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EDITED BY JULIUS F. MINER, M. D.,

Surgeon to Buffalo General Hospital.

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THE BUFFALO MEDICAL AND SURGICAL JOURNAL

WILL BE PUBLISHED

ON THE FIRST DAY OF EACH MONTH.

Exertions will be made to circulate it extensively, which, from our position we believe to be practicable, thus affording peculiar advantages for advertisements addressed to Physicians. The present number will be sent as a specimen, and also as an invitation to those receiving it to become subscribers, contributors and patrons of the Journal. Physicians who may have opportunities to obtain the names of their medical friends, will confer a great favor upon the Editor by forwarding the list to him, and will be duly remembered for the kindness.

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J. F. MINER, M. D.,
BUFFALO, N. Y.
Gentlemen of the Erie County Medical Society:

At the Annual Meeting in January, 1858, you did me the honor of electing me President of your Society. As your President it was incumbent on me, on retiring from the Chair at the next annual meeting, to read a valedictory address. In the interim I accepted an appointment in the New Orleans School of Medicine, the duties of which prevented me from being present at the Annual Meeting in 1859. The Society, in consideration of my absence, voted a postponement of the Address to the Semi-Annual Meeting in June of the same year. But before that time arrived I had decided to leave Buffalo, and I was accordingly not able to prepare an address nor to be present at the meeting. The Society had the kindness again to excuse the performance of my duty, and to postpone it until some convenient occasion, which I then hoped would be at the Semi-Annual Meeting in 1860. My duties at the Long Island Hospital, however, prevented my attendance at that meeting. When I may be able to attend a meeting is now uncertain, but I do not forget the obligation which still rests upon me, and I have received too many acts of kindness from members of your Society to desire to avoid a duty, the performance of which will at least be a manifestation of the feelings of gratitude and
respect with which I hold in remembrance the professional friends with whom I was so many years associated. I shall take pleasure, therefore, in writing a brief Address, which I shall ask some member of the Society to read in my stead at the Annual Meeting in January, 1861.

I have selected as a subject, My Retrospections of Medical Practice in Buffalo. This subject suggests itself as not inappropriate, and I trust it will lead to a train of remark not entirely without interest. A much broader subject would be my retrospections of Buffalo, including matters which relate not alone to medicine, but to medical politics and personal experiences in connection with different members of the medical profession. It would not be fitting on this occasion to embrace these in my reminiscences, since they would involve references to events and persons, which might not be acceptable to all. This more comprehensive view of the subject I must reserve for a different occasion, and a date farther removed than the present from the period over which my retrospective history extends. My purpose now is to confine myself to matters pertaining to the practice of medicine, and if I am led to speak of particular events or persons, it will be in a manner to which no one will be likely to take exceptions.

I came to reside in Buffalo in July, 1836. At that time, with a population of about eighteen thousand, there were not far from thirty physicians. By far the greater part of medical practice was in the hands of the regular profession, but at that time, and for some years, the followers of Thomson (of steam, lobelia and red pepper memory,) made something of a show in point of numbers. They were not among the educated and more intelligent classes of society, but some men of influence were believers and advocates of the Thomsonian system. The Legislature had recently granted to the practitioners of this system the right to practice provided they prescribed only indigenous vegetable remedies. Excepting as thus restricted, not only were all irregular practitioners, i. e. all not members of the County Society, legally incompetent to collect dues, but they were liable to be prosecuted and fined. The restriction and disabilities were some years afterward removed, the profession offering no resistance. The decline of the system may be dated from the action of the Legislature which removed all legal obstacles in the way of the practice. As Thomsonism it soon died out, but under the modified form Eclectism the system has continued to retain a few adherents. The Eclectic system of practice, as it is called with a singular disregard of consistency, since the distinctive feature of the
system is, that it does not allow to its practitioners the freedom of choice among remedies, originated in Thomsonism, but the most positive traits of the latter system were abandoned, viz: the universal application of steam, lobelia and red pepper to the treatment of diseases. In lieu of these the characteristics of the Eclectic system are the repudiation of blood-letting and mercury as remedies.

Homeopathy began to be heard of a few years after I came to Buffalo. It was preceded by animal magnetism, which excited a good deal of public curiosity and interest, and served to prepare the way for the mysteries of Hahnemann. The first person whom I recollect to have heard of as a practitioner of Homeopathy in Buffalo, had been a regular physician, and his application for admission into the Erie County Medical Society was refused on the ground that he professed to be a Homœopathic practitioner. The person referred to gave up the practice after a year or two, and has since become identified with politics. After this, several practitioners appeared in succession, and remained but a short time. However, the system gained slowly in its disciples until they were sufficient to afford business enough for three or four practitioners. Of late years the system could hardly be said to have gained in the number of its friends, but it has acquired new converts enough, to nearly, if not quite, make up for defections in its ranks, and thus has remained about stationary. The most successful practitioner of Homœopathy, (I mean as regards the amount of practice,) was a regularly educated physician who was refused admission into the Erie County Medical Society on the score of unprofessional conduct in his relations with a prominent member of the profession.

It would be difficult to continue the systems of practice more completely antagonistical than Thomsonism and veritable Homeopathy. Each is adapted to a different order of mind, and, hence, although the two delusions succeeded each other, the adherents of the one did not transfer their faith to the other. Thomsonism impressed those who were gratified with the idea of reducing medical science, as well as theology and political economy, to principles of common sense, intelligible alike to the unlettered and the learned. That the apostle of this system was an ignorant man, was in its favor. They looked upon the medical profession as an aristocratic body, sustained by legal privileges. Moreover, the demonstrative character of the Thomsonian measures of treatment was suited to persons of this stamp. Homeopathy, on the other hand, secured believers among those who were fond of the mystical. It recommended itself by assuming a kind
of transcendental character. It harmonized with certain notions of philosophy, sentiment and refinement. The persons attracted toward it, therefore, were not vulgar worshippers of ignorance enshrined as common sense, but the devotees of the mysterious and marvellous under the name of science. To persons thus constituted, the doctrine that medicinal remedies are potential in infinitesimal quantities, recommended itself the more that it conflicted palpably with common sense.

The evils arising from the prevalence of successive systems of quackery, are very great, but there are not wanting some good results. One of these is the increased attachment to the medical profession, when persons become thoroughly satisfied of the error of opposing the profession. The pride of opinion and the pen of ridicule are powerful motives to prevent an abandonment of any belief which is at variance with public sentiment, but when the mind becomes satisfied that it has been led away by an infatuation, there is little danger of another deviation in the same direction. I have observed that among the warmest and most consistent friends of physicians, are those who have given Thomsonism, Eclecticism or Homœopathy a fair trial, and have had resolution enough to confess the lessons which they have learned from experience.

Of the medical profession in Buffalo in 1836, six members were especially prominent. They constituted the older physicians of the city. They were the leading members of the profession. The cream of medical practice was divided among them, and they were generally called in consultation by the younger members. I do not include in this number Dr. Chapin who, although living at that time, had mostly withdrawn from practice. With one exception, Dr. Marshall, all of this number are now living, and I therefore forbear giving their names. All, however, have retired from practice, one having adopted many years ago other pursuits, and the remainder being incapacitated by disease for the active duties of professional life. These men are fairly entitled to be called the fathers of the medical profession in Buffalo, residing there at the time when it emerged from a small country village into a prominent and populous city. To discuss their respective merits at this time and place would be indecorous, but I may be allowed to speak of them collectively. As representing our profession, they rendered it deserving of respect and confidence. In respect of the character of its representatives, the medical profession at that time did not suffer by a comparison with Law or Divinity, although the two latter professions embraced very able men. Differing in mental constitution, in habits of mind, and in
matters, they fraternized with each other in a remarkable manner. It could hardly be otherwise than that some misunderstandings would occasionally arise, but I believe I am correct in saying that there never occurred any interruption of social or professional intercourse.

Professional consultations with each other and with the younger members of the profession, were frequent, and this has ever since been a prominent feature of medical practice in Buffalo. In the great majority of important cases, among the rich and poor, the custom has been for the attending physician to request a consultation with one or more of his professional brethren, and it has been common for two or more physicians to be associated in attendance until the termination of a serious disease is decided. Consultations have been placed on their true basis, viz.: on the importance of combined knowledge and judgment in cases involving danger of the loss of life or health; not on the supposition of want of confidence in the attending physician on the part of patient or friends. An acquaintance with the views and habits of medical men in other places has led me to appreciate the position with regard to this matter, which has been maintained by the physicians of Buffalo. I suspect that in few cases in our country have consultations been so much in vogue as in this city. Consultations have almost always been conducted in a most friendly spirit. During a period of over twenty years, I can recall very few instances in which any troubles have grown out of them; and on the other hand, irrespective of their benefits in individual cases, I believe that their frequency and a proper appreciation of their objects with the people have done very much toward enhancing public regard for our profession. Not a little credit is due to the medical fathers of Buffalo for leading the way in placing consultations on a proper basis, and it is creditable also to those who followed in their footsteps in this regard, that consultations have remained truly such, instead of becoming occasions for quarrels and intrigues which tend more than anything else to degrade the profession in the eyes of the community. It is but justice to our medical fathers to add, that while from their age and position they exerted a controlling influence, it was by no means uncommon for the younger members to meet them in consultation in their own cases. I can recall numerous instances in which I was associated with them in the relation of a consulting practitioner during the early part of my residence in Buffalo, and treated with as much consideration as if there had not been so great disparity in years; and this, I doubt not, is the experience of others who were then, like myself, junior practitioners.
Two events in 1845 led to important results as regards their influence on medical practice in Buffalo. One of them was the organization of the *Buffalo Medical Association*. The initiative in this organization was taken by several of the juniors, in conjunction with all of the older practitioners of the city. The objects of the Association were stated by the first President, Dr. Jonah Trowbridge, in his Inaugural Address, to be *First*, "A free and mutual interchange of medical opinions;" and, *Second* "To cultivate a friendly intercourse, an honorable and gentlemanly deportment, and a strict observance of courtesy towards each other." Nearly all the physicians of the City became at once members of the Association. Subsequently, some ceased to attend the meetings from indifference, and some became estranged from it. The Association, however, was steadily kept up, and a few years since was legally incorporated. I believe that it will not be denied by all who have participated in the meetings of the Association, that the objects, as stated by the first President, were promoted. The free interchange of opinions led to professional improvement, differences and misunderstandings were explained and friendly feelings cultivated. Notwithstanding the differences of opinion and discussions which must of necessity belong to the history of an association open not only to all matters relating to medical science, but to everything pertaining to medical ethics and the professional conduct of its members, there was never any disturbance of the harmony of its meetings during fourteen years, the period which my retrospections of it embrace.

The other event to which I refer was the establishment of the *Buffalo Medical Journal*. I may be excused for mentioning this on the ground that, although I was the editor, and continued the publication of the work for ten years, part of the time as the sole proprietor, and the remainder of the time as a co-proprietor, yet it was commenced at the instance of several of the leading physicians of Buffalo, and the expenses of the first year were guaranteed to the publisher by Drs. Sprague, White, Hamilton and myself. The success, however, was such that neither of the gentlemen with whom I was associated in the pecuniary responsibility of the enterprise, were called upon to furnish funds. Another reason why I need not shrink from the mention of this event is, the amount of matter contributed to the pages of the journal by my medical brethren in Buffalo. That the publication of the journal exerted a favorable influence on the medical profession of the City, I may fairly claim, without assuming anything in behalf of its editorship. Numbering among its patrons nearly every prac-
tioner of the City, it contributed to diffuse a knowledge of new developments from scientific research at home and abroad, and of new medical works; it excited emulation and thereby promoted thought, study and observation by means of the contributions from the City and neighborhood.

Another important event was the establishment of the Medical College in 1846. Of the circumstances connected with the origin and early history of this Institution I do not purpose now to speak. The circumstances are still somewhat too recent to be made the subjects of historical record. Such a record, however, I mean to prepare at some future time, if my life be spared. I refer to this event simply as one of those which undoubtedly exerted considerable influence on medical practice in Buffalo. In the first place it influenced in no small measure the habits and aims of those connected with the school as medical teachers. It also afforded opportunities and incitements to others, which would not otherwise have existed. That it tended to raise the status of the profession in the City in various ways can not in fairness be denied. On the other hand, that it was made the occasion for professional jealousies and divisions must be admitted. These unpleasant consequences were unavoidable, and they are not peculiar to the origin and early history of the Medical College in Buffalo, but have generally followed similar enterprises in other places.

I may enumerate among the prominent events affecting medical practice in Buffalo during the period over which my retrospections extend, the custom of signalizing the annual meetings of the Erie County Medical Society by social festivities. The members of the Society adjourned to dine together by invitation of the physicians of Buffalo, for the first time, in 1853. After this it became a custom to assemble annually at the festive board, enlivened by toasts, speeches, anecdotes and songs. This convivial intercourse, which never exceeded the bounds of a rational indulgence, contributed to make more close and genial the friendly relations of those who participated in it.

I have spoken of the character of the leading physicians in Buffalo at the time when I came to reside in the City. Twenty years after, all these had ceased to be active members of the profession. Their places were filled by those who twenty years before were the junior practitioners. Of the same number who at the end of twenty years held the same position as regards age, professional position and the amount of practice, all with a single exception, had resided in Buffalo twenty years. In the mean time the population of Buffalo had increased from eighteen to nearly an hun-
dred thousand. The profession have proportionately increased in numbers, consisting here, as elsewhere, of three classes, viz: the senior, the junior, and the young practitioners. I may speak of these, as of the medical fathers of the City, collectively. The majority were united by feelings of friendship, so as to constitute in reality a fraternity. So far from there being a disposition to disparage or overreach each other, I believe I am correct in saying that any one of this number would go first to his medical brethren for sympathy, advice and aid in any difficulty. As regards intelligence, professional attainment and moral qualities, I believe they would not suffer by a comparison with the majority of the members of the medical profession in any other City. Such was and is the medical profession in Buffalo. *Esto perpetua!*

I must apologize, gentlemen, at once for the brevity and the length of this address. Albeit the restriction which I have placed upon the latitude of my subject, it covers a wide field, and I must dismiss the various matters which it embraces with a brief notice of each. My remarks thus far have had reference to medical practice in Buffalo in general terms, as affected by events exerting an influence on the medical profession. I wish to say something having reference more immediately to medical practice. My retrospections show a great change in the current medical opinions with regard to the treatment of diseases. This change, however, is consistent with the progress of medical knowledge, and is perhaps as marked in some other places where the profession have had as much intercourse with each other, and there has existed the same amount of inquiry and discussion. When I came to Buffalo the antiphlogistic treatment of most diseases was in its zenith. Inflammation was considered the great pathological element in practical medicine. All the fevers were regarded as either dependent on local inflammation or as deriving their gravity from inflammatory complications. Most of the neuralgic affections, then perhaps as common as now, were regarded and treated as inflammations. The state of anemia and other mordid conditions of the blood had hardly began to be studied. The dormant pathological doctrines were based on an exclusive solidism. To support the power of the system by the free use of stimulants and nutriments, under almost all circumstances was stigmatized as *incendiary* treatment, after the favorite expression of Brossais. Bleeding was the "sheet anchor" in the management of most diseases. The chief point for discussion and difference of opinion in individual cases was the extent to which the abstraction of blood should be carried, and whether it should
be done by local or general bleeding, or by both combined. Strange as it may now seem, the admirers of Brossais, who trusted to the amount of depletion which could be effected by a fabulous number of leeches and starvation, were regarded by others as given to a censurable inefficiency in their measures of treatment, somewhat as the followers of the expectant method of treatment are now regarded by some. Next to blood-letting, mercury was deemed the most potential agent in subduing inflammation, and a large proportion of patients affected with different diseases were salivated. Indeed, it was pretty well understood that a patient who put himself under the care of a physician incurred the risk of salivation. Emetics and cathartics were used with great profusion, and rigid diet was an almost invariable rule of practice. I need not indicate how far these practical views are in contrast with those which now govern the practice of intelligent practitioners. I do not refer to these by-gone opinions in order to cast any reproach on the knowledge or judgment of the leading practitioners at the time when these opinions were in vogue. They were the current opinions of the day, and by no means peculiar to the City of Buffalo. The able physicians of the city then exemplified in their practice the doctrines held by the most eminent of the medical teachers and writers of the day. The change, indeed, has been great, almost revolutionary. In this fact we have a most gratifying evidence of the progress of the science of medicine. But this reflection should not lead us to regard the present state of the science as perfected. That there has been a great advancement in knowledge is undeniable, and that a corresponding improvement in practice has accomplished much in the saving of life and health cannot be doubted; but there is still an illimitable space for further progress, and should we live to indulge in retrospections at the end of a quarter of a century from the present time, it is probable that the contrast will be as great between medicine then and now, as it is between the present and the past.

It is interesting to me to look backward and trace in my own mind and in the opinions of medical brethren the gradual development of the change which has taken place. It is but justice to our seniors to say that their views of practice underwent considerable modification. But it is no more than justice to say that the junior members of the profession were the active agents in effecting it. In Buffalo, as elsewhere, the older practitioners were disposed to think that the change in practice was in a great measure due to a change having occurred in the human constitution in conse-
quence of which, measures of treatment formerly called for, were no longer borne to the same extent. This notion serves to break the force of the fall from a platform which is no longer tenable, but it is foreign to my purpose to enter into any discussion of it on the present occasion. I deem it but just to the majority of the members of the medical profession in Buffalo during the latter part of the period of my retrospections, to add that, in the transition from the too indiscriminate and excessive use of the so-called antiphlogistic and alterative remedies to a better appreciation of the value of soothing and sustaining measures, they have more than kept pace with the progress of the profession at large. As regards the benefit to be derived often from the free use of opium in the treatment of inflammations; the power of alcohol in the essential fevers and all diseases in which the leading indication is to obviate the tendency to death by asthenia, and the importance of efficient alimentation in fulfilling this indication, physicians in Buffalo have been in advance of practical views which have emanated from other sources at home and abroad. They have been already familiar with opinions and modes of practice which have appeared in medical literature as new, and to a large proportion of medical readers probably seemed to be striking novelties. I may refer, as an illustration of this remark, to the publications by the late Dr. Todd, of London, relating especially to the management of fevers and other acute diseases.

A few words respecting the diseases of Buffalo during the period of my residence there.

The first epidemic which occurred, exclusive of the eruptive fevers, was puerperal fever in the spring of 1844. Epidemic erysipelas prevailed to some extent at the same time. These diseases were prevalent at that time in many parts of our country. The epidemic in Buffalo was not severe nor of long duration. A report of nearly all the cases of puerperal fever was prepared by me, in accordance with a resolution of the Erie County Medical Society, and published in the New York Journal of Medicine, then edited by Dr. Charles A. Lee.

The city suffered severely from a visitation of epidemic cholera in the summer of 1849, as was the case when this disease traversed our continent in 1832 and 1834. A pretty full account of the epidemic in 1849 is contained in the number of the Buffalo Medical Journal for the month of November of that year. The visitation was repeated in 1852 and in 1854, attended in both years with considerable mortality. It is worthy of remark that only one member of the medical profession died with the disease
and the member referred to, (Dr. Haddock,) was not engaged in medical practice, although an active member of the Board of Health. His death occurred in 1849.

These are the only epidemics of importance (exclusive of Scarlatina, Robeola and Variola,) which prevailed during the twenty-three years that I resided in Buffalo. Cerebro-spinal Meningitis, which formerly prevailed extensively, and with great fatality, in many parts of our country, never made its appearance amongst us. Dysentery prevailed somewhat during the years of the cholera visitations, and in the intermediate years, characterised in certain cases by sero-sanguinolent discharges, collapse and death but the fatality was not large. At no other time has this disease prevailed to an extent or in a form to be considered as an epidemic.

During my residence in Buffalo, I witnessed a change in the indigenous fevers which has been observed in other situations. When I first came to the city, and for several years afterward, the periodical fevers, (Intermitting and Remitting,) were common, and the common continued or typhoid fever, as it had then been studied and described by Louis, was unknown. I can make this statement with positiveness, as I was acquainted with the writings of Louis, and had seen typhoid fever in Boston and the Western part of Massachusetts during my pupilage and the two years which elapsed after my graduation, before my emigration (as it was then considered,) to Buffalo. The first well marked case of typhoid fever which came under my observation in Buffalo, was in 1845, and I regarded it as so much of a curiosity as to ask several of my medical-friends to see it, and I reported it in full at a meeting of the Buffalo Medical Association. At this time periodical fevers had greatly decreased. In large proportion of the cases of Intermittents and Remittents, the persons afflicted had contracted these fevers traveling in the Western States during the summer. As these fevers ceased to be indigenous, cases of typhoid fever became more frequent, and during the last half of my residence in Buffalo, more or less of the latter disease was seen every year, but at no time prevailing to much extent.

In 1840, and for several years afterward, cases of typhus, generally known at that time as ship fever, were frequent among the newly arrived immigrants landing at New York, Quebec and Montreal, and arriving at Buffalo on their way to the Western country. The disease prevailed for several years extensively in all the sea port towns which received Irish immigrants. It was never diffused among the inhabitants of Buffalo outside the Poor House and the Hospital of the Sisters of Charity.
In conclusion, gentlemen, I must ask your indulgence in behalf of the fragmentary consideration of the subject which I have selected. I venture to believe that had I given to my retrospection a wider scope, allowed myself ample space, and been under no restraint as regards reference to persons and events—in short, if I had undertaken to write a full record of my life and times in Buffalo, I might have prepared a history which would be interesting to those members of the society at least, with whom I have been for many years closely associated by professional and friendly relations. As it is, I beg you to consider my address, simply as an acquittal of an obligation which has rested upon me, and the choice of my subject as evidence of the disposition on my part to revert to the long period when, my labors and aims in life were connected with the beautiful city which although my destiny has called me from it, I can never cease to consider as a home.

New York, September 1, 1860


Tuesday Evening, July 2, 1861.

The Association met at the usual hour.

Present—Dr. C. C. F. Gay, President, in the Chair; Drs. Treat. Rochester, Samo, Eastman, Cronyn and Miner.

The minutes of the last meeting were read and approved.

Dr. Rochester, in commenting upon a case reported by Dr. Dayton at the last meeting, said he had no doubt it was an example of Roseola Vaccina, its appearance about the 8th day after vaccination being about the time in which it is usually declared. He had himself witnessed several examples in his own patients, and although the affection is sufficiently distinctive, it had been mistaken by the individuals or their friends for Rubeola, Scarlatina and Variola.

Admission of members being in order, Drs. E. L. Bissell and Charles Mead were unanimously elected members upon compliance with the By-Laws.

Dr. Rochester, in opening the discussion on Erysipelas, stated, that he would not occupy any time in speaking of the early symptoms and various
forms and phases and locations of the affection. He regarded it as a general disorder, usually of a low or asthenic tendency, having epidemic and endemic properties, and likewise communicable from individual to individual. It was also subject to atmospheric hygrometric and climatic influences, being more prevalent and more severe in very cold and very moist weather, and perhaps in very hot. Its relations to scarlatina and peritontitis, (especially puerperal,) were very marked—the three diseases often prevailing in an epidemic form, simultaneously, and many a case of puerperitis could be traced distinctly to an erysipelasous exposure. This is chiefly true, as respects the puerperal condition, but instances are on record where menstruation has seemed to afford a way of communication; cases illustrative of these positions, viz: epidemic and endemic influences; communicability, and puerpero-peritoneal susceptibility, were then cited. As regards treatment, it is usually divided into general and local. Many cases required little of either; those however that could properly be termed grave, generally required tonics, stimulants and nutritious diet. In former years, Dr. R. had seen persons bled and treated with tartar emetic, with apparent advantage, he now treated the same class of patients with beef essence, with at least as good results. He regarded opium in a full dose as extremely useful, where there was either delirium or great restlessness. Salines, either as cathartics or diuretics, are advantageous, but should not be administered very freely. Quinine and iron, one or both, are required in a majority of instances. The tinct. of the chloride of iron is a good form, and is thought by many to exercise specific control over the disease in question. Dr. Rochester thought both these agents excellent tonics, and by virtue of that property only, to act favorably.

As to local treatment, it often seemed to arrest the progress of the affection, while it also often was apparently useless, and sometimes even hurtful. A great variety of topical agents were used, a strong presumption against the special efficacy of any. Of the supposed line of demarkation, effected by the solid nitrate of silver, he spoke only to condemn it. The tinct. of iodine was useful, but probably inferior to the tinct. of the chloride of iron as a diffuse application.

The latter he believed was first employed in Buffalo as a topical remedy. A patient of Prof. White's, for whom it had been prescribed, used it, by mistake, as an external dressing, so good a result followed, that the case was reported, in connection with others also thus treated, by Prof. White. His experience was subsequently corroborated by that of other members of
the Association, and, as has before happened, a fortunate mistake has been turned to good account. The action of the tincture is not unlike that of Velpeau's solution of sulphate of iron, and has the advantage of greater facility and neatness of application.

Evaporating, alcoholic, astringent, and anodyne lotions, all have their advocates. Prof. Hamilton almost habitually employs warm water on soft cloths. Prof. Henry G. Cox, of the Emigrants' Hospital, Ward's Island, N. Y., speaks very highly of dry carded cotton, especially where large portions of the trunk or limbs are involved.

Dr. Rochester concluded his remarks by reporting the following unique and fatal case of the disease under consideration:

Late in March, 1861, he was consulted by a private patient, who had long suffered from gleet; he was thirty-six years old, of naturally good constitution, did not drink spirits, and was addicted to but one excess, that of venery. For the past year he had indulged in extreme and illicit sexual intercourse. He stated that for two days he had suffered with chills, nausea, and great prostration, and that one of his testicles was swollen and tender. Examination disclosed epididymitis, with unusual fullness and tenderness of the vessels of the cord. He was induced to take a private room in the Buffalo General Hospital, where it was hoped that with quietude, the supine position, and mild treatment, he would soon be relieved. At the end of three days there was no improvement, and the cord increasing in tenderness, two fresh, lively leeches, were applied over the cord as it emerges from the pubis, and a warm poultice directed to follow. One of the leeches was torn out roughly by the patient, leaving an irregular jagged wound. In six hours this wound began to discharge a purulent ichor, and was surrounded by a livid erysipelatous margin. This spread rapidly over the hip and thigh, and in twenty-four hours a gangrenous slough appeared near the middle of the hip. Deep and free incisions disclosed complete disintegration and puruloid infiltration of the muscular tissues. In spite of every effort at arrest, aided by the counsels of Drs. Miner and Wilcox, the death of the parts progressed, more gangrenous spots appeared, and the erysipelatous blush extended down the leg and over the abdomen. The patient died on the third day, after the application of the leeches. Did the leech bite originate the malignant and fatal erysipelas? or was the original disease phlebitis of the veins of the cord. Post-mortem examination revealed the femoral vein occluded by a coagulum of aplastic lymph.
Prof. Eastman remarked that he did not know the subject was to come up for discussion this evening, supposing it had been disposed of on a previous occasion. He had been very much interested in the remarks made by Prof. Rochester—and as allusion had been made to traumatic erysipelas—as it was developed in the wards of the Buffalo Hospital of the Sisters of Charity during the period of his attendance on the Surgical Wards of that Institution, he would give some account of the same.

Early in December last, a case of erysipelas appeared in the medical ward under the care of Prof. Rochester—occurring in a patient who had been an inmate of the Hospital for eighteen months. Four cases occurred in that ward in the course of six or eight weeks. Information of the existence of the disease in the medical ward was immediately given by Prof. R., and precautionary measures employed, in the hope of preventing its development in the surgical wards.

On the 5th December, 1860, M—— M——, aged 15, of strumous constitution, and thin, spare habit, was admitted with Iliac abscess. It was opened by a valvular incision, and a small amount of pus appeared, which continued to discharge, (increasing in amount,) from day to day. On the 21st December erysipelas inflammation set in on the affected limb, and extended over the whole thigh. It was attended with the usual constitutional symptoms, and it did not abate, death occurring the fourth day after. No autopsy permitted.

Two or three days after, the ear of a patient in the Eye Ward was attacked with erysipelas. This ward is separated from the general surgical ward, by a wide wall. The constitutional symptoms were not severe. The disease doubtless arose from a blistered surface behind and adjoining the ear, and extended into the scalp and neck.

The next case occurred in the Female Ward, which is on the floor below the male eye ward, in the person of a patient who had been severely burned on her left shoulder, breast and arm. She had been in the hospital for six weeks before she was attacked with erysipelas. It involved the left forearm and side, and death ensued in about a week.

On the 14th January, 1861, a patient in the Male Ward, who had been an inmate of the Hospital for several months, with a chronic, indolent ulcer, was attacked with chills. On making my next visit, erysipelas inflammation was observed, with diffused redness following the course of the veins of the same leg affected with the ulcer. The foot and limb were
greatly swollen. The disease subsided, with a copious discharge of purulent matter from the ulcer.

On the 8th February, a patient was received from a distant city, who had come to the Hospital for the purpose of having his leg amputated. His general health was good, though some months since he had been quite intemperate. The amputation was made on the 13th by Prof Moore, in the presence of the medical class, at the amphitheatre of the Hospital, with but little loss of blood. In the afternoon of the same day, he had a severe chill, with nausea and vomiting. The next day erysipelas attacked the stump, and extended above the knee, the thigh becoming greatly swollen, and the track of the superficial veins red and tender on pressure. Vomiting continued incessantly, the stomach rejecting every thing taken into it. Neither were nutritive enemas retained. No union of the flaps occurred, and only a thin, sanious discharge, (small in amount,) exuded from the stump. Death ensued on the evening of the 17th. No autopsy.

About the same time another patient with a varicose ulcer had chills, followed in a day or two with the development of a diffused erysipelatous inflammation along the course of the veins of the affected limb, attended with marked tenderness on the slightest pressure. The disease terminated in resolution in the course of four or five days; from which time the ulcer healed rapidly, and the patient left the Hospital in better health than he had enjoyed for a long time.

On the 26th of February, M—— O'L——, was admitted to the Hospital, with a fracture of the lower end of the radius, which occurred on the 22d February. A wound of an inch in length existed on the ulna side of the fore-arm, near the ulno-carpal articulation which had been closed with a suture and straps. On the 27th he reported comfortable, and said his arm did not pain him. On the 28th, his arm was enormously swollen and universally reddened. The constitutional symptoms were severe. The splints had been removed, and a large poultice applied. On the 5th and 6th March, pus discharged freely from the wound on the ulna side of the fore-arm, and from that time the swelling diminished, though the put continued to flow during the time he remained under my care, my term of service expiring on the first of April. The ulna and some of the carpal bones became carious, and in due time amputation of the arm was advised to which he would not consent. He has since left the Hospital, having lost one or two of the carpal bones, and the lower third of the ulna.
The sustaining treatment was employed in all of these cases. Tonics, (quinine and iron,) were freely used with concentrated nutriment; whiskey being added with anodynes, as necessity required. As a local application, much benefit was derived from the tinctura ferri chloride, applied with a camel's hair pencil three or four times daily. It was also administered internally with good results.

During the period of my attendance upon the ward, hygienic measures were continued to prevent the spread or communication of the disease, but with little, or no avail. The patients were removed into a ward remote from the "infected district," and the general ward was thoroughly cleansed, fumigated and whitewashed. At the end of the week, the patients were taken back to the ward without my knowledge, after which the disease again appeared with as much malignity as ever.

Dr. Cronyn thinks almost all cases of traumatic erysipelas a wound or scratch upon the surface will have much to do, acting as an exciting cause. Related a case recently treated of injury followed by erysipelatous inflammation, and diphtheritic exudation extending over the shoulder and fore arm, with very great swelling, high fever, &c. Has used more recently mur. tinc. ferri.; Velpeau's solution has also used for years; has not any confidence in nit. silver as an application in erysipelas. Dr. C. relates a case of crushed finger, which he wanted to remove immediately—the patient objecting; three days later the finger was gangrenous, and erysipelatous inflammation extended over the whole hand; removed the finger, and patient recovered under the use of tonics and stimulants. Dr. Cronyn also spoke somewhat at length of the nature of idiopathic erysipelas. Has seen the disease treated by bleeding, but since the great change in medical practice, hardly thinks any intelligent physician would adopt it. Spoke of the distinctions made of erysipelas by English surgeons, and the common practice of calling almost every superficial redness, erysipelas, erythema being often called erysipelas, not only by the public, but also by physicians. Dr. C. prefers iron in erysipelas to quinine. Many high authorities in Europe do not regard quinine as a tonic.

Prof. Rochester thought quinine a tonic, and, according to its dose, both tonic and sedative, but not a stimulant.

Dr. Samo related a case of phlegmonous erysipelas, affecting the scrotum, producing extensive slough, and attended with great difficulty in healing, erections often tearing up the parts, and preventing union.
Agreed perfectly with what had been said as to the general principles of treatment.

*Dr. Treat* looks differently from most, or all others, upon this affection. In the neurotic form of erysipelas nit. silver acts favorably; tinc. of iron often useful, and also quinine; while in other forms of the disease we bleed, and give bitartrate potassa. Dr. T. also spoke of the neurotic character of other eruptive diseases, as illustrating his views upon the different forms in which erysipelas made its appearance.

*Dr. Miner* gave some account of erysipelas in the Buffalo General Hospital, at the same time when it was so common, troublesome, and fatal at the Hospital of Sisters of Charity. Several cases occurred in the wards, and no attempt was made to separate cases of erysipelas form others. The Hospital dresser had quite a severe attack, and was treated as a private patient, in his own room adjoining the ward. Flannel, wrung from quite warm water, gave most relief to the pain as a local application. Quinine and opium were relied upon as the chief remedies. Other cases not so severe appeared, and one patient in Surgical ward, in the last stage of disease, having extensive caries of spine was attacked, and died with it, and his former disease. What seemed remarkable was, though erysipelas was common in the ward, in rather mild form, yet no single case occurred after operation or injury, and though no operation could be made at the Hospital of Sisters of Charity, a short distance from us, with any degree of safety, yet we were altogether exempt from the disease in the traumatic form.

*Prof. Eastman* thinks that there must have been phlebitis before the leeches were applied in Dr. Rochester's case, occurring in Buffalo General Hospital, from the very early suppuration in the place of the bite. Spoke of the great value of quinine in small doses of one or two grs., and also of its unquestionable value as a tonic.

*Dr. Treat* regards it as the most valuable tonic, and also claims very many other virtues as belonging to it.

*Dr. Gay* remarked that he had been interested and edified in listening to the discussion, and fully concurred in all that had been said, both in regard to the pathology and treatment of Erysipelas. He had seen the disease in different sections of the country. At Philadelphia, during the year 1848, no less a man than the late Dr. Mitchell, resorted to depletion, but, as he believed at the time, with bad results. When the disease occurred in the intemperate, both Dr. Mitchell and Dr. Wood prescribed
alcoholic stimulants with a much better result. He had also seen the
disease in the country, and believed that as its subjects were more vigorous
and healthful, tonics were not so beneficial, convalescence being more com-
plete and satisfactory without than with them; he must, therefore, again
insist upon the supreme efficacy of his time-honored remedy, viz: calchi-
cum, combined with nitrate potass, or pulv. Ipecacuanhæ compositus, as
most appropriate for rural practice.

Dr. G. had also witnessed the progress of the disease in this City, both
in private and hospital practice, and fully and freely acquiesces in the
remarks made by Drs. Rochester, Eastman and others. Here tonics and
stimulants are to be relied upon as a rule, while at the same time he would
not ignore the fact, that there may be exceptions to the rule, requiring
discrimination on the part of the physician in the adaptation of remedies
in each particular case.

Dr. Gay also remarked that he thought in many instances the local
affection was often regarded as the primary disease, and treated as the
disease, loosing sight of the fact that it was a general disease; hence he
believes much mischief had often ensued by the application of too power-
ful remedies locally. All that can safely be attempted with local applica-
tion, is so to apply them as to modify the intensity of the local inflamma-
tion; anything beyond this he regards as hazardous.

The details of a case by Dr. Samo, calls to mind a case of St. Anthony's
fire, when almost the entire surface of the body was covered with the rash,
which remained out for twenty-four hours, and then apparently accumulat-
ing force by concentration, located upon the scrotum, which became enorm-
ously swollen, and in a few days gangrenous, resulting in death. The
topical application in this case was Velpeau's solution of sulph. of iron.
The general treatment quinine, mur. tinct. ferri. and stimulants. Though
he regards St. Anthony's fire and erysipelas as synonymous, he had made
use of the term for the reason it had usually been applied whenever the
entire surface was affected, as in this case, at its inception. It is the part
of wisdom in the treatment of this affection, as in all others, to bestow
more thought upon the patient, and less upon the malady, adapting the
means of relief to the particular case in hand.

Dr. Treat wants to know how they treat burns in the Hospital; what
external applications are found best. Has two children under treatment
for very bad superficial burns, with great shock; one is not likely to
recover unless some counter shock can be made. Some surgeons are
talking of turpentine as a very valuable application. Dr. T. does not like to use remedies with which he has no personal experience, unless well satisfied that no harm will result from it.

Dr. Miner speaks of the general principles of treatment in cases of large, superficial burns, the main object to be accomplished, being to protect the exposed nervous tissue from the irritation of the atmosphere and other influences, to form as nearly as could be an artificial skin. For this purpose various applications have been highly recommended. Oil and lime water are most commonly employed, being poured upon cotton and allowed to remain upon the exposed surface for several days, until pus covers the granulations, making nature's protection, and allowing the cotton and oil to be easily removed.

Prof. Eastman agreed with Dr. Miner as to the principles involved and the indications to be answered; and speaks favorably of the oil and lime water.

Dr. Cronyn had tried the turpentine plan of treatment, both arms being badly burned, he had poured upon one, turpentine and lard, the other, oil and chalk, carefully enveloping each arm in cotton. The one treated with turpentine recovered much the soonest.

Dr. Gay asked the intelligence of the Association to report a case of tuberculosis, and as the evening was considerably advanced, he would be as brief as possible. The general symptoms and physical signs at first were so obscure, the inception of the disease so insidious, and progress so rapidly terminating fatally the fifth week, as to furnish perhaps some points of interest.

History.—F—— H——, female, aged 16 years, previous health good, hereditary predisposition not ascertained.

November, 1860, she was treated for three weeks homœopathically for a chronic catarrh; at the expiration of which time I was called; her case at this time causing considerable alarm; found her anasarcus pulse 112 per minute, tongue red, stomach irritable, tenderness at epigastrum, catamenia retained, no albuminuria; conceiving it to be case of arsenical poisoning, prescribed syr. hypophosphate of ferri, one oz. three times daily; under this treatment the dropsy subsided, and she was convalescent in three weeks, but was left however with some pain occurring spasmodically on right side the chest, shooting up to right shoulder, which seemed to be relieved by the use of Fl. ext. belladonna.

January 28th.—Was called to attend her for rubeola, which ran its usual time, and from which she kindly convalesced. About the first of
March she accompanied her parents to New York City, spending a number of weeks. A few days after her return to Buffalo she had a cough. I prescribed a simple cough mixture without any relief.

May 9th.—Symptoms, pulse 120 per minute, respiration hurried when exercising, normal when at rest, cough at night, sometimes followed with vomiting, no expectoration, some complaint of pain in right side chest, bowels regular, no appetite, general debility, had not menstruated for two months. Exploration of chest revealed no signs of deposit, percussion and auscultatory sounds normal, no depression. Rx pyrophosphate ferri gr. ij. ter. die. syr. Ipecac P. R. N., Croton and Olive Oil equal parts, to be rubbed on chest, generous diet and out-door passive exercise; the latter was, however, precluded by inclement weather; the uvula being elongated was exercised.

18th.—Cough better, scarcely any pain, no appetite, and no stronger; had ridden a short distance for two or three mornings. Increase iron grs. iv. ter. die. with whiskey and beef essence. Pulv. opii comp. at night.

21st.—Appears improved, pulse still frequent, appetite improved, is losing flesh, physical signs negative.

25th.—Not so well, remains in bed, increase whiskey and beef essence, discontinue iron.

28th.—Marked depression at the infra-clavicular space on right side and dullness on percussion, with usual auscultatory signs of tuberculosis. Continue whiskey and ordered oleum morrhææ.

June 6th.—After my morning visit, the patient was attacked with pain in stomach, followed with vomiting, continued to vomit during the day, ejecting large amount of fluid of a deep green color. Champaign was ordered which at once arrested the vomiting, she now had pain in the bowels, and two or three dejections.

7th.—Had a restless night, no more vomiting nor diarrhœa, no cough nor pain, comfortable and cheerful; very great depression beneath right clavicle and great dullness. 6 o'clock P. M.,—had a comfortable day, taken considerable nourishment and stimulus.

8th, 6 o'clock A. M.—Was summoned to her bed-side in haste; has had another restless night; pain now severe in bowels, extremities cold, lips livid, pulseless at wrist, died in an hour and a half.

Remarks.—The only general symptom of tuberculosis was the frequency of the pulse, which in the absence of fever or local inflammation, lead me to appreciate the nature of the case. The physical signs for the first three
ART. III.—A Case of Inversion of the Uterus, by James P. White, M. D., Prof. of Obstetrics in the University of Buffalo.

On Saturday, Dec. 8, 1860, Dr. T. T. Lockwood, (late Mayor of this city,) a highly respectable practitioner of more than twenty-five years' experience, called upon me to visit Mrs. R——, on Seventh street, with all possible despatch. Dr. L. informed me that Mrs. R. had previously been twice attended in labor by him, on which occasions nothing untoward or extraordinary had occurred. He had however, remarked that though a woman of small stature, her pelvis seemed to him remarkably large, and that she had completed the second stage of labor each time with great rapidity. He had been called to Mrs. R. this morning, she being not yet twenty-three years old, to attend her in her third labor. The first stage of labor, during which there were no unusual symptoms present, had occupied a little more than two hours, the patient not being at all exhausted, and was completed a little after 12 o'clock. At this time the membranes ruptured, a large amount of water was suddenly discharged, and with the next pain the child was thrown entirely into the world. Dr. L. immediately slipped...
the cord, which was of rather more than ordinary length, and once around the child's neck, but not tightly drawn, over its head. Soon after, as the child was crying vigorously, he tied and divided it, handing over the infant to the nurse.

His attention was immediately called to the mother, whom he now observed to look pale and to be fainting. Upon passing his hand up between her thighs, without having made the cord tense, he discovered a large tumour occupying the entire space, which, upon examination, he found to consist of the uterus, with the placenta attached. He immediately detached the placenta, carried the uterus up into the pelvis, entirely out of sight, where meeting with resistance to further reduction, he gave the woman a large draught of brandy and paregoric, and drove up to my house as rapidly as possible.

Without loss of time I returned with the Dr. to the residence of Mrs. R. whom we found surrounded by her friends, who supposed her dying. The woman was nearly pulseless, with all the symptoms of suffering from severe shock present in an eminent degree.

We immediately administered more brandy, tinc. opium and ammonia, and as she aroused a little and consciousness partially returned, we deemed it best to proceed at once with efforts to reposit the uterus. Upon introducing my hand into the vagina, I found the fundus of the uterus resting upon the perineum, though entirely covered by the external organs. Carrying the hand farther up, the inversion was found to be complete, and the organ pretty firmly contracted. The left hand placed upon the supra pubic region, detected a tumor there, which, although not round like the fundus of the uterus might, through abdominal pareities of moderate thickness, not unlikely be mistaken for the normally contracted uterus in its natural position. Gentle continuous pressure was now made by the intra vaginal hand, whilst with the one upon the hypogastrium the anterior lip was hooked or held by the fingers, and counter pressure exerted so as to prevent injury to the utero-vaginal connection. In a few minutes the neck began to be reflected upon the body, and although some dimpling or depression could be felt in the fundus, reduction took place from the neck to the body, and finally the fundus following the body up through the neck to its natural position. It should be remarked that, notwithstanding the relaxation of the system consequent upon syncope, and although not more than an hour or an hour and a quarter elapsed from the time of the delivery of the child to the complete re-position of the inverted uterus, the organic con-
traction was so firm as to require considerable pressure to carry the body through the os, and reflect the organ upon itself.

The patient was now laid in a comfortable position, with the head depressed and stimulants and opiates freely given. She soon began to revive, the pulse returned to the wrist, consciousness was restored, and at 3 P. M. about two hours after the operation, I left her with Dr. Lockwood. The amount of blood lost was not great, and was, in my opinion, utterly insufficient to account for the depression which immediately succeeded inversion, and continued for some hours after restoration. Indeed it is not unlikely that the patient would have lost her life from shock had not stimulants been freely and repeatedly given. The vital energies were so much depressed—the pulse not to be felt at the wrist—and the countenance was so ghastly that we did not venture to make the least effort at restoration of the inverted organ until she had taken stimulants freely. And yet there had been very little blood lost—for several days Mrs. R. remained very feeble, with frequent pulse, and tender hypogastrium, but gradually convalesced. Her restoration has been complete, and she is now in good health, nursing her infant and attending to her ordinary domestic duties.

Remarks.—The subject of inversion-uteri has only within the last few years been brought prominently before the profession, and many questions in relation to its occurrence and restoration still remain unsettled. Some of these points the case above reported may aid us in solving. In a medico-legal investigation of great interest, recently had in Chicago, it was maintained by counsel and this position was also sustained by medical testimony, that, it was impossible for the recently inverted uterus occurring immediately after delivery, at the full period of gestation to remain in the vagina. It was by those who sustained this theory held that the long diameter of the uterus would be such as to render it necessary that it should protrude at the vulva. In previous efforts to reduce the recently inverted organ I was certain that the fundus was carried completely within the vulva, before reduction at the neck commenced, and therefore stated my belief in its possibility. The vagina which has been elongated by pregnancy, and finally dilated by the passage of a fully developed fetal head, may be carried up into the abdominal cavity quite above the summit of the pubis, and thus increase its longitudinal capacity as well as its diameter. Speculate as we may, here was a patient delivered of a full grown male child, the inverted uterus following immediately, and within a very short space of time carried back completely into the vagina, and there left for more than
half an hour without any pressure or support being made at the perineum. During this period the head of the patient was repeatedly elevated, to take stimulants and opiates, and she made considerable effort in throwing herself about in approaching syncope. During the time the uterus remained there Dr. Lockwood left the house and came himself for me, in order to secure my early attendance, and yet some minutes after my arrival, upon examination, I found the fundus did not project beyond the labia. My attention having been recently called to this point, I was especially careful to note its position. More than this, when pressure was applied to the fundus for the purpose of re-position, the fundus was carried still higher before the os commenced to be reflected over the neck. In this as in former recent cases reported by me, I found great assistance in the effort at restoration by "hooking" the fingers of the left hand over the anterior uterine lip, which could be distinctly felt through abdominal parietes of moderate thickness. It can be readily conceived by any one who has felt the tumor formed by the uterine os and neck in the hypogastrium in inversion, that it might be mistaken for the fundus, and the inexperienced practitioner be led to suppose it was the fundus, and that the organ occupied its natural relations.

Again, much discussion has been had relative to the manner in which reposition is effected. In this, as in all the preceding cases, I was careful to note that the os was first doubled down upon the neck, and then upon the body, and finally over the fundus. It is true that pressure upon the fundus produced slight depression or dimpling at its summit, but this did not increase and go on to complete re-inversion. In the seven cases of inversion, recent as well as chronic, in which I have reposited the uterus at various dates, varying from a few minutes to more than fifteen years after its occurrence, in all, so far as I am able to judge, restoration has been accomplished in the manner above described, and in no instance by pushing the fundus up through the body and neck.—Again, the manner of its occurrence in this case deserves to be especially noted. It would seem to have been spontaneous, as the funis was not tense, and was of more than the ordinary length. Dr. Lockwood, who is a highly respectable accoucheur, of large experience, assures me that when he slipped the cord over the head of the child, it was quite loose, and required no tractile effort to accomplish it. He assures me also that no traction was made upon the cord after the birth of the child, before the sinking condition of the patient claimed his attention, when, upon examination, he found the uterine tumor between her
thighs with the placenta attached. It would seem that the uterus, which
was excited to energetic contractions by the difficulty of dilating the os,
meeting with little resistance in pushing its contents through the pelvis,
followed by its own contraction at the fundus, the suddenly rejected ovum
down into and through the neck, and os, and into the world. I have never
been present when the accident occurred, but it is not unlikely that it may
occur immediately after sudden delivery, *spontaneously*, although doubt-
less much more frequently to be charged to unskillful or rude manipulations.
This is the second case which has now come under my observation in which
the inversion could not be attributed to forcible pulling upon the cord or
placenta by the accoucher in attendance. It would not be safe to infer
that in the remaining five cases traction at the cord or placenta, was the
sole cause, as their history could not be very accurately established. Two
which are well authenticated, are sufficient, however, to establish the fact
that, it *may* occur in the hands of good practitioners, when the second stage
is rapidly completed, unless great caution be taken to retard the sudden
expulsion of the ovum. Spontaneous inversion of the organ can, however,
only take place immediately after the expulsion of the fetus, and not, as
has been erroneously maintained, at a period remote from delivery, and
after tonic contraction of the organ has been established.

Buffalo, July 12, 1861.

My Dear Friend and Colleague:

I am just in receipt of your letter, for which receive my most sincere
thanks. Allow me through you to congratulate the profession in prospect
of a Medical Journal in Buffalo. Much will thereby be done for the general
good, since in no other place can more valuable material be contributed,
certainly not with yourself to collect and provide it. I have had opportu-
nity to judge of the capacity and the activity of the profession since I took
to military life, and though my experience is short, I can yet see the want
of that discipline one obtains by making diagnosis, and then submitting to
the test of a post mortem examination, as has been the case with those I
have been accustomed to associate with in Buffalo. The Regiment has
been vaccinated. Whatever an analysis can furnish of interest I cannot
tell. A report shall be furnished our Association such as is made to the
Surgeon General. Practice in camp can never be scientific. I have often
asked why it was not, but could never until I had a little experience answer
the question. It is this: At Surgeon's call, which is announced in gen-
eral order, at dress parade, and may vary according to circumstances,
but usually in the morning; at that time all the sick who can walk
come to the Assistant Surgeon's quarters, and are prescribed for, and
here most of the prescriptions are dispensed. In passing them in re-
view it requires aptitude, concentration and quickness of thought, for
every one who reports himself to his orderly is marched up under his
command. The real sick are soon prescribed for, but the other class is
much more difficult and troublesome. Imaginary and feigned sickness, to
get excused from duty, gives both surgeon and officers a great deal of
trouble.

Our regiment was pieced up wholesale; the inspection at Elmira a
mere farce, and many a man passed who never should have been. I
received order on arrival here to re-inspect, which I have done, and mused-
tered out about twenty-five men. They will be returned to their homes as
soon as papers can be made out and they draw their pay.

I see Dr. Coventry and Dr. Steele quite often; they are well. Prof.
Hamilton is also here, dressed in military. We shall move into Virginia
in about ten days. What I see published in the papers, as extracts from
letters from the camp, is mostly false—done to gratify some one's vanity or
ambition—well enough if only true. I send this franked by Mr. Spaul-
ding, who visited our camp last week. Let me hear from you often, and
believe me, yours ever,

CHARLES H. WILCOX.

