Tincture of Bryonia inhaled, often proves serviceable in this disease, and when there is much pain in the head chloroform may be added to the Bryonia. Deafness arising from obstructions of the Eustachian tubes may be relieved by douching the passages with a dilute tincture of Arnica flowers.

H.

* * *

Accidental Application of Croton Oil to the Eye.

by WELLINGTON ROSE, M. D.

A VERY respectable lady, of a plethoric habit, and sanguine temperament, aged about 60 years, had for two or three years been afflicted with an infirmity of her eyes. The sight was becoming dim and black specks were apparently flying before them.

She poured some Croton Oil from one phial into another, and some of it adhered to one of her fingers, with which she indiscreetly rubbed the eye which was the most affected. That eye and eyelid immediately began to smart and burn very severely. Sweet cream was first applied to it but gave no relief. Olive Oil was next used, and the pain soon began to subside, and ere long all disappeared. The black specks also immediately disappeared, and her eyesight has been more clear and strong since the accident than it had been for a long time previous. This I narrate as it may serve as a useful hint to physicians in regard to the treatment of some diseases of the eye.

REMARKS—I have delayed publishing the above for the purpose of first obtaining the report of a case treated in this city. The patient's father died of consumption, and his mother now suffers from cough and other pulmonary difficulties. He and others of the family had sore eyes in 1846 from which he recovered after a few weeks. In 1852 he again had inflammation of the eyes, which kept him from his business about two months. He did not entirely recover from the disease this time, and in 1855 there was another acute attack which lasted some four weeks, leaving his eyes still affected. About a year ago his eyes became again suddenly inflamed, and the swelling and pain made him completely blind. He was purged, bled repeatedly, cupped, blistered, and had a variety of washes applied to his eyes, and treated on this plan of no plan until the beginning of winter, when the lids were thickly studded with hard, irritable granulations, and similar hard and large granulations had sprung up over the sclerotic conjunctiva, and the pannus threatened to cover over the entire cornea. There was much pain and intolerance of light, profuse lachrymation, and a free discharge of muco-purulent matter.

He was leeches, the lids were scarified, purgatives were administered, and the nitrate of silver applied regularly to the eyes for some weeks. After this the nitrate of silver was alternated with the sulphate of copper, and warm cataplasms were applied. After a time he improved but did not get well, and soon there was a relapse.

In April the attendant surgeon determined on inoculating the eyes with the

virus of Gonorrhœa, a Germanic transcendental mode of treatment, apparently an offspring of the Hahnemannic school. The patient was not informed in regard to the nature of the virus of inoculation but was told “that it was a new preparation called *glandola*.”

The introduction of the Gonorrhœa virus produced very violent inflammation. On the third day “the lids were enormously swollen and purple, and the whole side of the face and neck erysipelatous—the discharge was excessive, and he was racked with intense neuralgic pain in the eyebrow. There was, at this time, no possibility of seeing the globe of the eye, in consequence of the extreme tumefaction and acute pain where the lids were touched.”

The after treatment consisted in washing the eye with lead water, and a twenty grain solution of the nitrate of silver, an occasional purgative, and morphia. After many weeks the eyes improved, the pupils were free, the cornea had a soreness, and the sight was improving daily.

We are half promised that the Surgeon who treated the above case, will publish a paper *on the indications for inoculation*, and for one, I should be pleased to have him show wherein his “new preparation called *glandola*” is superior to the Croton oil mentioned by Dr. Rose.

The European papers recently make frequent mention of this novel mode of treating eye diseases, but it will take more than a European reputation to commend the method to the favor of American Surgeons. C.

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Caution—An Attempt at Fraud.

ON making inquiry this morning at one of our first class book-seller's for the English edition of “Gregory's Chemistry,” I was offered a book which, on examination, I found to be curiously mutilated, viz: the title page had a strip of white paper very neatly pasted over a portion of it, which piece of paper upon close examination I found answered the purpose of concealing the fact that the book was published under the editorial care of one *J. Milton Sanders, M. D.* To this attempt at concealment on the part of the book-seller or publisher (I care not which), I feel it my duty to call the attention of the profession. I also wish to notice the fact that those having the work to sell feel ashamed of the so-called “reprint” of Prof. Gregory's excellent work, yet are attempting by this

contemptible trick to avoid the influence of the many severe, though just notices the work as edited by Sanders has received. I would call the attention of the reader to the notices on pages 82-3 4 and 232-3 of the present volume of the COLLEGE JOURNAL.