The general practice of the French surgeons in the Crimea was to
extract foreign bodies from wounds at an early period, whenever they were
easily accessible. The most efficient styptics in arresting hemorrhage,
where the blood-vessels could not be conveniently tied, were the perchloride
and the persulphate of iron. Amputations were generally resorted to in
severe injuries of the limbs, and the results were more favorable than when
conservative surgery was attempted. Primary amputations were much
more successful than secondary.

The following tables show the number of deaths in the City of Buffalo for the month of June, 1861:

### CAUSES OF DEATH.

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<th>Cause</th>
<th>Number</th>
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<tr>
<td>Accident</td>
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<td>&quot; drowning</td>
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<td>Cholera Infantum</td>
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EDITORIAL DEPARTMENT.

REGISTER OF MORTALITY—Continued.

By Whom Certified.

By Practitioners, 
By Coroner,  
Total, 
By Undertakers, 

Total,

94  8  102

LOCALITY.

City at large, 
Sisters’ Charity Hospital, 
General Hospital, 
Total, 

104  2  5  111

94  8  102

123

123

The average number of deaths during the month of June, for the last five years, is 124, showing a trifle above the mortality of the preceding month.

The cases of small pox which have occurred this year have all been imported and sporadic cases, and have been transported immediately to the Small Pox Hospital, which is the only locality in the City where the disease exists.

J. WHITAKER, Health Physician.

EDITORIAL DEPARTMENT.

INTRODUCTORY.

In introducing to the medical profession the first number of the Buffalo Medical and Surgical Journal and Reporter, it may be expected that some reasons for its appearance will be given, and also some account of the objects to which it will be devoted, the aims and purposes it is designed to subserve.

With regard to the reasons for its appearance at the present time, of deep commercial depression and distress so unfavorable for the commencement and growth of enterprise, requiring outlay and expenditure, I can only say, that since we have been deprived of our home organ in medicine, so long and ably conducted, we have better appreciated its value and influence, and most deeply felt its loss, and though we cannot commence where it closed, in position and influence, or expect to fully compensate for its loss or removal, yet we hope to furnish an acceptable medium for the medi-
cal public, and to be taken only for "about what we are worth." While we do not deny that we are to look to the larger cities for the materials and facilities for the preparation and circulation of the more elaborate and voluminous journals, yet we claim that there are many reasons why they cannot and do not answer all the purposes and accomplish all the objects to be derived from periodical literature. That a medical journal, if it commend itself, representing fairly and fully the present advanced and growing state of medical literature, will promote and become subservient to the great mental activity, which at the present time more than ever, characterises the medical profession, will be useful in the collection and diffusion of facts, the interchange of views and opinions, not only in this section of country, but also at points remotely distant. In this enterprise we act upon the belief that the physicians whose interest, and assistance will be greatly depended upon are eminently, able and willing to contribute their proportion of effort, for the promotion and advancement of our common cause.

Our pages will be open for the expression of opinions and free discussion upon all subjects involved in the interest or progress of medicine and surgery, and an earnest and cordial invitation is hereby extended to the Profession to contribute to our pages. We shall be desirous of appropriating as much space as our limits will allow to original articles. Important cases interesting from their rarity, novelty, or the results of treatment, which often serve to develop or confirm very important truths, are constantly being treated by observing practical men. It is desirable to collect a great number of thoughts and ideas which originate in the minds of observing practitioners, placing them in the great store-house of medicine literature for analysis and comparison, to be estimated and produce results according to their intrinsic value. For the purpose of supplying condensed intelligence of discoveries, improvements and new views in medicine, surgery and the collateral sciences, we shall carefully select from both foreign and domestic journals, using their contents as opportunity or interest may indicate, not with any view to supercede the importance or necessity of resorting to them more directly, or with any idea that the contents of these journals are not very early made familiar to many of our readers, but rather to extend an appreciation of their value, and promote their more general circulation.

The editor desires to say that he is looking to the profession for the means of success in this undertaking, and will not allow himself alone to be held responsible for its success or failure, since he is depending not so much
upon his own exertions as the assistance he expects to receive from others. He enters upon the duty stimulated by the hope and expectation of so complete success as soon to justify the enlargement of the Journal, rendering it more acceptable and useful than it can possibly become in its present restricted limits.

BUFFALO PHYSICIANS IN THE ARMY AND NAVY.

New York State Volunteers.

Charles H. Wilcox, M. D., Surgeon 21st Regiment.
Joseph A. Peters, M. D., Assistant Surgeon 21st Regiment.
Lucien Damainville, M. D., Assistant Surgeon, 31st Regiment, under Gen. McDowell.

Aaron J. Steele, M. D., Assistant Surgeon, under Gen. Mansfield.

United States Army.


United States Navy.

Samuel D. Flagg, M. D., Assistant Surgeon, U. S. Naval Hospital, Brooklyn.


William Howell, M. D., Assistant Surgeon. Waiting orders.

Ira C. Whitehead, M. D., Surgeon, Revenue Cutter "Vixen," cruising.

CHARGES AGAINST A SURGEON.

The Burlington (Vt.) Free Press publishes the affidavits of two members of the 1st Vermont Regiment, stating that the treatment of members of the Regiment, when sick, by Surgeon Sanborn, was harsh and brutal, and that he was often so intoxicated as to unfit him for the performance of his duties.

Lieut. Col. Washburn says:—Dr. Sanborn has had many difficulties to contend with. He has been compelled to organize a Hospital many times without sufficient room or conveniences; there has been a great deal of sickness in our camp; frequently at the morning report of the sick, a large number have been awaiting his examination; many times since we came here the Hospital has been entirely filled, and no room—and he would
have been more than human if at times, he had not found his patience exhausted. But he has so far as my observation extends, endeavored faithfully to perform his duty. The Surgeon, Dr. Sanborn, and Assistant Surgeon, Dr. Child, are attentive, careful and earnest, and the people have no need of feeling anxious that their friends are not well cared for.

ADVERTISING SHEET.

We have taken pains to select such business notices only as are of interest and importance to physicians. The Book Merchants whose advertisements appear, have on hand the most recent publications in Medicine, Surgery and the Collateral Sciences, and we understand are offering great inducements to the physicians who buy books.

The Druggists whose notices are also to be found in the advertising sheet, are men to be depended upon as dealing only in the most carefully selected goods to be found in market, while Prescriptions will be dispensed by them in the best manner. We have also had opportunity to know, and have carefully examined the stock of Spirits and Wines offered at wholesale by Mr. Ayers, and are satisfied of the purity and superiority of this stock. These notices are all designed quite as much for the benefit of those who buy, as those who sell, and though we receive pay for advertisements, yet we do not receive all advertisements, even for the best of pay.

OUR NAME.

Since this journal is ready for the press, we are very politely notified that we must not call it The Buffalo Medical Journal, since Mr. A. I. Mathews claims to own that name, and designs to use it himself. We have no desire to use that name, and not the slightest objection to Mr. Mathew's making as free use of it as he pleases; the only suggestion we desire to make, is, that if Mr. Mathews should really publish a journal, the name most appropriate, expressive and highly promotive of his present business interests would certainly seem to be The Buffalo Patent Medicine Journal. We shall endeavor to fill the hiatus made by the discontinuance or removal of the former Buffalo Journal, with legitimate medicine.
ART. I.—History of the Origin, and Transactions of the Medical Societies of Buffalo, by Thomas F. Rochester, M. D.

The earliest record of Medical Association for professional improvement and advancement, to which access has been obtained, is entitled "The Constitution and By-Laws of the Medical Society of the Village of Buffalo, adopted July 16th, 1831." This is prefaced by the following preamble, which, with but slight alterations, has been adopted by each succeeding organization up to the present time:

"Whereas, medicine, as a science, is of great extent and difficult attainment, embracing a knowledge and implying a familiarity with the laws of Nature generally, and

Whereas, much may be done by a free and mutual interchange of medical opinions toward enlightening ourselves, and thereby benefitting the community in which we live, and

Whereas, The practice of our profession, at all times arduous and responsible, may, by an honorable and gentlemanly deportment, and a strict observance of professional courtesy, be rendered more agreeable to ourselves, more useful to our friends, and more dignified in the eyes of men, therefore the undersigned, practicing physicians and surgeons of the Village of Buffalo, do agree to associate for the promotion of the above laudable purposes, and to adopt the following Constitution and By-Laws by which they will be governed."
The Constitution consists of twelve articles, establishing the name and offices of the Association, and stating the number of officers and their several duties.

It is interesting to observe that the meetings of the Association, as established by Art. 9th, were to be “on the first Tuesday of every month”—the time corresponding with that of the meetings of the present organization.

Article X, is to the effect that all regular physicians, residing in the village, may become members, after a two-thirds vote in their favor, on signing the Constitution and By-Laws.

The By-Laws are thirty-six in number, and are all eminently useful and proper; many are both curious and minute, especially those pertaining to professional conduct and etiquette. By Section 3, absent members are fined, and by Section 9th, members who fail in their assigned duties are also fined heavily, and the records of the Secretary are to the effect that these fines were levied and paid. Section 13th is a full and, for the times, a respectable fee bill. Section 14th requires accounts to be presented and settled, if possible, once a year.

Section 15 reads, “It shall be incumbent upon every member of this Association to be courteous and gentlemanly, free from vulgarity of manners, habitual swearing, drunkenness, gambling, or any species of debauchery. It shall also be incumbent upon the members of this Association, when speaking of each other, to abstain from slander or detraction, or from stating any facts prejudicial to the character of a member, without first having presented the matter to the Association for their consideration.”

Section 18 forbids self-laudation, or assumption of greater or special skill than any of the other members of the Association.

Section 25 says, “It shall be deemed unprofessional and savoring of quackery to introduce or encourage conversations with persons uninstructed in medicine, upon subjects relating to diseases, remedies, operations, and the like, or to expatiate upon the number of our patients, the frequency of calls, or to boast of great cures,” &c.

Section 29 declares, “deductions from bills made out agreeably to the fee bill, as unfair and unprofessional, where the parties have the ability to pay the full amount.”

Section 32 provides for the reproval, suspension or expulsion of members found guilty of dishonorable or ungentlemanly conduct, professional or otherwise; and Section 33 excludes expelled members from professional intercourse with the members of the Association.
Section 36 is a pledge of honorable agreement to the Constitution and
By-Laws, and is signed by Cyrenius Chapin, Judah Bliss, John E.
Marshall, J. Trowbridge, Moses Bristol, Bryant Burwell, Henry R.
Stagg, A. S. Sprague, James M. Smith, Lucian W. Caryl, Orson S.
St, John.

On the 19th of July, 1831, the Association met for the purpose of
finally adopting the Constitution and By-laws and of choosing officers.
The election resulted in the choice of

Dr. Cyrenius Chapin, - - President.
" Judah Bliss, - - Vice President.
" Bryant Burwell, - - Recording Sec'y.
" Josiah Trowbridge, - - Corresponding Sec'y.
" Moses Bristol, - - Treasurer.

Six members were also appointed, by ballot, to read dissertations on
specified subjects at successive meetings of the Association.

At the next meeting, August 2d, 1831, Dr. Caryl read his dissertation
"On the Circulation," and Dr. Trowbridge "referred generally to the case of
the lamented Mrs. Gen'l Porter, as one peculiarly and strikingly illustrating
the impropriety of taking strong and drastic medicines in acute diseases,
without the advice of skillful physicians."

During 1831 five regular meetings were held; two dissertations were
read, and three members paid each two dollars forfeit, their papers not
being prepared at the designated time.

On the second of January, 1832, a new election resulted in the choice of
the following officers:

John E. Marshall, - - President.
Bryant Burwell, - - Vice President.
Josiah Trowbridge, - - Corresponding Sec'y.
Lucian W. Caryl, - - Recording Secretary.
Alden S. Sprague, - - Treasurer.

It was "Voted that Dr. Sprague send for the Boston Medical Journal,
in the name and for the use of the Association."

It was also "Voted that the next regular meeting be held in the Hall of
the Buffalo Lyceum."

February 7th, 1832, Dr. Bliss read his dissertation "on a case of Inverted
Uterus."

March 6, 1832, the Association met and Dr. Chapin delivered his disserta-
tion "On the Theory and Practice of Medicine, on the origin, nature and
recovery of various diseases, especially of the Eastern Cholera," &c.
April 3d, May 1st, and June 5th, 1832, the Secretary, Dr. Caryl, reports no quorum, and registers fines against delinquent members.

Thus, after an existence of less than one year died, of Inanition, "The Medical Association of the Village of Buffalo."

The next record pertaining to Medical Association, is dated January 22d, 1836—when "At a meeting of the Physicians and Surgeons of the City of Buffalo, held at the office of Drs. Marshall and Harris, a resolution was offered by Dr. Marshall and passed,

"That it is deemed proper and expedient to establish fixed prices for medical services."

"Drs. Burwell, Marshall, Barnes, Hawley and Winne, were appointed a committee to draw up a list of charges and report the same."

A resolution was also offered by Dr. Winne,

"That a committee of five be elected by the physicians present to draw up a Constitution and Code of By-laws for a proposed Medical Association of the Physicians of the City of Buffalo.

"Drs. Miller, Salisbury, Sprague, McVicar and White, were elected such committee."

On the 27th of January, 1836, the adjourned meeting met at the same place, and Dr. Pratt was appointed Chairman, and Dr. Winne Secretary. The committee appointed to prepare a list of charges for medical services, reported a full Medical and Surgical Fee Bill, prefaced by a long preamble, setting forth the necessity of an increase on the rates adopted in 1831 based on the unexampled growth and prosperity of the now, City of Buffalo, and the consequent proportionably enlarged expenses of living. Fee bill adopted, and a pledge taken to adhere to it by Drs. Bryant Burwell, Henry R. Stagg, J. V. Hawley, John E. Marshall, C. H. Reynolds, Brock McVickar, Charles Winne, James P. White, Abraham Miller, Judah Bliss, Josiah Barnes, A. J. Sprague, F. L. Harris.

The committee appointed to draw up "a Constitution and Code of By-laws for a proposed Medical Association of the Physicians of the City of Buffalo," failed to report, and no organization was effected, because, as the writer is informed, by the mover of the resolution, "everybody was carried away by the spirit of speculation, engendered by the sudden prosperity of the times, and the place."

From this period, nearly ten years elapsed before the Buffalo Medical Association came into being. The following account of its "origin and formation," is a transcript from the first volume of its transactions.
On the evening of July 2d, 1845, a meeting was held at the office of Dr. Josiah Trowbridge, pursuant to the following notice in the Buffalo Medical Journal, July 1st, 1845:

"To the Physicians of Buffalo:—Physicians of this city, (members of the Erie County Medical Faculty,) who are disposed to unite in forming a City Medical Society, are requested to meet at the office of Dr. Josiah Trowbridge, on Wednesday evening, 2d inst., at 7 o'clock." The following gentlemen were present at this meeting—Drs. J. Trowbridge, Moses Bristol, A. S. Sprague, Geo. N. Burwell, John S. Trowbridge, Charles Winne, Josiah Barnes, F. L. Harris, H. N. Loomis, H. M. Congar, F. H. Hamilton and Austin Flint. The meeting was organized by calling Dr. J. Trowbridge to the Chair, Dr. Flint was appointed Secretary. The Chair having stated the object of the meeting, it was moved by Dr. Winne, that a society of the Physicians of the city be formed, which motion was seconded by Dr. Congar. After some discussion, the motion was put and carried. It was then moved by Dr. H. N. Loomis, that a committee of three be chosen to draft a Constitution and By-laws, and report at an adjourned meeting, to be held, in two weeks. This motion was seconded by Dr. Bristol, and carried. Drs. Loomis, Winne and Flint were chosen such committee. The meeting then adjourned to meet July 16th, which convened agreeably to the adjournment, at the office of Drs. Sprague and Loomis. Dr. Sprague presided, in the absence of Dr. Trowbridge. The minutes of the previous meeting were read, when it was moved by Dr. Winne, that they be so amended, that it shall appear that the motion made by him, as to forming a society, was for the purpose of expediting business, and that he was opposed to the formation of a society. Seconded by Dr. Flint and carried. In the absence of Dr. Loomis from the city, (Chairman of the Committee to draft a Constitution and By-laws,) and by request of Dr. L., Dr. Flint reported a Constitution and By-laws. Dr. Winne then made a verbal minority report, stating that he differed from the views which had originated the report by the majority of the committee."

The constitution and by-laws were, on motion of Dr. Pratt, taken up seriatim, and after two or three alterations, were adopted. Officers for the ensuing year were then elected as follows:

Josiah Trowbridge, M. D., President.
Alden S. Sprague, M. D., Vice President.
Austin Flint, M. D., Recording Secretary.

Those present then affixed their names to the constitution and by-laws,
and the meeting adjourned to hold the first regular meeting of the Association at the office of Dr. F. H. Hamilton, on the 5th of August, 1845, at 8 P. M.

The constitution and by-laws were based upon those of the village society of 1831, and were signed by


We now come to the "Proceedings." Of these, but a mere abstract of the more important can be given for want of both time and space. Sufficient reference however will be made to reports of cases, and to discussions on professional subjects, to show the budding of the fruit, that has under the care of several of the members, been brought to deserved repute, and to present a brief chronological history of disease, of remedial agents and of opinions and events that bear upon them, and that have either a local or general interest or significance.

August 5th, 1845—8 P. M.

The association met, according to adjournment, and Dr. Trowbridge, the President, on taking the Chair, read an able address, the greater portion of which was published in the Buffalo Medical Journal, which had been first issued in the preceding June. At the same meeting Dr. Flint presented for inspection a heart, with valvular lesions, and Dr. Hamilton moved the appointment of a committee "to collect statistical information concerning fractured limbs, shortening, &c.," and at the meeting next ensuing, Dr. White presented a placenta with ossific deposit, and reported a case of ovarian dropsy, caused by a severe fall on the abdomen.

It is certainly very gratifying to find in the first records of the proceedings of the Association, the manifestation of those proclivities, which subsequently carried out, have stamped so honorably, in the medical world, the gentlemen mentioned, and while their lustre is reflected upon the Association, the latter may claim that but for the field afforded by it, the repute they have so deservedly gained, might never have been sought for.

At the October meeting, Dr. Trowbridge, stated the now well established fact, "that extensive organic disease of the stomach often existed without much functional derangement." A discussion then ensued upon the external use of Tr. of Iodine in various affections. From the tenor of the remarks, it is inferred that up to this period it had been but little employed,
Dec. 3d, 1845.—A committee, composed of Drs. White, Barnes and Flint, reported a fee bill, which was adopted and ordered printed for the use of the members.

January 6, 1845.—Dr. Flint reported a case of "true typhoid fever."

February 6, 1846.—Several cases of typhoid fever were reported, and a discussion on treatment ensued. Dr. J. Trowbridge remarked that typhoid fever had not prevailed here until lately, but that typhus fever had occasionally appeared for many years, and stated that in his judgment, the former affection should not be treated heroically. Dr. White was not in favor of much medication, but preferred to sustain and nourish the patient.

At the same meeting Dr. Hamilton, speaking of enlarged tonsils, remarked that he had removed them from 150 to 200 persons, and had only lost one patient, who really died from scarlatina, one week after the operation. A similar instance was reported by Dr. Sprague; bleeding from the tonsil being coincident with the eruption, which appeared five hours after the excision of the gland. Death ensued in 24 hours.

Toward the close of the meeting, "under the provision of the constitution, for the impeachment of members," Dr. A—— made a statement of occurrences, in which he attributed to Dr. B——, unfair and unprofessional conduct toward himself. Dr. B., made a counter statement, and disclaimed any intention of committing a breach of medical etiquette. Remarks were made by several members, pro and con, when Dr. C—— moved the following resolution:

"Resolved, That in view of the mutual statement made by Drs. A., and B., the association advise the parties to hold the matter no longer the occasion of unpleasant feelings."—Carried unanimously.

This incident is mentioned as suggestive of one of the advantages of medical societies—the prevention or the removal of professional differences.

March 3d, 1846.—Dr. J. S. Trowbridge reported Typhoid Fever at the Alms House, and attributed its origin there to emanations from the cellar, which contained stagnant matter and much filth.

Dr. B. Burwell reported a case of very severe Erysipelas in an elderly lady of feeble habits, treated by copious and repeated blood-letting, and by the administration of calomel, opium and antimony; he ascribed her recovery to the active measures employed.

Dr. Flint was adverse to depletion in erysipelas, from considerations of general pathology, and reported two cases treated exclusively with quinine the results sustaining this method of treatment.
HISTORY OF MEDICAL SOCIETIES OF BUFFALO.

The Secretary applied for permission to publish the proceedings of the Association in the Buffalo Medical Journal. Granted.

Dr. B. Burwell introduced some resolutions relating to the National Medical Convention to be held in New York, May 1st, 1846, to the effect that such a Convention is useful and necessary, and that County Societies and Medical Associations should be represented therein.—Carried. A copy of the resolutions was directed to be sent to the President of every Medical College in the State. At a subsequent meeting Dr. B. Burwell and Dr. A. S. Sprague were elected delegates to the first National Medical Convention.

Nov. 3, 1846, Dr. Sprague reported a case of puerperal eclampsia, postpartum, relieved by the administration of quinine.

April 6, 1847.—Remarks were made upon the "inhalation of sulphuric ether and its anaesthetic properties," by whom, not stated.

April 27, 1847.—It was moved by Dr. White that the sum of $25 be raised by subscription toward defraying the expenses of the delegate to the National Medical Association.—Carried. Dr. J. Trowbridge was elected delegate, but declined serving. A committee was then appointed to select a delegate, but reported subsequently that they had failed to do so.

Aug. 3d, 1847—Election—Dr. B. Burwell, President; Dr. C. H. Austin, Vice President; Dr. W. Treat, Secretary.

Sept. 7, 1847.—The Society adopted the code of ethics recommended by the National Medical Association.

The By-Laws, according to previous notice, were amended, providing for the appointment of a Primary Board.

January 4, 1848.—Dr. Sprague reported the successful amputation of a thigh, the patient being etherized and unconscious throughout the operation.

Feb'y 1st, 1848.—Dr. Hamilton related the effects of chloroform obtained from Boston: he had inhaled about 1 oz.

Dr. Lockwood had seen a patient very ill and faint, requiring stimulants for three days, after inhaling a very small quantity preparatory to the extraction of a tooth.

The question of the employment of ether in obstetric practice was then discussed, and elicited an opinion from the meeting unfavorable to its use. Dr. Loomis thought well of it in surgical operations, if employed with proper care.

April 4, 1848.—Dr. Hamilton offered the following preamble and resolutions:
As a memorial to ourselves and our successors, of the first President of this Association, and of one venerable and justly distinguished in his profession, whose excellent counsels and unvarying professional courtesy have long commanded our profoundest respect and admiration,

Resolved, That measures be immediately taken to procure for this Association a faithful portrait of Dr. Josiah Trowbridge.

Resolved, That a Committee of five be appointed to wait upon Dr. Trowbridge and ascertain whether he can comply with our wishes, and if so, at what time it will be convenient for him to do it.

Resolved, That the Committee be further authorized to engage for this purpose a competent artist.

Adopted, and the Chair appointed Drs. Hamilton, Treat, Sprague, Congar and Bristol, the Committee for purposes named.

(The portrait, as it subsequently appears, was painted by Wilgus, to whom the sum of $68 was paid. The portrait was deposited in the Common Council Room, November 7, 1848, where it remained until proper rooms were secured by the Society.)

The resolutions offered by Dr. Hamilton having been passed, Dr. G. N. Burwell reported seven cases of obstetrics in which he had used chloroform with entire safety, and to the great comfort of the patients.

On motion of Dr. Flint, the Society instructed its delegate (Dr. W. Cary) to invite the National Medical Association to hold its next Convention in this City.

May 2d, 1848.—On motion of Dr. White the By-Laws were amended making the first Tuesday in April the time for the annual election of officers. This was done that their names might be printed in the City Directory which was issued early in June every year.

June 6, 1848, (pp. 89, 90,)—Dr. Congar made a long delayed report on vaccine, or rather on a vaccine depot. A. I. Mathews was elected keeper of the same.

Dr. Hamilton reported a case of vesical flatulence in a male adult, offensive gas being discharged from the meatus urinarius, and Dr. Hamilton also reported that a man suffering with obstinate constipation, took to his knowledge, 1 lb. of crude quicksilver. It had been retained for two days, and was still in statu quo. Thus we have on record, what will one day be regarded as a therapeutic myth.

Dr. White, as Chairman of Committee, reported in favor of renting a
room for the Society, at a cost not exceeding $50 per annum. The Committee was discharged, and the consideration of the subject postponed.

Election being in order, the following officers were chosen to serve from date to the first Tuesday in April ensuing:

Dr. F. H. Hamilton, President.
" S. F. Mixer, Vice President.
" William Treat, Secretary.
" Flint, Cary and Congar, Primary Board.

Oct. 3d, 1848.—Patent medicines were discussed, and H. O. Hayes, druggist, was highly commended, having abandoned the sale of these nostrums.

Dec. 5, 1848.—A Committee was appointed to prepare a popular article on Cholera, including sanitary and preventive measures, to be published in the daily journals. The report was presented and adopted December 13th.

April 3d, 1849—Election—S. F. Mixer, President; G. N. Burwell, Vice President; James M. Newman, Secretary.

Dr. White reported a case of deficiency of abdominal wall in a child born at seven months' gestation. "The funis, at the surface of the body, was expanded to the size of a closed hand, was translucent, and the peristaltic movement of the bowels was visible; a pad and bandage constituted the dressing, and three weeks after birth the orifice had contracted to the size of a sixpence, and the child was doing well."

May 1st, 1849.—Dr. Samo, from Committee appointed for that purpose, made a long and able report, "recommending measures for a uniform and equitable compensation for medical officers appointed in the city and county," suggesting the following as the minimum salary for the several duties and places:

| Alms House | $1000 per annum. |
| Jail | 100 " |
| Work House | 200 " |
| Coroner's cases | 3 to $5 each |
| Attendance on Cholera Hospital | each $5 per diem |

The Report was referred to a joint Committee of the City and County Societies.

June 5, 1849.—Dr. Cary reported a case of Asiatic Cholera, the first in Buffalo during the epidemic.

July 10, 1849, Tuesday evening, Special Meeting.—"Dr. J. Trowbridge stated that the meeting had been called for the purpose of establishing a uniformity in reporting cases of the prevailing Epidemic Cholera to the
Board of Health, and to ascertain by conference with the Board of Health, what in their view were cases of cholera, and what they expected physicians to report as cases of such disease."

Dr. C. C. Haddock and Mr. A. McArthur, members of the Board of Health of the City of Buffalo were present. Dr. Haddock stated "that the Board had assumed the position that in all cases where the biliary secretions were checked, with colliquative discharges, and with checked secretions of the secretory organs generally, were cholera."

On motion of Dr. White, it was unanimously resolved, that a committee of three be appointed by the Association to draft a report expressive of the sense of the Association, relative to the objects of this meeting, and who shall report at an adjourned meeting on Thursday evening next. Drs. Flint, Treat and J. S. Trowbridge, were appointed such Committee.

The following note is appended to the record of the proceedings by the Secretary:

"On Wednesday morning—the next morning after the above meeting—Dr. C. C. Haddock, who was then present from the Board of Health, in apparent good health, was attacked with the diarrhœa, which in his anxiety for the good of others, and from the increased labors in the discharge of his duties as Health Officer, he neglected to attend to, until late in the evening of the same day, at which time he was attacked with the cholera, and died the next afternoon, some hours previous to the time of the assembling of the meeting adjourned as above."

The adjourned meeting was held in the Common Council Room, July 12, 1849; his Honor, Mayor Barton, and Mr. A. McArthur, from the Board of Health, being present.

Dr. Flint, Chairman of the Committee on Cholera, read a very able and elaborate report, which was printed in the 5th vol., 3d number Buffalo Medical Journal, August, 1849, and a copy of the same was ordered presented to the Board of Health.

The death of Dr. Haddock, a member of the Board of Health, was then announced by Dr. J. S. Trowbridge, and suitable resolutions were passed on the sad event.

The next item of general and local interest is found in the records of Jan. 8th, 1850. "Dr. Harvey, (dental surgeon,) was asked his opinion, of the possibility of a dentist identifying a jaw bone, as is said to have been done by Dr. Keef, in the late case of Dr. Parkman, of Boston. He thought it impossible, if the flesh was denuded from the jaw, and the plate not procured in a perfect state,?"
April 2d, 1850—Election—President, Dr. G. N. Burwell; Vice President, Dr. C. W. Harvey; Secretary, Dr. Wm. Ring.

Sept. 3d, 1850.—Dr. Hamilton read a biographical sketch of the late Dr. Marshal.

Oct. 1st, 1850.—"Drs. Burwell, Pratt and Treat were appointed a committee to prepare a biography of the late Dr. Chapin of Buffalo."

April 1st, 1851—Election.—President, Dr. C. W. Harvey; Vice President, Dr. Silas Hubbard; Secretary, James S. Hawley.

Primary Board—Drs. Wallace, Wyckoff and Treat.

May 6, 1851.—Drs. Ring, Sprague and Hamilton, were appointed a committee to obtain signatures to a petition to the State Legislature in favor of legalizing dissections.

A discussion arising as to the propriety of blood-letting in scarlet fever, and other acute diseases, Dr. Trowbridge was of the opinion that the profession resort less to blood-letting now than formerly, owing to the improved state of our knowledge of disease and its treatment. The writer has thought this opinion as especially worthy of mention, as coming from one, whose age and experience entitle it to much weight, and particularly as it opposes the too generally received idea, that it is due to a change in the character of disease itself.

On motion of Dr. Strong, Drs. Burwell, Strong and Congar were appointed a committee to memorialize the Common Council in relation to the more perfect registration of deaths and their causes.

The Association at this meeting, resolved to sit every fortnight instead of monthly, as heretofore.

June 17, 1851.—The Secretary was authorized to assess a tax of fifty cents upon each member for the current expenses of the year.

Dec. 3d, 1851.—Dr. Bailey stated that he had recently reduced a dislocated femur by Dr. Reid's method, and found it easy and successful.

Dr. Palmer said dissections of the muscles of the thigh showed the method to be philosophical.

April 6, 1852.—"A report of cases illustrating the localization of valvular lesions of the heart," by Dr. Flint, was presented and accepted by the Association.

Election—President, Dr. C. W. Harvey, (re-elected;) Vice President, Dr. Silas Hubbard, (re-elected;) Secretary, Dr. J. Eastman.

Primary Board—Drs. Wallis, Strong and Garvin.

July 6, 1852.—"It being the evening for the funeral obsequies of Hon.
Henry Clay, on motion of Dr. Eastman, the Association adjourned for one week."

Aug. 3d, 1852.—Another record of cholera—sixty-two cases and thirty deaths, within the preceding week. A ditch on Ellicott street, opened by the Water Works Company, for laying pipe, caused much of this sickness and mortality.

Drs. Hamilton, Wilcox and Strong, were appointed to report on the relation of the upturning of the soil, to the causation of cholera.

Sept. 7, 1852.—Provision was made for the election of honorary members.

Nov. 9, 1852.—Dr. White presented, for inspection, a cast of the male organs of generation, with the uterus and ovaries attached, the vagina opening into the prostatic portion of the urethra, patient menstruated regularly, but was unable to procreate, the testes being within the abdominal walls.

Dr. S. E. S. H. Nott, then contributed to the amusement of the members of the Association, at the expense of their credulity, by the narration of two extraordinary (!) cases, ending in recovery.

The first, that of a man, who was submerged in a mud hole, two feet deep, under a capsized load of wood, for at least half an hour. When the wood was removed, the body was not visible, but exploration detected it. When it had been prayed out, it was held up by the heels, and evacuated by the mouth, a pailful of mud and water. The corpus was then allowed to assume the dorsal decubitus, and a bottle of whiskey was applied to the labial commissure. It proved a "method" of resuscitation "more ready" than that of the illustrious Marshall Hall, while it illustrated his theory of reflex action perfectly, for no sooner was the labial contact established, than it was followed by the expansion of the orbicularis and by powerful contractions of the muscles of deglutition.

The second, that of a prostitute, who, with suicidal intent, swallowed half an ounce of arsenious acid. Indignant nature, after three hours and a half of tolerance, repudiated the assault by active emesis. Twenty-four hours afterwards medical science! came to dame nature's aid with morphine, barley water, and sulphate of magnesia, the nymph was rescued, and was soon in condition to resume her avocation.

Dec. 7, 1852.—There was a discussion on the use of opium and its preparations in the treatment of diarrhoea, dysentery, cholera, cholera morbus, colic and peritonitis. Many instances of its efficacy and tolerance were
brought forward, especially by Drs. White, Flint and Strong; the former mentioned with appropriate comments the case of puerperal peritonitis, successfully treated by Dr. Alonzo Clark of New York, in which 280 grains of opium were administered in twenty-four hours.

March 22, 1853.—By resolution, the portrait of Dr. Trowbridge was removed from the Common Council Chamber to the rooms of the "Young Men's Association," to be temporarily under the charge of the "Committee on Local History and Fine Arts."

April 5th, 1853—Election—President, Dr. Samuel Cary, (declines;) President, Dr. C. H. Wilcox; Vice President, Dr. J. M. Newman; Secretary, Dr. J. Root; Primary Board, Drs. Eastman, Hawley and Ring.

June 21, 1853.—Extracts from the records: "Dr. Flint reported the number of fatal cases occurring in his practice of all diseases, during the summer of 1852. Dr. F. also stated the reasons of this report. He had reason to know from the best authority that certain medical men of this city, and also members of this Association, had industriously reported among the community, that he had been very unsuccessful in his practice, and that his mode of treatment was unusual. These statements he, Dr. F. wished to show were maliciously false, for he held that a man who reported a slander which he did not know to be true, was equally base with him who slandered with a design to injure. These false statements had been made not only in Buffalo, but also in a neighboring State, where he was delivering a course of lectures during the past winter. These records of the fatal cases in his practice were made not to defend his mode of treatment or with a view to publication." The report was, on motion, ordered to be entered on the records of the Association, [pp. 197, 198.]

The above extract is given in full, as illustrating the necessity of a Medical Association, as a tribunal, before which all honorable physicians may present their professional grievances.

July 5, 1853.—"Dr. Marshall Hall, of London, in reply to a letter directed to him at the Falls, by Dr. Flint and the President of the Association, inviting him to meet the Association at some convenient time, replied that he would do so on Thursday evening next, and would lecture on epilepsy or the reflex nervous system. Drs. Flint, Strong, Hamilton, Congar and White, were appointed a Committee of Arrangements."

July 7, 1853.—Association met at the residence of Dr. Flint. Dr. Marshall Hall proceeded to demonstrate the reflex nervous system on the frog, after which the evening was spent in social intercourse at the board of Dr. Flint.
Nov. 15, 1853.—Twenty-three members were present at a regular meeting. This is mentioned as illustrating the interest taken in the proceedings by the physicians of the City.

Jan'y 3d, 1854.—The present fee bill of the Buffalo City Association, now in force, [1861] was adopted.

March 7, 1854.—Dr. Hunt brought before the Society the necessity of taking observations of the temperature and humidity of the air at the same time, and their connection with diseases. Proceedings were at once instituted to obtain the proper instruments; and here started the valuable "hygrometric observations" that subsequently enrolled the name of Dr. Hunt among the reliable scientific enquirers of our country.

April 4, 1854—Election—President, J. M. Newman; Vice President P. H. Strong; Secretary, S. B. Hunt.

Dr. G. N. Burwell reported a case of hydrophobia from the bite of a cat, terminating fatally. The case of Dr. S. Hawley, a member of the Association, who was subsequently bitten by the same rabid animal, was also detailed. The Doctor's hand was badly wounded, although protected by a thickly-lined fur glove. The injured parts were thoroughly excised, and no symptoms of the disease were ever developed, (nor now, 1861, T. F. R.)

June 27, 1854.—Dr. Rochester reported a case of cholera, as having occurred June 12, 1854; the first, as far as known, this year. Dr. Hunt spoke of the epidemic varicella at and around Hornellsville. There had been three hundred cases and ten deaths. It was pronounced by many variola. Dr. Hamilton had seen two of the cases. They were unquestionably varicella.

August 1st, 1854.—Reports of many cases of cholera in Buffalo and at Niagara Falls and Suspension Bridge. The great fatality and rapidity of the disease at the latter place, was ascribed to the upturning of a large amount of soil. Several instances were reported in which the affection was fully and instantaneously developed, without any premonitory diarrhoea. Drs. Hunt and Fred. Gardiner had each spent a week, and Drs. Hamilton and Rochester several hours at "the Bridge," and all concurred in this latter statement. Dr. Hunt made some extended remarks illustrating the opinion that the changes observed in the prevalence and intensity of cholera, corresponded with the hygrometric variations in the atmosphere. "The higher the dew point the more severe the disease."

Oct. 3d, 1854.—Dr. Newman read a memoir upon "Congestion of the
Brain in Cholera," which, by request of the Association, was sent to the Buffalo Medical Journal for publication.

Dec. 5, 1854.—Dr. Baker said that his partner, Dr. T. T. Lockwood, "recently brought home an ovum [human] the size of a turkey's egg, on account of its beauty, the foetus being enclosed in the amnion. It was brought in a cloth and laid on a table in a cold room; on looking at it he saw the foetus first draw up one leg, and afterwards move both legs and arms distinctly, with a quick, sharp motion. Drs. Lockwood, King and Newell also saw it in motion an hour and a half after its expulsion. Dr. White saw it three hours after expulsion, the motion still very active. [The writer suggests this as a good case for medical jurisprudence, on the subject of criminal abortion.]

Tuesday, February 6, 1854.—A supper and social entertainment was given to the members of the Association by Dr. Bailey.

March 6, 1855.—A By-Law presented by Dr. White, in the January meeting, was passed unanimously, as follows: "Any member neglecting to attend the regular meetings of this Association, for twelve meetings consecutively, and remaining a resident of this City during that time, shall forfeit his membership." It was subsequently amended by the addition of "provided he does not pay his yearly dues." The Secretary was instructed to serve a copy of the new By-Law on those members not present at this meeting.

April 3d, 1855.—Dr. Hawley reported a fatal case of hydrophobia, also visited by several members of the Association. Tracheotomy, as advised by Marshall Hall, was made, but with no relief. Dr. White reported a case of cyanosis, with drawings of the cardiac malformation. It was ordered published in the Buffalo Medical Journal.

Election.—President, Dr. Strong; Vice President, Dr. Eastman; Secretary, Dr. Hunt; Primary Board, Drs. Hawley, Root and Baker.

June 5, 1855.—Dr. G. N. Burwell reported several cases of pneumonia, successfully treated by repeated venesection. Dr. Wyckoff, one by the same method. Dr. Newman, one equally severe and equally successful, "where the necessity or the propriety of venesection did not suggest itself."

July 3d, 1855.—Dr. G. N. Burwell read an able and elaborate paper on pneumonia, with statistics made up from the mortuary records of New York and Philadelphia—he also reported two additional cases in his own practice, since the last meeting. The propriety of the treatment advised and adopted, was warmly discussed pro and con, by several of those pre-
menced to improve in appetite and strength; has gained thirty pounds in flesh; finally, general health is fully restored; walks by aid of her crutches half a mile; has the gait and general appearance of a dislocated femur. Menstruation returned in January last, and has been regular ever since, though never so before during her life. Hypertrophy of uterus reduced, ulcerations healed, leucorrhea wholly disappeared. She is rapidly improving in her ability to use the leg, take exercise, &c.

Remarks.—This case of spontaneous luxation of the hip presents some points of especial interest, since it occurred without any evidences of scrofula or other disease. 1st—How shall we account for this displacement? Perhaps we cannot fully and satisfactorily explain it. Muscular contraction or irregular muscular action is the only conceivable force which could have acted to produce this result, and yet it does not readily and plainly appear how any of the muscles of the hip or thigh could possibly act to draw the head of the thigh bone out of its natural bed. Persons not unfrequently possess the power of dislocating partially certain joints by voluntary muscular action, but however strongly they exert their will they cannot produce anything like complete luxation of the hip joint. Dr. Haynes of Saratoga, N. Y., has recently published the particulars of the case of a lad, aged seven years, who is able to dislocate, and also to reduce the joints of the knee, elbow, wrist, thumb and fingers, with perfect ease by muscular contraction. Of the ability of the muscles to produce such results, experience has furnished ample proof; the shoulder, lower jaw, and other orbicular joints are often displaced by muscular action. Several cases have been recorded of displacement of the thigh bone, but it must be a very rare occurrence for complete dislocation of the hip to be produced by muscular contraction alone. The great relaxation of the system induced by long continued pain and disease, together with the flexed condition of the thigh, and the violent spasmodic action of the muscles, constitutes the best explanation which I can suggest of the displacement found to exist in this most remarkable case.

A point of great interest and worthy most careful consideration, is the apparent induction of spasmodic action in the muscular system by various uterine diseases. It will be asked if the disease found to exist in the neck and os uteri did not really constitute all the primary affection producing the so called rheumatism, neuralgia, &c., inducing the leucorrheas and spasmodic (hysterical) muscular action, and through it the dislocation, debility, and in short the whole train of diseased action.
Dr. Samo described a case of vaginitis and conjunctivitis in a girl five years of age. When the child came under his care, which was over a fortnight after disease had commenced, there was a profuse discharge from the vagina, with deep redness of its mucous lining, with ardor, urinæ, &c. The right eye was closed, the lids red, and so tumefied from serous effusions, that the child could not open them. Upon separating them, after wiping away the yellow discharge, the conjunctiva was found swollen into folds, so as nearly to conceal the cornea, exhibiting the condition named chemosis, in a remarkable degree; this latter membrane being clear, at least what was visible of it. Some intolerance of light existed, though not extreme. There was considerable febrile excitement, hot and dry skin, pain in the head, loss of appetite, &c. The child was of a fair complexion, and evidently of a scrofulous diathesis. There was no evidence of any venereal cause that could be discovered, although the occurrence of the ophthalmia might, perhaps, create a suspicion. The treatment consisted of the warm bath daily, the steady application of cold water to the eye for four or five days, followed by the nit. silver ij. grains to the one oz. water, and the internal administration of calomel, one-fourth grain combined with ipecac and quinine every six hours. Under this treatment the patient steadily improved, and at this time, less than a fortnight since commencing it, the child has nearly recovered its usual health.

Some discussion ensued as to the cause in cases of this kind in children, and evidence given to prove their venereal origin in many instances.

Dr. Ring spoke of a case of gonorrhea in a child ten years old.

Dr. Rochester reported a case of premature development amounting to monstrosity. A German girl three years of age was brought to him by her parents. She was as large as most children at four years. The mamma were of the size seen in healthy girls of sixteen or seventeen, very prominent and conical. The external sexual organs were also large, and the mons veneris had a heavy downy covering. The child could not yet talk. She had brothers and sisters, none of whom presented any unusual sexual or mammae enlargement; she did not menstruate.

Dr. Treat stated that there was a child about five years of age, near his residence, who had a singular arrest of of development. His legs were stopped in growth at the knee, save that one of them had something more like a finger than a toe growing therefrom.

Dr. Congar enquired whether eruption followed diphtheria; recently a case of his had eruption of a peculiar character.
sent, and as the subject was evidently one of great interest, it was moved by Dr. White, "that the subject of pneumonia, its pathology, prognosis and treatment, together with the diagnostic value of the buffy coat, and also the papers read upon this subject at this and the preceding meeting, be referred to a committee of three to report at the next meeting."—Carried Drs. Flint, Burwell and Gay, Committee.

Dr. Newman offered the following:

Resolved, That a Committee of three be appointed for the purpose of taking into consideration of renting and fitting up a suitable room for the meetings of this Association, and to ascertain if a sufficient sum can be raised among the members, for the proper furnishing of the same, and also to ascertain the amount of yearly subscription that can be obtained for its subsequent support.—Unanimously adopted.

Drs. Newman, Wyckoff and Wilcox, Committee.

Tuesday Evening, Sept. 4th, 1855.—Association met at the new room, which, since the last meeting, had been neatly and conveniently fitted up for its use, under the direction of the Committee on Rooms and Fixtures.

Dr. Flint, from the Committee on Pneumonia, stated that they had agreed to present separate reports, and that his own being the longest, would be read last. They were then severally presented by Drs. Gay, Burwell and Flint. The papers were able and elaborate, and elicited from the members of the Association much commendation. These and the discussions and correspondence to which they led, were published in the Buffalo Medical Journal. They were extensively copied and commented upon by other medical periodicals, and were universally regarded by those journals and by the profession abroad, as evidences of the useful and elevated position of the Buffalo Medical Association.

[to be continued.]


Tuesday Evening, August 6th, 1861.

The Association met at the usual hour.

Present—Dr. C. C. F. Gay, President, in the Chair; Drs. Rochester, Ring, White, Eastman, Congar, Treat, Cronyn, Samo.
The reading of the minutes of the last meeting were dispensed with.

Propositions for membership being in order, Drs. C. P. Fanner and George Sweet were proposed for election as members.

Dr. White related the following case of spontaneous luxation of the hip joint:

**History**—Mrs. C——, aged 28 years, one of a family of five children, all apparently healthy; parents healthy and free from from any known tendency to disease. Mrs. C—— had ague from her tenth to her thirteenth year very severely; menstruated at sixteen; menstruation unfrequent and scanty, with from three to six months' intermission. Married at nineteen years of age. Pregnant eigeeten months after marriage. Aborted at second month. Health very infirm after this period, with constant leucorrhoeal discharge; during last two years suffered greatly with rheumatism or neuralgia; it had been differently regarded by her former medical attendants, but at no time was there swelling of the joints, or any appearance of articular rheumatism. In January, 1860, became much more feeble, and right hip and leg more painful; pain increased considerably by exercise and she soon became bed-ridden; the thigh was flexed upon the pelvis, and while in this position she suffered from a spasmodic action of the muscles which produced most excruciating pain. She was greatly emaciated; had never received any fall or injury. In October, 1860, was brought to this city and placed under my care. Upon examination the head of os femoris was found to rest upon dorsum of illium; the dislocation was complete. By measurements made by Prof. E. M. Moore of Rochester, and myself, from all points, both on the anterior and posterior surfaces of the pelvis, this diagnosis was fully confirmed. Head of os femoris two to two and one-half inches out of natural position; extremity shortened; heel elevated; toe turned towards opposite instep; all signs of this form of dislocation unmistakably present; general health very feeble; had to be brought to the city upon a bed; uterine symptoms prominent; examination with speculum shows os uteri ulcerated; neck elongated and greatly enlarged. Local treatment, caustics and iodine to the os uteri. Internally, iron, quinine, stimulants and nutritious diet.

The head of the bone having been probably more than six months out of its place, no effort at reduction was made; this condition of the hip joint had not until now been suspected. The patient was encouraged to use the joint, making motion and walking with it as much as possible. She was therefore given some crutches and directed to use the limb; com-
So far as I recollect, I succeeded without very much trouble in accomplishing this result. I then introduced a round pessary, and kept the woman at rest for some days. I have seen her several times since, and always found her enjoying excellent health.

My recollection of this case has greatly increased my interest in the cases which have been reported in the journals for the last few years by Drs. West, Tyler Smith, Bockendahl, and James P. White, of this city, whose reports have been exceedingly interesting and instructive.

ART. IV.—Letter from Joseph A. Peters, Assistant Surgeon Twenty-First Regiment, New York State Volunteers.

Fort Runyon, July 30th, 1861.

My Dear Doctor:—Number one of your journal found its way into camp last night, and you may be sure was heartily welcomed. It has long been one of those facts, which the newspapers say, "no sane man can doubt," that the Medical Profession of Buffalo should have a journal, wherein to record its doings and observations, and in this enterprise you may be sure of our co-operation and support. Whatever of scientific interest we may find in our peripigrinations into "Dixie," shall be faithfully transmitted to you as our contribution to the feast of reason, which discussions among medical men are sure to produce. I send you herewith a copy of the report on the vaccination of our regiment which we have just sent to the Surgeon General of the State of New York. I have added, you will see, some deductions from the figures furnished, not with the idea of proving anything, but merely to give every one who has a theory in regard to the operation of vaccine virus on the human system, a chance to prove it forthwith. I hereby give any one free leave to use said figures in any way they please, as my theory will not be published until I have written my great work on Pathology, which will be about the time some artists finish their great historical pictures.

There are two things of interest to the medical observer, which are to be seen in army practice; one is, the wounds and injuries incident to a battle, and the other is the effect of atmospheric conditions and personal habits on bodies of men. Of the first we saw an example on the 22d inst., although we were not in the battle, since our fort, forming the key to the Long Bridge, was soon filled with fugitives.
Eight thousand rations were issued here during the day, and our hospital facilities were taxed to their utmost to attend the wounded who walked and were brought in here. Dr. Treat was here and rendered prompt assistance, so that no one had occasion to go away uncared for. Many of the wounds having been temporarily dressed on the field, the day before required fresh dressing, and of course very few serious cases reached here, our records showing no more important operations than the extracting some bullets, and amputating some fingers, and toes. The hospitals at Washington do not contain many more cases of severe wounds proportionately to their numbers, than fell under our observation. It is perhaps that the grave cases were mostly left in the temporary hospitals at Centre-treville and Bull’s Run, yet I am informed that there were not many cases of injuries requiring capital operations, even there. If these facts are authentic, they show that the enemy had troops as raw as our own, it being characteristic of such troops that their fire is too high, to effect much injury.

I think the bayonet was very little used by them, for we have seen but very few cases of bayonet wounds, and these few were mainly the result of accidents among our own men. Much has been said about their superiority in point of arms, but the wounds brought under our notice were made with the same kind of projectiles we use, viz: round bullets and buckshot. Of the progress and after treatment of the wounds I cannot give you any statement, as they were all transferred to the General Hospital in Washington and Georgetown. It is probable, however, that suppuration will generally take place, both from the fatigued and enfeebled condition of the men, and the imperfect ventilation inseparable from the warmth of the season and the character of the buildings which were not built with reference to hospital purposes. I am inclined to believe that large tents properly pitched would be much the best hospitals for such cases. We use for our sick no other hospital than such a tent, and it is surprising how readily the few cases it has been necessary to treat in hospital, have yielded to remedial measures.

I am just preparing our monthly report of sick and wounded for July, which is to be rendered the first of August, and a few facts in regard to our sanitary condition as a regiment, may not be uninteresting. We have not had a single death among us from sickness since our organization, and very little serious illness. I find on the books for July, 102 cases of acute diarrhoea, and 24 of dysentery; of cholera morbus we report 17 cases; of intermittent fever 17; remittent fever 1, and of a fever which has no pre-
Dr. Rochester answered, that it was a question which had been asked by others, as by Dr. Alonzo Clark, &c.

Reports of prevailing diseases.—Dr. Ring mentioned a case of diphtheria as seen to-day. Dr. Crouyn mentioned some twenty cases diarrhea during the past week. Dr. Rochester mentioned whooping cough as prevalent. Dr. Eastman noticed a tendency to summer complaints.

Dr. Treat presumed, as he had just returned from Washington, and assisted in dressing the wounded which were brought into, or came into, Fort Runyon, on Monday, the 22d July, after the battle of Bull's Run, (Manassas,) this Society would be interested to hear a report in brief. They need not expect to hear of mangled corpses, shattered bones and many amputations, (capital operations,) which modern device had brought into the diablerie of human destruction. The fact was, that although at Fort Runyon probably one-fifth of the wounded were dressed, that escaped the enemy, not a single amputation was performed of any magnitude. One amputation, near the shoulder, well dressed, arrived from the field, two shattered fore-arms put in temporary splints were dressed, three or four slight shell wounds or bruises, one or two slight sabre and bayonet wounds, the rest were chiefly bullet wounds, passing through the calf, or the thick of the thigh, arm, shoulder, near the axillor, and across the flexed elbow. These latter were the most numerous, and on investigating the position in drill, I believe they were received in the "aim," preparatory to "fire." Honorable wounds these latter, and I think all of them. These wounded, all, or nearly all, came to the Fort on foot; walking or running fifteen to thirty miles, with few exceptions where a horseman took a lame rider on behind.

The whole number dressed were from one hundred to one hundred and twenty-five. By order of Dr. Wilcox, the faithful Surgeon of the Twenty-First Regiment, a record was kept of the names, residences, Regiment, &c. The Assistant, Dr. Peters, and Dr. Marsh of the Third New Jersey, were actively employed, and Dr. Frank H. Hamilton an half hour in the forenoon. From the ambulances which passed over supposing I should see what a surgeon would like to see, (if to be seen,) capital operations. I left Fort Runyon at night, (the wounded being all dressed,) in a violent rain storm, and on Tuesday obtained access to the City Hospital. I was surprised to find that the cases were very similar to those in Fort Runyon, and to learn that in other Hospitals the cases were also parallel.

J. B. Samo, Secretary pro tem.
ART. III.—A Case of Inversion of the Uterus, by Henry Nichell, M. D.

Having read several articles about reduction of inverted uterus, at different periods, varying from a few minutes to many years standing I desire to communicate through the medium of your valuable Journal, the brief history of a case which came under my observation and care in 1846, in private practice, in the city of Mainz, in Germany, while I was yet a young practitioner. At the time I was not fully impressed with its importance, but acted as I thought proper, feeling that this state of things should be remedied in some way.

I was called one afternoon to a middle aged woman, a widow of small stature, apparent good health and spirits, who told me she had a swelling in her private parts, of many years standing, which had only troubled her for a few days recently, though when it first made its appearance, some fifteen years since, it caused great pain, soreness, discharge and much bleeding, making her very unwell. That it came gradually upon her immediately after her last confinement; that all these difficulties gradually subsided, and she finally became quite well, the tumor still remaining.

On examination I was surprised to find a tumor nearly as large as a small infant's head at birth, protruding through the vulva, and resting between the thighs. Its surface presented the appearance of common thick integument, upon the posterior wall there was some slight excoriation arising from the friction to which it had been subjected; upon pressure no pain was experienced, her only complaint was, that in walking, she felt pain, especially in the lower part of the abdomen and groins, with frequent desire to void urine.

At first I was inclined to consider it a large polypus, but upon careful examination per vagunum et rectum, was fully satisfied that it was an inverted uterus. Supposing the tumor could not be reduced on account of its great size. I ordered application of aqua plumbi to be constantly made to the excoriation, and the whole tumor, which had the pleasant effect of corrugating the surface, and greatly reducing the size of the organ, so that after the lapse of three days, I was able to restore the inverted uterus to its proper position; I grasped the tumor and compressing it gradually with firm upward pressure, carried it into the vaginal canal, I then used the thumb and two fingers pressing it onwards, until at last the womb seemed to be in its natural position.
cise nosological place, but which is palpably malarial, 8 cases. These last cases have all yielded readily to the use of a full dose of pulv. ruei. or pulv. jalapæ and hyd. chlor. mit. followed by full doses of quinine. The cases already detailed, with a few cases of bronchitis and tonsillitis, constitute the chief part of the disease we had to encounter during the month, so I believe we can safely return thanks for good health so far.

Our Fort is on the bank of the Potomac, which is just here a large marsh, and within its walls is considerable newly made earth and embankments, what effect this will have on our men during the coming months of August and September, remains to be seen.

My knowledge of military operations hereabouts being about as authentic as that possessed by the reporters, I refer you to their accounts for information on that point.

These jottings of a leisure moment, whether interesting to you or not will show my good will, and with best wishes for your success, I remain,

Yours faithfully,

JOSEPH A. PETERS.

[The Report on Vaccination referred to in this letter will be given in the October number.]

EDITORIAL DEPARTMENT.

CIVIL AND MILITARY SURGERY.

It is being attempted to separate civil, and military medicine, and surgery by very arbitrary distinctions, to draw very sharp lines of comparison, and virtually make military practice altogether another and almost distinct profession. It is said that a surgeon of high attainment and great experience, is not thereby fitted to discharge readily, and intelligently, the duties of military practice; that, though he may have attained the highest reputation as a surgeon, yet he may never have met an accident peculiar to the field of action; that though he may have been a good family physician in the town where he resided, still he knows nothing of the habits and diseases peculiar to soldiers, does not understand hygiene sufficiently to organize his hospital, select his tent ground, provide for ventilation, drainage cleanliness, proper dress, diet, &c. Now it may be well at this time to examine this ground very carefully, since it is intimated that where the
surgeons of the regular army, are brought in contact with the surgeons of
the volunteer service, the latter should take rank subordinate to the former,
on the ground of education and experience in military surgery. It will be
admitted that military practice has its peculiarities, and that its details are
better understood after experience has made every thing familiar, but we
must not admit that the principles of civil surgery are unlike those found
to apply in military practice. We cannot appreciate any differences which
should disqualify any experienced surgeon, eminently capable of discharg-
ing the duties of a civil surgeon, from entering immediately upon the
most responsible duties of the military practice. They have never met the
accidents peculiar to a field of action; shall we consequently conclude that
they have not met cases sufficiently similar to become altogether familiar
with the practice which should be adopted? They have not been familiar
with the habits and diseases of soldiers: What habits have soldiers, what
diseases, with which our most experienced physicians are not familiar? It
will be admitted that camp life has its peculiar exposures, and is liable to
epidemics influenced by various contingencies; yet it will be intimated with
great truth that the obscure causes of disease, hidden oftentimes from the
civil physician, will also be liable to evade the investigations and expe-
rience of the most educated and experienced observer. The same principles
of hygiene which are perfectly familiar to every well educated, observing,
progressive physician, must be ample for guidance in military life. Physi-
cians know far better what is desirable and proper, than the circumstances
and necessities of the camp, field, and military hospital, will permit to be
instituted. They make the best of what they are obliged to endure, not
from choice, or ignorance, but from necessity. We venture to say, few
surgeons in our volunteer service but are fully competent to appoint all
desirable conditions to preserve the soldiers from disease, at least in a
degree vastly greater than the circumstances will allow being adopted.

It will be at once conceded that in the regular army we have many
practically educated physicians, qualified both by education and experience
to render eminently valuable service. We regret that any comparison
should be forced upon us, yet we can hardly meet this question without
considering the relative conditions of physicians in military, and civil prac-
tice. Candidates for admission to the regular army are first graduated in
the civil school; after this are subject to a rigid examination, and thus only
the well qualified are admitted to military practice; this is done while they
are young, and really students in medicine, having as yet no practical
knowledge. When once approved as army surgeons, their business is provided or appointed to them, and all the stimulus of business competition is at once withdrawn; they receive their pay, and do the duty assigned them, often acting under the direction of their seniors, and thus failing to cultivate and gain the very desirable attainment of self-reliance. Again, their advancement in position, and increase of salary, is made to depend upon the number of years' service, rather than high professional attainment; their library is necessarily small and incomplete, or if not, they are separated from it; their journals and medical periodicals are few, and irregularly received, or not obtained at all; themselves when advanced to important positions, isolated and excluded from association with professional friends; consultations often impossible, and if not, discouraged, and avoided, upon the preposterous and absurd ground that an army surgeon is capable of taking exclusive charge of any case of disease or accident, however important.

Now, in civil practice, quite the reverse of all this is found to prevail. The young physician when once he has received his diploma has only commenced in the strife for professional success, which must depend mainly, and almost wholly, upon professional attainment; his business, his money, his reputation, his all depends upon his own exertions. Years of service only "advance him backwards" unless he is ever active and earnest in his efforts for improvement. His aids in this work are usually abundant, and an enlightened public sentiment requires, and demands their acceptance. Studious habits, an ample library, and frequent consultations, are required of civil practitioners to gain the confidence and support of the most intelligent and appreciating.

It will be proper to inquire also as to the source of what is really known of the causes of disease and the results of practice even in the military camp and hospital. Who have been most ready to collect, prepare and report the lessons of military practice? The law may have required some statistical reports, which have been made the basis of much valuable information, but certainly military practitioners have contributed sparingly compared with their opportunities for observation and research.

Much that is claimed for the military surgeon will be readily and cheerfully admitted. All that is said of the want of experience in our volunteer surgeons in the time of actual battle, will be also admitted, and the same must be conceded of our military surgeons, since our country has not recently, until now, offered to any this experience.
In concluding this article, we desire only to add—Rank and Subordination are words not proper for Republicans to make free use of. Physicians both of the Volunteer Militia and of the Regular Army, who serve their country faithfully, will have no superiors—will hold high and equal rank.

MEETING OF THE ERIE COUNTY MEDICAL SOCIETY ON ACCOUNT OF THE DEATH OF DR. TREAT.

The Society was called to order by Dr. Eastman, President, in the Chair. In the absence of the Secretary, Dr. Gay was appointed pro tem.

The President announced, in a few feeling and appropriate remarks, the death of Dr. William Treat, and invited the Society to take such action as was deemed proper. Dr. Treat had been a member since 1844.

Dr. Strong moved a committee be appointed to draft resolutions expressive of the sense of the Society.

Dr. White said it was with no ordinary emotions he arose to second the motion of Dr. Strong. There was no more gentle or modest man in the profession than Dr. Treat. He was always a student, and practiced medicine as a scientific avocation. Had he possessed the means to have raised himself above the drudgery of the profession, he would have been a philosopher. He had a mind for natural history. His motto, of which he made frequent use, was characteristic of the man, viz: "To the pure all things are pure." He was self-abnegating. He visited a poor patient while laboring under the disease of which he died. He was exemplary in all his relations in life.

Dr. White said when Dr. Treat came to this city in 1844 he brought with him a letter of introduction from the father of Gen. McClellan, then the most brilliant surgeon of America; and from that time to the present, there had never existed any other than the most pleasant and friendly relations between them. Professional difficulties could never arise between Dr. Treat and any other Physician, from any action of his, for he was altogether above anything unprofessional.

Drs. Strong, White, and Sam were appointed a committee on resolutions. Dr. Strong, as Chairman, after consultation, reported the following:

Inasmuch as by a stroke of an All Wise Providence, at once sudden, inscrutable and afflictive, our professional brother Dr. Wm. Treat has been called away from our side and from his earthly labor, therefore, as a feeble expression of the sense of this Society,

Resolved, That in the death of Dr. Treat, our Society deplores the loss of one who was ever ready to discharge faithfully and fully his share of its duties and responsibilities—our profession, the loss of one who possessed in rare combination scholarly tastes, and purpose, with practical fact and skill, and a conscientious and self-forgetting devotion to the well-being of those entrusted to his care—and Society at large, the loss of one of its most guileless, unselfish and intelligent citizens.
Resolved, That great as is our grief at his departure, we feel it to be trivial compared to the irreparable loss of those near and dear to him in the sanctuary of home; and while we tenderly commend them to the God of the widow and the Father of the fatherless for true solace; we do hereby also tender to the stricken widow and family an expression of our sincere and profound sympathy, impatient to relieve though it be, in this their dark hour.

Resolved, That as a Society we will attend the funeral of our departed brother and friend, and that our President designate suitable names from the membership to act as pall-bearers, and that we wear the usual badge of mourning for thirty days.

Resolved, That a copy of the action of the Society be presented to the widow and family, and one also to the Press of the city, and to the Buffalo Medical Journal, for publication.

Dr. Strong remarked that the resolutions failed in expressing his own estimate of the deceased. He had known him for fifteen years, and had never known a more gentle, kind hearted man, or a more acute and dispassionate observer of men. His serene and cheerful temper, added to his remarkable attainments, made him one of the most delightful companions. He felt to mourn for his loss as a brother beloved.

Dr. C. C. F. Gay remarked that, with the deceased, he had, for a few years past sustained the most pleasant and intimate relationship. Modest and retiring, he never sought that professional advancement which belonged to him of right; and when the past year, although declining to stand as a candidate for the presidency of this society, when unanimously elected, he entered upon its duties with much pride and zeal, and left within its archives two addresses, marked by an ability characteristic of their able author. His last address, the product of his superior intellect, as an exhibition of scientific attainment, a wonder and a marvel, will live long after the present generation of physicians have passed away.

Dr. William Treat, the skillful physician, the kind and devoted husband and father, the generous friend, the consistent Christian, and that "noblest work of God," an honest man, has gone to enter upon his blessed reward. We, his fellow physicians, have this night met with hearts too full for utterance, to pay this, our last tribute of respect to the worth, and to mourn and deplore the loss, of our departed brother.

May God, from out his abundance, richly provide for the widow and orphan.

After Dr. White had given an informal account of the sickness of Dr. T., the resolutions were adopted and the meeting adjourned.

MAXSON'S PRACTICE OF MEDICINE.


We have received from the author a copy of the above work. It comes to us in the very best style of Messrs. Lindsay & Blackiston. It claims to be the result of an extended practice and careful observation, with such aid
as could be gleaned from the writings of various authors of merited celebrity. It seems to be in fact mainly the expression of the author's individual opinions. We make the following quotations from the work as defending this course, and acknowledging this view: "While I have preferred giving my own opinion of remedies, and in fact almost every thing else of which I have treated, it has been from no feeling of ostentation, but simply because I believe I am better qualified to give my own opinion, than to uphold the opinions of other men, which in turn they can do much better than I can do it for them, but this certainly can detract nothing from the value of the work, as I am indebted to the good, and wise, and great, of the Medical Profession, as well as to my own observation, for the opinions which I hold in relation to the principles, science and practice of medicine."

The author has included in his work most or all the diseases usually treated in works upon Theory and Practice of Medicine, and some usually regarded as Surgical diseases. As showing the general plan of the work we make a quotation from the preface: "It will be seen that I have glanced at the Anatomy and Physiology, as I have taken up the diseases peculiar to each part of the human system. This I have done in part to make the work more valuable to those practitioners of medicine who have not time to review Anatomy and Physiology; but more especially to keep the mind of the reader fixed upon the diseased part, and its conditions; thus rendering the work not only more valuable, but I trust more interesting."

THE BUFFALO PROVIDENCE INSANE ASYLUM.

We take great pleasure in announcing to the profession the opening of this Institution, under the supervision of the Sisters of Charity. The crying necessity for such an institution has long been felt, not only by physicians who have been obliged to send patients long distances, but more fully still by the friends of this unfortunate class of patients, who have been obliged to incur the expense and trouble of removing their relatives far from them, until they could recover from a disease which cannot be properly treated outside the walls of an institution constructed with particular reference to the care and treatment of mental diseases.

This asylum is very pleasantly situated on Main street, near the termination of the railroad, making it convenient, and at the same time affording the retirement so desirable in the care and proper management of the Insane. The rooms are pleasant, attractive, well ventilated apartments, safe, and yet presenting no appearances indicating confinement or restraint.
The building and grounds when fully completed, will constitute one of the most pleasantly arranged Asylums in our country, in every feature desirable and attractive.

It is under the immediate superintendence of Sister Rosaline Brown, to whose energy, capacity and perseverance we are largely indebted for this charity. This Institution would seem to be denominational in character, but we wish to assure our medical friends, and through them all others who may be interested, that it is designed to be in no way exclusive or sectarian in any of its arrangements or benefits, but is open to all who may require its advantages, without any distinctions whatever, and will offer in an eminent degree all the opportunities which can possibly be afforded in any Insane Asylum.

The proper medical attendance of the insane constitutes one of the most important inducements which usually influence physicians to recommend patients to the care of those, who, connected with Insane Asylums, have extensive opportunity of observation, and who make this branch of medical practice, a subject of especial study. We congratulate the friends of this Asylum in obtaining the services of Prof. James P. White, whose unsurpassed ability, will leave no doubts in the minds of any, as to their friends receiving the very best possible advice and medical care. Prof. White's reputation with the profession, will constitute an important attraction to this institution, forming an additional reason for physicians having patient's requiring such retreat, to recommend and favor the Buffalo Providence Insane Asylum.

BOOKS RECEIVED FOR REVIEW.

Burnstead on Venereal.—The pathology and treatment of venereal diseases, including the results of recent investigations upon the subject, by Freeman J. Burnstead, M. D., lecturer upon venereal diseases at the College of Physicians and Surgeons, New York ; Surgeon to St. Luke's Hospital ; Assistant Surgeon to the New York Eye Infirmary, with illustrations.—Philadelphia: Blanchard & Lea.

Barwell on Diseases of the Joints—Illustrated with Engravings.—In one very handsome octavo volume of about 500 pages. Philadelphia: Blanchard & Lea.

Fiske Fund Prize Essay.—The morbid effects of the retention in the blood of the elements of the urinary secretions, by William Wallace Morland, M. D. Being the dissertation to which the Fiske Fund Prize was awarded, July 11, 1860. Philadelphia: Blanchard & Lea.
We shall take great pleasure in reviewing and giving notice of the above valuable works, as soon as time and space will permit.

*Transactions of the Illinois State Medical Society.*—Containing Medical and Surgical Reports of value; also, the retiring President’s Valedictory Address, by David Prince, M. D., of Jacksonville, Ill., and a popular lecture before the Illinois State Medical Society and the citizens of Paris, Edgar County, Illinois, upon the mutual relations and consequent mutual duties of the medical profession and the community.

*Transactions of State Medical Society of Indiana,* with valuable reports upon Medical Teaching, Medical Practice, Surgery, &c., &c., It has been received too late for further notice.

[For Buffalo Medical and Surgical Journal]

Mr. Editor:

We wish to correct through your columns a mis-statement of Dr. Bly’s, in his Circular, which appeared in your Journal, that one Henry Lipps has had “one artificial leg, made in New York, one in Boston, and one in Springfield, Mass., by Palmer & Co.,” inasmuch as Palmer & Co. never made a leg for him, Lipps, at either of those places.

We hope Dr. Bly will correct the statement made in the certificate by Mr. Lipps, and inserted in his Circular, as he cannot be willing to give currency to any statement so wholly incorrect.

Yours,

PALMER & CO.

*EE* All Physicians who desire to become subscribers to this Journal, both in this City and elsewhere, will please signify such wish by sending us the Name, Town, County and State, written as plainly as possible, so as to avoid mistakes. Those who do not thus favor us with this distinct understanding will receive only an occasional number, signifying our impression that they would do well to become regular subscribers.

*Report of Deaths in the City of Buffalo for the month of July, 1861.*

Accident 15, Apoplexy 2, Cancer 1, Cholera Infantum 11, Cirrhosis of Liver 1, Consumption 17, Convulsions 14, Croup 3, Cyanosis 2, Debility 5, Delirium Tremens 3, Dentition 1, Diarrhoea 2, Disease of the Brain 2, Diphtheria 1, Dropsy of the Brain 7, Dropsy of Heart 1, Dysentery 2, Epilepsy 1, Fever 2, Fever Puerperal 2, Fever Remittent 1, Scarlet Fever 4, Typhoid Fever 1, Hemorrhage 2, Inflammation of Bowels 4, Inflammation of Brain 3, Inflammation of Lungs 6, Inflammation of Womb 1, Intemperance 3, Disease of Kidneys 2, Marasmus 2, Measles 1, Old Age 3, Poisoning 1, Premature Birth 1, Rheumatism 1, Small Pox 3, Still Born 7, Ulcer 1, Whooping Cough 4, Unknown 10. Under one year of age, 63. Between one year and twenty, 28. Between twenty and fifty, 46. Over fifty, 19. Ages unknown, 3. Males, 97. Females, 53. Not given, 6. Total, 156.

J. WHITAKER, Health Physician.
The preceding paper carries us to October 2d, 1855. At this meeting Dr. Hamilton presented a case of bent and partly fractured bone, in the clavicle of a child eleven weeks old. The peculiarity to which attention was invited, consisted in the fact that "the bone, after being bent and partially broken, had immediately resumed its form." Dr. Hamilton then proceeded to explain what he considered the peculiar pathology of this class of accidents.

Dr. White next spoke of the microscopic diagnosis of Uterine affections, setting a high estimate upon the information afforded by examination of the exudations in doubtful cases, and illustrated his position by citing at length four instances, which terminated, under his care, in recovery. They had all been pronounced cancerous; but as the microscope did not reveal anything of a malignant nature, he was induced to resort to general and topical treatment, with the happy result mentioned.

At the November meeting, Dr. Rochester exhibited an enormous heart, taken from the body of a male patient, seventy years of age, who was brought to the Hospital in a dying condition. The heart, when washed and thoroughly cleansed, weighed forty-six ounces avoirdupois. It is one of the largest on record.
We find the next items of interest presented at the February meeting, 1856.

Dr. Hawley reported a case of rupture of the uterus, necessitating instrumental deliverance of the foetus, terminating in the recovery of the mother.

Dr. White then gave, in detail, an account of a case of inverted uterus, restored by him one week after the accident. The patient died two days after the replacement. A post mortem examination, carefully conducted by Prof. Hunt, discovered no uterine laceration or peritonitis, and death was attributed to exhaustion from hemorrhage, which had been alarming up to the time of the reposiion of the organ.

Dr. Rochester then reported a second case of attempted suicide by strychnine. As in the former instance, camphor was employed successfully as an antidote. The patient, a muscular man, thirty two years of age, stated the amount of strychnine swallowed to have been four grains.

Dr. Baker, from the Committee on Organization, reported a form for an Act of Incorporation. This was ratified on the first day of April, 1856, and the "Buffalo Medical Association" became from that day an incorporated Society under the name and title of "The Buffalo Medical and Surgical Association."

An election of officers was then held, and resulted in the choice of: Dr. Sanford Eastman, President; Dr. Austin Flint, Vice-President; Dr. Sanford B. Hunt, Secretary; Dr. James M. Newman, Treasurer; Dr. Wm. Howell, Librarian.

June 3d, 1856.—Dr. Flint read an able and elaborate paper on the "Diagnostic Value of the Buffy Coat." He considered "the circumstances involved in its production," and the "significance and value belonging to it in its pathological relations, and the therapeutical indications furnished thereby." This paper is published in the twelfth vol. of the Buffalo Medical Journal, and is eminently worthy of perusal, especially by those who regard an excess of fibrin in the blood, as a cause of inflammation, and who seek to diminish the fibrinous element by resource to venaecision.

July 2d, 1856.—Prof. Hadley read, by appointment a report on Hair Dyes. He stated that "all the various dyes are made from the salts of two metals, viz., lead and silver—those of the latter are most extensively employed. "The quantity of silver thus subtracted from the currency is very large." "One firm in this city used last year 1,100 ounces of silver coin." Referring to Depilatories, Prof. Hadley said that all that he had examined contained arsenic, and were of course injurious.
August 5, 1856.—Prof. Hamilton presented a specimen of the middle finger, which had been torn off by machinery. Its peculiar feature was, that in being torn out, it removed with it one of the flexor tendons to the length of about fifteen inches. On the fourth day there was slight tenderness along the track of the tendon, but this immediately subsided. Prof. Hamilton considered that this wound healed thus kindly, on account of the entire exclusion of air.

October 7th, 1856.—Prof. Hamilton reported the results of two operations on congenital multilocular cysts. One terminated fatally from hæmorrhage; the other resulted in recovery, but was attended with much danger from the same source. Dr. Hamilton regarded these cysts as very rare, and from their extreme vascularity, analogous to erectile tissue—operations upon them are dangerous from the excessive number of hæmorrhagic points.

December 2d, 1856.—Prof. Hamilton presented, for Dr. C. W. Harvey, a specimen of "'exostosis' of a tooth.' The patient, a gentleman, had suffered for many years from what had been supposed to be neuralgia, which finally produced insanity. Under these circumstances, he was brought to Dr. Harvey to have a tooth extracted. With great difficulty, and only after applying extraordinary force, he removed this tooth, which was found to be sound, but there is seen attached to it, growing from its roots, near the crown, a round, smooth, solid tumor of bone about the size of a filbert." "The neuralgia immediately ceased, and the patient was soon restored to sanity."

January 6, 1857.—Dr. P. H. Strong, from the Committee on "Fistula in Ano in its relations to Pulmonary Consumption," read a long and interesting report, to the effect that operations for the relief and cure of anal fistula were not justifiable but desirable in cases of tubercular diathesis. This conclusion lead to considerable discussion; the views of most of the members were adverse to the decision of the Committee.

At the close of the meeting, the question was raised as to the prophylactic properties of belladonna against Scarletina. Most of those who had tested it thoroughly had abandoned it as entirely useless.

February 2d, 1857.—Prof. Hadley presented a specimen of granulated sugar, sold for frosting cake. It consisted of sugar colored with Paris green, an irregular compound of arsenite and acetate of copper. Prof. Hadley had known a whole family poisoned and made very sick by this article, procured from a druggist.
Tuesday, April 7th, 1857.—This being the annual meeting, an election was held, resulting in the choice of the following officers: Austin Flint, President; C. C. Wyckoff, Vice-President; S. B. Hunt, Secretary; James M. Newman, Treasurer; B. H. Lemon. Librarian; C. L. Dayton, J. Boardman, A. W. Nichols, Primary Board.

The exercises of the evening were concluded by Professors Flint and Rochester, each reading a report on “Epidemic Pharyngitis.” The reports were accepted and ordered published. Several other gentlemen made verbal communications upon the same affection.

August 4th, 1857.—Drs. Rochester and Wyckoff each reported a fatal case of acute rheumatism, occurring in robust middle aged men; both of them were intemperate in their habits. In each instance, apoplectic coma came on suddenly and soon proved mortal.

Dr. Wilcox stated that he had reported a similar case some time ago.

September 1st, 1857.—Dr. Gay “presented a beautiful specimen of fracture of the neck of the femur, with complete bony union.” Prof. Hamilton regarded the specimen as valuable and interesting, but thought the fracture could not have been entirely within the capsule, because bony union had taken place. Such an event being, in his opinion, impossible.

Dr. A. W. Nichols reported two instances in which the new nickel and copper cent, coinage of 1857, reputed poisonous, had been swallowed and evacuated by stool, the patients were suffering no inconvenience. He thought the evacuants often employed to dislodge these and other foreign bodies from the alimentary canal, produced the serious results attributed to the object swallowed. Dr. Nichols had been informed by Prof. Hadley that although nickel, as an ore, was found in union with arsenic, that the latter was entirely removed when the nickel was made serviceable for coinage or other use, and was then as innocuous as the ferruginous metals. The only danger was from the copper; but the old copper cent rarely did any harm; and the copper in the new coinage, besides being very much less in amount, was, from its alloy with nickel, less liable to oxidation than when in a pure state.

Prof. Hamilton confirmed Dr. Nichols’ statement, giving several analogous instances, and then proceeded to read a report of cases of metallic substances taken into the stomach. Of these we select but a few. An English copper penny, swallowed by a young man 18 years of age. Active cathartics were given; the coin was not dislodged, but fatal hæmorrhage from the bowels ensued. A twenty dollar gold piece, swallowed by Mr.
F. of Buffalo. No inconvenience followed; nor, after the lapse of several years, has it been discharged. A glass door knob, slightly broken; patient eight years old. Castor oil was given; the knob passed on the third day.

Prof. Hamilton gave a long list, selected from various sources, of strange bodies accidently or intentionally swallowed. Those cases that were let alone did best.

Most of the members present contributed to the already large record cited, and the mass of evidence was in favor of the “let alone” treatment.

Prof. White next reported an instance of severe rectal hæmorrhage, completely controlled by a kite tailed tampon.

Prof. Rochester reported a case of perforation of the appendix vermiformis, followed by peritonitis and death. He stated that this was the sixth instance to which he had called the attention of the members of the Association within a few years. He regarded disease of the appendix as one of the most frequent sources of so called idiopathic peritonitis.

Dr. A. Flint, Jr., gave a detailed account of an instance of poisoning by belladonna and syrup of poppies, recently under his observation. He also gave the chief point of three other cases obtained from medical writers. The object being to test the reputed antagonistic properties of opium and belladonna. It did not appear that opium exerted any antidotal influence, but that it prevented dilation of the pupil.

November 3d, 1857.—Dr. A. Flint, Jr., gave the history of a severe injury of the forearm, by which the middle third of the radius was torn out, the muscles severely lacerated and contused, and the entire skin of the forearm separated, except at the wrist and elbow. The integument sloughed away in a few days; but as no important nerves or vessels were injured, it was resolved not to amputate. A good recovery proved the wisdom of this decision.

December 1st, 1857.—Dr. J. F. Miner read, by invitation, an excellent paper on dissection wounds. He related several remarkable cases which had come under his observation and treatment. Regarded all dead human bodies as poisonous, in greater or less degree, sooner or later—usually the poison acting with greatest virulence very soon after death. Advocated general supporting treatment, with local depletion, especially scarifications and free incisions, in cases where the early manifestations of the disease were found at the point of injury, producing swelling and great pain.

January 5th, 1857.—Dr. White presented two letters from Dr. Cong-
don, of Jacksonville, accompanied by two interesting specimens, supposed to be membranous casts of the cavity of the uterus. The first was obtained from an unmarried woman forty years of age, and was one of several that had been cast off at intervals of five or six days. This, from its frequent renewal, and from its having no connection with the menstrual period, Dr. White regarded as probably adventitious, and similar to the inflammatory fibrous croupy exudation. The second was obtained from a married woman, twenty-six years of age, who had never been pregnant, and who suffered habitually with severe dysmenorrhea, and had thrown of this sac after a violent paroxysm. This Dr. White considered as a true decidua. Both were subjected to microscopic examination by Dr. A. Flint, Jr., in the presence of Dr. White and other profession gentlemen, and both were found identical in structure, and possessing the characteristics of the uterine mucous membrane, viz., tessellated epithelial scales. “No trace of the fibrillation of plastic matter was found in either of the specimens.” Remarkings upon the microscopic revelations, Dr. White acknowledged that he had been mistaken as to the first specimens, but was glad to find this striking evidence of the facility with which the living membrane of the uterus is thrown off and reproduced.

Dr. Wyckoff gave an account of a case of congenital imperforate rectum; it was entirely relieved by three successive operations, made by Dr. Hamilton and himself.

February 16th, 1857.—Dr. White exhibited several growths which he had removed from the cavity of the uterus by Recamier’s instrument; they varied in size from that of an apple to a millet seed. Microscopic examination disclosed uterine mucous membrane and areolar tissue. The patient, who had previously suffered from uterine hæmorrhage recovered entirely.

Dr. Rochester then read an account of the illness and death of Dr. Morgan G. Lewis, of Black Rock, a member of the Association. His disease was pyemia.

Dr. A. Flint, Jr., reported, for Dr. Baker, a case of hydrophobia. The patient was a lad 13 years of age. He was bitten, on the first of October, by an animal not thought to be rabid. The wounds bled freely, and healed in a few days. Attention is called to the unusual length of the period of incubation.

Dr. White related a singular occurrence in the case of a patient who was afflicted with erysipelas. He had ordered the muriated tincture of iron for internal administration. By mistake it was applied externally, and with most happy effect.
The writer takes the liberty of stating, that this fortunate blunder induced the external use of the tincture of chloride of iron in erysipelas in this city. It has been extensively tested in private and hospital practice for some years, and is esteemed by many practitioners more highly than any other topical remedy.

March 2d, 1858.—Dr. James M. Newman read a most able and elaborate report "On the connection of Albumenurias with the development of Puerperal Convulsions; and the employment of Chloroform as a medical measure." It was ordered published; and is to be found in Vol. 13, No. 12 of the Buffalo Medical Journal. The paper is replete with detailed and statistical information, and is one of the most creditable of the many valuable contributions to science of its gifted and lamented author.

Prof. Hamilton exhibited a tumor involving the entire parotid gland; every vestige of which he claimed to have removed successfully by excision.

April 6th, 1858.—The following officers were elected: Dr. Wyckoff President; Dr. Newman, Vice-President; Dr. Flint, Jr., Secretary; Dr. Mixer, Treasurer; Dr. Lemon, Librarian; Drs. Hawley, Eastman and King, Primary Board.

Prof. White reported the successful restoration of a uterus after it had been inverted for six months. The lady, a patient of Dr. C. D. Robinson, of Hornellsville, had a speedy and complete recovery.

May 8th, 1858.—Dr. Rochester made a report, by appointment, on Tracheotomy in Croup. It concludes as follows: "Tracheotomy from its intrinsic gravity, never to be lightly or precipitately undertaken, affords a probability of recovery when hope from other resources cannot be entertained, and that moment having arrived, it should not be neglected or delayed."

June, 1858.—Prof. Austin Flint, as the retiring President of the Association, delivered an annual address on Conservative Medicine, taking for his text the maxim of Chomel: "The first object in the mind of the medical practitioner should be, not to do harm; the second object being, to endeavor to do good." The principles inculcated were presented in a clear, precise and convincing form.

July 6th, 1858.—The Committee on "The presentation of Medical Accounts," reported in favor of their being sent in quarterly, giving at length the arguments for such a conclusion. The report was accepted, adopted, and ordered published in the daily papers of this city.

Prof. White reported a case of parturient laceration of the perineum, in-
volving not only the sphincter ani, but also the lower part of the gut. The patient had no control over faeces or flatulence. He had operated with complete success, adopting essentially the method of Isaac Baker Brown.

Prof. White also reported a case of very severe puerperal eclampsia, speedily relieved by chloroform inhalation. He was called in consultation. Before his arrival, copious bleeding and free purgation had been employed ineffectually. He regarded puerperal eclampsia as sui generis, and neither epileptic or apoplectic.

(to be concluded in next number.)

ART. II.—Abstract of the Proceedings of the Buffalo Medical Association

Tuesday Evening, Sept. 3d, 1861.

Association met at the usual hour. Present—Dr. Gay, President, in the Chair, Drs. Eastman, Samo, Gould, Congar, Miner, Cronyn, Ring.

The Secretary asked the Association to amend or accept the Minutes of the last meeting, as published in the Medical and Surgical Journal, without being read, and remarked: "As Editor of the Medical Journal, I have a new and increased interest in the proceedings of this Association. I have always looked to it as to the "time dial" of the profession in Buffalo, and believe it has indicated truly the point of progress. In receiving many pleasant words of approval and encouragement, in my new enterprise, from the profession in all parts of the country, it is remarkable how much importance is attached to the Transactions of the Buffalo Medical Association. It is often estimated worth the price of "fifty such Journals" to again receive the report of the proceedings of this Association.―My purpose in telling you this, is to stimulate your efforts, so that your present reputation may be sustained, and to say that it will not be sustained without the most earnest endeavor. This good name has fallen to us rightfully, and we hold it in common, by virtue of being found in good company. It is the living, active, earnest, progressive men of the profession, who have earned it for us, and we are in no way indebted for it, to those who cannot be induced to become members of our Association. When judged in this matter by our peers, outside the circle of local jealousies, we receive the universal verdict of approval. In my efforts to collect what is truly
valuable, and abridge what may not be of general interest, I ask your indulgence and co-operation; I have also to request that as much as possible communications be written, rather than verbal; it generally will insure greater accuracy and increased interest, and confer upon me personally a great favor, if correctly prepared for the press. If from any cause this may not be, I have to ask, that verbal communications be reported for me by the author, and sent as soon as possible to my office. You are all equally interested with me, and you will, I trust, excuse me for presenting this matter at this time."

The Minutes of the last meeting were approved as published in the Medical and Surgical Journal.

Dr. C. P. Fanner was elected member of the Association on compliance with the By-Laws. Action on the proposition for membership by Dr. Sweet, was postponed on account of his removal to New York City.

Dr. Miner read the following paper:

Within the last few months I have treated several cases of enlarged bursæ. These tumors have been situated in different locations, been treated by different methods, and attended by variable results. I have thought that this Association might be interested in a resume of the history of some of these cases, with the results attending the different modes of treatment.

Visited I. S. with inflamed bursæ over the patella of two years standing; had been treated by several physicians, but mostly by Homeopathic practitioners; had suffered at times considerably, and been prevented from usual business; knew of no cause for the trouble unless a slight injury received in shutting a drawer by pressing with his knee. Inflammation was very great, and I was called, since amputation was thought likely to be required, and the practitioner usually in attendance used tinc. arnica, "did not do surgery." This case I punctured, and drawing off about two ounces of serum, injected tinc. iodine into the sac; five days later, serum still continuing to escape, considerable fluctuation remaining, I opened the sac through its entire length, placed lint in the wound and cavity, and applied poultice. The pain was not severe, healthy granulations soon appeared, and in about ten days it was wholly closed.

The second case I will mention was also over the patella. This patient was a truckman; his trouble was of two weeks duration; knew of no injury acting as a cause; it was highly inflamed, greatly swollen, and very painful. This I opened through its entire length, a distance of
three inches or more; a large quantity of pus, and a synovial like fluid in about equal proportions escaped, coming up so freely from the sides of the leg, that I was fearful I was dealing with purulent formation from the knee joint. The previous pain, sleeplessness, loss of appetite, and extensive discharge greatly reduced the strength of the patient, making him look pale, haggard and anxious, with expression of severe disease. Under the influence of tonics and nutritious diet, healthy action in the part soon commenced, and in three weeks from the time of operation, the wound had healed, and he was dismissed from further attendance, rapidly improving in flesh and strength.

Case Third.—J. M. advised to consult me by Dr. Gould of this city, who had the foresight to decline the treatment. The tumor was situated over the radio capal articulation upon the posterior portion of the wrist. Patient thought it was caused by severe straining of the wrist in working at his trade of cabinet maker. He had been under treatment by various physicians, mostly by plasters, compression, liniments, &c. I attempted to break the sac sub-cutaneously by striking the prominence with a book quite sharply, while the wrist was strongly flexed. Failing in this very inelegant operation, and my patient remaining very resolute to have something done to relieve the difficulty, I commenced incisions with the view of dissecting out the whole sack, in this operation I was also only partially successful, it was so strongly and extensively attached to the extensor tendons that complete removal was impossible; removing what could be, I applied simple dressing, hoping it would heal as a common flesh wound usually does.—The external portion of the incision healed over and appeared as if all was completely well; the fifth night he had chill, severe pain, and re-accumulation of fluid; an opening through the newly formed cicatrix allowed the escape of a synovial like fluid with immediate relief of the pain and swelling; iodine tincture was injected, and linen pledges dipped in it, introduced deeply into the cavity; when nothing was kept in the opening to prevent union, this appearance of healing would be repeated, followed by pain, re-accumulation of fluid, &c., requiring to be opened, the same fluid escaping. I now opened the tumor through the whole length, painting the surface freely with tinct, iodine, lint dipped in iodine was placed in the opening, but as yet the same fluid seemed to secrete and discharge as plentifully as ever. With the view of exposing the surface beneath as much as possible I now made free incision in the opposite direction; at length we had a some-
what formidable looking case, luxuriant granulations springing up in some parts, standing out prominently, and from the deeper surfaces synovial-like fluid escaping very abundantly; iodine, nit. silver, poultices and time, were all faithfully used. This case after giving us plenty of trouble, healed down nicely, so that at the end of the tenth week he was able to resume his usual occupation.

_Bursa in the Popliteal space._ I desire to speak briefly of this case, mostly on account of its location, though possessing interest in common with other cases of this form of disease, on account of the results of treatment.

_J—P_—consulted me a few weeks since on account of a most violent pain in the hip joint, extending down the leg, so severe as to prevent all business, sleep or comfort, and at times absolutely intolerable; he had also in the ham a tumor which had been noticed for several years, gradually increasing in size, but never producing much inconvenience. He had been under the care of a worthy physician for the relief of the pain, which was regarded as rheumatic in character. It being very intense, and in no way relieved, the tumor being present, it was feared that some connection existed between the tumor and pain, and with this view the patient was advised to ask my attendance. Six grs. sul. quinine every six hours sufficed to remove all pain in two days' time, showing its neuralgic or malarial character.

The tumor next claimed attention, as the patient was not satisfied until relieved of that also. Dr. Eastman being in my office was kind enough to examine the case with me, and participated in the opinion that it was probably a fatty tumor. We had considered the fact that in this location we might have popliteal anurism, solid tumors, fibrous, encephaloid, and fatty. From the absence of pulsation we excluded the possibility of anurism, and to my proposition to remove, by dissecting it out, consent was given by all parties interested. Cutting down I found distinct thick fibrous cyst, and could discover by the clear color and fluctuation that it contained watery fluid; it extended four or five inches, occupying the whole popliteal space; was attached to the tendons so extensively and closely that to remove it entirely, was wholly impossible. Upon opening the sac about eight ounces of synovial-like fluid escaped. I now wished myself and patient out of the trouble which I anticipated might follow. Painting very thoroughly the large surface now exposed, after removal of what of the cyst could be removed, with tine, iodine, and placing a pledget of linen
in the opening, to prevent early union of the integument, I directed a large poultice to be applied and perfect rest to be observed; the pain, described as a "live coal of fire in the wound," to be allayed with sufficient quantity of opium. This healed as kindly and rapidly as such incisions usually would in healthy tissue.

I have notes of several other cases, but these will serve as representatives of the class. I have often attempted the cure of these affections by introduction of seaton; my success has not been signal, and generally before complete recovery took place, I have removed the seaton and made the free opening.

I do not speak of bursal tumors for the purpose of giving any new views upon the subject, or supposing that my experience is greatly unlike that of others who attempt their removal. I have related these cases hoping the treatment described, and its results may contribute somewhat as a guide, until riper experience shall have dictated a wiser plan, and also expecting to elicit any views and opinions which may be entertained by the members of the Association, giving any instruction as to the character or treatment of these very troublesome affections.

Prof. Eastman said he had been greatly interested in the cases related by Dr. Miner since the different modes of treatment he had adopted, and the results following each plan, had been so clearly and conclusively shown. His own experience had not been very extensive, yet sufficiently so to convince him of the great interest and importance, which properly attaches itself to the treatment of enlarged Bursæ. In the cases he had treated he had been very successful, but had not now in recollection anything so extensive and severe as those described by Dr. Miner. The pathology of Bursal tumors involved a wide field for investigation. Bursae constitute the simplest form of the synovial system; are developed beneath the skin where it is exposed to unusual and permanent pressure and friction as in club-foot, over the joint of the large toe, or on the stump of an amputated limb; they are observed in deeper parts between muscles and tendons, as well as between them, and the unusual protuberances of bone; dislocated bones are sometimes firmly fixed by a new synovial capsule; and the false joints formed in cases of ununited fracture, furnish another example of this same new growth. Was not prepared to speak at much length, not knowing that this subject was to be brought up for consideration; desired to thank the Secretary for the report he had presented, and for the example, so worthy of imitation, he had given the Association.
Dr. William Ring reported a case of re-dislocation of the Humerus. Mrs. V—R—, aged 33, a strong and muscular woman fell and dislocated the humerus downwards, or into the axilla, on the 21st of August. I made three unsuccessful efforts at reduction with the heel in the axilla. In the last was assisted by Dr. T., who had also been sent for when the accident first happened. Chloroform was now administered, the patient being fully brought under its influence, when we succeeded in making the reduction at the first attempt, the bone returning with an audible snap, the motions of the arm and the rotundity of the shoulder being restored. Dr. T. then left.

While I was preparing a bandage, in less than ten minutes after the reduction, and before consciousness had fully returned, the patient raised up, unnoticed by me, on the elbow of the same side, and vomited, and then relapsed back on the floor. When my attention was next turned to her, I noticed the arm again thrown from the side and a flattening under the acromion, and soon found by examination the head of the bone in its former position. A little more of the anesthetic was given, and I again made the reduction, the bone returning as before. The dressing was made in the usual manner, with a small pad, bandage, and sling, which after ten days were taken off at the request of the patient. Except a little lameness it is now well, and the motions perfect. Less care, and inability to account for its being out of joint, would certainly have made me liable to action for mal-practice, resulting perhaps in a heavy judgment against me.

Dr. Miner said that in such cases re-dislocation was to be feared and guarded against; the wearied muscles were not in condition to hold it firmly in place; added to this the relaxation from chloroform, would also very much aid in such a result; did not look upon the occurrence of re-dislocation as unusual, if left without constant and firm support until permanent dressings could be applied.

Prof. Eastman regarded the perfect motion and use of the arm in three weeks' time, as related by Dr. Ring, a remarkable result. In all cases he had attended, a much longer period elapsed before anything like perfect use was obtained. Wasting of the deltoid muscle has also been a common result in the cases seen by him. Dr. E. related a case of great wasting of the deltoid muscle where every effort was made to prevent it. His attention had been early called to this point by treating a very troublesome case when he first opened his office as a physician. The wasting of the muscles
is clearly due to injury of the nerves; if from the dressings and want of use, why not this condition after fracture of the fore-arm, which requires dressing and rest for a longer time?

Dr. Gould inquired how long a dislocated arm required dressing, and related a case of dislocation of the humerus in a student of medicine who had immediate use and had no dressings whatever. Also the case of an Irishman whose humerus was dislocated; chloroform given, and reduction easily effected, and dressings were applied in the usual manner. The motions of the joint seemed fully restored immediately after the reduction. Has seen Dr. G. reduce a dislocated humerus and let it go without dressing, and thinks the case done well. Does not advocate or defend that plan of treatment, but thinks some cases would do well even thus neglected, while others apparently not worse injured or displaced, would require attention for a long time, and perhaps never regain full strength and motion.

Prof. Eastman remarked, that he had no recollection of any books or author, who did not recommend dressing, rest, &c., after dislocation. Books and teachers speak also of the importance of sustaining the arm until permanent dressings can be applied, and the dangers attending the neglect of so doing.

Prevailing Diseases.—Cholera Morbus, Diarrhoea, Dysentery, Mumps Scarlet Fever, Whooping Cough, Diphtheria and Typhoid Fever, were reported as occurring in the practice of the physicians present.

Dr. Gay, in taking charge of the soldiers stationed at Fort Porter, had met 20 cases diarrhoea the 2d day of September, 30 cases the 3d day; this was attributed to the free use of very dark sugar, by some, others thought that the water used was the cause of the disease.

Dr. Samo remarked, that though the physicians present had expressed their sense of bereavement on account of the death of Dr. Treat, in their action in the Erie County Medical Society, yet it would seem not inappropriate that suitable expression be also made in this Association. Dr. Treat has been one of the most active, energetic and worthy members, always present at the regular meetings, ready to communicate from the treasures of his well stored mind; every one must have felt with me the deepest sadness in observing this evening his vacant chair, though perhaps no one can fully appreciate my feelings since Dr. Treat and myself occupied this office in company—"the one is taken and the other left."

Dr. Gould said, he hoped that the sentiments of high respect entertained
ART. III.—Dislocation of the Humerus within the axilla with fracture of the surgical neck, by C. C. F. Gay.

A maiden lady aged 63 was thrown from a sleigh January 26th, 1861, striking upon the left shoulder; saw her half an hour after the accident. The arm was lying by the side of the body, pain and swelling at shoulder; numbness of fore-arm and hand; depression immediately beneath the acromian process; head of bone felt in axilla; crepitation. Placing the patient upon a settee in the recumbent position, a ball of cloth within the axilla and my heel upon the ball, made extension and counter-extension, assisted by Mr. Slocum, medical student, who manipulated at the shoulder. After using a moderate degree of force for about three minutes with a sweeping
motion of the arm across the body, the head of the bone was felt to slip into its socket.

The position of the patient was such, the shoulder resting against the upright end of the settee, that the counter-extending was more than equal the extending force.

The patient now resuming the sitting posture, the arm was again examined and found to crepitate. The evidence was sufficient that crepitation did not arise from a fracture of the neck of the scapula, since the bone was in place and remained in place without any depression immediately beneath the accromian. I proceeded therefore to dress the arm as in ordinary case of fracture of the surgical neck, and in five weeks removed all dressings.

At the present time the arm is restored to its usual strength with impaired mobility, cannot raise the arm unassisted to a right angle with the body, nor place the hand in rear of the body.

Remarks.—I attributed the facility with which the reduction was effected to the extreme placidity of the muscles, the shortness of time which had elapsed and the assistance at manipulation rendered by Mr. Frink and Mr. Sloeum. The bone I believe could have been reduced alone by manipulation, and I suspect the extending and counter-extending force would have been sufficient to have accomplished it.

Dr. Watson, of New York, reports a case reduced by the latter method—Dr. Hamilton accords greater efficacy to the former.

The older surgeons were in favor of first dressing the fracture and afterwards reducing the dislocation. The experience of the late surgeons, I believe, does not warrant this mode of procedure. Dr. Hamilton believes that the dislocation should first claim the attention of the surgeon, and that with the aid of anaesthetics its reduction in almost every case may be accomplished. Should an exceptional case occur, rather than leave it for after treatment, I would suggest that the plan proposed by Dr. Gray, viz: to cut down to the bone and replace it, admits of commendation and should be resorted to.

ART. IV.—Report on Vaccination of the Twenty-First Regiment New York State Volunteers.

Fort Runyon, Va., July 27, 1861.

S. Oakley Vanderpoel, M. D., Surgeon General:

Dear Sir:—I beg leave herewith to submit the following report of the vaccination of the Twenty-First Regiment New
York Volunteers, in accordance with General Orders No. 4, to the Medical Department.

First—There were vaccinated 706

Second—Those who showed evidences of previous vaccination were 644

Third—The number susceptible to the virus was 55

Fourth—Of those susceptible to the virus, forty-three (43) showed evidences of previous vaccination.

Fifth—The ages of those susceptible the second time are expressed in the following table:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 18 and 20 years of age</td>
<td>8</td>
</tr>
<tr>
<td>&quot; 20 &quot; 25 &quot; &quot;</td>
<td>23</td>
</tr>
<tr>
<td>&quot; 25 &quot; 30 &quot; &quot;</td>
<td>6</td>
</tr>
<tr>
<td>&quot; 30 &quot; 35 &quot; &quot;</td>
<td>1</td>
</tr>
<tr>
<td>&quot; 35 &quot; 40 &quot; &quot;</td>
<td>4</td>
</tr>
<tr>
<td>&quot; 40 &quot; 45 &quot; &quot;</td>
<td>1</td>
</tr>
</tbody>
</table>

Of the 706 vaccinated, 306 were vaccinated with scale virus, and 400 with the lymph on quills.

Of the 306 vaccinated with scale, 28 were susceptible to the virus, and 24 of them for the second time.

Of the 400 cases in which lymph was used 27 were susceptible, and 19 of them for the second time.

Of those previously vaccinated 167 had been vaccinated during the last seven years, and 477 previous to that time.

Of those previously vaccinated, who were again susceptible to the virus 11 had been vaccinated within 7 years, and 32 before that period.

It will be seen from the above facts that of the cases vaccinated with scale, 1 in 12.75 were susceptible the second time, and when lymph was used 1 in 21. It will also be seen that of the 167 vaccinated during the last 7 years, 1 in 15.18 was again susceptible, and among those vaccinated previous to that period 1 in 14.90.

Of those cases vaccinated with scale, many exhibited an areola of inflammation, enclosing a hard base, but no pustule; whereas in the cases in which lymph was used, there was no intermediate stage between an effect and a thorough working of the virus.