J. F. J.

NOTE—Although I was prepared for almost any attempt at deceiving the profession by the American Editor of Gregory's Chemistry, I was not inclined to allow a statement like the above to rest solely on the authority of the writer of the above communication, every way worthy of entire belief as I know his statement to be; hence I went to the book store where this work was offered for sale, and on examination I found it was the old edition which W. H. Derby & Co. of this city, had copyrighted.

The honorable proprietor of the book store viewed this attempt at deception as any honorable, high-minded man must, and offered his assistance in determining the extent to which the mutilation had been carried and the fraud perpetrated.

If the repeated instances of deception of the American editor and the publishers of Gregory's Chemistry should lead the readers of the COLLEGE JOURNAL to renewed interest in the book, I would refer them to the *American Journal of Pharmacy* for Jan. last, page 89 *et Seq.* and to the *American Journal of Arts and Sciences* for March last, for a more extended reference to this subject. We should feel it our duty to say much more in regard to these frequent attempts at deception on the part of the individual referred to above, were we not aware that our readers are fully acquainted with the character of the party engaged in the fraud.

C.

Editorial Department

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State Medical Associations.

THAT a State Medical Association, based upon correct principles and sustained and conducted with the proper spirit, would be of great benefit to the profession and to the community we have no doubt. Such an institution would do much in developing the resources of the healing art, correcting errors in medical practice and establishing a high standard of qualifications as a criterion of professional respectability. We are constrained however, to say that such results from Associations that have heretofore been organized we have not seen. In the old school organization no rule has ever been adopted that has had the practical effect of excluding ignorant and unworthy members who have tact enough to maintain the claim of regularity (*i. e.*), subserviency to the party dictum in regard to medical faith; though their rules are potent in ostracising any one, however learned and accomplished, who has boldness to think for himself and to express his thoughts.

As some of our friends in different States are making the attempt to form State Eclectic Medical Associations we deem it an opportune season to speak a word of fraternal admonition on this subject. We have no right—we have no desire—to dictate, yet since this is a matter in which all are directly or indirectly interested and since we have been repeatedly addressed on the subject, it will not, we hope, be deemed arrogant in us to suggest, that an Eclectic Associ-

ation formed at the present time should take a position far above that occupied by those to which we have referred. It should take a position that shall save it from the odium of fostering and indorsing ignorance and charlatanry, under the cloak of professional dignity, and which shall secure to true merit a full opportunity of being appreciated and sustained. In short an Eclectic Association should, if practicable, be composed of members only who have thoroughly qualified themselves for their profession, and whose object is, not to gain notoriety nor manufacture reputation for themselves, but to mutually improve each other, and promote the common interests of all: of men who are willing and able to contribute by their labors to the advancement of science, instead of making the association bend under the weight of their self-vaunting ambition or blush at the demonstrations of their ignorance.

But here arises a question which must be met at the outset and upon the judicious settlement of which greatly depends the reputation, harmony and usefulness of the association. Who shall constitute the body? Shall any one *claiming* to be a physician be admitted as a member, irrespective of professional attainments? The vast number of ignoramuses who are to be found throughout the land professing to be "doctors," might furnish such an association with a formidable roll so far as numbers are concerned, but we can readily conceive of such an organization, with which no man who had any self-respect or any professional reputation to lose would willingly be identified. But by what means shall the ignorant and unprincipled be excluded? We fear it will be difficult to do it successfully by any rule. Shall a diploma be a sure passport to membership? Many men hold diplomas who have very little claim besides to professional character, and who by obtaining such documents knowing their own incompetency, have proven themselves to be unworthy of confidence.

It seems however that there is no practicable criterion of membership that is so nearly equitable as one having reference to graduation. A diploma from a legally authorized Medical College with the usual number of chairs filled by reputable professors, and requiring the usual amount of study and collegiate instruction as a prerequisite to graduation *should* be prima facie evidence of respectable professional attainments; and although there are diplomas which have been issued by institutions claiming to be respectable, in the hands of men every way unworthy, the admission of such would certainly be a less evil than to admit in addition to these the legions of pretenders who have neither

diplomas nor medical education. We know that such a rule would exclude some who are far above mediocrity as successful and scientific practitioners, but such could soon obtain diplomas, and if they are men of professional spirit they would be willing to suffer temporary inconvenience for the sake of excluding the unworthy.

If we had the drafting of a constitution we should probably incorporate at least four rules bearing on membership, embodying the following principles:

1. A voting member must be a graduate of a legally constituted Medical College that requires the usual **curriculum** of study before graduation.

curriculum? —Ed.