It should be noted that many cases were recorded as never having been vaccinated because no satisfactory evidence of the fact could be found, although they asserted that it had been done.

Two causes should not be lost sight of, which modify the result in all
such cases as this, viz: the quality of the virus furnished, and the fact that some persons exhibit from infancy a marked want of susceptibility to the vaccine virus. Every practitioner meets such cases, of both infants and adults, upon whom no care in vaccination will produce the desired effect. Such cases we may have met, undoubtedly did meet, but as no re-vaccination was attempted, they cannot be accurately pointed out.

Great care was taken that no case should be put down as "susceptible to the virus" which did not exhibit the true pestule, no matter how severe inflammation may have attended the insertion of the virus, and it is believed that in this respect the figures given may be considered correct.

CHARLES H. WILCOX, Surgeon.
JOSEPH A. PETERS, Ass't Surgeon.

ART. V.—Case of Rattlesnake Bite; by L. S. Ham, of South Bend, Ind.

Dr. S. W. Mitchell has an article on the Bite of the Rattlesnake, in the March number of the North American Medico-Chiurgical Review. It appears that Dr. M. had experimented very largely on the treatment of bites by the rattlesnake. He has kept snakes, dogs, cats, rabbits, pigeons, &c., for the purpose of experimenting on this important subject.

The Doctor seems to have experimented very carefully, and judged very candidly on the result of his observations, with the different remedies, which he tested upon different animals. He dwelt rather lengthily on those remedies which seem to share the largest portion of confidence in the mind of the Profession at the present time. He dwells very particularly on Prof. Brainard's treatment, on Bibron's Antidote. His opinions of Bibron's Antidote may be gleaned from the following extracts:

"The experiments here related, and the general results of the use of Prof. Bibron's Antidote are, on the whole, so discouraging as to render probable that it is in reality no more valuable than other agents which have once enjoyed an equal reputation. While expressing this opinion, founded chiefly on my own experience, I cannot help feeling that it is impossible to settle the question definitely without further and longer experience in the form of human cases of venom poisoning, which should be studied with care by the light which I have endeavored to throw upon the subject—reference being had to the number of fang marks, the size of the snake," &c.
I write for the single purpose of giving the Profession the result of a single case which came under my care about one year since. The case which I will now give, has reference to the two points which Dr. M. thinks should have "further and longer experience in the form of human cases," to wit: the number of fang marks and the size of the snake. I copy the following from my case book:

"September 16, 1860, Mr. David Lobdell came to my office at 1½ o'clock P. M., in great alarm and agitation from having been bitten by a rattlesnake. At 10 o'clock A. M., to-day, Mr. Lobdell with two young friends were hunting prairie chicken on the Kankakee marsh, five miles from town. Mr. Lobdell stooped to pluck a most beautiful flower, and at that moment received a full blow from a concealed rattlesnake which measured 3 feet 2½ inches. The blow was received on the right hand, in that triangular fleshy portion which lies between the thumb and the index finger. By drawing a line from the second joint of the thumb and the third joint of the index finger, and one-fourth of an inch above or back of that line, will give you the exact locality of the wound. Both fangs entered full length, and the snake had to be shaken from his hold. One of the friends killed the snake, and the other, as he thought and intended, excised the part; but he only cut skin deep. After having killed the snake they bound a portion of the flesh upon the wound and ligated the arm above the elbow; in which condition I saw the patient three and one-half hours after the infliction of the wound. Hand much swollen—swelling extends nearly to the elbow. Hand and lower part of the fore-arm dark and mottled. Has walked five miles to town since the bite; is very warm; pulse 116; has vomited several times by the way, and has quite an indistinctness of vision. Washed the hand, and passed a very fine silver probe to the bottom of the fang wounds, and find each of them a full half inch deeper than the incision of the parts. Gave four ounces of good brandy at a single dose; next injected tinc. iodine into the fang wounds, and gave valerinate morphine one-half grain, and wrapped the whole hand in a cloth saturated with tinc. iodine; continued brandy in ounce doses every half hour.

At three P. M. the swelling of the hand and of the fore-arm had increased very rapidly; now extends nearly to the shoulder. At precisely 3½ o'clock P. M. commenced to give Bibron's Antidote in 10 drop doses—every two hours. It is composed of
CASE OF RATTLESNAKE BITE, BY L. S. HAM.

℞ Potassi Iodidi, - - - - - - - - - - gr. iv
Hydr. Bichlor, - - - - - - - - - - gr. ii
Bromine, - - - - - - - - - - 3 v

Medium dose, 10 gtt. in a little brandy.

Six P. M. retains the antidote well on the stomach. 10½ P. M. swelling arrested for the time, since antidote was first administered; symptoms same; treatment same.

Monday, Sept. 17th, 5 A. M. Symptoms same; treatment continued 10 A. M., rejects antidote in any and every quantity; give

℞ Val. Morph. - - - - - - - - - - gr. iv
Pulv. Camph. - - - - - - - - - - gr. i
Cal. - - - - - - - - - - - - - - gr. i

One to be taken every hour.

Twelve M. Vomiting continues; swelling of the hand and of the whole arm increases with fearful rapidity—extends to the chest and neck. 4 P. M. Not vomited since 1½ o’clock; commence to give antidote again in five drop doses every hour; swelling ceased to progress; hand and fore-arm enormously swollen; omit morphine; signs of gangrene about the hand; apply yeast poultice. 11 o’clock P. M. Same as at 4; continue treatment; bears antidote well.

Tuesday, 18th, 5 A. M. Vomit as soon as antidote is swallowed; rejects it at once; suspend antidote; give morphine again and milk punch.—11½ A. M. The whole trunk and neck enormously swollen; has had a free dejection by the bowels; treatment continued. 5 P. M. Swelling on the increase about the neck and head; comatose; pulse 140; feeble; great nervous prostration; continued low muttering; omit morphine; continue punch; add

℞ Strychnine, - - - - - - - - - - gr. i
Nitric Acid, - - - - - - - - - - 3 i
Tinc. Opii. - - - - - - - - - - 3 ii
Syr. Simp. - - - - - - - - - - 3 iii

Teaspoonful every four hours.

10½ P. M. Has not vomited since he took the above; commence antidote again in 5 drop doses, every hour; swelling has been on the increase since he omitted the antidote.

Wednesday, 19th, 4 A. M. Swelling ceased to increase since twelve last night; treatment continued. 12 M. Pulse 118; capillary circulation
better; retains medicine well; takes nourishment and punch freely; swelling of head and neck begin to diminish. 9 P. M. Patient same; continue treatment.

Thursday, 20th, 6 A. M. Patient convalescent; continued the use of the antidote in 4 drop doses till the 23d; continued the punch and the following tonic mixture:

\[
\begin{align*}
& \text{Tinc. Cinchona, } \\
& \text{Tinc. Columbo, } \\
& \text{Tinc. Nuxvomica, }
\end{align*}
\]

In teaspoonful doses, every eight hours, until the 9th day of October, when the patient was discharged cured.

By the way, I should here add that Dr. Higinbotham was united with myself in the treatment of the case, and that Drs. Humphreys and Myers were in consultation at different times during the first three days of the disease, and that we received valuable advice from each of these gentlemen.

The foregoing case shows several important facts in the reception, the progress and the treatment of this important class of maladies.

1.—The fang wounds were deep, and we have every reason to conclude that all was done that the animal was capable of doing by way of imparting poison to the system.

2.—The snake was one of the very largest of the Massasaugus variety.

3.—The poison had had its local and constitutional effects before treatment was commenced, as shown by the swelling of the hand, the vomiting, and the indistinctness of vision.

4.—The good effects of the antidote are shown by the suspension of the swelling as soon as it was administered—the increase of the swelling as soon as it was rejected—and the suspension of the swelling again as soon as it could be retained on the stomach, in doses equal to from three to five drops per hour. This was very clearly evinced on two distinct occasions in our case.

5.—Its apparent good effects in my hands, and under all the circumstances are such as to give me great confidence in its therapeutic powers in this class of cases. Yet, I am aware that it would take many cases, and further tests, to fully establish its claim to full confidence in the mind of the Profession.
EDITORIAL DEPARTMENT.

NEW ANÆSTHETIC AGENT—KEROSOLENE.

Dr. Bowditch presented several bottles containing a liquid alleged to possess anaesthetic properties, and read the following letter from Mr. Joshua Merrill, of South Boston, describing it:

"Gentlemen,—The article I now present for your consideration is from a class of volatile hydro-carbons derived from the decomposition of coal at low temperatures, which decomposition produces liquid products instead of prominent gases. The article before you is the most volatile of the liquids, carefully separated by distillation, and then purified by treating it with those chemicals which best remove all foreign organic matter from it. It is, I believe, the lightest, specifically, of all known liquids, its specific gravity being from 615 to 635, water being 1000 (ether being from 713 to 715.) It is, I believe, chemically a pure liquid hydro-carbon. Just its equivalents of carbon and hydrogen I am unable to give; in fact, I believe it has never been subjected to analysis. I have presented this sample with the view of interesting the medical gentlemen connected with the Society, in its peculiar property of producing anaesthesia. My attention was first called to its anaesthetic power, by some of the workmen employed in its manufacture becoming partially or wholly insensible from inhaling its vapors. I have personally often been under its influence in a small degree—enough to produce peculiar lightness of the head, and weakness of the limbs. In all cases which have come under my observation, those persons who have inhaled it rapidly recovered when brought to the open air; in from ten to fifteen minutes perfect restoration ensues, and the men are able to resume their employment. It is, like ether, explosive when its vapors are largely mixed with atmospheric air; the liquid readily ignites, rendering care necessary when artificial light is used during experiments. Its cost is comparatively small—one dollar per gallon will, I think, furnish it in quantities. In conclusion, if I have brought to your notice a cheap and safe anaesthetic agent, my object has been accomplished, leaving to the Society those experiments necessary to establish its value, or otherwise.

I am, respectfully yours, Joshua Merrill, Sup't D. K. O. Co."

Dr. H. J. Bigelow remarked, that in reference to any new anaesthetic,
several points required consideration, and among these he would mention some in reference to the agent now submitted to the Society, and which he now saw for the first time. First, its efficiency; of this he was satisfied by the few inhalations he had just made from the bottle. He believed it as strong, at least, as ether. Second, it is tasteless as water, while its vapor is in no way irritating. On the contrary, its flavor is agreeable, and resembles a dilute chloroform, with a whiff of coal tar or creosote. What is remarkable, this odor, which is quite evident as the fluid evaporates, leaves, when it is dry, not a trace, either of the chloric ether smell or of the creosote, being in this respect wholly unlike ether or chloroform. It is also abundant and cheap. It remains to be settled whether this agent is productive of headache and other symptoms, like amylene, or whether it be, even in rare instances, fatal without warning, like chloroform. But this last is unlikely, inasmuch as the agent seems to be dilute, and not concentrated like chloroform. Nausea is, of course, a necessary accompaniment of certain cerebral disturbance. If this is an anaesthetic of the character it seems to be, at once effectual, agreeable, tasteless, without subsequent flavor or odor, it will superecede ether; and it has certainly, at this moment, a remarkable air of promise.

On motion of Dr. Bowditch, the new agent was referred to the Hospital Surgeons and Dr. Bacon for experiment, and on motion of Dr. Storer, Dr. Bigelow was requested to draw up a report on the results of their investigations.—[Boston Medical Journal, Aug. 22.

BOOKS RECEIVED FOR REVIEW.


A well written book, which clearly and ably states all that is known upon a given subject, is always very welcome, even if it gives us nothing with which we were not already familiar. But a book which, besides merits of style and method, contains much that is new, is a valuable acquisition.

The volume under consideration is really what it was intended to be—"a full and comprehensive treatise upon venereal diseases"—including the
results of recent investigations, which add so much to our knowledge upon
the subject. These additions to our knowledge are in the highest degree
important, and not only render our views of the subject more definite and
satisfactory, but completely overthrow many of our previous conclusions.

After a careful reading of this book, the conviction is irresistible, that
much of our reasoning and practice, as far as at least one of these diseases
is concerned, has been entirely founded in error. What we have been in
the habit of considering as well established fact, proves to be no fact at all.

In order to be convinced how far this is true, we have but to compare
what we have hitherto believed well ascertained, with what we now find to
be very satisfactorily proved. Let us look at the important and surprising
discoveries which the author makes known to us. First of all, the division
of chancres into two classes—the simple or non-infecting, and the infecting
chancre; the former never, the latter invariably followed by general syphilis—
the former purely local, the latter in only slight degree so, but rather a mark
of general constitutional infection. These statements sufficiently startling,
do not contain all that is new upon the subject. We learn further, that sec-
ondary lesions are contagious, and that the result of the infection is equally
with that of the primary, a chancre—that the infecting chancre cannot be
inoculated upon the person bearing it, as a rule, though not perhaps with-
out exception, and, therefore, one attack confers, generally, an immunity
against a second—that it has a distinct period of incubation, and destruction
has no effect to prevent general infection—that syphilis has its laws,
which, like those governing variola, measles, &c., produce a certain degree
of regularity in the appearance of its manifestations.

A very little attention to the above statements cannot fail to satisfy us
that we have had no really accurate knowledge of the true nature of syphilis
—for it is probable that the number of surgeons is very small who have
not, all their days, treated the non-infecting chancre as if it were the true
syphilitic sore, and who have not had entire faith in the abortive treatment,
if resorted to sufficiently early, as applied to the infecting chancre.

In the first part of his book, the author considers gonorrhea and its com-
plications. Of this it is enough to say, that it treats its subject in a very
satisfactory manner. It seems quite clear that urethritis of great severity is
not always of a specific origin.

The second part is devoted to the consideration of the Chaneroid, its
complications, and syphilis. It is hardly necessary to state that the chan-
chroid is the non-infecting chancre, and like itch, favus and gonorrhoea, is a contagious, but in no sense a constitutional disease. Its occurrence, moreover, gives no immunity against a second attack. On the other hand, the true chancre is but the beginning, or as the author expresses it, the "initiatory lesion" of syphilis already acquired, which will in due time be followed by its general manifestations, and confers a certain degree of immunity against its second occurrence. We must give up our chancre-type, viz: the "excavated sore with sharp edges," and watch with eager and suspicious eyes, "slight erosions," with a tendency to induration, for the former will most probably prove a chancroid, while the latter may, usher in that terrible malady syphilis, which, by being better known, is more thoroughly to be dreaded. Upon the whole, though the author has shown us the dreadful nature of the syphilitic virus more clearly than we ever before felt, yet there is much comfort to be derived from it. It explains away many of the difficulties of our experience, enables us to expect more definite results from practice, and puts some limits to our notions of the syphilitic diathesis.

We feel much indebted to the author, in his remarks on treatment, for the statement that syphilis, in some degree, tends to self limitation, and not inevitably to death; and that in cases which pursue a disastrous course in spite of treatment, we are not altogether without hope.

The author gives a most decided quietus to abortive treatment, though in place of it, as far as local effect is concerned, he favors destructive treatment by caustics.

In describing his methods of treatment, he has given sufficient attention to detail to give a practical value to his work, keeping in mind, that the success of remedies depends as much on their judicious use, as on their intrinsic value. In regard to the new doctrine of syphilization, there appears to be reasonable ground for believing, as the author states, that the treatment of syphilis by syphilization, "in efficiency and safety, is equal, and probably superior, to the treatment of the same disease by mercury." This only considers its application to a constitution already contaminated by the syphilitic poison; and however repugnant to our feeling, if true, we must not refuse to follow where truth leads. We could willingly say more, if thereby we could more convincingly impress upon our readers a sense of the great merit and value of Dr. Bumstead's work; but we cannot close without saying that, not only do we consider his book the best on the subject, as far as our knowledge extends, but it appears to us the only one which can guide to a
correct practice—the recognition of the duality of the chancrous virus being its only foundation. No surgeon should undertake the treatment of the syphilitic disease, without a full knowledge of the recent views upon the subject, and for this purpose he will find no more valuable source than the work of Dr. Bumstead.

The book itself, in its appearance and execution, is every way very creditable to the publishers; and it gives us pleasure to commend the great improvement in the general appearance of medical books which have lately been issued by the publishers of this work.

L.

*A treatise on Disease of the Joints.* By Richard Barwell F. R. C. S., Assistant Surgeon Charing Cross Hospital, etc, Illustrated by engravings on wood. Philadelphia: Blanchard & Lea.

This is a treatise on diseases of the joints equal to, or rather beyond, the current knowledge of the day, and supplies a deficiency which has long been required. We do not know how better to impress upon our readers the value and importance of this work than to give the abstract of the table of contents, with the assurance that the subjects treated, are most ably and satisfactorily disposed of, nothing is left unfinished.

The chapters which have particularly interested us are—Chapter I, *Physiological Anatomy of the Joints;* Chapter III, *Acute Rheumatism;* Chapter IV, *Pyarthrosis.* Poisoning from purulent absorption, as it has been denominated, is fully discussed, and constitutes a most interesting chapter, of great practical importance. Chapter XIV, *High Joint Disease,* is also full of suggestion, and instruction; Chapter XVIII, *On Removal of Diseased Joints,* containing full description of circumstances which justify removal of a diseased joint, with causes of preference, for amputation or excision, and directions upon some important points generally to be observed, in the operation for excision of points; also, a description of the reparative process after excision, and special directions for operation upon the different joints.

This last chapter is of the greatest value to the surgeon, and every one who proposes to operate upon diseased joints, for their removal will do well to consider what has been so well written in this chapter.

The great frequency of diseases of the joints, and the importance of thoroughly understanding their nature, and most judicious management will induce physicians to read this most complete treatise upon the whole subject of diseased joints.
The chapters not mentioned, are all of equal interest and importance; they are omitted in this notice for want of room for a more lengthy description.

Report of an Inquest held on the body of Mary Gearon, of Fort Erie, Canada West, before the Coroner of the County, Dr. Kempsen, being an exact reprint of the Coroner’s notes when at the inquest.

This inquest was held upon the body of a woman who died in labor. The child was turned and delivered except the head. The vagina was lacerated, and the head found in the cavity of the abdomen. There was also some injury to a portion of the jejunum. Laceration of the vagina was sufficient to cause death, in the opinion of the physicians who gave testimony. The case was a very remarkable one, and the physicians who had it in care must prepare the copy, if they desire to have it reported. The medical testimony is of interest and importance in various respects, and probably on this account it has been published for the purpose of more general circulation. We do not propose to review either the practice of the physicians or the testimony at the inquest, but follow the example of our ancient historian Josephus, who, after giving an account of some of the miracles, would “let every onethink of these matters as he pleaseth.”

CORRESPONDENCE.

U. S. Naval Hospital, N. Y., | Sept. 33, 1861.

Dear Doctor:—The fortunes of war are proverbially uncertain, and the cruise that I expected so soon to take, when I made my abrupt departure from the Buffalo General Hospital, has been on dry land, consequently I have not put my researches on emesis to the test. I have seen nothing of the war but preparations and results, and am awaiting “active service” with patience, and occasionally desire. The naval victory at Hatteras gave me some clinical experience, but no gun-shot wounds or capital operations. Thirty cases of chronic rheumatism, diarrhoea and dysentery, with other diseases, in small variety, were brought here from the coast by the U. S. Steamers Minnesota and Rhode Island, and they told the whole story of a battle won.
The statistics of this hospital would be of little benefit to the columns of your Journal, inasmuch as we have very few cases of acute or wasting disease, the large majority of patients being men who are returned because unfit for service from broken-down constitutions, or liability to disease in the climate where engaged. At the end of the present month the quarterly report of the patients treated, and their diseases, will be made out, and if it would interest you to contrast it with the reports of civil hospitals, I will give you an abstract.

The hospital, although a very large and fine building, is not well adapted for crowding patients, and two hundred is as many as it will conveniently hold on the single floor, intended for their reception. There have been treated, during the present quarter, more than four hundred patients, the number now remaining being about one hundred and forty. The number of admissions average 25 weekly; the discharges nearly as many.

By changing the topic from patients to doctors, I may, perhaps, better entertain the younger portion of your readers. The Board of Medical Examiners is now in session at this hospital, and daily engaged in the laborious task of testing the qualifications of aspirants to the post of Assistant Surgeons in the U. S. Navy. By a recent act of Congress the corps is to be increased to 80 Surgeons and 120 Assistants and Passed Assistants. This increase will give the Board employment for some time to come. Its previous sessions were to fill vacancies, while the present is for an addition of fifty-one. Twenty-one of these have been selected, consequently there are thirty vacancies yet to fill. The requirements are, that the applicant should be between 21 and 26 years of age, of good physical health and moral character, and in addition he must pass a favorable examination in Anatomy, Chemistry, Medicine, Surgery, &c. On making application to the Secretary of the Navy, stating age and residence, and enclosing certificates of moral character, a permit to appear before the Board will be furnished. Armed with this, and such certificates of character, &c., as a young doctor can obtain, he may come forward for examination. If successful, in a few days he will receive an appointment from the date of acceptance of which his pay commences. The pay of Assistant Surgeons is, at sea, $1250 a year, and ration; on other duty $1050; on leave, or waiting orders, $800.

Names of Assistant Surgeons who have passed the Board of Navy Medical Examiners during the present session:—Adolph A. Hockling, Penn.;

These names are given in the order of time at which they reported, and with no reference to their respective merit. Among them you will recognize the name of William B. Mann, who graduated at the Buffalo Medical College last spring.

Very Respectfully Yours,

B.

BUFFALO PHYSICIANS IN THE GOVERNMENT SERVICE.

In the August number, we gave a list of Buffalo Physicians in the service of their country. As there have been promotions and alterations since then we revise the list:

*United States Army.*


*New York State Volunteers.*

Charles H. Wilcox, M. D., Surgeon 21st Regiment.

Lucien Damainville, M. D., Surgeon 31st Regiment.

Joseph A. Peters, M. D., Assistant Surgeon 21st Regiment.

A. J. Steele, M. D., Assistant Surgeon 26th Regiment.

Elias L. Bissell, M. D., Assistant Surgeon Ellsworth Regiment.

*Michigan Volunteers.*

Wm. H. Butler, M. D., Assistant Surgeon.

*New Mexico Volunteers.*

Sylvester Rankin, M. D., Assistant Surgeon, 2d Regiment.

*United States Navy.*

Newton L. Bates, M. D., Assistant Surgeon, U. S. Naval Hospital Brooklyn.

William Howell, M. D., Assistant Surgeon, U. S. Sloop "Richmond."
Samuel D. Flagg, Jr., M. D. Assistant Surgeon, U. S. Gunboat "Connecticut."

U. S. Volunteer Navy.
Ira C. Whitehead, M. D., Assistant Surgeon. At Sea.
Geo. L. Sweet, M. D., Assistant Surgeon. Waiting orders.

It affords us great pleasure to see the names of so many of our professional brethren enrolled in the list of those who enter the struggle for right, to mitigate the horrors of war, and afford aid and comfort to our brave soldiers. It speaks well for the profession in our city to say, that all who have thus far applied to enter the service, have passed with credit the trying examination; and we doubt if, in proportion to its size, any other city has sent forth as many medical men to the war as ours. It is also a source of gratification to learn, that all of the graduates of the Buffalo Medical College, who are known to have applied, have passed successfully the searching investigation into their professional acquirements; and last week, when Dr. W. B. Mann of Brockport, (a graduate of last spring,) passed the Navy Board, its president paid the Buffalo school a very high compliment, saying that it was "the only school from which candidates have not been rejected during the recent examinations for the government service." In this respect, it stands first. It should be a subject for congratulation, that we have such an institution in our midst. In these investigations, when graduates from all schools assemble, and severe and impartial examinations are held; it is easy to determine where the system of education is thorough, and young medical men are carefully disciplined, and rendered competent to practice their noble art. The classical advantages of this school are equal to any other; its instructors are among the first in their profession; the institution is flourishing and prosperous, steadily gaining in patronage from year to year, and at the same time elevating the standard of professional acquirements. In its results, we are happy to see that it favorably compares with any other—it certainly is second to none.

"B."

Homoeopathic Brigade Surgeon.

We notice the following item in the Daily Courier, and similar ones in some of the other daily papers:

"Appointment.—We are pleased to learn that Dr. H. C. Blanchard has been appointed by General Scroggs, Surgeon of the Eagle Brigade, and will be at the head of the medical department of that organization. The appointment, to use a hackneyed phrase, is one eminently "fit to be made."
Perhaps we do not fully understand this matter, since this is said to be a Independent Brigade; but we suppose such appointment cannot be made until after an examination by the United States Army Medical Board and that appointment is from the United States Government through the Secretary of War. Brigade Surgeons are not appointed by the State Governors, as is the case with the Regimental Surgeons. However this may be, we hazard the opinion that in this case an examination will never be requested. The object will be fully accomplished when the appointment and resignation, on account of extensive private practice shall have been duly noticed by the daily press. It is designed only for the climate of Buffalo—for home influence.

There have been but two or three Homeopathists, thus far, admitted to practice, in the Volunteer Army, and these, we are told, are the most unhappy men in the United States—were admitted to examination by the Board, under false pretense of being regular physicians, and are the last men who can expect any consideration from the Army Medical Staff.

Of this rumored appointment to the Eagle Brigade, we can only say, We have not seen the Brigade, or heard of any man who has. We have not known of any physicians and surgeons, who are capable of doing the duty, who would be likely to serve as Regimental Surgeons, and Assistant Surgeons, provided the appointment of any Homœopathist as the Brigade Surgeon is confirmed.

If such Brigade should ever be seen, and should be officered in homœopathic style, and the soldiers should at any time require important surgical operation or attendance, we can only pray, God have mercy on their souls.

Touching the point of capacity, we are encouraged to hope some thing in the future never realized in the past, since the candidate for distinction assures his neighbors that, in future, “he is going to pay a devilish deal more attention to surgery, and a devlish deal less to the small pills.”

Now, since the renunciation of Homœopathy is becoming common and fashionable, we fear there may be a violent stampede, and desire, in behalf of the profession, to protest against their coming “our way.” If Homœopathy can no longer claim their attention, and, with Dr. Peters, they “painfully and reluctantly endeavor to cast their lot with other friends, other theories, and other practice, feeling absolutely degraded when making, what they consider, necessary trials,” perhaps laying on hands, repeating charms, or operating in free love sympathies, may offer inducements which will be accept-
able. Honest, scientific, common sense practice of medicine, is altogether unsuited to their habits and capacities.

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CLINICAL LECTURE.

Extract from a Clinical Lecture on Diseases of Women, by Augustus K. Gardner, M. D., Professor of Clinical Midwifery and Diseases of Women. Reported in the American Medical Monthly:

"Coition is so important a Physiological function, and it is so difficult for the young practitioner to learn respecting the ills which arise from its abuse, either from actual experience of their treatment, or by their study in scientific works which allude but very imperfectly to them, that the theme may well deserve your serious and most studious attention, as it may not only save embarrassment, but also enable you the more easily to recognize and properly treat the many ills which result from over action in this direction. The earliest period to which the physician is summoned on account of physical injury to the female, is immediately after marriage. It is too often the case that, inspired with the idea that every man must act manfully his part, that the husband does it brutally, and the immediate result is a laceration of the hymen fourchette and soft parts, followed by hemorrhage some times so profuse and uncontrollable as to demand the physician’s attendance. Some times, instead of any laceration, with rupture of any vessel, the parts are much bruised, with ecchymosis and extravisation with the labia majora which become swooned and painful."

The effect of coitus is very frequently seen in the inflammation of the labia-vaginal gland, sometimes called Hugier’s gland from its recent discover and pathologist. Vaginitis is also the direct result of excessive coition. This complaint does not materially differ from gonorrhea, unless it be that the latter is more virulent. Indeed I am very doubtful if gonorrhea should be considered a specific disease; certainly I have seen cases of vaginitis not different in any respect from gonorrhea after a connection of unquestionable purity; and it is generally recognized that urethritis in the male is often produced without an impure connection, being the result of uterine leukorrhea of an acrid character. Vaginitis is unquestionably the product of excessive sexual intercourse, and we find it perhaps more frequently in the wives of young sanguine clergymen, and other men of like continent habits; unlike the majority of the young men of cities, at least at the present day, their youth is spent in abstinence and imagination. Marriage with them is a right which justifies the freest and fullest indulgence of their pent-up passions, and the consequence is that they are apt to go to such excess that disease is the result. Coitus does not, in the normal condition of the uterus, produce disease of the surface of the cervix. It, however, if very frequent, brutal, or in consequence of a too long virile organ, will produce congestion of the organ; then, from its inflamed condition, abrasion of the mucus membrane; from a consequent hyperaemia, hypertrophy, and increased weight, consequent prolapsus, and a whole train of depending symptoms. Where these symptoms exist, if acute disease continues, coitus is inconsistent with cure. When, however, we have chronic hypertrophy of the cervix, endometritis, as in the case now before us, I find that moderately frequent intercourse, is beneficial, and so far from being the cause of injury, acts as a direct stimulus to the parts, unloading the congested and turgid glands. and by exciting them to a more profuse secretion, tends to reduce the hyperaemia of the organ. Where hemorrhage follows immediately after coition, with or without pain, there is always some disease present. It does not generally proceed from ulcerations, unless they be of the fungous variety, but it is usually an evidence of more serious disease, perhaps of a small mucus polypus, or a fibroid, either pediculated or sub-mucus, or of a cancerous or phagedenic ulcer. The hemorrhage produced by coition from a mucus polypus not larger than a pea, is sometimes exceedingly persistent and debilitating.

In the pregnant, coition is often to be entirely prohibited, especially in those who have had frequent abortions, until the usual period for abortion has been assuredly passed, and resumed only with the greatest care. In fact, excessive intercourse will of itself produce abortion, as certainly and for the same reason as the water douche, by simple uterine irritation. This is, in my opinion, the reason why prostitutes so rarely become mothers.
BUFFALO
Medical and Surgical Journal
AND REPORTER.
VOL. I. NOVEMBER, 1861. NO. 4.

ORIGINAL COMMUNICATIONS.

ART. I.—History of the Origin and Transactions of the Medical Societies of Buffalo, by Thomas F. Rochester, M. D.

(concluded.)

Dr. Miner reported a severe case of traumatic tetanus, occurring sixteen days after an injury of the hand, resulting in recovery. "Tonics, stimulants and sustaining diet with anodynes, constituted the main reliance." "During the severity of the disease, two grains of acetate of morphia, every four hours in injection, seemed to be attended by the happiest effects." The disease persisted for thirty-three days—chloroform was only administered once.

Dr. White, then gave the history of an instance of idiopathic tetanus, in a child seven years old, also resulting in recovery after a duration of thirty-one days. Quinine, valerinate of zinc, morphine and chloroform, were severally administered, but were finally abandoned, and nutritious diet alone was adhered to. No better illustrations of the good effects of sustaining measures in assisting nature could be cited.

September 7th, 1858.—Dr. Rochester reported a case of complete dislocation of the sternal extremity of the clavicle, the patient being present for inspection. The accident was produced by the driver, on a load of wood, being caught between the wood and a transverse beam, under which he attempted to pass. The separated end of the clavicle was thrown upward and forward, and pressed so strongly upon the pomum adami, that...
breathing and articulation were both difficult. The reduction of the bone was easily effected, and with an apparatus for fractured clavicle, was so far retained in place, that the man recovered good use of the arm, although there remained a decided projection and much mobility at the sternoclavicular articulation.

Prof. White, reported a case of inversion of the uterus of over fifteen years duration, which he had seen and diagnosed fourteen days after its occurrence. The patient was then seventeen years old, and had completed her second pregnancy. Encouraged by his recent successes in correcting this accident, he had attempted, and with success, the restoration of this long standing case. The patient was placed under the influence of chloroform, and in fifty minutes, the uterus was placed in its normal position. No untoward symptoms succeeded, and at the end of eight days, the patient regarded herself as well. On the ninth day, returning to her room, from which she had walked, she was seized when straining at stool with a violent pain in the epigastrium; this was speedily followed by the symptoms of general peritonitis, with which affection the patient died on the sixteenth day after the reposition of the uterus. A post-mortem examination, conducted in the presence of several practitioners, most of whom had also been present at the operation, disclosed general peritonitis, most intense, however, in the epigastric region. The uterus, bladder and vagina, were minutely inspected, and no trace of laceration or other injury could be detected, and so complete was the restitution of the former organ, that it could not have been distinguished from the healthy womb of a woman who had borne children. From the autopsy and condition of the patient prior to the ninth day of her convalescence, it is inferred that the supervention of peritonitis was an unfortunate accident, and not a legitimate sequence of the uterine restoration.

October 5th.—Dr. Gould made some interesting remarks upon hemorrhoidal tumors and their treatment, recommending the direct application of nitric acid, undilute, giving an account of three very severe cases successfully treated by this method.

Dr. Butler reported, an instance of rupture of the uterus, eventuating in death. A coroner’s examination was held. It appeared that a midwife detected an arm presentation. A physician was sent for, who brought down the feet and delivered. The physicians who conducted the post-mortem examination, and who had also heard the evidence respecting the
course and character of the labor, expressed the opinion—"that rupture occurred at the time of turning—**** but no blame could be charged to the medical attendant, as the accident might occur to any person." At the close of the meeting, resolutions were passed respecting the frequency and criminality of "criminal abortions"—also, appointing a committee to confer with the city and county authorities, and to invite the co-operation of the medical societies and associations in this state, in any measure which may be deemed necessary and expedient to lessen these horrible offences against the morality of the community. The Chair appointed Drs. White, Wilcox and Flint Jr., such Committee.

February 1st, 1859.—Dr. Miner read a report on Tetanus, of much statistical value. He also elaborated the remarks which he had made in a former report of cases of this affection.

Dr. Jansen reported a case of gonorrhea in a male child four years of age, and several members testified to undoubted instances of this disease in children of most tender years, of both sexes. Remarks were also made upon infantile vaginitis and leucorrhea.

March 1st, 1859.—Dr. Gould gave an account of a post-mortem examination of a man thirty-three years of age, who had typhus fever one year preceding his death. The brain was softened, the liver weighed twelve pounds and twelve ounces, and the spleen six pounds and twelve ounces. Attention is called to the enormous augmentation of the viscera.

April 5th, 1859.—Dr. Hawley mentioned that he had succeeded in introducing a catheter into the trachea of a child nine months of age, ill with membranous croup, through this he injected a strong solution of nitrate of silver. Neither the catheter nor the solution, aggravated the dyspnea, nor did they afford relief, the infant dying about sixty hours after its seizure.

April 12th, 1859.—Annual Election; President—James M. Newman; Vice President—Thomas F. Rochester; Secretary—Austin Flint, Jr.; Treasurer—C. B. Hutchins; Librarian—Benjamin H. Lemon.

The retiring President, Dr. C. C. Wyckoff, then delivered an address, upon "Chorea Sancti Viti," commending in addition to general hygienic treatment, the employment of arsenic in full doses as an unfailing specific. Appending the 'history of three cases, under his charge, as corroborating the efficacy of this potent agent.

April 19th.—The Association extended an invitation to the members of the profession in the city and county, to meet at their rooms, and ex-
amine and witness the cardiac phenomena, presented in the person of Mr. E. A. Groux, a congenital fissure of the sternum, affording extraordinary facilities for physical exploration.


*June 7th, 1859.*—Prof. Rochester read a report on re-vaccination, with a tabular statement of one hundred and thirty-seven cases. The necessity of this procedure was illustrated by the fact, that more than one half were susceptible. Dr. Rochester also urged the employment of recent lymph in place of the generally used crust, insisting and demonstrating, from the table, that the former was more reliable than the latter. A case of traumatic tetanus, successfully treated by free blood-letting, followed by anodynes and stimulants, was reported by Dr. Sylvester Rankin.

*August 2d, 1859.*—Dr. Storeck gave a detailed account of the illness of a girl twelve years of age, who to avoid work, swallowed pins to make herself sick. After repeated trials at intervals of several weeks, she succeeded in her novel attempt, sufficiently to cause medical advice to be sought.—After taking morphia, demulcent and farinaceous food and castor oil, she voided by stool *nineteen pins* and *five needles*.

*September 6th.*—Dr. White exhibited a congenital fibro cartilaginous tumor removed by torsion from the pharynx of a child six years of age. Dr. White also reported the removal of the lower segment of the uterus in two instances, for cauliflowed excrescence, by the ecraseur. Both operations were successful, "but the disease is unquestionably malignant," and is liable to return.

Dr. Hamilton expressed the opinion, "that a person during sleep cannot be anæsthetised by chloroform." This operation gave rise to some discussion, most of the members coinciding with the view of Prof. Hamilton.—Dr. Wyckoff alone positively dissenting. On this point the writer takes the liberty of stating, that he has recently, with the greatest facility, twice completely anæsthetised a sleeping child, with a much less amount of chloroform than was required by the same patient when awake. The child, a stout boy of four years, had fracture of the forearm.

*October 4th.*—Dr. Rochester reported the successful treatment of several cases of dropsy following scarlet fever, associated with albuminuria, by the internal administration of tannin, also, an instance of severe neonate umbilical haemorrhage, instantly and effectually controlled by the application of the solution of perchloride of iron.
Wednesday, November 2d.—Dr. Newman, the President of the Association, being about to remove from the city, presented his resignation and delivered an earnest and eloquent farewell address.

December 6th.—Dr. Hamilton introduced Dr. W. R. Scott, an old and honored practitioner of the city, for some years retired from the profession, yet in his 72d year, possessed of so firm a nerve and an eye so undimmed, that he was daily in the habit of executing the art of caligraphy in a manner both wonderful and pleasing. Dr. Scott stated that he practiced this exercise for the purpose of preserving and improving his vision. He then presented for inspection 1391 words, written upon a circular card 57-100 of an inch in diameter, each letter was beautifully and distinctly formed.—Those curious in such matters will find a special description of the subjects embraced in this minute space, and of the ingenious mode of procedure in the N. Y. Monthly Review and Buffalo Medical Journal, vol. 15, pp. 544, 545.

January 3d, 1860.—A communication was received from Dr. James M. Newman, the late President of the Society, thanking them for the complimentary resolutions passed at the last meeting, and for the valuable gift of a complete set of obstetrical instruments, the donation of members of the Association.

March 6th, 1860.—Prof. White reported a case of gross ignorance and malpractice on the part of a homeopathic quack, enjoying a popular reputation. He had himself, and with the assistance of others, forcibly held back the head of a child in a case of labor, mistaking the caput succedaneum for a nondescript uterine tumor. For more than thirty hours, the poor mother had been thus compelled to suffer, and her life additionally doubly imperilled by an enormously distended bladder.

April 3d, 1860.—Election—The following officers were chosen:—President—Thomas F. Rochester; Vice President—C. C. F. Gay; Secretary—Wm. Treat; Treasurer—J. F. Miner; Librarian—Wm. Ring; Primary Board—F. H. Hamilton, S. B. Eastman, Henry Nichell.

June 5th, 1860.—Dr. Miner reported a case of deafness, blindness and ulceration of the cornea, dating three months after parturition, and apparently the effect of lactation, although the patient was young and not unusually feeble.

September 4th.—By special appointment Dr. Cronyn opened the discussion on cholera infantum, set down for this meeting. After speaking
of the nature and grades of the affection, he stated that where called in season, he had always succeeded in controlling the disease, by the administration of dilute sulphuric acid and laudanum—five drops of the former, with half a drop of the latter, to a child one year of age, repeated at short intervals until vomiting was quieted. Calomel, opium, acetate of lead, tannin and quinine, should subsequently be given, according to the various conditions indicating their applicability—fresh air, warmth, stimulation and diet being never lost sight of. Dissent, as to the good effects of sulphuric acid and laudanum was expressed by Dr. Rochester; he had made trial of it several years ago by the advice of Dr. Nelson, formerly of this city.—Most of the members present were in the habit of giving calomel and opium, and using external and internal stimulation.

Dr. Strong thought highly of bismuth in large doses. Dr. Treat recommended brandy and toast water, with the use of Castillon's powders—(see Testa Präparata, U. S. D.)—boiled in milk. This last was objected to by several, as they usually found it necessary to altogether proscribe milk for a time even in nursing children. For this most natural aliment various substitutes were mentioned, among them raw beef, beef essence and white of egg, mingled with water.

October 3d, 1860.—Dr. Treat, on the special subject for the evening, read a most able and interesting paper on diptheria—many of his views were novel and striking—he illustrated very happily the sometimes local and sometimes general effect of the disease, by comparing it to chancre local, and syphilis its frequent constitutional sequence. This paper is placed on file, by order of the Association. It is written illegibly in pencil, it is hoped that both, on account of its intrinsic merit, and as one of many pleasing mementos of its lamented author, that it may soon be revised and given a more enduring form and record.

At this point the writer finds it necessary to conclude the history of the Medical Societies of Buffalo. The abstract of the proceedings is carried nearly up to the time, (April, 1861,) assigned to him by his confreres.—He is aware that in the performance of his task, he has for want of time, been compelled to omit much of interest, but he trusts that the selections he has made, have answered the original purpose of the paper, viz: to show by the records of the past, the usefulness and advantages of medical association; and to urge an earnest and faithful continuance of support to an already honored and respected society—The Buffalo Medical and Sur-
gical Association. One painful duty must not be omitted. The present Association has been singularly blessed in that it has been deprived of so few of its members by death. To others has been deputed the mournful task of commemorating their virtues, but the writer may assist, by mention of their names, to keep green the memory of

Morgan G. Lewis,
James M. Newman, and
William Treat.

Over the last of whose grave, the sods of the valley have yet hardly closed, since they opened their bosom to kindly embrace one who in "angel voices" has told us, "the grave is not deep—it is the shining tread of an angel that seeks us."*


Tuesday Evening, Oct. 1, 1861.

The Association met at the usual hour.

Present—Dr. C. C. F. Gay, President, in the Chair; Drs. Samo, Eastman, Rochester, Ring, Wyckoff, White, Strong, Congar, Miner and Gould.

Minutes of the last meeting read and approved.

Voted, that Dr. T. M. Johnson, of Buffalo, be invited to participate in the proceedings of the Association until he shall be able to complete his membership with the Erie County Society.

Voted, that P. Tertius Kempson, M. D., of Fort Erie, Canada West, be invited to participate in the proceedings of the Association.

A salivary calculus was shown the Society by Prof. White, who remarked that, it had been kindly sent him by Dr. G. A. Irvine, of Warren, Pa. The specimen was about one-half inch in length, cylindrical in form, and about four lines in diameter. It was only a part of the entire formation; the remaining third or thereabouts, was not removed until some time after

*To the above list we must add the name of Bryant Burwell, M. D., who died Sept. 8th, 1861, aetat 65. Dr. Burwell was one of the pioneers in establishing a Medical Society in Buffalo. For many years he had been compelled, by ill-health, to retire from the active duties of his profession. His funeral was largely attended by his medical brethren, and by the citizens generally. Suitable resolutions were passed by the members of the Erie County Medical Society, and a committee was appointed to write a fitting biography—of one who had long held a prominent place in the esteem of all who knew him. T. F. R.
this was discharged, and was lost by the wife of the patient. The concretion is composed chiefly of carbonate of lime, held together by animal tissue. It is not a little remarkable that so large a stone could form in the small ducts of the sublingual, and that too without inconvenience to the patient. How long it may have remained in its bed without producing irritation, does not appear. At length inflammatory action was excited, an abscess formed, which ruptured after a day or two, exposing the calculus to view. Dr. Irvine with a pair of forceps, easily removed the large cylinder here shown, and after a day or two the remaining portions. The patient has entirely recovered, leaving but slight trace of its consequences in the floor of the mouth.

Prof. White then called the attention of the Society to the use of the solution of the per sulphate of iron in "Bright's disease." A patient who had been subjected to all the ordinary remedies for this intractible disease by Dr. Ellenwood, of Pembroke, was last April sent to Dr. White for examination and suggestions. The patient thirty-six years old, blacksmith by trade, originally of vigorous constitution, but now presented all the symptoms of persistent albuminuria. The feet and legs were enormously swollen, and the oedema extended above the hips with largely distended abdomen, the arms and hands would pit; respiration labored; complains of dull pain in the lumbar region on both sides; micturition frequent, is obliged to rise several times in the course of the night for that purpose; specific gravity of urine 1014 coagulable by heat and nitric acid. The urine upon standing deposits a sediment which, when placed under the microscope by my colleague, Prof. Rochester, who examined the patient with me, was found to contain amorphus urate of ammonia, with numerous tube-casts. The patient suffered greatly with palpitation, but the cardiac sounds were normal; is greatly exhausted and easily overcome by the slightest exertion.

The treatment during the first month after he came under observation, consisted in an effort to improve his hygienic condition by tonics, air and the free use of digitalis and bi-tartrate of potash, glycerine and tannin. Not finding him improving under the use of the ordinary remedies, it was determined to make use of the solution of the per sulphate of iron—commenced with fifteen drops three times daily, and continued passive exercise in the open air with nutritious diet. Upon his return for re-examination after one month there was a manifest improvement in his gen-
ereral appearance and spirits. The dose was now increased to thirty drops four times daily, and the measures for invigoration of the general system continued.

September 15th.—The iron has been taken now for almost three months and he returns to town to-day, for a supply of the medicine, so much better that he wishes to increase the amount taken to forty drops four times daily. He works a part of the time at his trade, and bears exercise without exhaustion. The œdema in the lower extremities, is greatly lessened and the size of the abdomen greatly reduced. Upon testing his urine with heat and nitric acid, no albumen could be detected. He promised me that he would leave some of his urine with Prof. Rochester for microscopic examination, which promise he omitted to fulfil, in his haste to return by "next train." I regret also, that I was so much occupied at the time of his visit as not to be able to ascertain its specific gravity. You perceive therefore, gentlemen, that the report of the case is exceedingly imperfect, indeed, may be said to be now in progress. Dr. White said his chief object in referring to the case, was to call the attention of the members to this form of iron as a remedy for this disease. He was aware that one "swallow did not make a summer," and did not claim that the very great improvement in Hamilton's condition should be set down to the credit of the iron. But in the absence of a better remedy he hoped the members would give it a fair trial if opportunity presented, and promised to inform the Society from time to time, of the condition, and final result, of the case now imperfectly narrated.

Prof. Rochester said that he had several times reported cases, treated both in hospital and private practice, in which tannin was very useful in this form of disease. Has regarded tannin as superior to gallic acid, which Prof. Hadley explains, by saying that the tannic acid is probably converted into gallic acid in the stomach, and the recently prepared article acts better while fresh. Would mention an instance corroborating Prof. White's opinion of the efficacy of the per sulphate of iron in Bright's disease. He was consulted in May last, by a patient for whom he had frequently prescribed, during seven or eight years, for malarious diseases; he was fifty-five years old, of regular habits, and by occupation a night watchman. On this occasion, learned that he had been suffering for six months or more with œdema of the lower extremities, that his face and hands were often puffy; that he was frequently giddy, and that his general health was much impaired.
portion of urine was examined; microscopic examination of the sediment, disclosed fatty granules, and fatty and fibrinous casts of the tubuli uriniferi. Heat and nitric acid converted the contents of a test tube into almost solid albumen. The patient was placed upon the bi-tartrate of potash in purgative doses, and upon three grains of tannin every six hours dissolved in one drachm of glycerine. Rapid amendment took place, but after the persistent employment of these agents for two months, a considerable amount of albumen was always found in the urine. Ten drops of Squibb's solution of the per sulphate of iron, was now directed three times daily, in addition to the other remedies; care being taken that the tannin and iron should not mingle in the stomach. After continuing the iron for one month, no albumen was discoverable, nor could any casts of the uriniferous tubes be detected. The patient still takes the iron twice daily, but is apparently quite restored.

Dr. Miner said he had a case under treatment which interested him, and had in some respects a bearing upon the topics presented by Drs. White and Rochester.

Visited Mrs. ———, September 23d, upon examination found general anasarca; the labia majora immensely distended, which symptom had appeared suddenly, and was the cause of being called at this time; respiration labored; urine scanty; bowels constipated; vomiting had been constant for some time past, every thing immediately rejected from the stomach, until for the last two days it had greatly abated, improvement in this respect was attributed to the use of kerosote; menstruation suppressed for the last eight months, and she supposed herself pregnant; no fetal heart sounds audible, no motion, and the uterine tumor indistinctly felt, on account of effusion into abdominal cavity; urine highly albuminious, so much as to hardly subside sufficiently in the test tube to leave any portion clear. Prescribed tannin, three grains every four hours, and saline cathartics.

September 29.—The oedema of the labia had so greatly subsided that a speculum was easily introduced, and the membranes were ruptured, a bloody serum escaping in small quantity; labor commenced in six hours and soon terminated, the product being a fetus of about 8 months, which had probably been dead for a few days.

This patient complained of great pain in the head, and much dizziness; the nervous system was greatly effected, the slightest causes producing high excitement and great disturbance.
Regarded the albuminuria as probably arising from functional derangement rather than organic disease, and had given a brief history of the case, as showing the value of tannin and the cathartics in such disease, since the albumen has nearly or quite disappeared, and the anasarca is very rapidly improving. The induction of premature labor would be regarded as one of the most important points to be decided. The reasons in this case were ample, and the result highly satisfactory, but since this is not the point under consideration would not occupy the time in relating them.

Dr. Ring stated that the case of Bright's disease reported by Prof. White, reminded him of two cases of Uramic poisoning that had occurred in his practice during the present year, and which he regarded as of sufficient interest to be worth reporting to the Society. He then read the following:

On the 30th of January last, was sent for to visit Mrs. J. D. aged 52. She had been ailing for several days, which she attributed to exposure, and taking cold; she was anasarous; the urine suppressed and albuminous; bowels costive; pulse 52, irregular and weak; palpitation of the heart and oppression at the precordia; constant headache and at night delirious and restless; ordered for her a cathartic of calomel and jalap; a diuretic mixture of tinct. scille, spts. ether nit. wine colch. and cold water to the head. The next day found that the cathartic powder, although a small one, had operated well; she had spent a restless night, and the urine not much increased; I ordered the cold water continued to the head, it being pleasant to her; the diuretic continued; with sul. morphia ½ gr. at bed-time, to procure rest and sleep; the cold water was discontinued the next day; with the morphia at night and the diuretic, the more urgent symptoms gradually disappeared in ten days, and the urine was clear of albumen after three weeks; she took nothing more except ferri sulphas and quinia as a tonic, until she was convalescent; she is now in good health. At my first visit I was apprehensive of her having convulsions, and had many fears as to the result of the case.

The second case occurred in July last, Mr. F. S. aged 38. He had not felt well for a month previous to the 11th of July, when I visited, and found him with general dropsy, with an almost entire suppression of urine, which on being tested was found albuminous; skin hot and dry; pulse 100 per minute; a constant and severe pain in the back part of the head, neck sore and stiff; his respiration was short and oppressed, and it was
difficult for him to lie down at all, so much effusion was there in the abdomen.

The treatment was the same as in the first case. The cathartic worked powerfully, and his bowels were somewhat purged for three days after; by the use of the diuretic before mentioned, to which tinc. digitalis was added, the urine was increased, but still not free; he took on the second and third day of my attendance, ½ gr. sul. morphia at bedtime, but he thought it made him feel worse instead of better; early on the morning of the 17th of July, Mr. S. had a convolution; I saw him soon after, and gave him a dov. powder, and sent for Prof. J. P. White in consultation; before the Prof. arrived, Mr. S. had three fits, his pulse was about 112 per minute, and he was unconscious between them; the following prescription, was ordered:—Quinia sul. grs. xvi. morphia sul. grs. ii. spts. etheris nitrici ⅔ i—M. Teaspoonful to be given every three hours.

At 10 A. M. the next day, we learned that he had five convulsions after we saw him, the last being at 2 o'clock in the night, the pulse was 85 per minute and less fever, but he was still quite unconscious; medicine continued. July 19th, he slept well last night, this morning his consciousness has returned, and the pain has left his head; the urine is now free; he is much better. The medicine was continued for a week longer in gradually diminished doses. He made a good recovery, the only medicine given was iron and quinia, taken to restore his strength and appetite. He now has good health and is able to work at his trade. The result in this case was to us very gratifying. Among all the modes of practice and great number of remedies that have been used in these cases and puerperal convulsions, this practice may be worth remembering, and worthy of another trial. Of course one case is not expected to be worth much of itself, and farther experience may confirm or disprove the value of this method of treatment.

Dr. Rochester desired to make a slight comment upon the very interesting cases reported by Dr. Ring, especially with reference to the conclusions drawn by Dr. Ring, upon the results of different modes of treatment. In the first place there was no proper analogy between these cases and those presented by Dr. White and himself. Dr. Ring's patients both had acute suppression of urine, a condition full of danger, and sure to be succeeded, unless speedily relieved, by fatal uraemia, but there was no evidence that they were cases of fatty or granular degeneration of the kidney. The presence of albumen in the urine was no proof of this. Respecting the
novelty of the opium treatment, Dr. Rochester must remind Dr. Ring, that in puerperal eclampsia, opium in full doses had many advocates, especially before chloroform was known, and was used to prevent a return of the paroxysms. He mentioned this not to condemn Dr. Ring’s treatment, which the event proved to have been highly judicious, but to show that Dr. Ring’s treatment was by no means new or unprecedented.

Dr. Ring replied to Dr. Rochester, that he did not report his cases as Bright’s disease, but uræmic poisoning. In regard to the treatment, it is unlike that usually recommended by authors.

Prevailing Diseases.—Dr. Strong spoke of the prevalence of whooping cough.

Dr. Rochester reported a fatal case of cholera occurring near the International Ferry, and spoke of other cases not so severe seen elsewhere which recovered.

Dr. Wyckoff had seen two or three cases of sporadic cholera, one near the residence of the late Dr. Treat; one at Sulphur Springs, supposed to be caused by eating pork. Calomel and opium controlled the disease.

Dr. Samo presented Treasurer’s Semi-Annual Report. Voted that the President, Vice President and Secretary audit the accounts.

Prof. Eastman, in behalf of the Faculty of the University of Buffalo, presented the Association, the United States Army Medical Statistics, in two finely bound vols.

Voted that the thanks of this Association be tendered the Faculty for the valuable donation to its library. Adjourned.

J. F. MINER, Sec’y.

ART. III.—Paralysis from Gun Shot Wound.

A. B. from Nebraska, admitted to Surgical Ward, Buffalo General Hospital, service of Dr. Miner, June 20, 1861. Received, while in Nebraska, six months previous to admission, a gun shot wound in the left lumbar region, near the spine, the direction the ball passed or its present location not ascertained. The injury produced immediate paralysis of the body below this point; urine and feces passed involuntarily; complete loss of voluntary motion in extremities, but not total loss of sensation. While in this condition was exposed to cold; circulation being feeble, and sensation greatly diminished, the feet were so frozen that the toes sloughed from
both feet, and the bones of the toes were removed by the patient, but the metatarsal bones were remaining, and carious. July 20th, operation was made for removal of diseased bones; the wound healed kindly but slowly; the region of the tibia upon the other leg not operated upon has been the seat of most violent and protracted pain, the local or general causes of which are not very apparent, and all measures for relief have thus far signalily failed; the paralysis which was at first complete, has gradually subsided, until control is now gained over the rectum and bladder; tonics, nutritious diet, and exercise of the legs as much as possible, was advised, but, alas! exercise could not be obtained; patient has greatly improved in general health and strength.

There are some interesting features in this case since the paralysis remains; the foreign body has never been removed and yet there is some improvement in the control of the bladder and rectum. If the exact location of the ball could be ascertained, an operation for its removal might be proper, but unfortunately at the time of injury no surgical attendance could be obtained, and consequently no exploration for the foreign body was made—the case was left to the resources of nature. The paralysis indicates that the ball injured or pressed upon the spinal cord, and that at a point above the second lumbar vertebra since, if in the leash of nerves forming the canda equina, so perfect paraplegia could hardly be expected; that any improvement in nervous power should have taken place, is somewhat remarkable, and leads us to inquire what could probably have been the nature of the injury to the nervous structure. If from pressure how has it been removed? if from separation, would it unite so as to form nervous communication? When nerves are divided by a clean cut there can be no doubt they generally unite so as at length to be restored to almost or quite natural function, the period for this restoration is sometimes very long, and the gradual improvement observed is often attributed to the means adopted for relief the natural course of nature in these cases being forgotten. The difficulties in the way of the regenerative process are greatly enhanced by any loss of substance, contusion or laceration of the ends of the divided nerve.

M.

From the Boston Medical and Surgical Journal.

LEAD IN THE TREATMENT OF PHTHISIS.

Remedies for phthisis, if recommended with the least show of authority, are always eagerly sought for. The number of cases of recovery from
tubercular disorganization of the lungs is sufficient to keep alive in the minds of the professional, as well as unprofessional public, the hope that some cure may at last be found for it. By the London Lancet for August 17th, we see that M. Beau places some confidence, at the present time, in the use of lead in the treatment of this disease. Its Paris correspondent writes, in speaking of the last clinical lecture of M. Beau—

"Phthisis," he said, "has been cured by all sorts of methods and in all sorts of ways; the fact being that, as this malady depends upon the reciprocal action of a diathesis and of globular anemia, the remedy which is able to oppose the progress of the latter condition may not only prevent the disease from making further inroads on the system, but also contribute to the healing of such lesions as already exist. My intention is not certainly to enumerate all the means for treating consumption which have in turn been extolled and employed against this malady; you will find them detailed at length in the treatise of Baumes, of Montpellier, published in 1805. I shall limit myself to a few." After mentioning sea voyages, horse exercise, southern climates, emetics, chloride of sodium, asses' milk, Iceland moss, conserve of roses, quinine, fir-sprouts, watercress, sulphur, sulphureous waters, cod-liver oil, iodine, turtle-soup, snail-broth, oysters, strawberries in great quantities, hydrotherapy, the hypophosphites, and steel, the lecturer at last arrived at his favorite remedy—lead. "The employment of lead," he said, "in the treatment of tubercular consumption is not new. The idea is a borrowed one. What is new, is the manner in which I administer it, and in which I have understood its action. I must first tell you how I was in the onset induced to employ it. Starting from the theory, which I hold in common with many other observers, that the development of tubercle is favored by the anæmic state, I had been struck by the fact that the workmen employed in establishments where lead is much handled, although anæmic and cachectic to the last degree, very rarely present symptoms of tubercular deposit in the lungs. During a period of six or seven years at the Hospital Cochin, amongst the many patients whom I treated for lead poisoning, I never saw a single case of phthisis. Once only, in the lungs of a house-painter, I met with tubercle; but I subsequently ascertained that this man had never had any of the signs of the saturnine affection. I went a step further, and inquired into the diseases usually met with in the trades habitually working with lead, and found that cough among operatives of this class was of rare occurrence,
I began then to think within myself that if lead could prevent, it might also very possibly cure, phthisis, and was much tempted to make the experiment, but waited for further evidence, and was presently emboldened by an accidental occurrence. Shortly after my entry into the service of the Charite, a man, affected with lead colic, fell under my observation. On examining his chest I found evident symptoms of tubercular deposit; and on inquiry, ascertained that the patient had been consumptive for years. Finding himself without work, this man had taken a job at the lead works at Clichy, and there had caught his colic. He assured me that since his seizure both cough and expectoration had diminished; in fact, so much so as to have made him think it useless to direct my attention to the state of his lungs. He left the hospital some time afterwards, cured of his colic, and with considerable improvement of the pulmonary symptoms. In the case of a second patient, who shortly afterwards entered my wards, I was informed that the signs of consumption, held in abeyance during repeated attacks of lead colic, had reappeared each time that the latter malady had been removed. I endeavored, on the verification of this fact in my hospital service, to reproduce the saturnine when the phthisis seemed inclined to gain ground, and succeeded beyond my expectations in arresting its progress on several occasions. Such were the incidents which led me to the adoption of my present method of treatment, and the results I have obtained are not of a nature to justify me in laying the method aside. The following is the manner in which I employ this drug:—I begin by administering an emetic, in order to arouse the stomach from the state of torpor which it is so common to meet with, either as cause or effect, in tubercular phthisis. After the lapse of a week or thereabouts, I commence the lead (I prefer the carbonate, as being better borne by the stomach than the acetate), in pills of two grains each. The dose is taken at first once a day, then twice, and so on, until six pills, or twelve grains of the lead, are swallowed within the course of the twenty-four hours; the best time for administration being before each repast, as the drug is at that moment less likely to cause vomiting. This treatment must be continued until a sufficient saturnine impregnation has taken place, a generous diet being allowed the patient at the same time."

M. Beau has added an appendix to his two former lectures during the course of the week, which, as it completes his previous observations on the lead treatment of phthisis, I think I may interest your readers by recording.
With regard to the first effects," he says, "noticeable on the employment of lead in dealing with consumption, the most favorable is the amelioration of the cough and expectoration. Sometimes at the end of two, at others at the end of eight or ten days (the difference of time depending on individual peculiarity), the cough, from being incessant, becomes less frequent, and allows the sufferer some respite, enabling him to sleep. The expectoration from being abundant and purulent in nature, diminishes and becomes less copious, and of a mucous character. This is not all; you will remember one particular character of the tubercular sputum, long ago recognized by Fouquier—namely, that in passing from the larynx to the mouth, it almost invariably, by virtue of a specially irritating property it possesses, irritates the pharynx, and produces an effort of vomiting. Another mark of the progress and success of the saturnine treatment, is precisely the cessation of this retching during expectoration. At a variable period, also, and consequent upon the amelioration in the cough and sputa, the physical signs furnished by auscultation likewise bear testimony to diminished activity in the pulmonary suppuration. The subclavicular pains diminish, and can hardly be recalled by pressure with the finger, and the nocturnal hectic fever very generally disappears entirely. I say the nocturnal fever advisedly; for you know the grave prognostic which attaches to the continued form of fever when occurring in this disease. With regard to the physiological effects of lead on the system, the first remarked is, for the most part, loss of appetite. There are, however, certain cases in which the administration of this drug seems rather to excite than to repress the digestive functions and desire for food, and such are certainly the most favorable; for here, in addition to the advantages afforded by the special action of the medicine, we have the concurrence of an active nutrition. Moreover, it is to be noted, that those patients in whom the functions of the stomach remain undisturbed, enjoy perfect immunity from the poisonous effects of the remedy. Such cases are, however, too rare to be counted on. In addition to the loss of appetite, gastralgia very generally supervenes, and occasionally, but rarely, vomiting, dry cough, and dyspnoea, the latter symptoms being exclusively of a gastric origin, and unconnected with increase of morbid action in the lung. The colic produced by the administration of lead for a therapeutical purpose, differs from that witnessed in workmen who have incurred saturnine intoxication in the exercise of their trade, in one important particular—namely, that whilst in the first diarrhoea is very generally induced, in the
second case obstinate constipation for the most part exists. The blue line on the gums is another effect of the lead treatment, and appears from the tenth to the fifteenth day. Some patients there are, however, who, though presenting the other indication of saturnine saturation, are without this particular sign of constitutional affection. I believe that the blue line is only seen when there is some superficial erosion or ulceration of the margins of the gum. The predominating symptom of the therapeutical intoxication and that which is the most constant of all, is pain occurring in certain portions of the body. This pain, which appears at variable periods during the treatment, as early sometimes as the second, and rarely later than the tenth day, is occasionally present in the trunk, but mostly in the arms and legs. It is either of a shooting, darting description, or may resemble the pressure of a heavy weight, or the construction of a metallic ring round the limbs. The physician at the same time must be careful to distinguish between the pains symptomatic of phthisis and those induced by the treatment." M. Beau likewise informs us that he never witnessed either epilepsy or those other brain symptoms occasionally met with amongst lead-workers, and ends by saying that he believes the cases of phthisis are very rare in which a saturnine treatment will not be found useful in either arresting or retarding the progress of the disease.

A Case of Polysarcia, reported for the Buffalo Medical and Surgical Journal, by Ira D. Hopkins, M. D. Physician and Surgeon City Hospital, Utica, N. Y.

Richard Holmes, colored, a cook, aged 41 years, was admitted into the Utica City Hospital on the 14th of August, 1861, suffering from polysarcia, of which he died September 3d, 1861. He was 5½ feet high, weighed about 350 pounds; and measured in circumference 4 feet 10 inches, other portions of his body were in equal proportions. For 14 years he clothed himself in female apparel.

On post-mortem examination, assisted by Drs. Coventry and Thomas, found two inches of fat covering the chest, from the clavicular to the abdominal extremity of the sternum; from the abdominal extremity of the sternum to the umbilicus, two and a half inches of fat; from the umbilicus to the pubis, three inches of fat; his breast was as large as any female breasts that I ever saw; the skin of all the unexposed parts of the body, was hard and
EDITORIAL DEPARTMENT.

MEDICAL LECTURE SEASON.

The present time offers inducements to young men commencing the study of medicine, hitherto unknown in the history of our country; instead of looking forward to years of waiting and watching, without business and without reward, an attractive field is now open to them as soon as they complete their professional course of study. Most of the well qualified young medical men who have desired it, have found ready employment and ample opportunity for improvement, in our Army and Navy, where they immediately receive compensation for their services, enjoy a wide field for observing surgical diseases and accidents, and at the same time obtain professional position and reputation, if from no other cause, from having passed successfully the examining board, which is generally believed to guard as faithful janitor, the door, to the medical staff, of the Army and Navy.

The season for Medical Lectures is at hand, and we see evidences in the unusually large class now attending Dissecting and Preliminary term, that others, who have not yet completed their medical education, are alive and active, fully appreciating the opportunity now offered, not only of obtaining their diploma, the sine qua non, without which, no young man can expect success or respectability as a practitioner, but also of being installed immediately into active professional life, where his services will be demanded and appreciated.

Again we have no doubt the appointment of medical cadets, will have some influence in augmenting the size of the medical classes, since one term of lectures and two years study will make students eligible to this appoint-
ment, where young men will obtain many advantages and opportunities which cannot fail to stimulate those who have commenced the study of medicine. There are other influences now operating which will yet more sensibly increase the numbers of young men who will choose the profession of medicine for the business of life—I refer to that growing confidence which is placed in legitimate medicine over the various forms of irregular practice which have for the past few years received countenance, but now are becoming only a "hissing and a by-word" with sensible people, who are willing to know the truth.

While Military Surgery is opening a wide and attractive field for medical students and physicians, it is desirable, and proper, that medical schools should provide for ample instruction, in this most important department. The general principles of surgery must be applicable in all conditions and under all circumstances, still this will not supersede the necessity of teaching the peculiarities of military surgery in full detail, the most minute instructions in every thing relating to camp, military hospital, and field practice, cannot fail to be interesting and important, indeed indispensible, to the complete education of medical men at the present time.

In this connection and while speaking of its importance and necessity, we take great pleasure in saying, that in this respect the Faculty of the University of Buffalo, have made the most ample provision, and medical men as well as medical students, who propose to engage for a time in military practice, will be interested and instructed in all the essentials of medical military life, and we have no doubt that young physicians who are looking for appointment in the volunteer or regular service, will be most happy to avail themselves of this opportunity. In all our medical schools, doubtless attention will be given to this branch of education since the necessities of the country so imperatively demand it, but we do not hesitate in saying that instruction in this, as truly as in every other department, will be as full, comprehensive and practical, in the University of Buffalo, as in any institution in our country.

This struggle for the maintenance of the best government that was ever instituted on earth, though in many respects oppressive and painful, yet to the medical observer, and in a medical point of view, it presents some of the most pleasant prospects, and gives ground for bright hopes for the future of our profession. We expect in its final issues, aside from political condi-
tions and influences, an advancement in civilization; we expect Americans will learn a truer estimate of real worth, and a heartier contempt for barren pretension; we expect a prize to be offered, not only for loyalty, but for competence and real merit, while a rebuke is given to political rebellion, and medical quackery. By this war we hope, and expect, these two things will be effectually squelched. Indeed, the exclusion of our young quacks from all public position, in the Army, Navy, and elsewhere, has already done much to weaken their faith in the "unknown Gods."

We most heartily congratulate those about to enter the profession upon the "times in which they have fallen"—at length not only those who "minister at the altar," of imposition and deception, but the masses, also, are throwing away their idols, and returning to regard, and appreciate, the regular profession; better inducements are offered to ambitious, well qualified young men, to enter the profession of medicine; the night of darkness, superstition and ignorance has already in some degree passed away, and we think we see the dawning of a more glorious day for legitimate medicine.

SELECTIONS FROM MEDICAL WORKS.

Prolapse of the Funis.—Dr. T. Gaillard Thomas, in a lecture on the prolapse of the funis, published in the September number of the American Medical Monthly, speaks of the mortality of this complication, and gives the following results of the postural treatment of this accident.

"Mortality.—As far as the life of the child is concerned, there are few complications more dangerous than this, and certainly there is none which to the obstetrician brings more mortification and annoyance. Should convulsions or rupture of the uterus, with their very evident and terrible dangers, destroy the child, all can see and appreciate how such a result should naturally have occurred. But not so when an apparently insignificant part, which can readily be returned to the uterus, has been displaced; many a time will the practitioner doubt, lest he may have been wanting in mechanical ingenuity or activity of interference, and still more often will the bereaved parents and friends do so. The mortality of this accident is truly appalling. Of 355 cases of prolapse collected by Dr. Churchill, 220 children, considerably over one-half, were lost, and many of them after the mother's safety had been jeopardized by version or the application of the
forceps. In 107 of these cases version (a most dangerous operation) was performed, and in 37 the forceps were applied.

Frequency.—With such a mortality, it is fortunate for the statistics of our art that this accident is not of frequent occurrence. To use the words of Velpeau, we may say that, "without being rare, prolapse of the funis is not very common," and we may have a definite idea concerning its comparative frequency by bearing in mind that it occurs a little oftener than transverse presentation. In the excellent statistical tables of Dr. Churchill, it is stated to have occurred 401 times in 98,512 cases, or about $1245\frac{1}{2}$. in M. Schure, of Strasbourg, states it as 1 in 265; and Michaelis, of Kiel, as one in 282.

In the year 1856, I commenced some investigations into this subject, and proposed a plan by which I felt very positive that the difficulties attending the accomplishment of this indication might be overcome. It was not, however, until two years afterwards that I was able to obtain clinical evidence of the correctness of the theory; and then having done so, I had the honor of reading an essay upon the subject before the Academy of Medicine of this city.

The philosophy of the proposed plan rested upon the facts which I now proceed to develop. You are doubtless aware that the axis of the uterine cavity, in advanced pregnancy, runs markedly from before backward and above downward; that when the pregnant woman stands erect the fundus uteri tilts forward, and that the proper axis of the organ is in coincidence with a line running from the umbilicus (or a little above it) to the coccyx. Now place the woman on the back, and you will readily perceive that the organ offers to the slippery cord on every side an inclined plane, down which to slide into the vagina. This is likewise true when the woman lies on the side, though not quite in so marked a degree. The direction of the uterine axis then, and the lubricity of the cord, are the causes for the unfavorable results attendant upon the accomplishment of the first of the indications which we have mentioned as an important one in treatment of this accident.

If by any means you could change the uterine axis so as to make it act in an opposite direction, it is evident that the slippery nature of the cord, so far from being detrimental, would be absolutely beneficial, and thus we would have overcome both the evil conditions with which we started out, and even made them useful to us.
Examine the diagrams given on the next page, and you will at a glance perceive that the desirable end may be accomplished by placing the woman on the knees and bowing the body forward upon the elbow, in the posture assumed by Eastern nations in devotion. By such a posture the axis is almost turned upside down, and the slippery cord will roll towards the fundus by the same law which brought the apple of Sir Isaac Newton to the ground.

During the last two years, I have not, I regret to say, industriously collected cases treated in this manner. Such as have been reported to me, I here exhibit to you by a table; guarding you, however, against the belief that a full resume of the results of the method are therein embodied. It will, at least, serve to show you that in many cases the method has been successful, and I own to the intenpest gratification in thus recording the number of lives which have been saved by it.

<table>
<thead>
<tr>
<th>OBSTETRICIAN</th>
<th>No. of Cases</th>
<th>Failed</th>
<th>Succeeded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Livingston, N. Y.</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; G. T. Elliot, &quot;</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>&quot; Garrish, &quot;</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; Vanderpoel, &quot;</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; P. Van Buren, &quot;</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; Underhill, &quot;</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>&quot; Meminger, S. C.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; J. R. Wood, N. Y.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; W. O. White, S. C.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; W. C. Rogers, Green Isl'd, N. Y.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>&quot; Worcester, N. Y.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>&quot; Schmitt, N. Y.</td>
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<td>1</td>
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<td>&quot; Norton, &quot;</td>
<td>1</td>
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<tr>
<td>&quot; Ferguson, N. Y.</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>&quot; Ramsbotham, London, &quot;</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>&quot; Thomas, N. Y.</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>&quot; Brander, &quot;</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>&quot; Hawthorne, N. O.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; Furman, N. Y.</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
<td>&quot; McLeod, N. Y.</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>&quot; Noeggerath, N. Y.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>&quot; Martin, &quot;</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>&quot; Woodhull, N. Y.</td>
<td>1</td>
<td>1</td>
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<td>&quot; Elsberg, N. Y.</td>
<td>1</td>
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<td>&quot; Bibbins, N. Y.</td>
<td>1</td>
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<tr>
<td>&quot; W. T. Brown</td>
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<td>&quot; Mendenhall, Ohio</td>
<td>1</td>
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<tr>
<td>&quot; A. K. Gardner, N. Y.</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
<td><strong>10</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>

To the Author.
To Harveyan Circle.
To the Author.
To the Author, by Dr. Bronson.
To Harveyan Circle.
To Charleston Medical Journal.
To the Author.
To the Author, by Wm. Hall, Wilmington, N. C.
Reported to Author, by Wm. Hall, Wilmington, N. C.
Cincinnati Lancet.
To the Author.
Contributions to Midwifery.
American Medical Times.
To the Author.
Cincinnati Observer.
Cincinnati Lancet.

In justice to the method which I am now describing to you, (and which I have called the "postural treatment," I must say that several of the cases of failure were due to the improper way in which it was followed out, or to some such complication as malpresentation, deformed pelvis, or placentia previa. This, however, by no means applies to all.)
Treatment of Ingrowing Toe-Nail by Perchloride of Iron.—This painful affection, which has seemed to obstinately resist all treatment for its radical cure short of excision, is said to be permanently relieved by the application of perchloride of iron. The suggestion is from M. Wahn, Physician of the Military Hospital at Nice, and is published in the Gazette des Hopitaude. M. Wahn gives the following account of his experience in the treatment of his own case:

"I was struck with the idea that, if I could dry up or even tan the diseased surface, so that the ulcer might be converted into a firm surface, capable of resiting the cutting action of the edge of the nail, I might obtain a complete cicatrization, and consequently a cure. Running over in my mind the most energetic tanning substances, I decided on employing the perchlorure de fer. I obtained some in a powdered form, and insinuated it as deeply as possible between the free edge of the nail and the ulcer. I felt almost immediately a moderate sensation of pain, accompanied by a feeling of constriction and a strong, burning sensation. A quarter of an hour after I attempted to walk, and, to my great satisfaction, I found I could bear my weight on my foot throughout its entire length without the least pain—a thing which I had not done before for many months. The following day I carefully examined the diseased parts, and found them mummified and as hard as wood. I applied a fresh quantity of perchlorure de fer, which I allowed to remain for a quarter of an hour; but I have reason to believe this application was useless, as the mummification was complete by the first process. I continued to walk without the least thought of ongle encarné, and about three weeks after was able, by means of a pediluvium, to remove the hardened layer of skin, under which I found a tissue of new formation, which perfectly resisted the pressure of the edge of the nail. Shortly after the whole had returned to its normal condition, and, since, more than two years have passed without a return of the disorder."—Boston Medical Journal.

Expulsion of Tania by Copper.—Dr. Thienemann, of Prussia, says that he has invariably succeeded in expelling tape-worm by oxide of copper, administered in one-grain doses four times a day. The doses, he says, may be much increased without bad effect.—Medical and Surgical Reporter.

Sickness in the Rebel Army.—A recent copy of the Charleston Mercury contains an editorial article, in which it speaks of the bad food furnished by
the Commissariat at Richmond. It speaks of "fifteen thousand now lying sick, scattered all around Manassas." It adds that the Commissary Department "furnish raw wheat flour, and leave the poor soldiers to work it into dough, which has proved more fatal to the army than Yankee rifles and cannon." In the same paper it is also stated that "the number of disabled volunteers in Richmond increases with each day's arrival from Manassas. On Sunday, the Central cars brought down 100 of the sick, who were immediately distributed in the different hospitals. An arrival on Monday morning added 150 patients to the list."—Medical and Surgical Reporter.

Cystorrhoea vs. Matrimony.—A correspondent of the Nashville Journal of Medicine and Surgery, in the May number of that Journal says, that for two years he was troubled with cystitis. Several "eminent physicians" were consulted, and a variety of treatment brought to bear upon the case, among which were injections into the bladder of a solution of nitrate of silver, twenty grains to the ounce.

He was advised by his physician not to marry; but, after being treated ineffectually for two years, he disregarded the advice in this particular. He says: "In less than three weeks after I married, the disease was entirely well, and I have had but very few slight symptoms of the affection since, (now, about a year.) It seemed to reduce all excitement and produce an equilibrium in the system that acted like a charm."

We think the non-professional treatment would be less disagreeable than injections into the bladder of a solution of nitrate of silver, twenty grains to the ounce! But should a married man unfortunately be afflicted with cystitis, what is the remedy? Must he marry again?—St. Louis Medical and Surgical Journal.

"Charm Doctors."—A correspondent in New England writes us that there are in his region a set of quacks styled "charm doctors," who sell charm receipts at from ten to twenty-five dollars each. He sends us the following as specimens:

1. For the Bite of a Mad Dog.—Say, lemus, lamus, remus, ramus, axilogue.

2. Charm for those who are Mad—Man or Beast—The hair being cut off, lay betony to the mould of the head, then write these words on a piece
of cheese, antarbragan, tetragrammaton, and give it to the party so diseased.

3. Charm for the Ague.—Take a crust of bread and write on it in a legible hand the following words: Calinda, calindum, calindant, after which eat the crust.

4. Charm for the Headache.—A sure cure: Tie a halter about your head wherewith some one has been hanged. Our correspondent wickedly suggests that it be tied a little lower down—of course he refers to the seller of the charm.—Medical and Surgical Reporter.

Buffalo, October 25, 1861.

Dr. Miner—Dear Sir:—The following is the case of prolapse of the funis, related to you last evening, in which I followed Dr. T. Gaillard Thomas' mode of reduction. I comply with your request to furnish the case for publication, as an evidence of the great value attached to Dr. Thomas' recommendation, as a real improvement in the treatment of the accident, and for the purpose of calling attention to it in this practical manner.

Mrs. R. was taken in labor on the 22d inst., at 7 o'clock in the morning; there was not much pain until the water suddenly discharged at 8 o'clock, bringing down with it a large loop of the cord between the head and the pubis; I was not sent for until this occurred; it was full three quarters of an hour before I reached the house; I found the patient in great trepidation, knowing that something was wrong, but not exactly its import; the pains were short and sharp, but not expulsive; the os-uteri had nearly reached its full dilatation; the tonic contraction of the womb in the interval of the pains was very marked, holding the head of the child firmly down into the superior strait, and from which any moderate lifting force with the hand was insufficient to disengage it sufficiently to permit the passage of a finger between the head and the bones of the pelvis; the pulsation of the cord was slow, (about 80,) thready and unequal when the pains were off, and totally interrupted when they were on.

I first attempted the replacement of the cord while my patient was lying on her back, but without success; I had her then turn on to her knees, with the thighs at right angles to the body, and resting also on her elbows and shoulders on the pillows; I introduced my hand and returned the
cord past the superior strait; but here, as when she was lying down, I encountered difficulty arising from the unusually firm contraction of the womb, keeping the head well engaged in the superior strait; but after a little delay I noticed a relaxation of this contraction just before a pain, allowing the head to recede out of the strait, and taking advantage of this the cord was readily returned; but a pain coming on forced it down as before; again after some delay there was a partial relaxation and recession of the head, during which I passed the cord down beyond the promontory of the sacrum and well about the neck of the child; it did not again come down; the delay connected with these efforts, did not exceed fifteen minutes; I kept the patient on her knees for a few pains after the return of the cord and then permitted her to lie down; the head came slowly down and the labor was not completed for over an hour; there was of course no further interference; the child was still-born; this I attribute entirely to the pressure, the cord was subjected to, for the hour after it came down, interfering with its circulation too greatly, and too long, for the safety of the child; had I been present at the moment it came down, I could undoubtedly have replaced it much more quickly and readily than I did do, and have been successful in saving the child; the success I had in returning the cord was entirely due to the position in which I placed the patient, and which I believe was first brought to the notice of the profession by Dr. Thomas. Due credit should be given him for his truly important recommendation.

Very truly yours, &c.,

GEORGE N. BURWELL.

INFORMATION FOR PERSONS DESIROUS OF ENTERING THE MEDICAL STAFF OF THE ARMY.

No person can receive the appointment of Assistant Surgeon in the Army of the United States, unless he shall have been examined and approved by an Army Medical Board, to consist of not less than three Surgeons or Assistant Surgeons, to be designated for that purpose by the Secretary of War; nor can any person receive the appointment of Surgeon in the Army of the United States, unless he shall have served five years as an Assistant Surgeon, and unless, also, he shall have been examined by an Army Medical Board, constituted as aforesaid.
Boards of Medical Examiners are convened at such times as the wants of the service render it necessary, when selections are made by the Secretary of War of the number of applicants to be examined for appointment of Assistant Surgeon. To the persons thus selected, invitations are given to present themselves to the Board for examination. These invitations state the time and place of meeting of the Board.

Applicants must be between twenty one and thirty years of age. The Board will scrutinize rigidly the moral habits, professional acquirements, and physical qualifications of the candidates, and report favorably in no case admitting of a reasonable doubt.

The Board will report the respective merits of the candidates in the several branches of the examination, and their relative merit from the whole; agreeably thereto, if vacancies happen within two years thereafter, they will receive appointments and take rank in the Medical Corps.

An Applicant failing at one examination, may be allowed a second, after two years; but never a third.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable pre-requisites to appointment; but those who are approved and receive appointments, will be entitled to transportation on obeying their first order.

The pay and emoluments of Surgeons and Assistant Surgeons are as follows: Assistant Surgeon, under five years' service, $53.33 per month. Rations, per month, $36; forage allowed for one horse, $8 per month. One servant, $12 per month; clothing for servant $2.50 per month. Servant's rations, $9 per month. Total amount for servant $23.50 per month. Total amount receivable, $120.83 per month.

Assistant Surgeon, over five years' service, $70 per month. Rations per month, $36. Forage for one horse, $8 per month. One servant, $12 per month. Clothing for servant, $2.50 per month. Rations for servant, $9 per month. Total amount for servant, $23.50 per month. Total amount receivable, $137.50 per month.
Total amount receivable by Assistant Surgeon, of over ten years' service, $173.50 per month.

Surgeon under ten years' service, $80 per month. Rations, $36 per month. Total amount for servant, $47. Aggregate amount receivable, $187 per month. This includes the allowance for horses and servants.

Surgeon over ten years' service, $80 per month. Rations, $72 per month. Total amount for servants, $47 per month. Aggregate amount receivable, $223 per month.

The allowance for forage and servants is only paid to the Surgeons and Assistant Surgeons when they actually employ and keep in service the number of servants and horses charged for.

In addition to the above, Surgeons and Assistant Surgeons are allowed an additional ration per day, after the termination of every five years' service.

War Department, January, 1860.

REVIEWS.


"No organs in the human body play a more important part in the economy of life and health than the kidneys—their office is the depuration of the blood. In however slight a degree their function is interfered with some untoward effects are produced. These may often be barely noticed and easily recovered from; in many instances, however, although disregarded at first, they are sure of their ground, hard to be dislodged, and too frequently insidious and widely and surely destructive. The more open and overwhelming attacks of disease, which, by rapidly disabling the kidneys and extensively injuring their tissue, at once and distinctly tell upon the constitution, reveal in plain characters the close connection between the vital torrent and its purifying agents.

The subject, as proposed by the Trustees of the Fiske Fund, necessitates, first, the enumeration of "the elements of the urinary secretion;" and secondly, the recital of the effects produced by the undue "retention" of each of them in the blood."
By the expression "elements of the urinary secretion," as here used, we understand its constituents in a state of health. These constituents, by a vital law, are to be eliminated from the blood; and their retention therein, beyond a certain time, will certainly cause "morbid effects."

The following enumeration of the urinary elements is taken from one of the latest and most reliable authorities. The analysis is made up from an average of the composition of all the urine passed in twenty-four hours. *Average quantity* from twenty-four hours, 1400 to 1600 cubic centimetres; 49 to 56 fluid ounces. *Average specific gravity*, 1.020. *Mean amount of solids*, 55 to 56 grammes (a gramme is 15.4440 grains, English.)

**Constituents.**

<table>
<thead>
<tr>
<th>Constituent</th>
<th>Average, Quantity from 24 Hours</th>
<th>Average Specific Gravity</th>
<th>Mean Amount of Solids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>1345 to 1534 grammes</td>
<td></td>
<td>1.020</td>
</tr>
<tr>
<td>Urea</td>
<td>39 to 40 &quot; 463 to 617 grs.</td>
<td>or 7.5</td>
<td></td>
</tr>
<tr>
<td>Uric Acid</td>
<td>0.5 &quot; or 4.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creatine</td>
<td>0.3 &quot; or 0.5</td>
<td></td>
<td></td>
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<tr>
<td>Creatinine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sarkine</td>
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<td></td>
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<tr>
<td>Unrematine</td>
<td>undetermined.</td>
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<tr>
<td>Uroxanthine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hippuric Acid</td>
<td>0.5 &quot; or 7.5</td>
<td></td>
<td></td>
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<tr>
<td>Chlorine</td>
<td>6 to 8 &quot; 92 to 123</td>
<td></td>
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<tr>
<td>(or Chloride of Sodium</td>
<td>10 to 13 &quot; 154 to 200</td>
<td></td>
<td></td>
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<tr>
<td>Sulphuric Acid</td>
<td>1.5 to 2.5 &quot; 23 to 38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphoric Acid</td>
<td>3.66 &quot; 56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potash and Soda</td>
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<td></td>
<td></td>
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<tr>
<td>Lime and Magnesia</td>
<td>undetermined.</td>
<td></td>
<td></td>
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<tr>
<td>Earthly Phosphates</td>
<td>1.28 grammes, 19</td>
<td></td>
<td></td>
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<tr>
<td>Iron</td>
<td></td>
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<tr>
<td>Ammonia</td>
<td>0.7 grammes, 10</td>
<td></td>
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<tr>
<td>Trimethylamine</td>
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<tr>
<td>Carbonic Acid</td>
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<tr>
<td>Phenyllic Acid</td>
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<tr>
<td>Damaluric Acid</td>
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"The minor estimates account for 48 out of 55 grammes of solids, the larger estimates for 62 out of 66 grammes of solids."—Thudichum, op. cit.

From an examination of the above table, in connection with the requisitions of the subject, it will be evident that we have only to indicate the pathological effects arising from the undue retention in the blood, of the following constituents of the urinary secretion: Water; Urea; Uric Acid; Creatine; Creatinine; Hippuric Acid; Chlorine; Chloride of Sodium; Sulphuric Acid; Phosphoric Acid; Earthy Phosphates, and Ammonia. The other ingredients of the urine, mentioned as being found in "undetermined" proportions, cannot enter into the list, in a practical consideration of the subject."

We have thus far quoted the author, for the purpose of showing our
readers something of the general character of this Essay, and to give the topics which are discussed in a very full, comprehensive, and complete manner.

The author shows a most familiar acquaintance with the various subjects brought under consideration, has quoted largely and fully what has been written by others, and has expressed his own views in a clear, plain, scholarly style, making a valuable book of near 100 pages, which should be in the hands of every physician who desires to possess the gist of the whole matter in a readable book, of practical value.

BOOKS RECEIVED.


Medical Jurisprudence. By Alfred Swaine Taylor, M. D., F. R. S., Fellow of the Royal College of Physicians; Hon. M. D. Univ. St. Andrews; Member of the Royal College of Surgeons; and Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Fifth American from the Seventh and Revised London Edition. Edited, with additions, by Edward Hartshorne, M. D., one of the Surgeons to the Pennsylvania Hospital. Philadelphia: Blanchard & Lea, 1861.

CHANGE IN THE STATIONS OF BUFFALO PHYSICIANS IN THE WAR.

We think that our home subscribers will be pleased to keep posted in the fortunes of our Buffalo Surgeons in the government service. Since our last the following changes have been made in their stations:

Dr. N. L. Bates has been transferred from the Naval Hospital, Brooklyn, to the New Gun Boat Seneca, 8 guns, and sailed with the great expedition for — Sesesh.

Acting Assistant Surgeon G. J. Sweet, has been ordered to the purchased steamer "Isaac Smith," and has sailed with the squadron.

Dr. Flagg returned on a visit, from a cruise in the Gulf, but was suddenly ordered off on his ship, in pursuit of the fugitive ambassadors from Jeff's Kingdom. The Dr. saw Dr. Whitehead at Key West, on a store ship. He was looking well and had gained flesh.
Dr. Howell was at Pass L'Outre, (on the "Richmond,"') he had had a severe attack of pulmonary hæmorrhage, but was recovering. It also affords us pleasure to record the names of two other graduates of the Buffalo Medical College, Dr. F. J. Bancroft, who has successfully passed the Army Medical Board, and is Assistant Surgeon in that branch of the service, and Dr. Charles S. Boynton, Assistant Surgeon U. S. Gun Boat service, on the Western Rivers.

MEDICAL NOTICES.

The Lecture, Introductory to the Course of Medical Lectures in the University of Buffalo, will be given on Wednesday, November 6th, at 10.30 A. M., in the Amphitheatre of the Medical College, by Prof. J. R. Lothrop. Doors open to the Profession and to all friends of the Institution.

BUFFALO MEDICAL ASSOCIATION.

The regular meetings of this Society, for medical improvement, are held the first Tuesday evening, of each month, at the rooms, No. 7 South Division street, commencing at 7.30 P. M.

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Report of Deaths in the City of Buffalo for the month of August, 1861.

Accident 8, Apoplexy 1, Asthma 1, Cancer 1, Cholera Infantum 8, Cholera Morbus 5, Cholera 1, Consumption 17, Convulsions 16, Debility 5, Delirium Tremens 1, Dentition 1, Diarrhœa 9, Disease of the Brain 3, Disease of the Heart 3, Disease of the Lungs 1, Disease of the Spine 1, Dropsy 3, Dropsy of the Brain 5, Dysentery 6, Erysipelas 2, Scarlet Fever 11, Typhoid 5, Gangrene 2, Hemorrhage 2, Inflammation of the Brain 6, Inflammation of the Liver 1, Inflammation of the Lungs 6, Inflammation of the Lungs Typhoid 1, Inflammation of the Peritoneum 1, Inflammation of the Womb 1, Lead Colic 1, Marasmus 6, Old Age 3, Paralysis 1, Premature Birth 1, Whooping Cough 18, Softening of the Brain 1, Still Born 2, Unknown 8. Total 213. Under 1 year of age 88. Between one year and twenty 73. Between twenty and fifty 35. Over fifty 17. Ages unknown 3. Males 106. Females 103. Not given 4. Total 213.

J. WHITAKER, Health Physician.

Reports of Death in the City of Buffalo, for the month of Sept. 1861.

Accidents 15, Anemia 1, Aneurism 1, Apoplexy 1, Cancer of Breast 1, Cholera Infantum 41, Cholera Morbus 2, Concussion of the Brain 1, Consumption 19, Convulsions 20, Croup 1, Debility 4, Delirium Tremens 2, Dentition 2, Diarrhœa 8, Disease of the Brain 5, Disease of the Heart 3, Disease of the Liver 1, Disease of the Spine 1, Diphtheria 1, Dropsy 1, Dropsy Abdominal 1, Dropsy of the Brain 1, Dysentery 24, Fever Intermittent 1, Fever Puerperal 1, Fever Scarlet 6, Fever Typhoid 1, Fever Typhus 1, Hemorrhage from Lungs 1, Hemorrhage from Womb 1, Inflammation of the Bowels 2, Inflammation of the Brain 1, Inflammation of the Lungs 2, Inflammation of the Lungs Typhoid 2, Inflammation of the Peritoneum 1, Intemperance 3, Marasmus 1, Old Age 1, Premature Birth 1, Whooping Cough 13, unknown 6. Total 203. Still Born 9. One year and under 73. Between one year and twenty, 66. Between twenty and fifty 42. Over fifty 16. Ages unknown 5. Males 112. Females 88. Not given 2. Total 202.

J. WHITAKER, Health Physician.
ART. I.—Address given at the Buffalo Medical College, Introductory to the Course of Lectures for the Term commencing Nov. 8, 1861. By J. R. Lothrop, M. D. Lecturer on Materia Medica.

Gentlemen of the Medical Class:

The course of time brings us together to renew the consideration of subjects appropriate to this place. The swift years bear us on from one annual renewal to another, with a rapidity which seems accelerated as each succeeds the other, and which forcibly impresses upon us the brief period of opportunity in comparison with the vastness of the work to be done.—Those who in the years that have gone, have met here, came and went with the same purposes with which most of you have come and will go. A few who were here last year, have gone out, in this day of our country's need, to answer its requirements, with willing hearts, in a service which brings them among armed men, and it may be in the scenes of battle and of danger.

Our studies here which prosper best in the benign atmosphere of peace, yet fit us for services which war demands as well as peace, and while their general tendency is humanizing they are not inconsistent, as we have lately seen, with that heroism, which follows duty, though in the face of peril.—The distant mutterings of war and conflict, though they do not directly disturb our peaceful pursuits, agitate every loyal breast, and impress upon us a sense of duty to physical infirmity and suffering, which may lead to...
the very field of strife and danger. The influences which come from the
great events now passing, strengthen the feelings which actuate every ear-
nest professional man, to be true to the great purpose of his life, wherever
it may lead, or whatever it may bring.

But, gentlemen, our winter's labors are before us, and whatever they may
bring in the future, our present ambitions should relate to them. The
field is broad, and though some have wrought longer and gained more
than others, we are all students, and our objects and ends being the same,
the distinction between older and younger is one of time and progress,
rather than of aims. All are probably far behind the possibilities of unre-
mitting study; for few make the most of themselves. But between him
who has received his degree and him who has not, the distinction seems
wide. The practical comes in to make the difference. It might be called
the distinction between acquiring and applying, but this is not all, for
though applying, the one is always acquiring, and the other while acquiring
is in some sense applying. But there are to the practical physician con-
siderations pertaining to his own personality, apart from his professional
fitness, which the student does not experience, nor is he troubled with the
uncertainties both as to diseases and remedies which the other encounters.
He sees only the attractions of a science, which at every step of his pro-
gress presents new truths, and bears him on with a steady current of in-
terest and novelty.

The mind is pleasantly excited with the daily acquisition of knowledge,
which has almost the charm of discovery. As we climb the mountain at
each step there opens upon the admiring sense a broader and more magnifi-
cent expanse—so the student as he rises in knowledge and his intellectual
vision expands, experiences pleasures alike exciting and elevating. It is a
delightful period of generous enthusiasm and emulation, which will ever be
remembered in the more care-burdened period of life, as one productive of
the best influences on the mind and character. It is well then that you
should have it now, for your prime object, to become acquainted with the
scientific rather than the practical part of medicine, and you will find that
to him who is in earnest, in his work, science is not chary of its grand and
fascinating truths.

In our admiration of the vast and imperishable structure which modern
intellect, research and industry have reared, we are apt, in our exultation, to
give ourselves over to the feeling that we are close on to perfection, and to
rest upon what is already known. Such a feeling is too strikingly at vari-
ance with the whole spirit of medicine, which is so nobly progressive, and can bring nothing but injury to it. Such complacent partiality is not less destructive to progress than indolence or obstinacy, for it is as bad to feel that there is nothing to learn, as to waste or reject the opportunity to do so, as either tends to stagnation of mind. Besides being harmful and unprogressive in its tendency, this notion of perfection is wholly unfounded, our knowledge in some of the departments of medical science being as yet very incomplete.

But before we take into consideration the present state of the science, it will not be without interest to speak of its progress from the earliest periods. As we go back we do not find much that is definite before the time of Hippocrates, 400 years, B.C. Whether it was the excellence or the absence of the medical art which gave to the antideluvians their length of days, is more than can be now stated. Even after the flood, in those nations which kept the feeble fire of knowledge alive, we find but slender traces of any system of medicine. The medical art consisted mainly in incantations and religious ceremonies. There was a belief in charms, and amulets were worn not as in modern times for ornament, but from a belief in their health-giving powers. The stars were thought to be potent over the diseases as well as the destinies of men, and they invoked the aid of astrologers to read their portents, if not to avert their power. Some rude art there probably was, some vague idea of disease and some limited use of remedies, but as disease was believed to be due to supernatural causes, as among the Greeks to the anger of the Gods, so the means of averting and curing it were of a nature suited to the belief of its origin, such as charms, rites and superstitious observances. We could not look for progress in the midst of so much superstition. The efforts of Esculapius were undoubtedly altogether human, and he probably brought some remedial means, other than mere mystical rites to bear on disease; and all the fables of his divine origin sprang from the prevalent belief, that as disease was of divine origin, divine agency could alone cure or avert.

The Jews added but little to medical science, and even the very wisdom of Solomon was not above the use of charms. Hippocrates first gave form to medicine and furnished it with a set of rules—though his works, amidst much that is practical, contain a great amount of worthless and erroneous matter—"exceptional truths, vulgar observations, even errors and contradictions." But it is a proof of his great genius, that he obtained a complete authority over the medical mind of succeeding ages, and he has given
some lessons in observation of disease which have never been surpassed.—
Great as his sagacity and genius must have been, he probably was not
independent of the labors of some who had preceded him, for the great
minds of any age are not wholly original, and create the knowledge which
they leave; there are always some humbler labors, or some antecedent in-
tellectual tendencies which give aid and direction. But still the beginning
of our science must date from him. The medical mind took its direction
from him, and some centuries later, 200 A. D. Galen taught his doctrines
and extended his authority, in fact, assumed his place and exercised an
authority almost absolute over medicine for 1200 years. During the period
between these two great men, the science of anatomy was considerably ad-
vanced, though most works of the time were lost by the burning of the
Alexandrian Library. Galen taught and wrote on anatomy, physiology and
hygiene. He had some idea, though not a true one, of the motion of the
blood, for he believed the veins carried the blood from the heart, and that
the ventricles communicated directly. He was altogether a man of great
genius and profound learning. The best evidence of this is, that men of
undoubted intelligence taught his doctrines, unfounded as they were, with
eutre conviction of their truth, and not till anatomy began to be more
thoroughly studied, and men began to see with their own eyes, did this un-
questioning acquiescence cease, and his influence wane. Those who followed
him for centuries, were mere imitators, and added nothing; in fact, it was
fortunate if medicine maintained its state, in the midst of the darkness and
mental stagnation which succeeded. Bacon in his time, called medicine,
rather circular than progressive, for he found great repetition and but little
new matter in the writers of physic.

We can, in view of the freedom of thought and the spirit of inquiry
which characterize our times, with difficulty conceive of the courage which
was necessary to encounter the fixed beliefs of the time, so that even Har-
voy hesitated to publish his discovery, fearing the assault and ridicule
which it actually met. It is a wonderful instance of mental servility, and of
the pernicious influence of an error once taken for granted, that men saw
the opening between the ventricles of the heart which Galen asserted to
exist. Till within 300 years there was very little medical inquiry, and for
a century previously, false science prevailed, extravagant and wild theories
arose, and sects founded upon some single notion of the nature of disease
or the operation of remedies absurd and erroneous, existed. They were
many of them feeble and unprofitable protests against the dominant doctrines
Such were the wild dreams of alchymy—searching for the philosopher's stone and the elixir of life, the former of which afforded but little satisfaction to the seekers, and the latter proved of but little value when claimed to have been found, for Paracelsus, who professed to have discovered it, is said to have died with a bottle of it in his pocket. One of the alchemists has left the following record of his experience in the search,—“having lost the time and money which you have devoted to it, you will find yourself old, ragged, hated, famished, always smelling of sulphur, soiled with sweat and charcoal,—paralytic with frequent manipulations of quicksilver—gaining nothing but a running nose—in a word, so unhappy that you will be willing to sell your body, and even your soul.” But this period of imitation, ignorance, and intolerance began gradually to disappear, and a more liberal and enterprising spirit was brought to the study of medical science. In the fourteenth century anatomy began to be studied with more accuracy and a true knowledge of the structure of the body to be gained, and in this and the following century, many discoveries were made. During this time medicine has among its great names, those of Varolius, Sylvius, Fallopius, Eustachius, Fabricius and Vesalius. The last named, published a great work on anatomy in 1543, in which he was the first to dare the assertion that no opening existed between the ventricles, and was consequently greatly abused. The names of the others are familiar to all students, associated with parts of the body which they first described. In the next century, Harvey announced his great discovery, and medical science may be said to have had a permanent existence. Since then it has gone on with an ever increasing accumulation of discoveries and facts, to its present advanced and perfected state—not complete but enriched with a vast amount of knowledge in its various departments, and with a spirit so liberal, inquisitive, and progressive, that there is reason for an assurance that it will be freed from its uncertainties and be attended with more definite and useful results.