2. Whenever it should appear that a member had obtained his diploma without complying with legal requirements he should be expelled.

3. No one who professed to possess knowledge which he would not impart to the profession, or who practiced with or encouraged the sale of secret nostrums, should retain his membership.

4. Reputable non-graduates should be eligible by vote of the association to the position of honorary membership, with the privilege of participating in the deliberations.

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As we have already said, we have no desire to dictate to our medical brethren, but having been asked for our views on this subject we have, as in duty bound, endeavored to give a succinct statement of them. We will close this article by saying that we sincerely hope that Eclectic physicians everywhere, whether members of associations or not, will take and maintain high ground in opposition to every form of imposture in medicine, and demonstrate to the world that the Ethics as well as the medication of our branch of the profession is an improvement upon that of the old school party.

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The Eclectic College of Medicine.

IT is with pleasure that we announce to the friends and patrons of this College that the Trustees have added to its former advantages the halls, fixtures and furniture of the American Medical College, which recently occupied part of the same edifice. They have also secured the services of a full Faculty who will reside in the city. Whether Prof. Buchanan, Emer. Prof. of Cerebral Physiology and Institutes of Medicine, who resides in Louisville, Ky., can spend any time

with us during the session or not, we cannot say, though we hope he will be able to do so. The Trustees and Faculty have, however, deemed it due to him who has so long and efficiently labored for our cause and whose sympathies are still with us, to retain his name in an honorable position in the Announcement of the College.

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Dr. Weedon's Apparatus for Fractured Clavicle.

DR. FRANK H. HAMILTON, and others, are inclined to doubt if Dr. Wheedon, of Albany, is the inventor of the apparatus described by him, and which was mentioned in the JOURNAL for August, p. 369.

One writes that the same apparatus has been in use some years, and is sold in New York under the name of "Bush's clavicular apparatus," but that Dr. Wheedon has made an improvement by constructing the rods of two parts—extensible—so as to fit persons of different heights.

Dr. Hamilton says: "The use of a T splint, as a dressing for a broken clavicle, is certainly as old as the days of Heister, who, in his great work entitled *Institutiones Chirurgicæ*, published at Amsterdam in 1839, has given a description and an engraving of this apparatus as it was then used by himself."

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In the *Transactions of the American Med. Association* for 1855, p. 407, Dr. Hamilton reported a case treated by himself with an apparatus of this character, but which was not entirely satisfactory in its action.

Dr. Hamilton thinks that the method of treating fractures of the clavicle recommended by Hippocrates, and adopted by Celsus and Dupuytren, and approved by Drs. Eastman, Eve, Buck, and Post, of placing the patient upon his back, would result more satisfactorily than by the use of any of the various appliances figured in the books.

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Vienna and Its Hospital.

Drs./? —Ed.

OUR readers will observe that our intelligent friends, **Dr.'s** T. C. and L. E. Miller, frequently refer to their experience and their professional friends in Vienna, and it may be of interest to know that Vienna, the capital of Austria, contains about 500,000 inhabitants.

The general Hospital was founded about one hundred years ago, by the Emperor Joseph the II. It is the largest Hospital in the world, the grounds embracing seven or eight squares, and is laid out in walks shaded by rows of fine large trees.

Each square of ground is surrounded by a continuous line of buildings three stories high, and in all they contain 3,000 beds, which, however, are not always filled with patients, the usual number not averaging more than from 2,300 to 2,500.

The clinics are held in this general Hospital, and usually there are about 1,500 physicians and students in attendance on the clinics.

In the lying-in, or obstetrical department from 8,000 to 10,000 births occur yearly.

In this city, with its University and Hospital, are presented admiral and full opportunities for study and observation and we hope to present to the readers of the COLLEGE JOURNAL information in regard to professional matters, as they occur in this great city, probably in each number we issue.

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BOOK NOTICES.

The Effects of Climate on Tuberculous Diseases. By EDWIN LEE, M. R. C. S., London. Being the Dissertation to which the Fiske Fund Prize was awarded June 6, 1855.

The Influence of Pregnancy on the Development of Tubercles. By EDWARD WARREN, M. D., of Edenton, N. C. Being the Dissertation to which the Fiske Fund Prize was awarded June 4, 1856. Philadelphia, BLANCHARD AND LEA. 1857.

DR. CALEB FISKE, of Rhode Island, bequeathed at his death to the State Medical Society a fund of two thousand dollars, directing that the annual income of that sum should be expended in premiums for Medical Essays, on such subjects as should be designated by the Society. This offer of a prize has led to an annual competition among the best writers of the country, which competition has brought forth some very valuable Essays upon Medical topics of great practical importance.

The two Essays now issued in this volume were first printed in the *American Journal of Medical Science*, and from its pages have they been reprinted for the purpose of presenting them to the profession in a more permanent form, and giving them a more extensive circulation.

After presenting the opinions of the most eminent pathologists in regard to *the nature of pulmonary tuberculization*, Dr. Lee comes to the conclusion that “tuberculization is a disease depending upon an alteration of the blood from its normal condition.” * * * “Principally caused by suppression or diminished action of the functions of the skin and a deficiency of the red corpuscles, and that consequently it should not be considered as merely a local disease but requires to be treated with reference chiefly to the disordered condition of the blood and to the causes which have been instrumental in producing it, before it has arrived at so advanced a stage as to preclude all rational hopes of recovery.” * * * “It is therefore against the diathesis, or the cachectic state of the system, and not against its local manifestations that our remedies should be directed.”

In regard to the *effects of climate*, in the treatment of tubercular diseases, the author presents many valuable facts which he has embodied in twenty separate cases. He says:

“6. The chief indications in the treatment of pulmonary tuberculization by means of climate, are first to remedy as far as possible the morbid condition of the blood which constitutes the cachectic state, and by this means to prevent or arrest the formation of the morbid product; and secondly, to allay the general and local excitation caused by the organic lesion. These indications are not unfrequently opposed to each other and in many cases the practitioner is obliged to restrict himself to endeavoring to fulfill the second, and to palliate the symptoms by pharmaceutical remedies.”

Although much has been said of late in favor of a high northern latitude, and Dr. KANE has expressed the opinion that no one living among the Esquimaux will be likely to die of pulmonary tubercular disease, Dr. LEE does not seem to have had his attention drawn to this matter.

In regard to the *influence of pregnancy*, which is the subject of Dr. WARREN's Essay, much has been said and yet but little of a reliable character has been recorded, except in scattered fragments and isolated remarks.

Dr. WARREN commences his essay with a quotation of the opposing maxim of the Homœopaths, “*similia similibus curantur*” and the Allopathic one of “*contraria contrariis curantur*” of Hippocrates and his followers, and adopts the Allopathic doctrine as having its foundation in reason, embodying the plain, practical, logical view of the subject, and being sustained by the experience of a vast majority of the most scientific men in every country.

Dr. WARREN says: "The causes of phthisis may be properly divided into two classes: 1. General causes. 2. Special causes."

Among the most prominent of the general causes he names *hereditary predisposition*, and considers the fact that it is an hereditary affection as *prima facie* evidence of its *nervous* origin. He next considers the influence of improper aliments, the influence of impressions made on the skin, and lastly, those impressions on the nerves connected with the *emotions*. Of these latter he enumerates "the gratification of lust, indulgence in onanism, depression of spirits, violent grief, and indeed all passions whereby immediate depression or subsequent reaction is induced;" quotes from Lombard, Moreton, Laennec, Hippocrates, Dupay, Amestoy, Wood and Williams, in support of this proposition.

Among the *special causes* of the disease he names various callings, improper clothing, suppression of habitual discharges, and various diseases which tend to direct an unusual amount of blood upon the pulmonary tissues.

In his second chapter Dr. WARREN endeavors to prove that there is an *antagonism* between the development of tubercle and the state of pregnancy, and to do this he *assumes* that in pregnancy there is a disposition to the establishment of *inflammatory action*, which is so imminent as to demand "the production of certain methods of relief to the economy, whereby its normal condition may be secured and retained," and enumerates loss of blood, nausea, vomiting, disgust for food, etc., as the means required for "the perfection of nature's most important work."

The final conclusion of the author is so clearly presented in the closing paragraph of his Essay that we quote it entire:

"I have thus attempted, by arguments, facts and authorities, to prove that pregnancy prevents the progress of phthisis, even when that disease is perfectly developed. Whether this effort has been successful or not, must be left to the judgement of my readers; and to them I confide my cause, with the full assurance not only that their decision will be equitable in regard to all that has been urged in support of my position, but that they will agree with me in the conclusion that if pregnancy can arrest the progress of consumption when fully established, then for a still stronger reason it must 'retard the development of tubercles in those predisposed to phthisis.'"

[TRANSCRIPTION IS INCOMPLETE]