Time will permit to speak only in these general terms of the progress of medicine during the last two centuries. An enumeration of the many discoveries in every department, and a mention of the illustrious names which adorn it, would require more space than is allotted to this brief address.—It is a brilliant period which it is pleasant to contemplate. From what has been said it is apparent that in the beginning medicine was a mere art, and did not and could not become a science till individual facts enough had been collected and arranged to warrant some rules to express what was common to them all. But the art was mere empiricism, and not like the medical
art which now springs from science, and is but the practice of its rules.—
It is apparent too, that like all sciences, it has been influenced by the par-
ticular intellectual direction of the age. The early ages of the world were
full of faith in the fabulous, and medicine was full of mysticism. The
speculative Greek imparted to it the learning of the period which begun
with Hippocrates and ended with Galen, and made it largely theoretical.—
The long night of the dark ages, rather took from, than added to, what the
ancient learning had given it, and when the general mind awoke from the
night of the middle ages, it felt the stimulus of awakened intellect. Then
printing was invented, a new world was discovered, Luther preached,
Copernicus announced the solar system, with the sun for its centre, and
later, Bacon wrote. By the spirit of religious freedom and the growth of
commerce, the intolerance which had weighed heavily on all philosophy and
science was shaken off, and men observed and thought with some indepen-
dence of antecedent authorities. The present is the period of positive
science, and most of the departments of medical science are entered upon
it. But it is yet a great way from perfection. It cannot be called perfect
till the structure and function of every tissue and organ of the human body
shall have been ascertained, and the agents which prevent or remedy all
deviations from healthy structure, or diseased functions, shall have been dis-
covered. The former involves the perfection of anatomy and physiology,
and the latter of therapeutics. But physiology has not yet shown the
function of every organ. It has not yet, perhaps, wholly shaken of the ten-
dency to explain the phenomena of vitality, by the laws which govern
merely physical actions; and by forces which are seen to operate on the world
of matter around us. It is perhaps too much inclined to bring vital opera-
tions, within the sphere of chemical action; but its progress has been truly
wonderful, and from the labors of the earnest and truth-seeking men who
are now giving their minds to it, we may expect greater results. There
can be no doubt that from the direction which enquiry is now taking, and
the methods of investigating phenomena, new discoveries will be made
which will overthrow much that has been hitherto considered certainly
known. Closely allied to it in its progress, and governed by it, is pathology,
which treats of diseased functions, and as our knowledge of organization
and repair which are morbid in character, must depend upon that of
health—therefore it must keep pace with physiology, though it is not de-
ducible from it, for knowing a healthy function will not lead us to infer
correctly what will be its morbid action.
But therapeutics or the treatment of diseases is far from that perfect state, when an agent is known for every diseased action. Its progress is wholly the result of experiment, and as we arrive at particular facts only by repeated observations, we very often find a want of accuracy, or of number in the particular observation which establish them, and many statements pass for facts which have no other foundation than fallacious experience.—We have something to learn of the natural history of diseases, and we are certainly very far from having a perfect understanding of the application and operation of remedies. This brief statement is enough to show the present imperfection of our science, and to show moreover, that the deficiency is in one particular, one that all can assist in removing, for in the establishment of any fact, the larger the number of cases the nearer we approach to certainty. Carefully observed and well arranged cases are important in establishing positive laws of disease, and are within the powers of the great majority of medical men. We must not therefore, accept the idea of perfection and dismiss from our minds the necessity of labor for its further advancement.

But this statement of the progress and present state of medical science, though it is calculated by showing the deficiencies of our present knowledge, to preserve us from that boastful spirit to which there is some tendency—affords us the truest satisfaction, in the reflection that all in our knowledge which has proved of permanent value, which has stood the test of time, and will endure, has been the work of the students of regular medicine.

The various theories which have from time to time claimed attention, have mostly been forgotten, many of them were extravagant—some of them, for the time, widely influenced even intelligent minds—but they have passed away. They depended upon interest or delusion in the originator, and were not the offspring of that love of knowledge for its own sake, which marks the scholar. One, as we believe, erroneous system of comparatively modern origin, still maintains itself extensively in this country, though in the old world, the land of its birth, its influence is on the wane.

At this point the question naturally arises, as our knowledge extends, and undoubted progress is made, as we become more thoroughly acquainted with the laws of healthy and diseased action, is there also corresponding progress in our means for the prevention and cure of disease—the ultimate and final purpose of all our labors. To this it can with truth be replied, that our means of preventing disease and alleviating suffering have very greatly improved, and it is due partly, no doubt, to improved
discrimination, but largely also to improved methods. There is positive evidence that diseases now are cured by both medical and surgical means, which in times past were either very rudely, or not at all cared for. But with all our improvement in treatment, the advance has not been corresponding, for there is no doubt medical science is more advanced than medical art, and that diagnosis is superior to treatment. It is easier to perceive the morbid condition of an organ, or function, than to find means to prevent or cure. Our difficulties are much greater in establishing definite results of treatment, than laws of disease. But in this there is much to encourage, for though the merest empiricism may be often quite successful in dealing with particular diseases, accuracy of diagnosis is essential to rational treatment, and more likely to lead to profitable results.

In the foregoing remarks I have chosen to consider medicine from the scientific rather than the practical side. I hope I have succeeded in showing you the importance of thorough acquaintance with the science. You will not then be inclined to accept the assertion of those who declare, that knowledge of anatomy, physiology, and pathology, is not necessary for the successful practice of medicine. You will, I trust, perceive that an acquaintance with these branches lies at the foundation of your education, for till you are familiar with the structure and functions of the body and their deviations, there can be no sound reasoning or practice. At the beginning of the study of a science which embraces a great variety and amount of knowledge, it requires some judgment to know what not to learn, as well as what one can most usefully acquire—it can be answered generally, study the science before the art, diagnosis before treatment, healthy function and structure before that which is morbid, the general properties of medicines before their special uses.

I would willingly say more in this connection, but I have only time to say a few words on the importance of observation. Your opportunities here include some clinical study. Whatever real benefit they afford will come from the use of your faculties of observation, viz: your senses and your understanding. The use of the senses—the quick eye, and the educated touch are not the whole of it, it needs the mind to guide them. The thinking and the perceptive faculties are both requisite to a good observer. Touch, auscultation and percussion, the microscope, chemical examinations, autopsies, give us isolated facts, but the mind must collect and arrange them before they give us positive laws. But though the senses are not sufficient for true observation, it is quite necessary that they should be rightly used, so that what is seen
may be really seen, and what is felt really felt—for it is not every man who sees or hears rightly. The mind, so to speak, is in the eye, or the ear, or even at the fingers' ends, and these senses instead of informing the mind truly, give it the information it wishes to receive. It is not in this last sense that we are to understand the wise advice of Dr. Latham to his pupils, in the wards of St. Bartholomew's—"it is with your own eyes, and your own ears, and your own minds, and (I may add) by your own hearts, that you must observe, and learn, and profit."

It will be well then to improve every opportunity which offers to observe the course of disease, uninfluenced by remedies when you can, but at any rate arm yourselves as well as you can with those methods of observation, which in any one case cover the whole ground, and leave nothing for any explorer who may come after. It is a want of such thoroughness and discrimination, which is fruitful of failure to many medical men, and fills our science with a host of false facts. One of the causes of the uncertainties of the numerical method of which we hear so much at present, is the utterly untrustworthy observations which provide the separate facts, for to obtain any reliable results we must regard their quality as well as their number.

In conclusion, let me say a few words of the spirit and method which should animate your studies, not only while you follow them here, but throughout your whole professional life, for habits early formed, will have a great influence over your later years. Let me urge you to be thoroughly in earnest, for earnest work is the best work in the world, and whatever direction it takes will make itself felt. The heart should be in the work in order to enlist the whole man. We are never laggards in the tasks we love. Our science has never lacked earnest men, who have exhibited in its pursuit the most sublime heroism. Devotedness is a mighty agency in the world's affairs.

Akin to this is thoroughness. A thing once well learned is worth many partly learned. It is better to go to the bottom of one branch of knowledge, than to skim over the surface of all the branches. In medicine superficial attainments are productive of mischief. If you are not willing to go deeply into a subject, you must ever fall below, even unhonored mediocrity. Thoroughness is the offspring of persistence of purpose which is one element of greatness. Moreover, the doing of one thing well, leads to the habit of doing many things well, the fruits of which in a life-time can hardly be stated. It will not allow you to take knowledge at second
hand, but from the original sources. It is the companion of originality, for there can be no certain originality when the works of others have not been gone over. I am certain that as a class, medical men are as thorough as any professional men, and cultivate as largely, all the powers of the understanding. Dr. Johnson praised them for their general culture. We should strive to merit his commendation when he writes—"the physician is more apt to cultivate all the powers of his understanding, and all the departments of nature together; and has, therefore, been more distinguished for an enlightened and comprehensive view of the various subjects for reason, than any other class of mankind."

The scientific studies make men jealous for truth, and hence they are termed skeptical. Natural science liberalizes the mind; but inasmuch as its truths will bear examination, it begets the habit of questioning all propositions which present themselves for acceptance, but questioning is not always unbelief.

But, gentlemen, to pursue a science in earnestness and thoroughness is no light thing—to be entered upon with a feeble purpose, which soon gives o'er. It requires days and nights of persevering study—systematic industry, careful appropriation of time, and above all, a love of it. Nature remains constant, the laws of life and the mysteries of the human frame were the same 2000 years ago. The capacity for knowing was the same, 'twas the finding out, which was so long wanting. Indeed the capacity for knowing is greater now than what is already found out, therefore, because we can know more, more will be known. We are all anxious to help on the progress of our science, which we can do by endeavoring to find out something new; but let us beware of standing in the way and hindering rather than assisting. By accepting as truth what is not true and adhering to it, we retard its progress. There is no science or department of knowledge which has not felt this retarding influence. We have but to remember how many centuries, the sun and all the company of stars were thought to make a daily revolution around this earth, till Copernicus found out their true motion. Let us question closely the beliefs of to-day, lest we cherish opinions which shall prove obstacles to the progress of science.

The Medical Director of the Army desires that exsection of the shoulder and elbow joints shall be resorted to in preference to amputation, in all cases offering a reasonable hope of success, and that Pirogoff's operation at the ankle should be preferred to Chopart's, or to amputate above the ankle, in cases that might admit of a choice.

Tuesday Evening, Nov. 5, 1861.

The Association met at the usual hour. Present—Dr. James P. White, Vice President, in the Chair, Drs. Samo, Eastman, Rochester, Ring, Kempson, Johnson, Miner.

Minutes of the last meeting read and approved.

Dr. Miner, as substitute for Dr. Whitney, and by his request, proposed Dr. E. P. Gray for membership.

Voluntary communications being in order, upon being called upon, Dr. Kempson remarked, that he had come rather for the purpose of listening than of making any communication. Thanked the Association for the courtesy extended to him, and assured the Society that he should take great pleasure in associating with members of the profession in Buffalo, since located as he was, at Fort Erie, C. W., he had little opportunity of professional intercourse elsewhere, and regarded Buffalo as not only their metropolis of commerce, but also of medicine.

Prof. Rochester related the following case of apoplexy: A gentleman from the country, fifty years of age, visited a sick relative in the city, and was constantly engaged in the care of his sick friend, for a week or more, taking very little food or rest.

On Friday of last week he visited Dr. R. in his office, in apparently his usual health; returned home, completed some letters which he had been writing, when suddenly he clasped his head with his hands, saying, "Oh! my head." He soon became partially comatose, but would reply to questions. The pain complained of, was in the left side of the head, paralysis was of the right side.

Warmth was applied and counter irritation. Croton oil administered, which operated very well; coma increased and he died last evening. Regarded this case as an illustration of the effects of exhaustion and fatigue. This patient had none of the precursory indications of such an attack, had enjoyed usual good health; heart and other organs were healthy so far as ascertained. Dr. R. spoke of the general practice of active depletion in apoplexy, making the distinctions which should be observed in the different forms of the disease, and indicating the more rational treatment.

Dr. Miner related the following case which he had recently visited in
the country, which exhibited evidences of effusion, complicated and modified by some nervous affection resembling more the convulsion of epilepsy than any other disease.

*August 2d, 1861.*—Visited C. S. aged 35, of healthy robust constitution, by occupation a farmer, and accustomed to active labor. Ten years since, he was injured by the falling upon his chest of a barrel of salt, since which time, after unusual fatigue or exposure, has had a peculiar spasm, involving the whole system, and appearing in many respects like epilepsy. The day previous to this visit, had suddenly fallen while working in the field, clasped his head firmly, declaring that some one had struck him, and complaining of pain in the head. He lost in a few hours all power of speech, but could write, and in that way make himself understood; pupil was dilated; conjunctiva congested; voluntary motion slow and uncertain; tongue could only be protruded very slowly and considerably to one side; pulse slow and full; respiration labored; at times a remarkable tonic spasm commencing upon one side and gradually extending over the whole system, would fix and hold for several seconds every muscle; respiration, and as far as could be discovered, the circulation would for the time cease, the patient being immovably fixed, often times in very unnatural position; at length the spasm would gradually relax, a deep inspiration would follow, and a profound sleep or coma would succeed, from which he could not be aroused, but which would pass away, leaving him as before, the whole process lasting half an hour or more.

In a few weeks he visited this city, and while here there was sudden increase of the paralysis of left side. After again returning to his home he was attacked by some acute disease of the throat, which made him very sick, as reported by his wife; during this sickness, and after being unable to speak for two months, he was altogether overjoyed to find on awaking one morning, that he could speak quite plainly. This is the point of especial interest, and the reason for relating what would otherwise seem unworthy of mention.

Cerebral effusion is supposed not unfrequently to occur in the course of convulsions, especially puerperal convulsions and epilepsy, the congestion which is produced, acting as a most efficient cause. Possibly the true character of this attack has not been apprehended, and it may be differently regarded by equally accurate observers. It is difficult to satisfactorily explain the sudden restoration of speech, upon the ground of absorption of effusion, and equally difficult, to account for the phenomena ob-
served, upon any other hypothesis than that of congestion, producing pressure and loss of function, or effusion of either blood or serum.

Prof. White remarked that the subject of serous apoplexy, interested him greatly; recollected visiting, the first year of his medical practice, a man at the Old Eagle Tavern, who had apoplexy. He had been riding for several days and nights; was greatly exhausted, and unquestionably had serous effusion. The patient was bled largely, the practice was approved by his preceptors, and the young physician was highly commended for his energetic and heroic conduct, his active and vigorous treatment; he has long since come to regard it, as exceedingly inappropriate. Dr. W. also spoke briefly of a case treated by Prof. Flint and himself, where they found on arrival at the bed-side of their patient, a practitioner who had been temporarily called, bleeding the patient in a full stream; insisted upon the immediate closure of the vein; regarded it as a case of serous effusion; the patient died. From that time to the present, has made a wide distinction in cases of apoplexy, and desired to call the attention of the profession to the fact, that anemic females were very liable to one form of the disease. Expressed the fear that many physicians were not even now sufficiently aware of the impropriety of indiscriminate bleeding, in cases of this description, or did not carefully discriminate between serous and bloody effusion.

Prof. White reported a case of adhesion of the lips of the uterine outlet from inflammation, occasioned by mechanical irritation in an attempt to procure abortion.

M. W. at the Buffalo Lying-in-Asylum, Oct. 17, unmarried; first pregnancy; menstruated last about the first of January, 1861; quickened in May, and expects to be confined the latter part of October. She confesses to having used a large wire or rod of iron; when three or four months advanced in her pregnancy, for the purpose of procuring an abortion. Says “when the wire was introduced some blood followed immediately, and this flowing was soon succeeded by great pain and tenderness in the lower abdominal region, as well as heat and discharge from the genitalia.

September 24.—The Sister in charge of the ward informs me that Mary has had pains most of the night, and that they are now quite severe. Upon instituting a vaginal examination, no opening could be found in the lower segment of the uterus. By carrying the fingers carefully up to the junction of the uterus with the vagina posteriorly, and bringing them anteriorly to the pelvic symphysis, there could be found only a slight
inequality—a slight elevation or cicatrix, in the lower surface of the uterine tumor. The stethoscope applied to the abdomen showed the fetal heart to be distinctly heard below the umbilicus, upon the left side, and quite low down, and she has all the ordinary indications of having matured her pregnancy. A dose of castor oil was administered, which moved the bowels freely. During the succeeding day and night the pains continued without abatement, and on the 25th, found her quite exhausted with fatigue and sleeplessness. The parts continued without change, except that the uterine neck had been pushed somewhat further down into the pelvis. In the hope that nature, unassisted, would eventually break up the adhesions between the uterine lips and save the necessity of any operative procedure, I directed a large anodyne enema to be given. The pains were lessened, and the patient was able to obtain some refreshing sleep, and take a little nourishment.

During the next three weeks she continued to have recurrences of severe pains, which were permitted to continue until her strength began to fail, when the effort would be made again to control them by anodynes. It required a grain of morphine, and this had sometimes to be repeated, before the gravity of these pains could be so far lessened as to procure sleep. Quinine and beef essence were freely given, and as the pulse and exhaustion did not indicate the danger imminent, interference was postponed from day to day, awaiting an emergency which would demand immediate action. Meantime she was visited by several medical gentlemen, among the number my colleague, Prof. Rochester, who on several occasions made unsuccessful efforts to detect an opening in the lower segment of the uterus.

At length the 16th of October, and the 22d day after the commencement of labor pains, having resolved that something must be done for her relief, I again made a careful vaginal examination. Placing the finger upon what seemed the cicatrix of the os, I made steady, continuous pressure for some time. Upon the recurrence of the pain the pressure was increased until finally the adhesions gave way and permitted the finger to pass into the cavity. She was then left with directions to be sustained by beef essence and brandy until the next morning. Upon examination on the 17th, the orifice was found one and a half or two inches in diameter though yet rigid and cartilaginous. At 3 P. M. the head had cleared the os and descended into the pelvic cavity. The pains being now inefficient and the woman much exhausted, the labor was completed with forceps, the patient being first brought under the influence of chloroform.
She was safely delivered of a male child, weighing 10 lbs. the skull firmly ossified, and presenting all the appearance of a child a month old. From this time, nothing unusual occurred, the woman convalesced rapidly, and both mother and child are now ready to be sent out of the Asylum.

This case suggests several points of interest. In the first place, there can be, in my mind, little doubt that the occlusion was occasioned by the inflammation, superinduced by the mechanical efforts to procure abortion. How often this danger may be incident to the reprehensible, (though truth demands we should add not unfrequent,) resort to such means for procuring abortion, it would be difficult to estimate.

Not the least interesting point illustrated by this case is the absence of danger attending delay in the first stage of labor. For more than three weeks was this woman scarcely free from pain for a moment, and then only partially quieted by large doses of opium, and much of the time she was suffering severely, and yet her labor terminates safely to both mother and child. Had the head descended into the pelvic cavity and entered fully upon the second stage of labor, it could not have been delayed one fortieth part of that time, without endangering the integrity of the maternal tissues lining that cavity, and threatening the life of the child from pressure upon the head.

It will be remembered by several of the members of this Society, that some years since I reported two cases of complete occlusion of the uterus. One of these occurred in the practice of Dr. Charles H. Wilcox, and the other was under the care of Dr. Baker. In both, surgical interference was rendered necessary, and successfully resorted to at a much earlier period. The instance just related will scarcely form a precedent which it would be safe in all cases to follow. It will however, always be well to delay any incisions through the occluded neck, in the hope that nature herself, may open the way, until symptoms are present requiring our interference.

Dr. White called the attention of the Society to the use of "sponge tents," for dilating stricture of the rectum. He had recently resorted to them in the following case, with very gratifying results, and hoped upon further trial by the members of the Society, they might be found useful in many cases of simple stricture, non-malignant in character, and situated near the anus.

Mrs. W. aet 26, was married at 16, had her first child after a severe labor at 19 years of age. Her convalescence was protracted, during which
she suffered from pelvic abscess which left her with fistula in ano. Two years subsequently she was operated upon for fistula by Dr. Bigelow of Boston, with entire relief. Since that time she has been troubled with difficult defecation, growing more and more annoying until now, the fecal matter can be expelled only by great effort, and after taking large warm water injections. When the stools are so consistent as to be moulded by the stricture, they are not larger than a "pipe stem," and are expelled with the utmost difficulty. Her general health has become gradually impaired during the last year, and she now consults me for relief.

Upon making a digital examination of the rectum, a soft stricture is found two or two and one half inches above the sphincter and just at the point where the incision seems to have been made for the cure of the fistula. The point of the finger could not be inserted into it by any amount of pressure which the patient could endure. Being in the habit of using sponge tents for dilating the neck of the uterus, it occurred to me, that they might be made available for the purpose of dilating rectal contractions.—Accordingly I inserted a large and long uterine tent; as far as possible into the stricture; this tent was not more than three lines in diameter; directed her to sit down in a warm bath. In thus applying warm water to the outer extremity of the tent, instead of waiting for the purulent fluids from above to be first absorbed and enlarge the upper end, the difficulty of withdrawal was obviated. The result was highly satisfactory. The tent gradually expanded from below, and so gently, that, soothed by the warm water, she was able to permit its complete expansion before she withdrew it. The relief was so manifest, I was induced the second day after to insert a tent four or five times its diameter, and very firmly made. This, like the preceding, was permitted to completely unfold before removal, and considerably increased the dilatation of the stricture. Two days subsequently a tent measuring a little more than half an inch where it occupied the stricture, was in the same manner introduced and soaked with water until fully expanded. Some difficulty was experienced by the patient in withdrawing the tent on this occasion, in consequence of the part of the tent situated above the stricture becoming saturated and fully expanded. The finger could now be easily passed completely through the stricture, and the indurated edges were found greatly softened and absorbed. She was now furnished with a rectum bougie, the diameter of which is more than an inch at the point where it engages in the stricture, and directed to insert it
frequently to prevent its recontraction. The patient believes herself completely relieved of the local difficulty, and her general health is greatly improved.

Dr. White closed his remarks by expressing the hope that other members of the Society would be induced to make trial of the tents in analogous cases, as he was aware that nothing could be established by a single case, but confessed to great confidence in the success of the plan here adopted.

Dr. Miner thought the means adopted by Prof. White for dilating stricture of the rectum ingenious, philosophical and efficient, certainly in the hands of Dr. White. Had never been greatly pleased with the sponge as a dilating instrument; could not think that the expanding force of a dry sponge from the absorption of moisture could be very great; had never been able to introduce sponge with sufficient force without its bending or breaking; had often thought a conical instrument made of soft rubber more cleanly, durable and efficient. Spoke of the readiness and rapidity with which absorption of the fibrinuous deposit, which is the usual cause of stricture, would sometimes take place, especially in the urethra, when an instrument was passed down so as to press somewhat upon it, even though no dilating process is instituted. Could not offer any experience, in the treatment of stricture of the rectum since it was one of the rarest forms of disease, disconnected with scirrhus, and based his remarks upon his observation in stricture of urethra, which had many features in common with it. Stricture of the rectum treated successfully by whatever means adopted, is of interest and importance, such disease being generally very intractible it being difficult to obtain complete and permanent relief.

Dr. Kempson would quite agree with the remarks of Dr. Miner, that the relation of this case in which the ingenious application of sponge as a dilating medium in the stricture of the rectum, might result in the formation of a very useful instrument by bringing to its aid India rubber. Thought a hollow elastic tube, filled with dry sponge, cut to the proper size, would be easier introduced than sponge alone, and moisture would compel the tube to expand. Dr. K. also related a case of severe injury of the rectum, observed by him while a student of medicine in Kidderminster, England. A robust young man fell backwards upon an inverted blaeaking pot, while in the act of relieving his bowels, with such force as to completely drive it within the rectum beyond the reach of the fingers; the pot was one and a half inches at the top and one inch at the bottom in diameter, and about
three inches high, every effort to extract having failed, the pot was broken and the pieces very carefully removed. The next morning violent inflammation having set in, he was bled largely, and at intervals as many as 60 leeches were applied, however, he sunk rapidly, and died, in fifty hours after the accident. Dr. K. would ask if it had not occurred to any one present, that cases of imperfect or os-uteri were sometimes produced intentionally by the manipulations of physicians, who do not hesitate to depart from the legitimate object of our art, and in order to pander to the lascivious desire of their patients, and allow them freely to indulge in illicit intercourse, have recourse to various methods to bring on adhesive inflammation of the womb and produce a complete closure of the orifice. This is done under the guise of healing ulceration of the neck of the womb, &c., and these cases constitute the great bulk of the practice of a Canadian practitioner who enjoys a high reputation among the best classes in Canada; at least so he is told. If it is so, hoped that these remarks might reach his ear, or his eye, that he may desist from such diabolical practice.

Dr. Miner presented (at the request of a friend who had suggested it,) the most economical tourniquet yet invented; it consisted of a plain strap of India rubber, an inch in width, and half a yard in length; its application was explained, and this very simple instrument represented as possessing many advantages as a tourniquet, especially adapted to some of the emergencies in military practice. Its exceeding economy would make it available for every soldier, who might in this way have always at hand efficient means for temporarily suppressing dangerous hemorrhage; again its usefulness in the hands of the medical cadets in time of action, used for tourniquet or bandage, or as part of the outfit of ambulance carriages was very favorably represented by Dr. M. who summed up its advantages as follows:—Can be more readily and rapidly applied than any other dressing; can be adjusted to suppress bleeding with the greatest certainty, each turn adding as much to the compression as is drawn upon the free extremity; it is compact, cleanly, durable, and in the hands of a good assistant could be very well used as an instrument for surgical operations, though its chief advantages are for more common and temporary uses.

Voted to adjourn until Tuesday Evening, December 3d.

J. F. MINER, Secretary.
ART. III.—Case of Poisoning by Tinc. Aconite, by William Noble, M. D., Albion, N. Y.

I find recorded so few cases of poisoning by Aconite that I presume the following case will not be uninteresting; I therefore copy it from minutes made at the time of its occurrence. On May 25th, 1858 Mrs. S—, one of our most respectable ladies, aged about 57, after pretty active exercise in fixing and moving furniture, during the forenoon, about 12 M., poured from a bottle containing a pint or more of strong Tinc. of Aconite, two, or two and a half ounces, and drank it, supposing it to be currant wine. I saw her in probably forty minutes; she had swallowed two or three ounces of vinegar, vomited freely, and continued to after my arrival. I found her with face flushed and distorted, as if in agony, labored asthmatic breathing with great groaning at each respiration; complained of a choking and suffocating sensation; extremities cold, no pulse in the wrist or carotids, or any perceptible action of the heart; could swallow but with much difficulty, frequent retching and spitting a tenacious slimy sputa, with spasms intermittent from three to five minutes, when a most violent one took place in which the teeth were fixed, eyes set, voice lost, and to all appearance dying. This passed off, and they became lighter, voice and sight returned, which last had been absent since before I came in; then followed for a short time hydrophobic spasms, which prevented her taking anything. Her pains she described as "Agony!" "Oh, such agony!" but said her pain was not acute. "Here, here," she would say, clutching her chest and throat, "I must have something to stop this choking or I shall die," &c., &c. The numbness she declared was all over her; the power over the muscular contractions was very little interrupted, save during the spasms; senses good all the time. At 2.45 P. M. a spasm took place in which she died. She took a small quantity of alcohol, camphor and water, and hot tea, which she begged for—externally constant frictions, mustard sinapisms, hot foot baths and horse-radish leaves, which produced warmth once or twice, but it could not be retained; they served to keep respiration up, but no re-action of the heart.

As to the strength of the aconite, it was prepared by A. I. Mathews & Co., for a gentleman who used it as an external application for neuralgia, and from using it I believe it as strong as any tinc. made of the
root, a drop producing numbness of the tongue, and its peculiar effect for a long time upon the mouth. If any treatment could give the slightest hope in such a case, I would be glad to have it made known.

ART. IV.—Cases of, and recent Operations upon, Necrosed and Carious Bones.—By J. F. Miner, M. D.

My attention having been recently called to several cases of diseased bone, of long standing, which have been very successfully removed by operation, I have thought a brief history of some of them, and the results of treatment, might interest sufficiently, to be worthy of publication; this I am induced to do from the extreme frequency of necrosis, and caries, and the prevailing reluctance in surgeons to attempt its removal.

The severity of the operation, and the uncertainty which generally prevails as to the exact condition and character of the disease, and the tedious, and slow recoveries, which must generally follow, have no doubt induced many surgeons to advise delay, rather than the adoption of operative measures for relief; yet perhaps in no department of surgery is greater satisfaction afforded, or more pleasant results obtained, than in carefully considered, well performed operations for removal of diseased bone.

Capt. Stephen Champlin of Buffalo, aged 72, was wounded near Mackinaw, Sept. 3d, 1814, by a canister shot, a 1½ ounce iron ball passing through the thigh bone, near the middle, and remaining in the muscles eighteen days, during the three first of which, he was exposed in an open boat, without surgical aid. In November following after the ball was extracted, he was placed in a vessel and sent to Erie, Penn. In about five months he was so far recovered as to be able to travel by stage to Norwich, Conn. During the summer was examined by many eminent surgeons, among others Dr. Mott of New York, and was advised by all, to postpone operation, as but little pain was suffered and the discharge was but small in amount. In March, 1816, a small piece of dead bone was extracted which afforded some relief, and he was able to command a U. S. vessel employed in the survey of the boundary line between this country and Great Britain, on the Lakes. March, 1817, another piece of necrosed bone was extracted, which also gave some temporary relief from the pain and discharge. In 1824
Prof. Nathan Smith of Yale College, made an operation, removing quite a large piece of bone which was in process of exfoliation; it was regarded by him as probably the removal of the disease, and though unsatisfactory in this respect, it was attended by great relief. The year following another piece of bone was removed, and in 1859 a small piece was discharged from the same place.

Upon examination the leg is shortened about three inches; knee joint ankylosed; great enlargement of the lower portion of femur, and upon the outer side of the leg a festulous opening which communicates with the bone near the junction of the lower, with the middle third, the probe seeming to pass deeply into the bone. Pain at times very severe; constant discharge of thin unhealthy pus, in small quantity. Nov. 14, 1861, sulphuric ether being administered, assisted by Drs. Rochester, Lothrop Mason, King, and medical students, incision was made to the bone, exposing it freely; following the apparent direction of the small opening with a trephine we passed to the interior, through the newly formed healthy bone, a distance of near an inch, finding through this secure and remarkably dense and thick covering a piece of necrosed bone, the cause of this protracted disease and pain. Nature had accomplished very much in throwing off the exfoliated portions which had from time to time been removed, but unassisted could never free itself of this “leven of misery.” The small vessels bled very freely, and we were obliged to apply ligature to a good many; in other respects the operation was unattended by serious difficulty. The patient soon rallied from the effects of ether; the loss of blood did not greatly depress, and he seems thus far to be comfortably and thoroughly relieved, of the principal cause of pain, which he has suffered more or less severely, for forty-seven years.

J. Pernett, aged 20, robust and naturally healthy, received some slight injury, or strain, some ten years since, to which he attributes his present condition and past troubles. Soon after this injury his left thigh commenced to swell, and after a short time an abscess formed and discharged pus, which has never ceased for any length of time since; he is somewhat reduced in strength by the pain and constant discharge, but otherwise is in excellent health, with no known hereditary predisposition to disease. After careful examination aided by Prof. J. R. Lothrop, it was proposed to make exploratory operation, and if practicable remove whatever of dead bone might be found; this plan was adopted, since the disease unless removed by operation must certainly be very lasting and distressing, possibly even fatal, by inducing other forms of disease.
Nov. 2d, 1861, assisted by Professors Lothrop and Mason and medical students; chloroform being administered, a probe was passed through the external opening down to and finally into the femur, upon the inner side, just above the inner condyle. A free opening was now made, and finding the sinus in the bone, it was enlarged with a triphine, and an opening thus made directly to a great quantity of diseased and decayed bone, which was easily and thoroughly removed.

Nov. 20. This patient has nearly recovered from the operation in every respect. The time has not yet been sufficient to allow the bone to take on healthy granulation and heal over, consequently there is yet some slight discharge, but in other respects the patient is well. A small tent has been kept in the wound to prevent external healing, until the wound might granulate from the bed of disease in the bone, which it appears to be rapidly doing, giving every promise that in a few weeks the patient will be wholly free from disease.

William Russell, aged 65, formerly of good constitution, injured by a fall in 1840, fracturing his leg; of the exact nature of the fracture am not informed; had been able to labor up to 1855, but has never been free from pain and discharge since the injury.

Leg is greatly swolen; tibia exposed for a distance of three inches, and carious; probe passes a short distance into the softened bone. Pain, discharge, and other depressing influences, have greatly reduced the health and strength insomuch that operation for relief is very hesitatingly decided upon.

Feb'y 9, 1861. Chloroform being administered, the tibia was freely exposed, and with great care all the carious portion was removed, requiring the larger part of the upper portion to be cut away, leaving an irregular but healthy surface. Healthy granulations appeared from the bone surface, and in about eight months from the time of operation he had so fully regained his health and strength as to be able to pursue his usual occupation.

Subnitrate of Bismuth in Gonorrhœa.—Dr. Moulson confirms, in the Recueil de Mem. de Med. Milit., the good account given by Caby of the efficacy of this treatment. Me mixes twenty parts of well washed bismuth in two hundred parts of water, throws some of this into the urethra and has it there retained for ten minutes, a local emollient bath having been employed previously. In only the severest cases is the patient obliged to maintain absolute rest for four or five days, after which he is enabled to return to his ordinary habits and diet. A cure is said to take place more quickly than under the use of any other agent.—Med. Times and Gazette.
EDITORIAL DEPARTMENT.

EXTRACTS FROM THE REPORT OF A COMMITTEE OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT, ON THE ALLEGED DANGERS WHICH ACCOMPANY THE INHALATION OF VAPOR OF SULPHURIC ETHER.

Any one who has observed the course of events, especially the tone of journals and the published statements of late surgical writers, as Erichsen, Druitt, Hamilton and others, must have noticed a diminishing confidence in the safety of chloroform and an increasing willingness to allow the greater security of ether. Various influences have, however, prevented the disuse of the former, even by many of those in whose hands accidents have occurred, and it still remains the anaesthetic most in vogue. When the subject of chloroform first came under discussion, its dangers were commented upon, and even then freely acknowledged. It had not been two months introduced, when "a well-developed girl of fifteen" died from its administration for the evulsion of a toe-nail, "the process of inhalation, operation and death not having occupied more than two minutes." Since that time, deaths from its use have repeatedly occurred. On the other hand, fatal results from ether, although still figuring in the statistics of mortality from anaesthetics, are everywhere admitted to be very infrequent. Indeed, the opinion has been expressed by various authorities, both in America and Europe, that a death really attributable to the inhalation of sulphuric ether is yet to be reported. The correctness of this opinion has, however, been repeatedly denied, and the strong conviction of the absolute safety of this agent, which exists in some localities in this country, is thought to have its foundation rather in the desire that the fact might be established than in the proof that it was so. Of course no one intends to say that a person cannot be killed by ether. The inhalation of its vapor, without a sufficient admixture of oxygen, destroys life by asphyxia. This may happen, and unfortunately has happened, but such an event cannot be laid to the anaesthetic, since, in such a case, it is the method of administration, and in no sense the ether, which causes the fatal result.

It is the purpose of this report to solve the doubt just implied with regard to the absolute safety of sulphuric ether, and to investigate the dangers of its use as compared with chloroform. In pursuance of this object-
therefore, we propose, in the first place, to consider what conditions and precautions are necessary in bringing about a state of insensibility by its use, and what phenomena of etherization have an apparent or real danger.

1. The safe inhalation of ether requires proper attention—1st, to the quality of the article used; 2d, to the method of administration; 3d, to the symptoms which present themselves while the patient is under its influence.

1st. Quality of Ether.—Ether for inhalation should be of unquestionable purity. A large amount of inferior ether is sold which cannot readily be distinguished from that which is pure, except by its effects, although an expert, familiar with its properties, may infer something from the odor and other sensible qualities. The inferiority may be due to oxydation from bad corking, the presence of alcohol, sulphurous acid which has not been removed by thorough washing, and volatile oils. Either of these impurities may give rise to a tedious and imperfect inhalation, and the latter of them, by irritating the bronchial mucous membrane, to such coughing, struggles and resistance that the patient is finally etherized in a distressing and unsatisfactory manner. Accidents of this kind lead to a disparagement of the value and practical usefulness of ether. It is therefore an advantage for the surgeon to procure his own ether, or to use from an “original package,” of the character of which he has already assured himself.

There are two brands of ether in common use in this country, viz: that manufactured by Powers & Weightman, of Philadelphia, and that by Dr. Squibb, of Brooklyn, N. Y. These are uniformly of excellent quality. The latter is remarkably anhydrous, but possesses an odor more harsh, disagreeable, and intensely ether-like than the former, and, in the opinion of those who have used it extensively, produces more choking during inhalation. This may be remedied to a certain extent by moistening the sponge from which it is given in water, enough of which will perhaps be taken up by the ether to diminish its unpleasant effects.

Ether may be made purer by simple agitation in lime-water, allowing the water to settle, and then decanting; and this washing is, practically, and for general application, as good a method of purification as can be adopted without re-distillation.

2d. Method of Administration.—Ether should never be given from any inhaling apparatus. The best medium of its administration is a bell-shaped sponge, large enough to cover in the nose, mouth and chin; but it is difficult to find one of sufficient size and close enough in texture, or with-
out such numerous apertures at the root as to admit too freely the atmospheric air. A sponge of this sort, moreover, being as expensive as rare, is seldom used outside of hospitals. A stiff towel, properly folded, may be substituted, and has the advantage of being always at hand; as it may be left behind, the surgeon does not carry away with him the annoying odor of an impregnated sponge. It is desirable that the towel should be a new one, and of pretty good size. It is to be taken just as it comes from the laundry, and not unfolded further than to display it in the dimensions of about ten inches by five; by folding down two of the corners in such a way that they shall lap over each other a little, and securing them by stout pins, a cone will be made which fits the face admirably. The thick layers of towelling will hold sufficient ether, and its texture prevent a too free dilution of the anaesthetic by the atmospheric air, provided the apex and seam of the cone are carefully and tightly closed, either by pins or the fingers. As the cone becomes collapsed by saturation, it should from time to time be opened, and kept in shape by distending it with the hand. Unless these details are attended to, and especially the closure of the apex of the cone, the induction of anaesthesia will be uncertain and protracted. In anything so porous as a towel or sponge, the difficulty is to exclude enough air; for while its adequate admission to the lungs during etherization is essential to the life of the patient, its too free entrance not only delays anaesthesia, but induces a condition of excitement, both mental and physical. The importance of excluding the air, as above stated, is a point not generally appreciated, but the necessity of it has long been known to those most accustomed to the use of ether, as shown by the "chemise" with which, in hospital practice, a too porous sponge is often covered to expedite the etherization of a rebellious patient.

Ether should be poured lavishly on the towel or sponge, an ounce or two at a time, especially at the commencement of inhalation. Although it may be wasted, too much, so far as safety is concerned, cannot be used. A small quantity poured on hesitatingly and timidly, as is sometimes done, has the same effect as a too free dilution of the vapor with air, producing simply intoxication and its accompanying excitement without anaesthesia; whereas a large amount, though the cough and choking sensation which the greater volume of vapor produces may cause the patient to resist and struggle, is certain to bring about a satisfactory condition of insensibility.

3d. Phenomena of Etherization.—A strong, full-blooded man is pretty sure to resist the approaches of anaesthesia under any circumstances. This
may sometimes be overcome by warning him before hand of such a possibility, and inducing him to resolve not to struggle; the last impression on his mind influences him even in his stupor. Resistance is also liable to be made by almost all patients just before complete anaesthesia takes place, but the ether rarely requires to be suspended. Occasionally the respiration becomes embarrassed during the period of excitement, partly from the struggle itself, and partly perhaps from the increased flow of saliva, which is a common phenomenon of etherization, or from the position of the tongue or head of the patient, and a condition may sometimes show itself characterized by lividity, rigidity, and convulsive motions of the extremities. These phenomena, it is an observation of Dr. H. J. Bigelow, of this city, are in reality the tetanic symptoms which, as Dr. Brown-Sequard has shown, precede the approach of asphyxia. Although alarming to the inexperienced, the state is in fact devoid of danger, provided the ether be momentarily suspended; this being done, the refusal to breathe soon gives place to a long-drawn inspiration, and in most instances complete insensibility immediately ensues. In such a case it is interesting to observe how readily the spasm yields, and how complete is the muscular relaxation which follows the free respiration of air unmixed with ether. It should therefore be borne in mind, that when there is muscular rigidity with lividity, the suspension of etherization will transform this into the relaxation of anaesthesia. Persons of intemperate habits succumb to ether slowly, and with greater reluctance and more opposition than persons unused to intoxication.

The pulse should be watched by a competent person from the outset and its failure, either in strength or frequency, lead to a more cautious use of the ether. It must, however, be remembered, that in experiments with anaesthetics upon animals, the heart has been found to be the ultimum moriens; the respiratory movements, therefore, should not be forgotten or neglected, but any slowness or irregularity in their performance should at once receive attention. Dr. H. J. Bigelow has drawn attention to the distinction between the effects of anaesthesia upon the pulse of the healthy subject suddenly reduced by accident, and a similar or even stronger pulse in a person exhausted by long and grave disease. In the former case the vitality is unimpaired, and the pulse, even when hardly perceptible, rises with anaesthesia. Ether, therefore, is not to be withheld from a patient to be operated on, even in a state of collapse after severe accident, but great caution is demanded in its use with patients who are near death from chronic and exhausting disease, and who require operations.
The best test of complete etherization is the snoring of the patient; and no operation, unless slight, should be undertaken until this symptom presents itself. The relaxation of the muscles of the extremities may occur without insensibility. The important distinction between snoring and stertor is, however, to be borne in mind. Whilst the former is caused only by the relaxation of the muscles of the palate, the latter arises from spasm of the vocal cords and partial closure of the rima glottidis, and thus becomes the immediate forerunner of the train of symptoms already referred to as indicative of partial asphyxia. Stertorous respiration demands, therefore, a brief suspension of inhalation; one or two inspirations of fresh air will, as already mentioned, almost instantly dispel the symptom.

Ether may be administered to persons of all ages, from the new-born infant to the octogenarian. There is, however, a condition prone to manifest itself with children, especially those who are weak, strumous or overgrown, which is due to its cumulative properties. It may show itself after almost any degree of etherization, and is characterized by a feeble pulse and slow respiration, not passing off with the readiness usually marking the phenomena of etherization. With young persons a cautious inhalation of five minutes will often induce an anaesthesia of half an hour, an effect wholly out of proportion to that which the same amount of ether would produce in an adult. This state is not a dangerous one, and only requires time to dissipate its symptoms. Compression of the chest will expel the fumes of ether being eliminated from the pulmonary surface, and admit the entrance of a fresh supply of oxygen to stimulate the circulation. The inhalation should therefore be suspended at short intervals with children, and but little either given at a time. Undoubtedly it should also be used cautiously with persons past the middle period of life, of such a general obesity or constitutional condition as may lead to the supposition of a fatty degeneration of the heart. In none of the alleged deaths from ether, however, is there any mention of valvular disease of the heart being found. Of this, then, and of any bad effect upon pulmonary affections, there need be no fear, for we see it constantly administered to persons more or less advanced in phthisis, for the common operation of fistula in ano.

Its subsequent effects are rarely disagreeable. The nausea and vomiting which follow the use of any anaesthetic may be prevented or diminished by giving it upon an empty stomach. Faintness, although a rare event, is occasionally noticed, and demands the ordinary treatment by stimulants. Headache sometimes remains for a few hours, but seldom persists into the
following day. We now and then hear of delirium, debility, and the non-return of a full use of the mental faculties, as temporary accidents from the use of ether. Such occurrences must be of extreme rarity, and probably find their explanation as much in the idiosyncrasies of patients as in the effects of the anaesthetic.

The general conclusions which have been arrived at by your Committee may be summed up as follows:—

1st.—The ultimate effects of all anaesthetics show that they are depressing agents. This is indicated both by their symptoms and by the results of experiments. No anaesthetic should therefore be used carelessly, nor can it be administered without risk by an incompetent person.

2d.—It is now widely conceded, both in this country and in Europe, that sulphuric ether is safer than any other anaesthetic, and this conviction is gradually gaining ground.

3d.—Proper precautions being taken, sulphuric ether will produce entire insensibility in all cases, and no anaesthetic requires so few precautions in its use.

4th.—There is no recorded case of death, known to the Committee attributed to sulphuric ether, which cannot be explained on some other ground equally plausible, or in which, if it were possible to repeat the experiment, insensibility could not have been produced and death avoided. This cannot be said of chloroform.

5th.—In view of these facts, the use of ether in armies, to the extent which its bulk will permit, ought to be obligatory, at least in a moral point of view.

6th.—The advantages of chloroform are exclusively those of convenience. Its dangers are not averted by its admixture with sulphuric ether in any proportions. The combination of these two agents cannot be too strongly denounced as a treacherous and dangerous compound. Chloric ether, being a solution of chloroform in alcohol, merits the same condemnation.

R. M. HODGES, S. D. TOWNSEND,
GEO. HAYWARD, C. T. JACKSON,
J. BAXTER UPHAM.

The foregoing report was accepted, and its conclusions adopted by the Society.

Francis MINOT, Secretary.

Dr. C. T. Jackson, one of the Committee, objects and excepts to the clause in this report in which “all mixtures of ether and chloroform” are denounced, viz: to the words, “the dangers of chloroform are not averted
by admixture with sulphuric ether," and to the terms, "treacherous and dangerous compound" of ether and chloroform. He believes that a mixture of four measures of ether and one measure of chloroform may be employed without danger, or with very little danger, and that the risks from chloroform are diminished more than four-fifths by this combination. He believes it to be necessary to have an anaesthetic agent of less bulk than ether, and not so dangerous as chloroform, for army uses, and is satisfied that this mixture, which he has employed and prescribed, completely answers the purpose required.

REVIEW OF BOOKS RECEIVED

Medical Jurisprudence. By Alfred Swaine Taylor, M. D., F. R. S., Fellow of the Royal College of Physicians; Hon. M. D. Univ. St. Andrews; Member of the Royal College of Surgeons; and Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Fifth American from the Seventh Revised London Edition. Edited, with additions, by Edward Hartshorne, M. D., one of the Surgeons to the Pennsylvania Hospital. Philadelphia: Blanchard & Lea, 1861.

Since the first appearance of this work in 1844, there have issued from the press fifteen thousand seven hundred and fifty copies. This is proof of its practical utility to the members of the Medical and Legal Professions. This unparalleled encouragement has no doubt greatly stimulated the effort to maintain the work on a level with the progress of Medical and Legal Knowledge. In 1860, the Royal College of Physicians, and the Society of Arts, conferred on the author the quinquennial prize, under the will of the late Dr. Swiney, of one hundred pounds, and a silver vase of like value. There is perhaps no branch of medical knowledge so greatly neglected by active practitioners, as medical jurisprudence, and yet its important influence is often manifest in cases where testimony is given in open court, reflecting quite disparagingly upon the intelligence of the physician, even in strictly medical points. We must close our short notice of this book, which needs no recommendation from us, by advising our readers to not only place it upon the shelves of their libraries, but more especially to carefully peruse the many interesting chapters it contains, upon Insanity, Abortion, Pregnancy and Delivery, Rape, Wounds, Poisons, &c., &c. For sale in this city by Breed, Butler & Co., 188 Main street.

Perhaps in no department of medicine has greater advances been made during the last few years, than in the field of Obstetrics; many new views in pathology have been fully established, and new modes of practice justified by results highly encouraging and satisfactory. We are happy to have presented a book upon the Principles and Practice of Obstetrics, which discusses some important topics, not in any way referred to in our former standard works on obstetrics; one also from which may be learned the most recent and correct views of pathology and treatment.

This book will be found a most complete, scientific, admirably arranged carefully considered work, upon obstetrics. In it the profession have presented them a practical treatise which fully develops the phenomena of parturition as it occurs in the lying-in room. The subject of labor, its divisions, its mechanism and management, its determining cause, together with the forces engaged in the expulsion of the child, the treatment of the puerperal woman, and her new-born infant. Flooding, both anti-partum and post-partum, placenta previa, puerperal fever, puerperal mania, anæsthetics, have all been considered with great care, and the fullness their importance demands. The same may be said of the numerous questions connected with menstruation, reproduction, pregnancy, fetal nutrition, puerperal convulsions, uremia, and many other kindred topics.

Manual, Instrumental and Premature Artificial Delivery, have received attention and been discussed fully and impartially. This book on obstetrics will rank as the highest authority in this department, and every physician who would conform his views and practice, to the teachings of correct observation, will act wisely in adding this book to his library.

For sale in Buffalo by Breed, Butler & Co., 188 Main street.


This is truly a valuable pocket companion. It contains a list of medicines minutely classified. Instructions in writing prescriptions, abbreviations, &c., directions in cases of accidents and emergencies. The division on poisons and antidotes is very valuable. The book contains instructions for
post-mortem examinations, preservation and embalming. The body of the book is conveniently arranged for physician's memoranda. This is one of the most convenient, compact and useful diaries yet published. Every physician should provide himself with one.

Price $1.00. Address Dr. C. H. Cleaveland, Cincinnati, Ohio.


This work is so arranged that every week-day throughout the year can be used for keeping the accounts of all operations performed. Each hour in the day, from eight in the morning until five in the afternoon, is divided into tabular form for recording engagements. Dollar and cent lines are ruled so as to charge for operations against each engagement, with the name of the person for whom the operation is performed, together with a large number of valuable recipes for Mouth Washes, Tooth Powders, Tooth Pastes, Washes for Inflamed Gums, Zinc Paste for filling Teeth, ("Os-Artificial," "Os-teoplastic," etc,) Toothache Drops, Gold and Silver Solders, Varnishes for Models, treatment for Neuralgia, Exposed Nerves and Sensitive Dentine, Hemorrhage, Tempering Instruments, Fungus Growths, Filling Cavities, etc., etc. Making altogether, in a small and convenient form, one of the most convenient, practical, and useful works, so far at least as we are able to judge of the wants of the dental profession.

Price $1.00. Address C. H. Cleaveland, Cincinnati, Ohio.

**BOOKS RECEIVED.**


We shall take pleasure in noticing this book as soon as space will allow. We can now only say, it should receive the attention of not only physicians, but of medical students who desire to have the most recent and correct treatise upon Materia Medica. We have received this book from _Theodore Butler, No. 159 Main street, Buffalo, where those desiring to purchase can be supplied._

"American Journal of Ophthalmology."—Dr. Homberger, a valued though but recent contributor to the pages of the Monthly, requests us to announce his design to publish a journal entitled as above, especially devoted to Ophthalmic Medicine and Surgery. To speak of the advantages which such a publication offers to the specialist as well as to the general practitioner seems almost superfluous. There was a time when all natural science could be grasped by one master-mind. As the knowledge of principles and facts accumulated, divisions and sub-divisions were found necessary. Thus medicine, as a speciality, became separate from its fountain-head and co-ordinate streams, the physical sciences. Of late years, our science and art has received such an impetus by men of genius, and enlarged general medical education, having devoted themselves to special departments of study or practice exclusively, that it has become as impracticable to represent, without a division of labor, the actual advances in the whole domain of medicine by the periodical press, as it is impossible for one man to teach all the branches in our schools, or to attain pre-eminence in every branch in actual practice. We shall recur to this subject at a future time; meanwhile, we bespeak for the proposed Journal of a speciality as emancipated from general practice as that of the oculist has become, a favorable consideration. [American Medical Monthly.

Report of Deaths in the City of Buffalo for the month of October, 1861

Accidents 10, Anxemia 1, Angina Maligna 3, Apoplexy of Lungs 3, Aptha 1, Cancer of Stomach 1, Cholera Infantum 13, Consumption 16, Convulsions 12, Croup 2, Debility 8, Dentition 1, Diabetes Mellitus 1, Diarrhea 21, Disease of the Brain 1, Disease of the Heart 3, Disease of the Lungs 2, Disease of the Spine 1, Diptheria 2, Dropsy 1, Dropsy of the Brain 2, Dysentery 10, Emphyema 1, Fever Remittent 1, Fever Scarlet 5, Fever Typhoid 41, Fever Typhus 2, Hip Disease 1, Inflammation of Bowels 3, Inflammation of Brain 1, Inflammation of Kidneys 1, Inflammation of Lungs 4, Inflammation of Peritoneum 5, Inflammation of Spine 1, Inflammation of Stomach 1, Intemperance 1, Marasmus 5, Measles 1, Old Age 3, Paralysis 1, Parturition 1, Premature Birth 1, Scrofula 1, Whooping Cough 14, Unknown 10. Total 171. Still-born 7. Under one year of age 46; between one and twenty years 67; between twenty and fifty years 35; over fifty 17; unknown 3; males 92; females 78; not given 1. Total, 171. J. WHITTAKER, IHealth Physician.
ART. I.—Petroleum—By George Hadley, M. D., Professor of Chemistry and Pharmacy in the University of Buffalo.

The manufacture of Coal Oil, closely followed by the discovery and opening of immense sources of Petroleum in Western Pennsylvania and in other regions, is introducing a new era in the art of illumination. Already a marvelous improvement has been effected in the comfort of many homes. Tallow candles no longer make the darkness visible; whale oil and sperm are abandoned to the railroads and machine shops; and even the clear brilliancy of wax, and stearine and spermaceti suffers eclipse. "Burning fluid," so popular and convenient, is far inferior in economy, safety and illuminating power, to its new rival; and with the single exception of coal gas, these substances appear likely to supplant in common use, every other material employed for purposes of illumination. Not only their brilliancy, but the great abundance and consequent cheapness of the new burning oils, is fast contributing to this result. This is particularly true of Petroleum. The productiveness of the "Oil Wells" is truly astonishing. From some of them Petroleum has continued to flow spontaneously for many months at the rate of several hundred barrels a day. The total product of those on Oil Creek alone has been estimated at not less than ten thousand barrels, or four hundred thousand gallons a day. And in other localities are enormous reservoirs, which are now pouring forth their treasures, stored...
up for ages, to give a new fulfillment to the ancient fiat, "Let there be light."

But what is Petroleum, and what is its origin? Asphaltum, Mineral Tar, Petroleum, Rock Oil, Seneca Oil, Naphtha, are some of the various names of a class of substances closely allied to each other in chemical composition and physical properties, which are called by the general name of "bituminous" substances. They vary in consistence from brittle solids and thick tarry oils, by all degrees, to the most thin and fluid liquids. Usually they are dark colored, black or brown, and have a strong and peculiar "bituminous" odor. They all burn readily with a smoky flame. To the fixed oils, or fats, they do not bear so close a resemblance as the resins, and the volatile or essential oils. Their solubility and their solvent properties are similar to those of the latter, and they burn with the same strongly luminous and very smoky flame.

Bituminous matters of every kind are undoubtedly of organic origin. Animals and plants have furnished the material out of which they have been made. Imbedded deep in the rocky foundations of the earth, peculiar conditions of decomposition have given rise to these peculiar products.

No one geological formation has sole claim to them. They do not occur exclusively in the coal burning rocks, but are found in older as well as in more recent formations; and their slight specific differences are due in part at least, to this diversity of origin. The conditions which have given rise to their segregation from bituminous rocks, and to their enormous accumulation in certain localities, I shall not now discuss.

The term Petroleum is applied to the liquid bitumens, and from these the refined Petroleum used for burning is manufactured. The first step in its preparation is to subject the crude oil to the process of distillation.—This is conducted in large retorts of wrought or cast iron, holding from a few hundred to one or two thousand gallons, set in brick-work, and connected with suitable condensers for collecting the volatile products of the distillation.

The oils which come over at different stages of the process, differ from each other in several particulars. First in density. At the beginning of the distillation they are very light, and have a specific gravity as low as 0.60—water being 1000. Gradually they grow heavier till at the close of the process their specific gravity is as high as water. Secondly in volatility; at first they have a low boiling point—much below that of water—and rapidly give off vapor and waste away at common temperatures. As the
distillation proceeds their boiling points gradually rise, till at the last we get liquids which require a heat probably as high as 600 or 800° F., to boil them, and which at ordinary temperature give off no vapor, and are nearly or quite as fixed and permanent as the true fats and oils themselves.

Thirdly, these products differ in consistence. The first distillates are very thin and fluid liquids; the last are quite thick and oily, and on exposure to cold, deposit large quantities of paraffine. The last step in the manufacture consists in agitating with chemicals—acids, alkalies, &c., by which the color is improved and the smell rendered less offensive. As soon after this as it becomes clear, it is ready for use.

The burning oil thus prepared should possess the following qualities: First, it must rise in the lamp wick so rapidly as to furnish a large and strong flame that will not diminish or fall for several hours. Should it fail to do this, and should the flame speedily fall, the wick becomes charred, and raising it again only hastens more rapidly the second time the failure of the flame. Secondly, it must be free from the most volatile products of the distillation; otherwise, heavy combustible vapors are given off from it, and may become the cause of dangerous explosions. The best manufacturers always reject or separate these volatile substances. If a lighted match is held for a few moments just above an oil that contains them, a blue flame flashes over its surface, and the whole is immediately ignited.—If properly made, it is difficult to make the burning oil take fire by holding the match over it, or even by dropping it in, and it is almost as safe from accidents as whale or sperm oil.

From the most volatile products of the distillation of Petroleum, liquids may be separated which are but little more than half as heavy as water, and which boil at a lower temperature than ether. It is a mixture of similar volatile and light liquids obtained from coal, in the manufacture of the "Kerosene Oil," which has been recently recommended as an anaesthetic, under the name of Kerosene. This, like the Petroleum products, is without doubt a mixture of various hydro-carbons. But we have as yet no complete account of its nature and composition, and before introducing it into use, it is every way desirable that it should be subjected to a full and accurate scientific investigation. That some of the volatile liquids obtained from Petroleum would prove to have similar anaesthetic properties is not at all improbable.

Resembling the essential oils in character, the refined Petroleum requires a lamp of strong draught to burn without smoking. The ordinary Kero-
sine lamps effect this tolerably well. But the flame must not be kept too low, or offensive vapors are generated from the best oil. The fault here is in the lamp, or in the mode of using it. When, however, the oil is properly prepared and the lamp well managed, it will give a strong, steady light, and will continue to burn with little or no falling of the flame for many hours, and without the evolution of any products more noxious or offensive than those from the old sources of illumination.

The economy of the Petroleum and some other subjects connected with its manufacture and use, I may possibly discuss on some future occasion,


Tuesday Evening, Dec. 4, 1861.

The Association met at the usual hour.

Present—Dr. C. C. F. Gay, President, in the Chair; Drs. White, Samo, Gould, Miner, Congar, Whitney, Kempson.

Dr. E. P. Gray's application for membership elicited considerable discussion, in which most of the members present participated.

Dr. Whitney represented that Dr. Gray desired to become a member of the Association, and to mingle more in the brotherhood of physicians. Spoke at length of the action of the Erie County Medical Society, in relation to Drs. Hill and Gray, and says he knows Dr. Gray most heartily regrets his action in that matter. Could say much more representing truly Dr. Gray's position and sentiments, but has not been authorized to do so. Knows that this application is made in good faith, and from pure motive.

Dr. E. P. Gray was unanimously elected a member upon compliance with the By-Laws.

Voted that the Committee to audit Treasurer's account be granted more time.

Dr. Gould presented a small fibrous tumor, which he had removed from the second joint of the thumb, of an infant immediately after birth. It was the size of a grape, and attached by a slim pedicle about the size of a grape stem.

Dr. Whitney was reminded by Dr. Gould's specimen of a case, where he found tumor over the upper incisor tooth, in a boy 14 years old. It had
been twice excised by the family physician, but soon returned, and was sent to him for treatment. Ligated it and it soon dropped off; seemed inclined to grow, and caustic was applied; at last forced an instrument down upon the alveorla process detaching it thoroughly from the bone, and after this operation it gave no further trouble, never afterwards returned.

Dr. Gould reported the following case of abscess of the liver, occurring with phthisis:—Mrs. H. aged 26 years, had been in delicate health for twelve years; married about six years; never pregnant; first saw her Feb. 6th, 1860, and attended her for several months; had a bad cough and severe pain in the abdomen and hip; finally recovered her usual health, which was at no time very good.

March 6th, 1861.—He was called to attend her again; her cough was constant and she complained of severe pain in the right hypochondriac region, which continued in defiance of all remedies; after a few days a small tumor was discovered to the right and a little above the umbilicus, which gradually increased in size; tuberculosis was easily diagnosed, but the character of the tumor was not so easily decided upon. Dr. Miner examined the case in consultation, and subsequently Dr. Rochester also examined it and diagnosed the case, as it proved to be abscess of the liver; the patient continued to sink, and died on the 27th of April. On making a post-mortem examination, Drs. Rochester, Miner, Gay, White and Wilcox, being present, an enormous abscess of the liver was found occupying nearly the whole right side of the abdomen, forcing itself far down in the inguinal region, and containing a quart or more of pus. The lungs were nearly destroyed by tuberculosis.

Prof. White related a case of somewhat similar disease occurring in this city, and the patient still residing here. The abscess opened externally, and biliary calculi were discharged; also, mentioned the case of a Mr. Trumbull, who as early as 1832, had intermittent fever, which was arrested by quinine, but he still remained quite ill; finally had pain in right side, tenderness, fever, severe cough, and at length expectorated bile, demonstrating that the hepatic abscess had discharged through the lungs. These cases are interesting, as showing the remarkable powers of nature, since this patient has nearly or quite regained his usual health and strength.—They are also interesting from their comparative rarity, and the great difficulty of early and satisfactory diagnosis. Spoke of the different directions in which hepatic abscess may discharge itself, and the various results attending it; remarking that, as is well known, a cure of hepatic abscess
may be effected after the discharge of its contents in any of the various methods, or it may result without this occurrence, from more or less complete absorption of the pus by the membrane investing the sides of the abscess. This is shown upon post-mortem examination, when the walls of the abscess are found to have united, forming a callous cicatrix, and not unfrequently a remnant of pus, which has been converted into a chasy concretion, may still be found locked up in the tissue forming the cicatrix.

Dr. Gay reported in brief, a case of rupture of the perineum, upon which he had recently operated, with what success could not yet fully determine, since but two weeks had elapsed and the union was not yet complete. The rupture involved the sphincter muscles of the anus, and some portion of the recto-vaginal septum; was caused by labor some two years since, while attended by a very good physician.

After preparing the parts by thorough freshening the edges, two silver sutures were applied through the recto-vaginal septum, and three larger ones through the perineum. The second day after the operation there were several dejections from the bowels, which seemed to have passed naturally, and not to have produced any trouble or disturbance with the parts operated upon.

There were several points of interest in the case, and at a later period when the results of the operation could be stated fully, would report more in detail.

Dr. Miner spoke of a case occurring in the Buffalo General Hospital, under the care of the attending physician; rupture extended down to the virge of the anus, but not entirely through the sphincter muscles. Three months later, she was admitted to the surgical ward, and operated upon in the usual manner, with quilled suture. Second day after operation, menstruation commenced, though that process had but just been completed, and on the fifth day she was attacked with most violent diarrhoea, which continued for thirty-six hours, with great severity, and could not be wholly controlled for three or four days. Notwithstanding these most adverse accidents the union was complete.

Dr. M. spoke also of another case upon which he had operated with most complete success, though menstruation commenced soon after the operation. Thought the excitement attending the operation was the cause of the menstrual secretion being so often produced at the unnatural season, and regarded it as more likely to prevent union than diarrhoea.
Judging from his personal experience and observation, would conclude that the dangers of non-union after operation for rupture of the perineum, had been greatly overrated; was confirmed in this opinion by often observing pretty severe rupture unite without any effort other than position, cleanliness and rest, the bowels, being controlled by anodynes. If union will thus generally take place in recent cases, while yet the lochial discharge is present; could see no good reason to conclude that any great uncertainty could exist after operation. When the edges are pared, and well approximated, it seems almost certain that it will be followed by satisfactory results.

Dr. Gould related a case of very severe rupture and laceration of vagina, attended by a midwife. Portions of the vagina hung out externally and were removed; the result was a perfect union of the vagina, the walls adhering fully and perfectly; did not know what was the final result; thought that menstruation never returned since the patient was quite advanced in age.

Dr. Kempson is astonished that Dr. Miner should intimate former doubts, and now increased confidence in the success of this operation.—Has formerly attended a very large number of obstetrical cases, and regards it singular that he has never met but six cases of rupture of the perineum, two of these were ruptured very extensively, and all recovered without operation; never saw the operation only in this country; thinks it more common here; that the tissues stretch more in England than in this country; is very much astonished at its great frequency in America.

Dr. Miner explained his meaning in reference to spontaneous union, not designing to intimate that a case like the one related by Dr. Gay, would unite while recent by proper rest, cleanliness, &c., &c., but that simple laceration would often do so, and extensive laceration would do so no doubt, if properly approximated by suitable suture.

Dr. Kempson related the case of a very respectable lady who had perineal laceration; was operated upon in Toronto, with almost perfect success, a small opening only, remaining in the recto vaginal septum; soon after, she found herself pregnant, and was filled with horror at the idea of a second labor, and possible laceration. Several physicians were consulted, and the opinion prevailed that she could not be delivered at full term without producing rupture of the old cicatrix, and that it was not best to risk a second operation, since now she was very comfortable. Premature labor, or abortion, was induced at about the fourth month, and terminated very successfully. Dr. K. desired to know when, (if at all,) such operation should be made.
Dr. Gay expressed the opinion that the fourth month was a very proper time for such operation.

Dr. Miner gave reasons why a physician should decline the operation under the circumstances as related by Dr. K., though he had no doubt that her physicians were in possession of facts, which would in this instance justify the operation, and would not judge of this case, or speak with particular reference to it, though the lady's great anxiety and unwillingness to be delayed was ground for suspicion that she had other motives than were expressed. Great danger, or even certainty, of severe perineal laceration, could not be unhesitatingly regarded as justifying the operation for abortion, though it might, and would, be ample justification for inducing premature labor at such time as would afford reasonable expectation of saving the life of the child, provided this was regarded as affording sufficient security to the mother.

Dr. Congar was satisfied that it would not answer for him to produce abortion to prevent any laceration, however severe. Thought that no good authority would be found to favor such practice. Dr. Miner had remarked truly upon the impropriety of such operation from such motive. Sacrificing the life of the child from the fear of such injury to the mother, could not be regarded otherwise than improper. Persons of the greatest respectability might desire and insist upon such procedure, but for himself he could not but regard it as wrong; whatever influence was brought to bear, or however many consulting physicians might advise or favor such course, he could not adopt it.

Dr. Kempson explained more fully, and said that in the case he had related, the physicians in charge regarded it as not only endangering laceration, but as a matter of life and death; should not think it proper unless it was regarded as imperiling life. Hoped no one would think that they had for a moment forgotten that the life of the child was the life of a human being.

Dr. Gould remarked upon the difficulty of one physician judging for another in such matters. Spoke of the great frequency of applications for operation, or medicines for the purposes of abortion, and the great earnestness with which they would urge the importance or necessity of measures being adopted for relief, and lastly, when other means had failed, how sometimes patients would get instruments and operate upon themselves—would use all sorts of instruments and take all sorts of medicines for such purposes. Physicians were only safe when they make their own examinations and judge for themselves quite independently of any representations which may be made to them.

Voted to adjourn.

J. F. MINER, Secretary.
ART. III.—Operative Surgery.—By Charles Winne, M.D.

In compliance with my promise to furnish your Journal with a few cases of operations upon bones that have occurred in the course of my practice, I send for your disposal a report of the following cases, which through the artistic skill of a professional friend I had an opportunity of having illustrated, and I think quite truthfully; they are at your service for publication, if you deem them worthy of insertion. I think it can be safely averred that in no department of operative surgery has there been more decided and rapid improvement than in the various operations upon the bones; and certainly when we revert to the limited amount of operative relief that could be furnished in the strumous and cancerous affections of bones; in the deformities resulting from the unfortunate issue of fractures; in caries and necrosis, all of us must feel gratified that in scarcely more than a third of a century, so great advancement has been made in the boldness, skill and dexterous manipulation with which these disorders and conditions are now treated. Much might also be said in view of the great improvement and ingenuity of the mechanical means now employed in the removal of parts deeply imbedded and strongly connected with other related osseous structures, that would have foiled our efforts, if ingenuity had failed in adapting the necessary instruments that are now accessible to all. In this connection we cannot omit the name of Liston, especially as having contributed greatly to the instrumental means whereby the superior maxillary bone is now attacked and removed, wholly or in part. In the early part of this century one of the most distinguished British surgeons, in graphic language, has presented to us the terrible condition of the victim of cancerous disease of the upper jaw, before surgical attempts had been made to relieve the patient. He says, "there is profuse discharge, occasional hemorrhage, and the patient is worn out partly by these causes, partly by misery and anxiety of mind and by starvation, for now he is unable to masticate food, and as the destructive process goes on there is at least great difficulty in swallowing even liquid nourishment, only a small portion of which goes down the throat. I do not know anything more miserable than the death-bed of a patient who dies of this horrible disease." At the period when this was written by Brodie, no case of partial or complete exsection of the upper maxillary bone was known to him except the unsuccessful attempt of Desault. In examining the recorded history of the operations on the superior maxillary bone, I find that mention is made of
an attempt by Akoluthus, a physician at Bressau in 1693, to remove a
tumor on the upper jaw, that followed the extraction of a tooth. He
enlarged the mouth with a cut, removed part of the swelling with four
teeth, but not being able to get all around it, he attacked it several times
with cutting instruments, and sometimes with the actual cautery, and suc-
cceeded in curing his patient.

The names of the distinguished French Surgeons Desault, Dupuytren,
Dr. Thomas White, (the latter of whom removed nearly the whole of the
superior maxilla,) are honorably mentioned. Gensoul is stated to have first
performed the operation of ex-section of the entire superior maxilla in the
spring of 1827, without tying the carotid artery, and was not aware at the
time, of Lizars' recommendation. Lizars first proposed in 1826 the extir-
pation of the entire bone, and recommended the plan of first “tying the carotid
of the affected side, next making an incision through the cheek, from the
angle of the mouth backwards and inwards to the masseter muscle, avoiding
the parotid duct, dividing then the lining membrane of the mouth, and
separating the soft parts from the bone to the floor of the orbit, detaching
the half of the velum palati from the palate bone; having thus divested the
bone of its soft coverings, the middle incisive tooth is to be removed, then the
one maxillary bone to be separated from the other at the mesial and pala-
tine junctures, and also the one palate bone from the other; then the nasal
process should be cut across and its malar process; the eye, with its mus-
cles and cushion being carefully held up by a spatula, the floor of the orbit
is to be cleared of its soft connections, and the maxillary bone separated
from the lachrymal and ethmoid bones with a strong scalpel; the bone is
now held by the ptergoid processes, and muscles from which it can be
separated with the scissors or forceps.” This, which Lizars proposed, he
attempted to perform in December, 1827, for a medullary sarcomatous
tumor of the antrum, but was obliged to desist in consequence of the ex-
cessive hemorrhage. This distinguished surgeon again performed two suc-
cessive operations in 1829 and 1830; in the former he tied first the trunk
of the temporal and internal maxillary. In the latter, 1830, he first took
up the external carotid. The steps of the operation were similar to those
which he first recommended. Partial and entire ex-sections of the superior
maxilla were likewise performed with successful results, and the operations
became rapidly more bold and skillful.

The name of Deadrich of Rogersville, Tennessee, is first mentioned as
entitled to the merit of inaugurating the removal of a portion of the lower
jaw of a child of fourteen, who had a tumor occupying the left side of the jaw bone; the wound healed kindly and success was complete.

In the recorded accounts of this operation I find the names of Mott in 1821, and Wardrop in 1827, and successively those of Klein and Delpert, and many noted foreign surgeons and an array of many distinguished names among our own countrymen, as Warren, Stevens, and McClellan, who have shed a brilliant lustre upon this department of operative surgery.

It is due to our respected citizen and colleague, Dr. A. S. Sprague, to mention among the rest a successful operation on the lower jaw which he performed in this city at the Hospital of the Sisters of Charity, I think in 1847. The subject of the operation was a mariner, who had perceived at the root of one of the molar teeth of the right side of the jaw a tumor gradually developing itself for ten years prior to application for relief. When he presented himself for relief the entire half of the jaw bone was involved in the disease; the mass was enormous, both internal and external, extending from the symphysis to the ramus, rendering mastication impossible, and threatening death from inanition, from the increasing difficulty of swallowing even liquids. An incision was commenced at the zygoma and carried along the ramus and base of the jaw beyond the symphysis; another dividing the lower lip and integuments of the chin; the soft parts were rapidly separated, and the facial artery tied, as the bleeding was profuse; by the chain saw the jaw was divided in a healthy portion, and the diseased half was then carefully separated and disarticulated at the joint, using the severed portion to depress the coronord process to detach the temporal muscle, exhibiting clearly the advantage of this mode of procedure. The case terminated favorably, and the new formation of tissue relieved in a few months the deformity at first caused by the loss of the half of the jaw bone. I fear that already I have encroached too much upon your time and space, and will briefly narrate the history of the two cases that my friend was kind enough to illustrate with diagrams, and of which he took the pains to record himself, or I might not now have had it in my power to recall them accurately to my memory.

A Scotch lady about 40 years of age, had occasion nearly two years before the time she presented herself to me for advice, to have one molar tooth extracted on the left side of the alveolar process, upper jaw bone; for tooth ache, and ulceration about the root of it; the pain continuing and increasing to great severity, and the contiguous tooth apparently being also diseased, was subsequently drawn; the alveola continued; to swell gradually,
at first so imperceptibly that it was only by comparing it with its anterior period and size, that the patient could be satisfied as to its gradual advancement; about four months before I saw Mrs. B. the swelling of the alveolar process increased rapidly, and the nasal passage of that side was evidently encroached upon, the tumor was becoming distinct from the surrounding parts, was of excessive hardness, and so continued until a few months before I saw her, when the portion in the mouth, covered by the integument became somewhat elastic about the prominent part, bulging out the cheek and feeling somewhat cartilaginous; that which more especially belonged to the alveolar was spongy, vascular, and when bruised by any portion of food, bled readily; the parotid and submucous and cublingual glands exuded an unusual quantity of saliva and mucus; the poor creature suffered severe and almost continued pain, except when partially relieved by anodynes or slight effusion of blood; her alarm was extreme, from the fact of having lost her mother at about the same age as herself, from a cancerous affection of the scalp and skull, in the region, I should judge of the union of the parietal with the occipital bone; from her account her mother suffered more than a year with the growth and development of a tumor on the scalp, that ulcerated and gradually destroyed the bony structure and dura mater. Marked anxiety and physical suffering and the rapid development of the tumor had at length constrained Mrs. B. to seek surgical aid; the external appearance of the disease is portrayed in the cut on opposite page.

During the first steps of the operation she was brought under the influence of an anesthetic; an incision was made from the zygoma to the angle of the mouth, avoiding the parotid duct; the flap was then detached from the upper jaw bone to the level of the orbit and the median line thus exposing the exterior of the diseased mass; considerable bleeding ensued and rendered the tying of small blood-vessels necessary; an incisor tooth was drawn, and partly by sawing and cutting with Liston's strong forceps, the palatine processes and the palatine bones were separated; it was then discovered while pursuing the section of the nasal process, and the separation from the molar bone, that the exterior bony portion of the antrum was absorbed by the pressure of the tumor, from the inside, and was covered by a dense and exceedingly vascular membrane; it had no connection by bone with the floor of the orbit, which seemed unaffected by the disease; in laying it open close to the floor of the orbit with a sickle shaped strong knife, the character of the disease became apparent, as it rolled out a perfect moulded gelatiniform or colloid
mass; the interior wall of the antrum, the attachment to the pterygoid muscles and the soft parts were removed with forceps and scissors, &c. After the haemorrhage had ceased, a careful exploration of all the remaining parts was made, and in the concurrent opinion of several experienced surgeons and physicians, it was not deemed necessary to remove the orbital portion, as it seemed entirely free from disease; it was in fact unconnected with the diseased growth which had evidently commenced at the floor of the antrum in the alveolar portion, and extended up into the antrum, causing absorption of its external wall; it was thought advisable at the time to cauterize the parts, which was done with the actual cautory; all oozing of the blood from the wound now ceased, and did not return; it was filled with lint; some sutures were introduced, plasters and compass applied. The patient bore the operation well. After the first incisions were made, etherization was discontinued, and she calmly bore the subsequent steps without flinching or complaint. For some days there was profuse secretion of saliva; the exterior wound healed kindly, and in a week she was able to sit up and take food with but little difficulty. Her general health improved, and during the three or four months that she remained under my inspection, she again enjoyed immunity from pain; life ceased to be
a torment; the internal excavation finally filled up with granulations, and cicatrized with a healthy membrane, to such an extent that there was little falling in of the cheeks, and the excavation was scarcely apparent. (See cut on page 173.)

I never could obtain a detailed account of the subsequent condition of this lady, as she removed from the city; I learned however, that about a year after her removal from this place, some internal malignant disease terminated her life. The only consolation to be derived from the history of this case, is that for a time, she was relieved by a brief but severe operation from most poignant suffering, and a loathsome and terrible imminent death.

Case Second.—I am indebted to my friend Dr. Ellery P. Smith, formerly of this city, for the drawing of this, as of the former case, and the narrative is in his own words, which I here transcribe:

Notes of a Case of Angular Deformity of the Left Forearm.—Henry Mangers, aged 28, was admitted into the Hospital of the Sisters of Charity, June 24th, 1854, for the removal of a distortion of the forearm, both bones of which had been transversely fractured Feb. 25, 1854. The radius formed the acute angle. On June 29th, Dr. Winnie commenced the operation by an incision upon the most prominent portion of the radius, and having carefully denuded the bone of its investing muscles, he removed a wedge-shaped portion of the radius by means of the saw and
cutting forceps; this accomplished, the ulna was found in contact with the radius, and a small and similarly shaped piece of bone was removed from it; the arm was then made straight, the wound dressed with sutures and adhesive plaster, and was laid in a well padded wire splint, and the man placed in bed. 

**June 30th.**—No fever, pulse 85, tongue clean.

**July 1st.**—Slight swelling, pulse 95, tongue furred, wound discharges small quantity of reddish serum, and has an erysipelas look. 

**July 2d.**—Great tension of the whole arm, high fever; removed stitches from the wound, and applied a yeast and Peruvian bark poultice. 

**July 3d.**—Better; fever abating; odor less offensive.

**July 4th.**—Erysipelatous appearance has declined in a measure; fever abating; has had retention of urine from the effects of opium, which the house student attempted to relieve by trying to pass a catheter, in which he failed; patient was entirely relieved by warm fomentations, and a large, warm stimulating enema.

**July 6th.**—Wound granulating; poultice discontinued, and a weak solution of nitrate of lead applied; from this date the patient gradually improved; the wound healed without any soreness, and to his great gratification he gradually regained the use of the flexor and extensor muscles, whose functions had been almost entirely impaired, to that extent that he could not close his hand, and had but slight motion of the wrist or fingers. When last heard of he was using his arm as freely as the sound one.

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**EDITORIAL DEPARTMENT.**

**ABSTRACT OF CURRENT MEDICAL LITERATURE.**

**Aortic Aneurism, in which a Communication with the Pulmonary Artery was Recognized by Means of Physical Diagnosis.**—James S——, aged thirty-five, married, a railway porter, was admitted into Queen's Hospital, Birmingham, on May 5th, 1861. For four years he had suffered from piles, and for six months had lost much blood from them, and to this he attributed the debility and wasting for which he sought
assistance. Four weeks before admission he had to make a sudden and violent exertion, after which he felt faint for a little while, but thought no more of it. He never had any palpitation or cardiac difficulty; was affected with a little dyspnoea and slight cough with watery expectoration.

**Physical Examination.**—Cardiac dullness increased vertically. Apex seen and felt in the sixth intercostal space. Over the cartilage of the left fourth rib a loud murmur replaced both sounds, that with the second being of a hissing character, and so prolonged as to continue till the commencement of the next first sound. Unusual second sound inaudible there.—Marked thrill at this spot coincident with second murmur. First murmur, a loud bruit de soufflet. Both murmurs heard in the carotid and over the upper chest. At the apex, a single murmur with first sound; normal second sound very distinct. No venous distension. Thrill in the carotids, pulsation of which was visible. Mucus rales in back of both lungs.—Liver enlarged.

From this combination, Dr. Wade concluded—1st, that blood escaped from either the aorta or pulmonary artery during their systole; 2d, that it was probably from the aorta that the blood escaped; 3d, that it did not regurgitate into ether ventricle; 4th, that it regurgitated into one of the auricles or else into the pulmonary artery; 5th, that it did not regurgitate into the left auricle; 6th, that the opening was into the pulmonary artery, rather than into the right auricle; 7th, that the communication was due to aneurismal perforation of the aorta at or near its origin.

The patient stayed in the hospital for two or three weeks, and went back to work, declaring himself well. On the 14th of June he was seized with faintness and violent cardiac perturbation, which continued till the 28th, when he died. The post-mortem examination showed an aneurism of the size of a small hen's egg, very near the root of the aorta, with a rounded, smooth, thickened opening into the pulmonary artery at its origin, and another, fissured, ragged, evidently recent one into the right ventricle. The valves were all healthy. Dr. Wade did not see the patient alive after leaving the hospital.—London Lancet.

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**Conservative Surgery.**—In the summer of 1846 (I was then living in Leicester-place) a servant drove up to my door in a street cabriolet—she had come from Wellington street, Strand—and requested me to return with her to see her master, a gentleman of more than seventy years of age,
who had fallen down and seriously injured himself. Anticipating some occasion for strapping, lint, &c., I stayed long enough to provide myself with them, and then returned with her as quickly as the crowded state of the thoroughfares would permit. On arriving at the house I was hurried up to the drawing-room, where I was met by my patient, who, holding a handkerchief to his face, said, "Doctor, I have cut my nose off." I was at the moment rather incredulous, but his daughter soon removed all doubt as to the nature and extent of the injury by showing me the separated portion, which she had picked up from the floor. It was black, cold, and covered with grit and dirt. On examining the wound, I found that the whole of the fleshy end of the nose, together with the alæ and septum, were clean cut away, and the white end of the cartilage exposed. The upper lip was divided transversely throughout its whole extent, and hung down over the mouth. It appeared that this gentleman, on going up stairs, had stumbled near the upper step, and, trying to recover himself, had fallen forwards against a wooden flap placed at the drawing-room door, the sharp edge of which had come in contact with his nose, first compressing it and then separating it from the face.

For a moment I hesitated what to do, but thinking the separated part would be as good a dressing as any other to the exposed surface, and that the patient's hope (though I had none) of its re-union would give time for him to reconcile himself to his ultimate loss, I determined on re-adjusting it. This was easily enough done. The grit was wiped from it, and being carefully replaced, it was retained in situ by adhesive straps. The edges of the wound of the lip were brought together, and kept so by similar means.

On calling the next day, I observed that the end of the nose—which I had purposely left exposed—had lost the deep-black color that it had when replaced, and bore evident signs of circulation going on in it. There was no discharge from the wound. On the next day, appearances were the same; and on the third, the dressings were removed, when I was as much astonished as gratified to find that union had taken place throughout the whole extent, and the scar that was left was scarcely perceptible. The lip had also united.

Now the time which had elapsed between the separation and the re-adjustment of the divided parts could not have been less than three quarters of an hour.—J. Nichols, M. R. C. P., London.

In connection with this case of conservative surgery, we translate from the Campagne de Russie of Baron Larrey, the following:

Vol. 1 No. 6—23.
A Russian colonel had received from one of our troops a sabre-cut which which had completely separated the nose from its base. The sabre striking obliquely, had cut through the superior maxillary bones, completely down to the mouth through the hard palate, so that the nose and anterior portion of the maxillary bone fell over upon the chin, attached and suspended only by a narrow strip of flesh at the corners of the mouth. We could see, on one side, the whole extent of the nasal fosse and the cavity of the mouth, without its row of teeth; on the other, the flap, consisting of the whole nose, the upper lip and palatine arch, lying over on the chin. One of my assistants, having found the flap cold and attached only by the two points which I have mentioned, was going to remove it and dress the wound when I arrived. I put aside the surgeon's scissors, and after examining the flap prepared to replace it. Removing the clots from the nasal fosse with some difficulty, I then detached that portion of the palatine arch which was attached to the flap, which included the anterior half of the upper alveolar arch. The line of the wound on one side was between the canine and the first bicuspid teeth; on the other, between the two bicuspids. I removed also from the flap many pieces of the nasal bones and processes of the maxillary bone. I then restored the nose and lip to their place, retaining them with the interrupted suture, beginning at the bridge of the nose, and descending successively on the two sides, until the edges were united by ten parallel sutures, and covered the whole wound with a light compress with salt water. I introduced into the nostrils two pieces of large-sized gum-elastic sound, to preserve their shape and size—having united the sounds at their outer end by a thread to keep them in place. Graduated compresses were placed on the sides of the nose, retained by a bandage, which completed the dressing.

I had the satisfaction of learning, on my return from Moscow, that this officer had entirely recovered, and without any deformity. The cure is remarkable from the severity of the wound and the scarcity of vessels which keep up communication between the flap and the integuments of the face. Vitality was restored in the nose, and its point of union was exact and perfect.—Berkshire Medical Journal.

Treatment of Fractures—There is no one thing probably which better exemplifies the "progress of surgery," than the present management of fractures. With what uncouth lumbersome machines the unfortunate
patients used to be encased, and how bed-ridden they got, whereas now the dressing is so light, strong, and safe, that the man with a broken leg walks in the garden. Our New York surgeons, seem not yet all to appreciate this style. They revere antiquities; and I will venture to say that there are more of the old clumsy fracture apparatus, now used in the three New York Hospitals, than in all of the sixty-two like institutions in Paris.

The modern substitutes for planks, etc., are of course familiar to you. Dextrine, gelatine, caoutchouc, plaster of Paris, are all in vogue. The last mentioned is evidently the best, for it has been under trial since the time of the elder Larrey, who, it is said, first used it; and to this day it stands the most popular. The methods of application have naturally changed as experiences accumulated. Larrey, for instance, moulded the limb in it—others put on a saturated circular bandage—others again dusted the powdered plaster over wet bandages—others still applied it with a trowel as on a wall; and so on to the end, or rather until the arrival of Maisonneuve. The question is now settled, and all other modes are obsolete. M. Maisonneuve had once the good luck to receive a fracture of the leg, and so this method he first planned on his own person.

For example and explanation, let us suppose a broken tibia. He orders four coarse cloths, longer than the leg, and each so broad that when folded three or four times, they will be respectively reduced to a breadth of from two to four inches—the breadth, of course, varying with the limb under treatment. After these cloths have thoroughly soaked in the fluid plaster, they are taken dripping from the vessel, and directly applied along the sides of the limb. The lower ends of three of them embrace the foot and lap intimately on the sole. The front one passes on the dorsum to the toes. A circular bandage, saturated or not, is then quickly rolled up to the knee, and perhaps down again to the foot. When this bandage has not been soaked in the plaster, the apparatus is called demi-platre. In five minutes after everything is solid. The liquid splints have become firm, and every point is supported with an impartiality hitherto unapproached.

Unless when the soft parts are greatly injured, M. Maisonneuve often applies this apparatus immediately, or may be one day after the accident. This seems unsafe, and indeed I have sometimes seen most discreditable results. However, if any trouble is suspected of existing, there is no apparatus, as a permanent one, that can afford a more easy approach to the limb. And the debarrassment need be only partial; for after the removal of the bandage one splint, two splints, or only part of a splint, can be read-
ily taken off, and the remainder stands firmly to its duty. If the parts thus exposed require washes, such can be used with impunity. The splints are not easily softened. In like manner are treated almost all fractures—femur, patella, clavicle, etc., etc.

A great many have failed to have success with this procédé of Maison-neuve, and it has been often because the cloth used was too fine. Some coarse material is the thing, such as old coarse hospital sheeting. The solution of plaster should be as thin almost as milk.—Cor. Am. Medical Times.

RE-ORGANIZATION OF THE MEDICAL DEPARTMENT OF THE U. S. ARMY.

Bills have been introduced into both Houses of Congress from which it would appear that the following improvements in the administration of the Medical Department of the Army is designed to be instituted. The Senate bill provides for the appointment of the following officers:

"Director-General, with rank of Brigadier-General, who shall be chief of the medical corps, and perform the present Surgeon-General's duties.

Sanitary Inspector-General, with rank of Colonel of Cavalry, who, under the Director-General, shall have general supervision of all that pertains to the sanitary condition of the army.

Six Sanitary Inspectors, with the rank of Lieutenant-Colonel of cavalry, who shall inspect the sanitary condition of the troops, and report to the Sanitary Inspector-General.

Surgeons of first class, with rank of major of cavalry, for staff, hospital and bureau duties.

Fifty surgeons, second class, with rank of captain of cavalry, to be assigned to duty with regiments.

Assistant surgeons, not exceeding seventy, with rank of first lieutenant of cavalry, with duties of assistant surgeons.

Not exceeding seventy-five medical cadets, not less than eighteen nor more than twenty-three years old at their entry, to be examined by a medical board. After three years' continuous service they may be examined for promotion to the rank of the highest class of non-commissioned officers.

As many Hospital Stewards as the service requires, designated by a Sanitary Inspector, on the recommendation of the Senior Surgeon of the post, division, or regiment, with rank of First Sergeants of Cavalry.
Sections 2, 3, 4, 5 and 6, provide for selection by the President, from the whole Army Medical Corps, of suitable persons to fill the places of Director-General, Sanitary Inspector-General, and Sanitary Inspectors, none of whom are to be over sixty years of age. Other officers are to be appointed and promoted by seniority. Vacancies are to be filled from civil life or from Brigade Surgeons of volunteers, after due examination, who are not to be over thirty-five years of age.

Section 5 repeals the allowance of extra rations to Surgeons, upon the completion of ten years' service.

Section 7 provides for the retirement of every medical officer sixty-five years old.

Section 8 repeals all inconsistent laws."

The organization of the Medical Department of the Army has long given just grounds of complaint, and every effort for redress has been indifferently laid aside by the Military Committees in Congress. While we are in the midst of active warfare, with over ten hundred medical officers actively employed by the Government, and nearly an equal number by the revolted territory, it may be the only time when politicians will consider fairly and fully the just claims of the profession, or estimate in any true degree, the value and necessity, of the Medical Department to the safety, strength, and success of the army.

It may be regarded as an unsafe time to make important changes in an organization, while so actively employed as at present, but it seems to us there is little risk in being just, while every interest of the Army will be promoted by rightfully acknowledging the dignity, and just claims of the profession. The details of any bill which shall be passed by Congress are of exceeding interest. If appointments cannot be withdrawn from political influences, and made solely with reference to fitness, at least in the medical department, then we have very little ground for expectation that any permanent good can be effected either for the Profession or Army.

To advance men in position on account of the number of years' service, or solely on account of age, is very manifestly inconsistent with efficiency in the service; to do this from political influences, as everything is done in our country, can add neither dignity to the Profession, safety, strength or efficiency to the Army.
SLOWNESS OF THE PULSE WITHOUT ANY WELL-MARKED DISEASE TO ACCOUNT FOR IT.

Extreme depression, apoplexy, some organic affections of the heart, and the exhaustion preceding final dissolution, are known to produce slowness of the pulse. By the term slowness is meant the diminution of the heart's beat to 40 per minute, or even much lower, say to 30 or 25 beats per minute. Ordinarily the cause of the slow pulse may be made out. Thus, Dr. Watson states in his "Lectures on the Practice of Physic," vol. i. "The slowest pulse I ever felt was that of a man of sixty-eight years old, who was for some time a patient of mine, with diseased heart and dropsy. His pulse was often no more than 25 in the minute. He died suddenly in his chair, and I was very desirous of examining his body, but his widow would not allow it." The same writer refers to a case in the 17th volume of "Duncan's Medical Commentaries," in which the pulse was as slow as 9 beats in a minute.

We have recently watched a case of some interest, in St. Bartholomew's Hospital, under Dr. Farre's care, in which the chief peculiarity was slowness of the pulse. The patient, Wm. C——, a painter by trade, is fifty-eight years of age, and was admitted on the 2d May. Nearly six weeks before admission he was seized with giddiness, accompanied by pain and a sinking sensation in the stomach; he had shortness of breath, and could not walk a distance without stopping. For these he consulted the parochial surgeon, who told him of his slow pulse. Shortly before his admission he had a fainting fit. Whilst in the hospital the pulse was as low as 26 per minute when sitting or lying down, but increased to 30 or 34 when standing. On the 2d June the pulse was 22 per minute; his general health was otherwise good. He remained in the hospital altogether about six weeks, and complained almost solely of debility at the commencement, which gradually disappeared under the influence of a regulated diet and mild tonic remedies. His pulse, though slow, was always regular; there was nothing abnormal about the heart in any way, and his general intelligence was good, although the mind did not appear to be active.

There is then no very decided cause for the slow pulse, unless the symptoms complained of some weeks before admission be interpreted as pointing to some insidious disease of the brain. Although a painter by trade, he has not suffered from the poisoning influences of his trade.—British American Journal.
MR. EDITOR:—Believing that you will give an insertion to these few lines in your valuable paper, at the urgent solicitation of many of my fellow sufferers and colleagues, I take the liberty to furnish our fellow citizens of Cincinnati, a correct statement of the privations and treatment of our sick soldiers. There are now from two to three hundred sick soldiers in the hospital. Most of them suffer from rheumatism, dangerous fevers, or like diseases engendered by the irregular habits and life to which they have not been accustomed. All these are now under the treatment of the young, energetic and thoroughly qualified Dr. C. K. Winnie, of the U. S. A., who takes all possible pains to alleviate the sufferings of the defenders of our country, and I am happy to add his labors are rewarded by the weekly discharge of from twenty to thirty men, who, though weak from exhaustion, return cured and sound, though nearly starved, to their respective Regiments.

But, alas! this is the first man we have found doing his duty towards the sick soldier from pure motives, unlike others who join the army for the sake of making money only, and who leave the poor sufferers to their own fate. In the hospitals at Sutton it was horrible to see these unfortunates lying scattered upon the floor without receiving proper treatment and medicines, and without hardly ever being asked or examined where and from what they suffered—did not deem it necessary to examine the patients, but contented with asking the Steward, “How are they all this morning?” to which he received the usual reply, “All right,” except some had grown seriously worse and some died during the night. If one would drag himself down stairs and see the Doctor, and beg for medicine, he received some powders or pills, which were uniformly administered for every disease, or the consolatory reply, “I have not the proper medicine for your case.” These are the patriots who accompany many of our regiments not to take care of, or administer medical aid to the sick soldier in defending the Union, freedom and right, but to enrich themselves by what they wrongfully withhold from them. For instance, they are entitled to the funds realized from hides and tallow sold from the slaughter house, to procure milk, butter, eggs, &c., &c. for the use of the sick, and also to draw money for the rations not dealt out to the sick soldier. The Steward is impressed to practice the closest economy, and the Physician prescribed half rations, but we received no benefits, and in case of complaint being made,
the complainant was sure to be locked up. The butcher told our Sergeant of the 5th Company, 9th Regiment, he had paid fifty dollars for hides and tallow, which was pocketed. In like manner our Steward sold the coffee, sugar, lard, rice, &c. belonging to the 1st German Regiment, to a shoe-maker, of Sutton, and left us, who were ordered to Clarksburg, the day previous to our march, without provisions. The journey to Clarksburg looked like a funeral train, nothing but bacon and bread for the suffering sick; the money for eggs and butter found its way into wrong pockets. On our arrival we were quartered from forty to fifty in a house, in which already lay about one hundred sick, and we had to content ourselves by lying scattered about on the hall floor and similar places.—The next morning our kind physician appeared, and went to work with a will to bring order out of chaos; create comfort and administer proper medicines to the suffering sick, and in a short time many in Sutton who were considered on the verge of the grave improved rapidly, and became convalescent. But even now there are those in government service as stewards, nurses, &c. paid to take care of the sick, who play their thievish tricks behind the Doctor's back, and take care of themselves not only for the present but for the future.

The Doctor allows every sick soldier full rations, and what is not thus drawn, is paid in cash, for which he procures more nonrishing food. Government provides suitable nourishment for the sick soldier, but the leeches around the hospital consume it instead of those for whom it is intended.—If complaints are made to the Doctor they know too well how to clear themselves with falsehoods, and the poor patients get no relief. The office, however small, is made to yield as much as possible at the expense of the soldier. It is high time that government should look into this matter, and put a stop to these nefarious practices, and insure fair treatment. After our painful experience in the camp and hospital, we are almost brought to the belief that men are scarce in the United States, who, if appointed to offices of honor and trust, will discharge their duties honorably and faithfully; but honor to whom honor is due; honor to Dr. Charles K. Winne.

With respects in the name of my comrades and myself,

I am very respectfully yours, a member of

9th Reg't, Ohio Volunteers.

Note.—We publish the above letter, which appeared in a German paper of Cincinnati, at the request of a Medical friend, who is acquainted with the gross neglect, incompetency and dishonesty often practiced in the Military Camp and Hospital. We do this with pleasure, since so favorable mention is made of our fellow townsman, Dr C. K. Winne.
DIPHTHERIA.

In the Ohio Medical and Surgical Journal for August, Dr. E. L. Plympton, of Centreville, Ohio, has an article upon diphtheria, from which we make an extract or two, and upon which we propose to base a remark Dr. Plympton’s experience early led him to the following conclusions:

“1st. That diphtheria is as much a blood disease as small pox. 2d. That it should be treated with such hematic remedies as have a tendency to correct this morbid condition. 3d. That the treatment, to be effective, must be commenced either before or early in the active stage of the disease, and that it is useless to waste much time or trouble in treating the local affection of the throat. Acting upon these conclusions, I have, in every case, placed my principal reliance upon some combination of chlorine, and mainly upon the chlorate of potash, commencing usually with a mild mercurial cathartic, often using the hyd. c. creta than any other. To a child five years of age, I give enough of the saturated solution of the chlorate to contain three or four grains, and repeat the dose every three hours during the career of the disease; and to patients older or younger, in relative proportions. When the child is capable of gargling, I have him use one mouthful as a gargle, for the purpose of washing out the loose excretions of the throat, and then immediately swallow the prescribed dose. I have repeatedly penciled the throat with nitrate of silver and tincture of iodine without any very satisfactory results.”

In regard to removing the exudative membranes our opinions have been previously expressed; and, though we differ in this regard with most authorities, we find support in our friend’s opinion. He says:

“I can see no more philosophy in removing the membranous exudation with the expectation of mitigating or cutting short the disease, than I can in removing the pestules of variola with the expectation of safely terminating that disease. The one is as much an element of systemic disease as the other. If the diphtherial exudation be in the air-passages below the epiglottis, the caustic swab will stand a poor chance of removing it in season to save the patient; if the exudation be above, it will not be much in the way of his recovery.”

This opinion is almost exactly what we have expressed on a former occasion.

At the head of all remedial agents in diphtheria, Dr. Plympton places the chlorate of potash, and he says:
"I not only have faith in it as a curative remedy, but as a prophylactic."

Bearing upon the subject of its prophylactic powers, we will quote an idea from Dr. S. H. Smith, of New York. In the *American Medical Times*, for June 8th, speaking of the chlorate of potash in *typhoid fever*, he says:

"I have settled down into the conviction that its greatest value in such cases is as a prophylactic. Given in conjunction with quinine and mild aperients, I have seen it repeatedly stave off attacks of fever during epidemics, even of 'Irish emigrant' or 'ship' fever; the premature laying aside of the medicine being followed by immediate return of the threatening symptoms, again to be dispersed by a recurrence to its use."

We are inclined to attribute the prophylactic powers of this combination largely to the quinine, yet we give the opinion of Dr. Smith as it stands. It must be admitted that there are some points of strong resemblance between typhoid fever and diphtheria.

We have used the chlorate of potash in every case of diphtheria that has come under our observation, and we must say we are not satisfied as to its curative properties. Certain are we, that we have never lost a case in which the chlorate of potash was not liberally used from the beginning. Though it may be a valuable remedy, *it is not capable of saving all cases*, even when aided and supported by other appropriate remedies.

Our readers may remember that in the *Reporter* for September 14th, we referred to the opinions of Dr. N. E. Jones, of Circleville, Ohio, as published in the *St. Louis Medical and Surgical Journal* for May. He regards belladonna as a valuable remedy in diphtheria, and gives the following as his conclusions:

"1st—Belladonna given to intoxication arrests membranous exudation.
2d—Given early, in the febrile stage, cures by resolution.
3d—Causes softening and detachment of exudation in an unusually short space of time."

Upon this point, in the *St. Louis Medical and Surgical Journal* for July, Dr. E. W. White remarked:

"Exudations are respectively euplastic, caeoplastie, or aplastic. In the case of croup, the formation may be plastic, highly fibrinous; in scarlatina, almost entirely aplastic, sero-albuminous, and tending to putrefaction.—Diphtheria appears to rank between the two, the effusion being either fibrinous, when the attack is acute and asthenic, or fibro-albuminoid; or, indeed, if slow, insidious, and asthenic in its approach, the effusion may be
sero-albuminoid. Now, we cannot understand how belladonna can exert any beneficial effect in such diphtheria, where all anti-phlogistics or sedatives are injurious. We need stimulants from the beginning. If it be true that malignant diphtheria, scarlatina, and croup are blood diseases, a narcotic is certainly not indicated—alteratives are needed. I think iodide of potassium has probably the highest claim. It has always been used with benefit in the sloughing, mercurial sore throat, a condition almost identical with that of diphtheritic ulceration. Mercury would be, for this reason, a bad remedy, especially after the acute stage had passed. Iron and alkalies are the great constitutional means. Diphtheria is a true blood disease, and I would use stimulants to elevate the nervous power, while I would use alteratives and tonics to cure the blood disease. It would appear, therefore, irrational empiricism to administer belladonna *to intoxication* in these diseases."

Of belladonna in diphtheria we cannot speak favorably; and, though the chlorate of potash may be a valuable remedy, there are many cases to which it is not adequate to the cure.

Our brother-in-law, Dr. L. V. Axtell, of Jamestown, N. Y., whose experience is quite large in this disease, speaks very highly of arsenic in diphtheria. In adults, he would give Fowler's solution in ten-drop doses, and repeat every four or six hours during the disease. He says the proportion of deaths to his whole number of cases has been greatly diminished since he commenced the administration of this remedy. He also believes that the fetor of the breath has been greatly diminished under this kind of medication. It is proper to observe that he has not neglected ordinary instrumentalities—quinine, iron, chlorate of potash, etc. have been used as heretofore.

Theoretically, we should expect benefit from it. A remedy so powerfully antiseptic, and tonic besides, should be of service in a disease so strongly septic as is diphtheria in its severer forms, as well as in some other difficulties of a similar character.

We have used the remedy in our last ten cases, and we were rapidly acquiring a favorable opinion of it, when we suddenly lost two cases, both in one day. They were, however, terrible cases, septic to the last degree, and it was probably no fault of the medicine that the patients died. In so severe a disease as diphtheria, it is not probable that a specific will be found. Dr. Axtell and his partner] have great confidence in arsenic, and we cer-
certainly hope much from it. In this locality, a type of the disease has prevailed more putrid in its tendencies and rapidly gangrenous than any we have seen described in all our reading. It has been our good fortune to lose but one in ten. In view of all the circumstances, we think this speaks well for the remedies employed. When we hear of physicians having hundreds of cases, and losing none—using only simple remedies—we know they have not seen the disease at all, or at least not in its severer forms.

Dr. White, of St. Louis, suggests the iodide of potassium as probably the most important alterative in diphtheria. We remember having seen the same suggestion before, but do not now call to mind by whom it was made. We have never given this article a trial in this disease, and can say nothing experimentally.—Medical and Surgical Reporter.

STARCH BANDAGE IN RECENT FRACTURE—BELLEVUE HOSPITAL.

With few exceptions authors limit the immovable apparatus to those cases in which the inflammation and swelling following the injury have entirely subsided, and for the best of reasons. If applied as originally recommended, the dressing being perfectly unyielding, if subsequent swelling occurred at the seat of injury the most serious consequences might follow. The compression of the veins would readily become so great as to interrupt the return circulation so far as to produce gangrene of the extremity. Instances of this kind in which, after the dressings were applied, the swelling increased, and mortification occurred, early led to the strict rule of practice, never to apply the immovable apparatus until all danger from the subsequent swelling of the limb had clearly passed. The rule is a just one, and should never be departed from when the dressings applied in the manner first recommended.

There is a manifest advantage, however, in applying permanent dressings to simple fractures immediately after their occurrence. There is, then, no shortening of the limb to be overcome by subsequent traction, and no painful spasms of the muscles excited by the irritation of the fractured bone.—If the displaced fragments are placed and retained in perfect apposition, during the quiescent period that intervenes previous to the commencement of the reparative process, there will be less liability to swelling and subsequent inflammation. Besides, in private practice patients and friends are never satisfied unless the fracture "is set" immediately, the mere manipula-
tions by which the fragments are opposed being with them the most important part of the whole treatment.

Admitted that the starch apparatus is well adapted to old fractures, is it possible to render it serviceable as a primary and yet permanent dressing? This question has now been definitely settled affirmatively. By first applying a thick layer of cotton wadding to the limb, as recommended by Burgravae, of Ghent, adapting it nicely to all the irregularities of the parts, the starch apparatus may be at once applied in simple fractures with the happiest results. The cotton should completely envelop the whole limb, and the first roller be placed over it. This should be applied firmly, and the application of starch should be first made to this bandage. The cotton is so elastic as to perfectly protect the superficial vessels from undue compression, even though swelling should follow. But the contrary effect is generally produced. Before the dressing is completed, the patient remarks that his limb feels pleasantly cool, and never that the dressing is too tight in the vicinity of the fracture. The result of this application of the starch is a rapid reduction of the swelling; thus rendering it the best local application that can be made.

We have recently seen the starch apparatus applied in this manner in Bellevue Hospital, to recent fractures of the leg, thigh, and arm, without the slightest inconvenience, but with immediate relief to swelling, and those painful startings and other symptoms attendant upon the exposure of the limb for several days without dressing. In fractures of the thigh, the patient is able to leave his bed as soon as the dressings are dry, generally about the third or fourth day after this application. Of course no weight is to be borne upon it. In fractures of the arm, where non-union is so common, the starch apparatus may be applied at once, and all dangers of such results be obviated. To country practitioners this dressing offers great advantages. The limb is at once firmly and securely put in a permanent dressing, without the slightest chance of displacement or other complication. The method of applying the immovable dressings is well illustrated in Erichsen's Surgery.—American Medical Times.

REVIEWS

Lectures on Materia Medica and Therapeutics, delivered in the College of Physicians and Surgeons of the University of New York. By John B. Beck, M. D., late Professor of Materia Medica and Medical Jurisprudence. Prepared for the Press by his friend, C. R. Gilman, M. D., Professor of Obstetrics, etc., in the College of Physicians and Sur-
That this book should continue the text book of materia medica for so many years, is proof that our science is becoming settled, and in a good degree certain. This last edition of Beck's Materia Medica, commends itself not only to medical students, but also to physicians; not that new remedies are presented and urged upon the consideration of the reader, but since the old and truly valuable medicines are faithfully described, and new principles of therapeutics established, while the best means of bringing those principles into practice are fully and clearly presented. The character and value of this book is too well established to admit of any doubt as to the high estimation in which it is universally held by those who are acquainted with its merits. It contains a full, clear, and comprehensive description of all remedies of established value, and the therapeutical principles which govern their administration.

For sale in this city by Theodore Butler, No. 159 Main street.


The interest and importance which is now universally attached to the diseases peculiar to women, will render this new volume by Dr. West, indispensable. The intelligent women of our country have learned enough of themselves and of the diseases to which they are peculiarly exposed, together with the expedients which have been made available for their relief, to longer remain satisfied with the attendance of a physician who does not show some familiarity with the proper modes of investigation and some aptness in directing efficient means for their relief. The day has nearly passed when a physician can safely forget, in the treatment of diseases occurring among patients of the female sex, that, besides the ordinary causes of disease common to both sexes, there is another set of causes peculiar to women.

The disorders of the sexual functions and the way in which they re-act upon the general health, or are acted upon by it, manifestly deserve the most careful attention, since it is often no easy task to unravel the tangled
web of symptoms and find out where the mischief is, which has given rise to so various manifestations of diseases. To say that a female patient has neuralgia, spinal irritation, or hysteria, prescribing valerian asafetida or counter irritation, and neglecting to institute thorough investigation into the more primary causes of disease, constitutes the grossest stupidity.—But this is not what we designed to say, and has only been said accidentally, while thinking of the light which has been shed upon these topics by Dr. West and others within the last few years, and remembering how few, comparatively, had ever caught the first gleam of this sunlight. West on the Diseases of Females, should be placed upon the table of every practicing physician—should be read and carefully considered. It contains thirty-three lectures, and treats upon the diseases of women rationally.

Illustrated Scientific American.

"We do not believe that even in this age of cheap publications any work can be more reasonable than the terms of the Scientific American at $2 per annum, with twenty-five per cent. discount for clubs of ten. It forms a yearly volume of 832 pages quarto, with an immense number of original engravings of patented machines, valuable inventions, and objects of scientific interest. There is not an industrial pursuit which does not receive a share of its attention. It contains official lists of patent claims, important statistics, practical recipes for useful domestic purposes, and has long stood, both in this country and Europe, as the highest authority in the mechanic arts and sciences. There is no publication more valuable to the farmer, the miller, the engineer, the iron founder, the mechanic, or the manufacturer. We have never opened a number without learning something we never knew before, and obtaining valuable information for the benefit of our readers. The Publishers, Messrs. Munn & Co., of 37 Park Row, New York, have deserved the success which they have achieved. No one should visit that city without calling at their palatial establishment, which is a museum of inventive genius, collected from the entire world. If any of our friends away off in the country do not know this work, and will take our advice, they will mail $2 and become subscribers immediately, or by applying to the Publishers they can obtain a specimen copy gratis, which will be sure to confirm the truth of our recommendation."—Louisville Journal.

We fully indorse the above, and would recommend our readers to take Prentice's advice, and subscribe for the paper. A new volume commences on the first of January, and it being a valuable work of reference, containing, as it does, the only offi-
cial list of patent claims published in the country, every number should be pre-
served. The paper is published every Saturday, by the well-known patent agents,
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In addition to furnishing specimen copies of the paper gratis, the publishers will
send a pamphlet of advice to inventors, free of charge.

Address, MUNN & CO., 37 Park Row, New York.

BOOKS RECEIVED.
The Placenta, The Organic Nervous System, The Blood, The Oxygen,
and the Animal Nervous System, Physiologically Examined. By
JOHN O'REILLY, M. D., Licentiate and Fellow of the Royal College of
Surgeons in Ireland; Resident Fellow of the New York Academy of
Medicine; Member of the Medico-Chirurgical College of New York;
late Medical Officer to the Oldcastle Workhouse and Fever Hospital,
JOHN CHURCHILL, New Burlington Street.

NEW YEAR.
We take this opportunity of wishing our readers a "Happy New Year."
In return we hope not only to receive a kind wish for ourselves, but a dol-
lar for the Buffalo Medical and Surgical Journal. If those of our friends
who have not already done so, will remember this important item, in mak-
ing up the sum total of our happiness and the existence and prosperity of
the Journal, we will do our best to "pour blessings on their heads."

APPOINTMENT IN THE ARMY.
Dr. LEVI J. HAM, of South Bend, Indiana, formerly of Williamsville,
Erie County, N. Y., has been appointed Surgeon to the 48th Indiana Regi-
ment, Col. Eddy, and has accepted his charge in Camp Ellis, Goshen.
We most heartily congratulate the 48th Indiana Regiment upon this
appointment.

Report of Deaths in the City of Buffalo for the month of November, 1861.
Accident 8, Albuminuria 1, Angina 1, Apoplexy 1, Bronchitis 1, Cancer 1, Cancer
of the Womb 1, Consumption 19, Convulsions 9, Croup 5, Debility 6, Delirium Treme-
mens 4, Dentition 1, Diarrhoea 2, Disease of the Brain 2, Disease of the Heart 3, Dis-
case of the Lungs 2, Disease of the Liver 1, Diphtheria 3, Dropsy of the Brain 5,
Dysentery 1, Empyema 1, Fever 2, Inflammation of the Brain 2, Inflammation of the
Lungs 5, Inflammation of the Lungs Typhoid 2, Inflammation of the Perito-
neum 1, Inflammation of the Stomach 1, Inflammation of the Veins 1, Intemper-
ance 2, Marasmus 5, Measles 1, Old Age 6, Paralysis 1, Scurf 1, Scarlet Fever 11,
Softening of the Brain 1, Suicide 1, Syphilis 1, Typhoid Fever 2, Typhus Fever 1,
Whooping Cough 3, Unknown 4, Still Born 7. Total 143. Under one year of age
34. Between one and twenty 52. Between twenty and fifty 34. Over fifty 23.
Males 79; Females 63; not given 1; Total 143.

J. WHITAKER, Health Physician.
ART. I—Cholera Infantum—Read before the Erie County Medical Society, January, 1862, by Henry Nichell, M. D. Published by vote of the Society.

Mr. President and Gentlemen:

In response to your invitation, I have to present the subject of Cholera Infantum, and will ask your indulgence, while I read an article too lengthy for the time usually devoted to an address. The importance of the subject is my only apology. I desire to call your attention to this subject, which, although almost exhausted by the most eminent and distinguished writers of our country, is in an etiological as well as pathological point of view at least, still open for further research and inquiry. I frankly confess that I enter upon the subject I have for many reasons selected, with some distrust, as to my ability to do the justice its great importance seems to require; but having earnestly reflected upon some of the causes, and also the primary and secondary or accidental complications of that disease, which I regret to say every year extinguishes the flame of life of so great a portion of our infantile population, I shall attempt to lay before this learned and honored Medical Society of the County of Erie the results of these reflections. I am also preparing a statistical record of four hundred and seventy-five cases of Cholera Infantum, having occurred in my private practice,
during the period of four successive years since 1858, which I desire respectfully to submit to the Society at some future time.

Cholera Infantum, may be defined an endemic of tenderest age, making its appearance exclusively during the hot season, in the large and densely populated cities of the United States, and being characterized by vomiting, purging, and more or less rapid emaciation. In a restricted sense of the term, cholera infantum, appears to be a well marked, severe form of gastro-intestinal catarrh, either of an acute or chronic character. The disease chiefly occurs between the age of three months and two years, but also earlier and somewhat later, and is for many tangible reasons one of the most fatal affections to which infancy is exposed. The duration of cholera infantum varies from a few hours to several days, weeks, or even months, according to the nature, and more or less continued action of the causes or conditions which produce it.

Causes.—All writers on the subject agree that a combined action of various predisposing and exciting causes are requisite in order to develop cholera infantum. The conditions necessary for the production of the disease in question, are mainly, a high atmospheric temperature, confined and impure air of large and over-crowded cities, improper diet, and a certain infantile age, representing both the period of dentition and that of the physiological development of the muciparous follicles in the intestinal tube. It is easily understood that neither of the causes just mentioned appears to be alone sufficient, for it never occurs, as it is stated, in the pure air of country places during the hot summer months, except perhaps in some mitigated form, nor does it prevail in large cities during cold weather, and so far as improper diet is concerned it will frequently be borne at any season, save the hot, with surprising impunity. I shall, however, consider more fully the morbid effects of each of the causes, so as to be enabled to test their practical value, both to the practitioner and the public in general. There can be no doubt as to the essential influence of a high atmospheric temperature, to the formation of the disease, since it is shown by the fact that it prevails always in proportion to the heat of the season. It is further proved by careful observation that the appearance of a few cold days after a period of constant hot weather more or less diminishes, while on the other hand any increase in temperature will certainly increase the number of cases. Finally, according to Dr. Hexamer, cholera infantum occurs as soon as the average temperature has reached sixty-nine degrees, and increases with the rise of the thermometer; it is at its height at from
seventy-one to seventy-eight and disappears when the temperature falls below sixty-five.

Confined and impure air, such as is found in large and densely populated cities is another cause to be mentioned. It is due to the generation of what is commonly called animal poison or animal effluvia; the exact composition of which is not yet positively known, but that sulphuretted hydrogen is among its elements appears highly probable. In order however to appreciate the real consequences, which the noxious qualities of impure air will have upon the tender infantile organism, we must bear in mind the circumstances under which animal effluvia are generated. It is a known fact that the disease is most frequent among the infants of the poorer classes, who for the most part inhabit ill-constructed and ill-ventilated dwellings, located in overcrowded lanes and alleys, often surrounded by filth and animal decomposition of every kind. The inmates of such unhealthy localities are moreover compelled to be confined and crowded together at night in their small, damp and musty sleeping apartments where from the decomposition of their exhalations and excretions, these noxious effluvia will at once be developed. It is from such sources chiefly, where, the "malaria of crowded places" actually exist, that the disease almost always receives and manifests its more dangerous character and, manifold complications.

Improper infantile diet, in addition to the causes already mentioned should be regarded as the very torch by which action, the disease is most frequently kindled and kept alive for an indefinite period. It is, however, a strange fact, that this cause so powerful in its operation, has not yet received that full attention and appreciation in an etiological point of view, among authors and the profession at large which it so evidently deserves. I venture to assert, that at least two-thirds of the cases which came under my observation and care in an extensive private practice, for a period of thirteen years have given satisfactory evidence to me, of having been excited, or else assumed a chronic character, or even occasionally led to a fatal end, by the operation of great errors in diet. It appears to prevail among certain classes of society, whose offspring are the most liable to be attacked, and where, not only an entire ignorance, but also a fearful indifference, nay, even a stubborn opposition relative to the care, and to all dietetic and hygienic rules, proper to apply to young infants, is found to exist. It is astonishing what kinds of articles, even during the continuance of the disease the unfortunate nurslings often receive as nutriment, as for
instance pieces of sour apples, pickles or sausages, any kind of berries, cider, beer, in short anything they desire. Prof. Jacobi remarks the following about improper food as a cause of cholera infantum: "The well developed cases of severe gastro-intestinal cartarrh (cholera infantum) are more frequently in the second and third half year, but according to my observation just as many occur before the first year as after. Thus neither the eye-teeth nor the 'second summer' are to be blamed as much after all. But there is some truth in the blame thrown upon the second summer. A child born in the course of the winter or spring is from fourteen to twenty months old in his second summer; he is probably weaned, and then liable to gastric and intestinal disorders, depending on being fed, over fed and badly fed, or he is kept at the breast by the too careful mother, who is fearful of some imaginary constitutional disturbance. The infant, consequently, is forced, all summer to take improper food, the nutriment of a nursling, inappropriate for the digestive organs of a boy with from twelve to sixteen teeth in his mouth."—Am. Med. Times, page 162, 1861.

Prof. Wood also says: "That diet has much influence upon the origin and severity of the complaint, is proved by the fact, that children fed by the bottle, or the spoon, are more frequently and dangerously affected than those nourished at the breast." According to my experience, the disease once cured will certainly return again and again when mother's substitute inappropriate diet, instead of complying with proper dietetic principles.

Finally, a certain infantile age must be added to the causes of cholera infantum—of this, I shall speak hereafter, when I come to consider it, in connection with what is called dentition, which has, up to this time, been erroneously regarded as such a causative agent. Upon the well-known fact, that a certain glandular development of the mucous membrane of the intestinal tube takes place, just about the period during which the gradual formation and protrusion of teeth occurs, in consequence of which, under certain circumstances, a series of pathological conditions is apt to follow, and on ground of a strong supposition that, only during this period, cholera infantum makes its appearance, is based the idea that, consequently, dentition must be one of its causes. In this sense, the latter is regarded, by various excellent writers, as the "conditio sine qua non" of the disease. Indeed, it seems highly convenient for writers to look on dentition as a predisposing cause of cholera infantum, without any further consideration, reflection or evidence. Dr. Williams, in his principles, page 39, uses the following language, which seems to have some relation to the present sub-
ject: "The fact is simply, that the division of causes ordinarily adopted among pathologists is conventional, and convenient, rather than natural and philosophical. What are called causes, are really circumstances that are essentially and invariably antecedent to disordered action." In order to settle this question and arrive at positive conclusions, the nature and further relation of causes should be carefully and thoroughly investigated. In relation to the point in view, it appears clear to the medical mind, that, at a certain age of infancy, two distinct physiological processes take place simultaneously—one of these consists in a certain glandular development in the intestinal canal, while the other exhibits the gradual formation and protrusion of teeth. As a very natural result of the development of the muciparous glands or follicles, their activity and power of secretion is, found to be increased more or less. In this manner, the mucous membrane may become predisposed, sooner or later, to take on morbid action. When I consider more fully what appears to be the true pathology of cholera infantum, I shall be farther prepared to show, by illustration, the very distinctive relations which these two different physiological processes may have, to the disease in question. Can the gradual development and protrusion of teeth produce any serious disease whatever? Has dentition ever been a cause in the production of croup?—Although the larynx and trachea are placed anatomically so near the seat of war, where, in very young infants, Dame Nature threatens "horrible dictu!"—the protrusion of teeth, sooner or later. Indeed, every physician would smile at the very thought of the bare possibility of it. I shall never believe dentition to be a cause of any serious disease; and it is on this occasion, and before this enlightened medical society, that I pay my highest respect to Prof. Jacobi, of New York, that high minded gentleman, who first undertook, the great and scientific work, to sweep away that very ancient and stupid story or apparition, which is generally called dentition, and its imaginary concomitants, in the shape of several hundreds of terrible diseases. I herewith refer to his very important and instructive lectures on dentition and its derangements—a treatise on the subject, which does not meet its parallel in any country. Secondly, it must be borne in mind, that cholera infantum is by no means exclusively confined to that period in which teething is apt to occur, as has erroneously been stated. For my own part, I am satisfied that I have often attended infants between four and twelve weeks of age, a period of infantile life, in which, of course, what is denominated dentition does not take place.

It should also be recollected, that very young infants are not only subject-
ed to the prostrating effects of a high atmospheric temperature, during the hot season, in general, since they are mostly confined to the rooms, and placed either in their cradles, or at their mother's breast; they are, besides this, compelled to suffer from that concentrated heat reflected from the walls of the apartments, and finally, these little creatures are exposed to the hot and often disagreeable exhalations from the individuals who have care of them, and with whom they are in so close personal contact.

In connection with this, another important fact may be mentioned, as first stated by Dr. J. Steward, which further deserves the attention of the profession. He says: "It is the deterioration of the mother's milk, from the debilitating effects of the atmospheric influences already considered. — The mother suffers as well as the child; and it appears quickly in the secretion of the milk, manifested principally in its lessened quantity, while the process of nursing is one of fatigue and exhaustion. Even if it is difficult to prove any alteration in the chemical qualities of the milk, yet the fact is well established, that the milk will undergo changes, at times, of such a nature as to impart injury to the child. We have proved this by withdrawing the child from the breast, although in general opposed to weaning children that are sick." — Dr. J. Steward's prize essay, page 279. Indeed, it appears by no means a wonder, that so delicate creatures, who are exposed to the noxious effects of atmospheric and other influences in various ways, during the hot summer mouths, should be attacked by cholera infantum, especially if we take into account, that they, only, and not children of an older age, are subjected to such a series of evils. No less distinguished authority than that of Dr. J. Steward, has asserted that children, having passed the period of dentition, will, if exposed to the causes already considered, almost always be attacked by dysentery instead of cholera infantum.

But the key to the mysterious fact just alluded to, why children of an older age will suffer from dysentery instead of the disease under consideration, appears to be, that rarely ever are they to be found in just the same situations and relations as those delicate nurslings are constantly placed, especially during the hot season: wherefrom it may be safely concluded that, since they are rarely exposed to the same concentrated noxious influences, so the resulting disease will be quite different, dysentery appearing instead of cholera infantum. How different, indeed, are the conditions and relations of older children, in comparison with those of an infant of more tender age; instead of being kept in constant confinement, or held closely in the arms of perspiring mothers, the bold little boy, and the lively girl, may
enjoy themselves heartily in the open air, playing around in every possible manner for the most part of the day. When under such circumstances, they are not attacked by cholera infantum—they are, however, exposed to the common causes of dysentery.

From various important reasons it may be inferred, that dentition, as such, cannot further be claimed as a predisposing cause of cholera infantum, inasmuch as the process of teething has nothing to do with it whatever. From the fact that this process is liable to become disturbed under the influence of those noxious agents which tend to develope cholera infantum, it is easily understood that it cannot act as one of such agents itself, still less can the period during which this process is going on, be regarded as a causative agent, for the reason, first, that cholera infantum does not exclusively occur during a period usually denominated that of dentition. Secondly, this period represents in nowise this process of dentition alone, but, also, the period during which another physiological process takes place of much greater apparent influence in the production of the disease, than the process of the formation and protrusion of teeth can ever be supposed to exert.—The term, “a certain infantile age,” which represents and includes both the period of dentition, as well as that of the physiological developement of the muciparous follicles of the intestinal tube, should, for these reasons, be substituted and considered as a predisposing cause of the disease, instead of what is called the period of teething. Prof. Jacobi, in reference to causes of cholera infantum, remarks: “In order to prove that there is no necessity in resorting to dentition as a kind of scapegoat to explain the diarrhoea of infantile age, we need but enumerate a number of such causes on which diarrhoea is universally acknowledged to depend. The more numerous these causes are, the less necessity there is for dentition to shoulder the blame in every case. The less so, as there are but two principal connecting links between the protrusion of a tooth and the intestinal catarrh. These principal links are, either nervous irritation or the undeniable sympathy between distant parts of the same tissue. But we have seen the scarcity of cases of local stomatitis, or rather gingivitis, during the protrusion of a tooth; and certainly, we cannot expect an inflammation, which is not, to give rise to a catharrhal process that is. Injurious injesta are the prominent causes of diarrhoea in children. Purgative medicines; maternal milk overloaded with, or deficient in fat, salts, or caseine, or affected by mental emotions; artificial feeding with amylacea, either too soon or too late, or decomposed; superabundance of sugar in the food; retention and putrifaction of particles of
food in the mouth; retention of a sugar solution from a sucking bag; the mere change of nurses in weaning; those and other causes will suffice to give rise to very obstinate diarrhoea indeed. Especially the time of weaning is a dangerous one in this respect.

Another very important cause of diarrhoea is high temperature. You know that dentition will take place any year, or month, or season, but you are also aware of the fact that the occurrence of diarrhoea is very much influenced by season and temperature. We know for instance, that the cases of intestinal catarrh, with or without catarrh of the stomach, especially the severe ones known by the name of cholera infantum, will frequently appear in New York about the middle or end of June, will reach their highest number in July and August, will diminish in September, and disappear in October. [Am. Med. Times, page 161, Sept. 1861.

Anatomical Characters.—In the acute form, a hyperaemic state of the mucous membrane, enlarged and perhaps inflamed follicles, will frequently be met with. Sometimes not even the slightest trace of inflammatory action, but an unusual paleness of the mucus surface will be found, especially if death had occurred early, as is stated by Dr. Condie of Philadelphia. In the more chronic cases there may always be found more or less vascularity and also thickening of the mucus coat, particularly of that portion, lining the large intestines, occasionally partial softening may be observed. The follicles are generally found to be enlarged, often inflamed and occasionally ulcerated; the liver may appear either quite healthy, or also in a diseased state as more or less congested, enlarged or fatty, as has variously been stated. The substance of the brain may sometimes be found congested, or there may be serious effusion in the ventriciles; in some instances thickening and opacity of the arachnoid membrane will be found.

Pathology.—Very different opinions seem at the present time to exist among writers, so far as one or the other tissue or organ is primarily affected. Quite recently opposition was made upon a point, already thought "a settled and absolute dogma," namely, that cholera infantum is invariably associated with more or less derangement of the liver. Most of our eminent writers, as Drs. J. Steward, Eberle, Wood, A. J. Fuller and others, are as it appears firm believers in the theory, and have indeed manifested great pains to demonstrate, that through the agency of the combined influences of a heated atmosphere along with the peculiar malaria of crowded cities, during the period of dentition the hepatic organ chiefly must suffer,
and for this reason doubtless be involved in the disease, so as to present either a congested or torpid state, or a certain enlargement or fatty degeneration. Dr Steward in his prize essay on cholera infantum, page 301, says: "The disease therefore exists mainly in the mucous follicles, and in the liver." Dr. A. J. Fuller regards the disease of the follicles as a secondary affection, caused by the congested state of the liver, by which a free passage of the blood is prevented. (Report on Treatment of Cholera Infantum in the transactions of the Am. Med. Association, vol. ix.) Prof. Wood is of the opinion that the disease consists essentially in an irritation or inflammation of the alimentary mucous membrane, directed especially to the mucous follicles and associated with a congested or torpid state of the liver, probably depending on the same cause. (Practice of Medicine, page 706, vol. 1.) The long adopted and sanctioned doctrine however, based upon a certain number of cases in which the liver was found to be in a diseased or altered condition, has at length become a matter of doubt among members of the profession. Thus the post-mortem examinations made in the nursery and child's hospital in the City of New York of late years, have led to quite opposite results relative to the question whether the liver is invariably and principally involved in each and every case of the complaint. The report on treatment of cholera infantum says: "In some cases, this organ has been found fatty, but with this exception it has uniformly been healthy." (Am. Med. Times, page 223, Sept. 1860.) That the liver is not severely affected in every instance is proved by the fact that cholera infantum, more or less dangerous in its character, may attack the same children for two or three successive years, as I had opportunity to observe. From this it might be supposed that the liver would during the continuance of the third attack, at least have undergone such very important changes, that recovery was entirely impossible, which however took place in some cases even under the most unpromising circumstances.

The absence of biliary secretion in the alvine evacuations has by writers in general, been regarded as a positive evidence that the liver must be more or less seriously involved in the disease. But according to my own and others experience, in the majority of instances, it seems to indicate merely a functional disorder. Even in the more protracted cases of the complaint in which this symptom is firmly believed, by some excellent authors, to depend principally upon certain degrees of enlargement of the liver, the hepatic secretion will, I venture to affirm, often reappear, sooner or later, in the alvine discharges, since it is a fact that patients have recovered that
were regarded quite hopeless. Structural or anatomical derangement of the liver, is most probably the result of a long-continued disorder of this organ, gradually produced, or it may also be developed in consequence of a previous existing predisposition or tendency to organic liver disease, favored by the attack of cholera infantum. The important question, why the liver appears to be involved more or less seriously in some cases, while in others this organ is found in a quite healthy condition, must be left for further investigation.

I shall now discuss more fully what appears to my mind the true pathology of cholera infantum. Either of the physiological processes developed during a certain age of infancy, already considered, may, through the powerful agency of various noxious influences become disturbed in one way or the other. The process of the development of the muciparous follicles, will gradually become altered into a pathological condition, and serves as a large basis of operation in cholera infantum; while the process of teething, as such, may perhaps be prolonged, and locally become more or less difficult, in consequence of exhaustion and prostration. The process of the follicular development, after having been interrupted in its physiological nature, seems to become thus morbidly modified, and not only an undue enlargement, but also, as further consequence, even inflammation, and occasionally ulceration will occur during the course of the disease. These important local effects have been explained, by some distinguished writers, as being solely effected through the agency of the liver—the latter, on post-mortem examination, however, has, in many instances, been found quite healthy. I am inclined, therefore, to consider the mucous membrane, and the follicular arrangement of the alimentary tube, as primarily affected in cholera infantum, contrary to the opinion of many others.

The affection of the brain and its membranes is a secondary or accidental complication, in most cases at least, although morbid conditions of this organ occasionally occur during the early stages even of the disease. They are, however, the more well-marked in confirmed cholera infantum.

[To be concluded in next number.]

—Professor Peaslee recently performed the operation of tapping on a young lady at Pittston, Pa., and removed one hundred and forty-nine pounds and three ounces (149 lbs., 3 oz.) of dropsical fluid. The abdominal circumference of the patient before the operation was six feet and two inches. This is the same patient from whom Dr. Peaslee removed one hundred and thirty-five pounds of fluid, (135 lbs.) on the 29th of April last. The circumference then was five feet seven inches.

Tuesday Evening, January 7, 1862,

The Association met at the usual hour.

Present—Dr. C. C. F. Gay, President in the Chair; Drs. Samo, White, Cougar, Wyckoff, Eastman, Washburn, Kempson, Strong, Gould and Miner.

Minutes of last meeting were read and approved.

On motion of Dr. White, voted that Dr. Charles Washburn, of Fredonia, be invited to participate in the transactions of the society.

Report of the Committee to audit Treasurer's account, was received, adopted, and the Committee discharged.

Dr. Rochester, remarked, that he had some time since, promised to report to the Association, the result of the injection of a solution of persulphate of iron into a vascular tumor. He was consulted on the first of August 1861, by a lady from the country, who informed him that she was thrown from a carriage in 1857, and received an injury on the back of the head which confined her for some weeks to her bed, that about six weeks after the accident she discovered a slight swelling at the seat of the injury to which she paid little attention, until she wounded it combing her hair, causing a hemorrhage so profuse that medical aid was summoned. The tumor was pronounced aneurismal and cold, stypties and pressure failing to control the bleeding, the occipital artery was taken up, and pressure with a metallic disc continued. These measures arrested the hemorrhage and for some months the growth of the tumor. About this time she consulted Dr. Willard Parker of New York, who advised her to wear the metallic plate and not to undergo another operation. The tumor however continued to increase, yet so slowly that it was only perceptible on examination after long intervals. In June 1861, it was again accidently wounded with a comb, and another severe hemorrhage ensued, but which pressure sufficed to arrest. On examination, the tumor was found a little above the occipital protuberance, it was about an inch and a half in diameter, and, as estimated, three quarter of an inch in thickness, it had an elastic feeling and pulsated strongly especially on its lower and left margin. The scalp was not discolored. I was regarded as a traumatic aneurism, and it was proposed to inject it with persulphate of iron. To this the patient assented, and a hypodermic syringe was half filled with equal parts of Squibb's solution of persulphate of iron
and water; The needle was passed into the centre of the tumor and its point was found to have great freedom of motion. It was moved about freely, as advised by Gross, to scarify and break up the minute vessels of the lining membrane of the sac, and the syringe was then discharged of all its contents. The patient immediately complained of very severe pain in the tumor and in a portion of the forehead, the seat of the pain in the latter corresponding with a vein, now very prominent and apparent, but not before observed.—The needle was withdrawn and no blood escaped except a few drops from the integument. The tumor instantly became hard and swollen and the skin over it red and tense. Pulsation could no longer be detected. The pain continued so severe that after some hours, it required a full dose of morphia to allay it. At the end of a week, the tumor remained hard and the swelling had subsided, slight pulsation could however be detected at several points. The operation was repeated as before, except that the solution of iron was undiluted. Very severe pain again succeeded the injection, particularly in the forehead, the vein before mentioned becoming prominent black and hard. At the expiration of the second week, the tumor was hard, contracted, painless and pulseless. On the twentieth day after the first injection and the twelfth after all pulsation had ceased, the tumor was laid open with a scalpel, with the expectation of removing a hard clot. This however did not appear, but in its place, spouted profuse arterial hemorrhage. A free crucial incision down to the bone was instantly made, into which was inserted a sponge saturated with solution of persulphate of iron, over this a firm compress was placed, and the whole secured by a very tight bandage. This however was not accomplished before a good deal of blood was lost, notwithstanding firm digital compression faithfully and skillfully maintained by Mr. H. P. Babcock. No more hemorrhage ensued after the adjustment of the compress. This was removed on the 26th of August. The sponge was seen hard dry and black and so firmly imbedded in the incision that it was not deemed proper to attempt its removal. The lady returned to the country on the first of September. In November a letter was received from her in which she stated that the sponge remained in situ for nearly a month, it then came away and the tumor had disappeared. Dr. Rochester remarked that before opening the tumor he had wished to make one or two more injections, but the patient was very anxious to go home, and from the long and entire cessation of pulsation he certainly supposed it was safe to make the incision which revealed the failure of the hypodermic treatment. He was at a loss to account for the swelling and
induration of the vein on the forehead, it looked as if the tumor might have been erectile instead of aneurismal and to have had venous as well as arterial connections.

Dr. Washburn related a case where measles supervened upon diphtheria. The exudation was very abundant, covering the fæces and uvula, standing out prominently for about one week: during this time measles made its appearance in well marked form, and the two diseases continued together until about the eighth day when the child died in convulsions. Dr. W. would inquire, if in the experience of the physicians present, it was common for measles to supervene upon, or appear simultaneously with diphtheria?

Dr. Rochester thought that in an epidemic of measles such cases would be liable to occur, the reverse being very frequently observed. Diphtheria supervening upon, and complicating measles.

Dr. Eastman had treated recently a patient whose family had all previously been sick with scarlet fever. The father was soon after attacked by the disease, and when the eruption began to fade, diphtheria made its appearance, and in a few days erysipelas. Under this complication of maladies the patient sank exhausted. Any one of these diseases, single handed, being enough to be borne.

Dr. Congar coincided with the opinions expressed and related a case under his care in which erysipelas first appeared upon the nose; soon the throat commenced to swell and the diphtheritic exudation was very distinct. This patient passed through the diseases and convalesed very rapidly.

Dr. Wycocoff related cases of mumps and diphtheria appearing simultaneously or the swelling of mumps would seem first to appear, when afterwards diphtheritic exudation would become distinct and extensive. Expressed some doubt as to the character of the swelling, thinking possibly the glandular enlargement might be in some cases a characteristic of diphtheria.

Dr. Kempson remarked that Dr. Miner had recently “invaded Canada,” and advised in an interesting case which he should be very much gratified to hear described. Hoped nothing from America would ever invade the Queen’s dominions more objectionable than her Surgeons, when the people and government would submit without war.

Dr. Miner remarked that he had visited a lady in Fort Erie, with a young physician of that place. Did not often report cases under the care of other physicians, but knew of no reason why a brief description could be in any way objectionable. Found the patient with rheumatic synovitis of the knee joint or what appeared to be such disease, though when visited by him it had lost the earlier rheumatic characteristics and was synovitis of the knee
with effusion not only into the synovial cavity but also into the cellular tissue above and below the joint. The leg was flexed upon the thigh; there was great pain and tenderness on pressure or motion. At his second visit much the same conditions were present as at the first; twenty-four hours preceding, there had been most violent and protracted chill. Pulse rapid; skin at times hot and again bathed in cold perspiration; fluctuation distinct with great swelling and redness. Present all the general symptoms and local appearances of purulent accumulation in the knee joint. Puncture was made with lancet in front, just below the patella, passing deeply through the greatly distended tissues towards the head of tibia. Contrary to our expectation only two or three ounces of serum escaped and so far as observed no purulent deposit had taken place.

At his last visit the general appearances of the knee had greatly improved. Swelling, redness, tenderness and pain had abated, and the patient was comparatively very comfortable. The leg was laid upon a splint to prevent contraction and motion. The pain had been intense, and motion impossible, but as last seen there was every indication of a pleasant recovery.

Dr. Rochester said that the case referred to by Dr. Kempson and reported by Dr. Miner, reminded him of one he had visited more than a year ago in consultation with Dr. Congar. The patient, a middle aged man, presented all the general and local symptoms of synovitis with purulent deposits in and around the joint, the thigh and leg both being greatly swollen and giving to the touch the idea of fluctuation from pus. An exploring needle was passed deep into the tissues in several places, but no pus was found.—Tonics, bandages and splints were employed, and the man made a good recovery. Dr. Rochester was not averse to making a free incision into the joint, if satisfied of the presence of pus, but he would inquire of Dr. Miner whether, if an exploring needle had been used by him, he would have made the free incision (into the joint?) from which the two ounces of serum were immediately discharged.

Dr. Miner replied that he did not think the cavity of the joint was opened, though had its walls been distended as much as they appeared to be, the incision would unquestionably have reached that cavity. The discharge of serum was gradual and from the cellular tissue around the joint and was doubtless as much in quantity as had been estimated, perhaps much greater. Upon the point of opening the cavity of the joint had an exploring needle shown that only serum was effused he did not wish to give an unhesitating and unqualified opinion, to be applied indiscriminately to
similar cases. The great fear of opening into a joint which had formerly prevailed among surgeons, had in great degree passed away, and when pus had accumulated there could be no difference of opinion, the propriety and necessity would be conceded by all. If the cavity of the knee joint was greatly distended with serum, and had remained so for some time, showing that absorption was inadequate for its ready removal, and pain was present in great degree, puncture with lancet, exploring trocar, or other instrument whereby the distention would be relieved, would in his opinion be the most proper and judicious treatment, most likely to relieve pain, and best calculated to prevent the formation of pus. While he did not care to defend the treatment adopted in the case referred to, and was willing, to say that had he not expected to find pus he might not at that time have advised the puncture, (not free opening) which was made, yet all the results of the case have most fully and unmistakably justified the treatment. The old idea that the admission of air into the cavity of a joint must almost certainly be productive of the most disastrous results has gradually given place to the view that it is not, after all, so much to be feared, and even some European surgeons of great reputation, have gone so far as to not only puncture, but also to inject Tinct. Iodine, with the view of changing the character of the effusion. In regard to the instrument used he wished to say one word. The lancet will allow the escape of the serum contained in the cellular tissue and is thus productive of good, at least in some cases, and might often prevent the small superficial abscesses which are apt to form, while all desired information is readily obtained by it. An exploring needle will with difficulty show even the character of the effusion, very little if anything escaping by its side or after its withdrawal, and inflammation, erysipelas or other accident is fully as liable to follow “its deep introduction in several places,” as it is to succeed the judicious use of the lancet.

Dr. White gave an account of a medico legal case in which he had recently been called to give testimony as an expert. Mr. Gibson, of Warsaw, Wyoming county, N. Y., was found with gun shot wound in the side which soon proved fatal. His life was very largely insured and the point was to show from the circumstances, nature of wound, &c., that death was accidental rather than intentional.

The various facts which proved the death accidental, apparently unimportant when separately considered, were when connected, almost positive proof that the injury could not have been intentionally produced. Dr. Meacham
of Warsaw, had promised to furnish a detailed account of the case for publication, consequently a more minute history would not be given at present.

Dr. Eastman had been consulted in the case. Regarded it an important one, and thought the profession would be greatly interested in it in a medico legal point of view.

Voted on motion of Dr. Strong, that Mr. E. S. Rich be permitted to remove the portrait of Dr. Trowbridge to the rooms of the Art Union exhibition.

Dr. Gay proposed Dr. Leon F. Harvey, for membership.

Voted to adjourn to the first Tuesday in February, 7½ o'clock P. M.

JULIUS F. MINER, Secretary.

ART. III.—Case of Obscure Cerebral disease following injury. Communicated to Prof. Rochester by Ira D. Hopkins, M. D., of Utica.—Arranged and condensed by H. P. Babcock Medical Student.

July 19, '60—Patient was bathing with some friends and immediately on rising to the surface after diving, complained of having struck his head against the bottom. Vertigo ensued, but no other unpleasant symptoms, he continued in his business until the 22nd. The following symptoms were then manifest: Severe headache, skin hot and dry, eyes suffused, pupils contracted, sensibility to light and sound acute, tongue red, dry and pointed, emesis, constipation.


Sinapisim to nape of neck and feet. Ice to head. Diet light.

23d.—No sleep; two dejections; pain in head intense; nausea and vomiting; pulse hard and frequent; skin more moist; respiration accelerated and labored; convulsive movements of left side; excessive thirst; urine high colored and scanty; other symptoms same.

℞ Hyosciami gr. 1. Hydrag. chl. mite et Camphoræ a a gr. ½. M. ft. pil. One every two hours; continue siapisms and ice; diet same and enema of Syrup ¼il. Magnes. Sulph. ½iv. Aque.
Oj. M. Dejection small and scybalous. At night Elix. McMunn gtts. x x v.

25th.—General symptoms same; pain extending to neck; countenance anxious; continue pil of hyoseami, &c., and enema of Syrup §iv. Fl. extr. rhei et sennae §iv. Magnes. sulph. §ij. Aquæ. Oiss M. Movement same as before.

26th.—More sleep; symptoms same; less thirst.


Blist to back of neck; continue sinapisms and ice; also enema.

27th.—Intense pain in head and neck continues; tongue more coated; pulse less hard and frequent; other symptoms same; continue pills and sinapisms as yesterday; also


28th.—Less pain; sense of light and sound very acute; bowels more natural; pulse 80, and soft; pupils less contracted; Drs. Coventry and Thomas in consultation.

℞ Morph. sulph. gr. ⅛. Hydr. chl. mite gr. ¼. Camph. and Ipecac a a gr. ⅛. M. ft. pil.; one every four hours, alternating with Ammon. carb. grs. iij.; continue ice and sinapisms; diet light.

29th.—Increase of pain; pupils widely dilated; very sensitive to light; nausea increased; rather stupid; bowels natural; slight strangury; continue pills of yesterday every six hours; ammonia. carb. and sinapisms; whisky sling; bathe body in spirits.

30th.—Symptoms same; more stupid; stop pills and give brandy §ij every four hours, alternating with ammonia. carb.

31st.—Passed a good night; still complains of pain in head, but more tolerance of light and sound; twitching of the eyes; tongue clearing off; Drs. Coventry and Thomas again in consultation; treatment same.

August 1st.—Same.

2d.—Had considerable sleep; pain continues; tolerance of light and sound; bowels natural; nausea ceased; urine lighter colored and albuminous; partial hemiplegia of left side; continue as before with tannin gr. ½ in brandy; better diet.

3d.—Patient much improved; countenance bright; during the day bled from right ear about 3ss; continue brandy and ammonia. carb., also quiniae, sulph. gr. ¼.

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LACERATION OF THE PERINEUM, BY C. C. F. GAY, M. D.

4th.—Much better; sat up. Rx brandy 3ij.; quiniae. sulph. gr. j.; M. every six hours.

5th to 8th.—Improvement steady; light headed. C. T.

9th.—Considerable better, but complains of head; numbness in fingers and toes of left side; vision and articulation impaired; pulse 70; rode out. C. T.

10th and 11th.—Symptoms more favorable, but he was drowsy, and had occasional stupid turns, each lasting about an hour.

12th.—Still complains of a "queer sensation in the head;" pain in back of neck, and over precordium, accompanied by a sense of oppression in the chest; this latter pain has troubled him for years, when indisposed; physical exploration disclosed nothing abnormal in thorax. Emp. picis. et belladon. on side.

13th to 16th.—The stupid turns recur at intervals; urine not albuminous; continue quiniae sulph. gr. i.; stop brandy.

17th to 25th.—Improvement gradual.—C. T. Has had meat, &c. since 10th; cessation of pain.

26th.—Rx Quiniae. sulph. grs. ij. Bis die, and on 29th discharged "quite smart."

ART. IV.—Laceration of the Perineum, with destruction of the Recto-Vaginal Septum. Operation and Result, by C. C. F. Gay, M. D., Buffalo, N. Y.

Mrs. P——, aged 31 years, of infirm health, had her perineum lacerated at the time of her first confinement, eight years since; again ruptured in a subsequent labor five years since, and again two and a half years since, the laceration extending through the sphincter and recto-vaginal septum.

The head of the last child was unusually large. Since her last confinement there has been an inability to control the contents of the bowels, and consequently frequent copious fluid dejections which have imposed upon her a necessity for medical treatment, which has been persevered in, for many months, with only temporary relief.

Nov. 4th, Mrs. P. returned from the country, having been under the medical treatment of Dr. R. Williams of Byron, Genesee County, N. Y., a most able and intelligent physician, who had attended her in one of her
labor. She now returned to the city for the purpose of having the operation performed for radical cure. Catamenia appeared to-day.

15th.—Preparatory to the operation ordered Ol Ricini $\frac{1}{2}$, which moved the bowels twice.

16th.—In the morning had three dejections, and took morphia gr. ½. Proceeded to perform the operation, assisted by Drs. White, Williams, Loomis, Eastman and Brown. Chloroform administered; placed the patient on the table in the position for lithotomy, I denuded the bowel portion, using sharp pointed scissors, to the extent of five-eights of an inch on either side the fissure, running up to a pointthree-fourths of an inch above its terminus, without wounding the mucus membrane of the bowel. Then with the knife denuded a sufficient amount in length of the labium, on either side, to the depth of nearly an inch, freely removing an abundance of tissue; afterwards dividing the sphincter by two incisions. This done, the surfaces of the bowel portion were approximated by two silver sutures, small wire, twisted loosely, leaving them an inch and a half long, turned up in the axis of the vagina.

The surfaces of the perineal portion were next brought together by three silver sutures, large wire, twisted loosely, and left several inches long. On passing one finger into the rectum and another into the vagina, the septum was found to be completely closed.

The operation lasted one hour and a quarter. Patient was now placed in bed, water dressings applied, and morphia gr. i given. Ordered opium grs. ij, every four hours, with nourishment of a concentrated character. In five hours the gum-elastic catheter was used and retained in situ.

17th.—Did not sleep much; labia dry and hot, somewhat painful; vomited once; pulse 80 per minute; continue opium every four hours, with quinine sulph. gr. ij. ter die.

18th.—Obtained some rest; pulse 80 per minute; bowels quiet, considerable flatus; bladder irritable; urine has been drawn off every four or five hours.

19th.—Comfortable; catheter removed; some purulent discharge per vaginum; inject tepid water; at 12½ o'clock had a convulsion; another at 3½ P. M., lasting for a moment; had three or four prior to the operation; continue treatment, and also the use of the catheter.

20th.—Examined the perineum by placing the patient upon her side; wound looks well, as if uniting.
21st.—Discharge of blood from vagina, supposed to be the menstrual flow.

23d.—Considerable pain in perineum; wound looking well; discharge from vagina ceased; removed the middle perineal suture.

24th.—Introduced rectal tube and kept it in situ for the purpose of allowing the escape of flatus, and to prevent it passing through the edges of the wound which would tend to prevent union, if allowed.

25th.—Removed the remaining two perineal sutures; bladder very irritable and painful; remove the catheter whenever used.

26th.—Had a copious fluid dejection from the bowels, which passed out through the rectum without doing any injury to the parts.

27th.—Had another dejection from bowels; introduced finger into the vagina and find union has taken place; the anterior portion of perineum seems firm and united; rectal tube daily removed, cleaned and replaced.

Dec. 3d.—Wound is healing kindly; bowels have been quiet.

4th.—Union complete, except a small fistulous opening half an inch from the anus, about the size of a small goose quill; apply argt. nit.

5th.—Took this morning an injection of warm water.

6th.—Had two evacuations of bowels yesterday.

7th.—Removed one of the internal sutures, using for this purpose the vaginal speculum.

12th.—Sitting up; fistulous opening nearly closed.

16th.—Removed the remaining suture; discontinue opium, and take morphia gr. ½, night and morning.

28th.—Rode out to-day; has complete control over the sphincter, and has a strong perineum of normal breadth and thickness.

It may be observed that in this operation, the quill sutures, recommended by Dr. Baker Brown, were not used; indeed they appear to me of no value whatever.

The operation was performed in the manner recommended by Dr. Marrian Sims, with the exception that Dr. S. does not consider it at all essential to the success of the operation to divide the sphincter; and I believe also, he immediately makes use of the rectal tube. The success of this case seemed to me mainly to depend upon the two sutures, which held together the bowel portion.

A Loadstone which belonged to Benjamin Franklin.—At a sale in London of the effects of the late Mr. Quackett, the microscopist, was a loadstone which belonged to Franklin. It was incased in brass, on which was the inscription, "Benjamin Franklin, Boston, N. E., 1779."
ART. V.—Case of Puerperal Convulsions, treated with Chloroform, by Alfred Wharton, M. D., St. Paul, Minnesota.

On the morning of November 15, 1861, at 2 A. M., I was summoned to see Mrs. H——, who, the messenger told me, was in labor with her first child, and had convulsions. Without further delay I hastened to the bed-side. I found Mrs. H. tossing about in bed, her eyes wide open, with a vacant, staring expression, giving no heed to various questions made to her by her friends. In a little while, slow jerking movements were noticed in her head, which gradually extended over the muscles of the arms, trunk, and lower extremities, until the whole body became violently convulsed.—Respiration was irregular and disordered, with a quantity of foam and mucus escaping from the mouth; the tongue protruded to one side, and the jaws tightly closed; pulse 110—feeble.

On making inquiry of the friends of the patient, I learned she was taken with labor pains about ten o'clock in the evening, and since one o'clock in the morning had five convulsions. On making examination I found the os uteri neither dilated or dilatable, and seeing no prospects of bringing on labor, I directed my attention to the convulsed condition of the patient, and determined on the exhibition of chloroform in hope of quieting her. I placed her immediately under the influence of the anaesthetic, in this her sixth and most painful convulsion; and no sooner had a slight influence been produced, when the severity of the attack subsided, and gradually disappeared. I continued its application, (never producing full anaesthesia) for at least three hours, when I gradually allowed her to return to consciousness, when her system showed signs of an approaching attack. The agent was re-applied, with a similar happy effect, and continued for over two hours, when it was discontinued without any sign of a return of the disorder.

In the course of a few hours—the os being dilated—I ruptured the membranes, when she speedily gave birth to a dead fetus. The placenta came away nicely, and she had a rapid recovery.

It will be noticed that the only remedial agent made use of, was the anaesthetic, with the exception of iced applications to the head.

Remarks.—Many of our professional brethren are averse to the exhibition of chloroform in this terrible disease; still, all will admit, it matters but little what measures we employ, provided the desired end be accom-
plished, namely: the preservation of the life of the mother and child. If experience shall prove that chloroform is as safe, as it is efficient in these cases, what a victory we have gained in therapeutics over the much extolled plan of treatment, which has been in vogue for so many years, viz: blood-letting, blistering, calomel, and such like.

In all these cases the physician has but little time for meditation; he must act, and that promptly, for the happiness of a family and the life of his patient are at stake. He must call to mind, and decide in an instant, the treatment to be pursued, if he would rescue the patient from impending death.

It will give me great pleasure to contribute my mite, since every case reported, where the treatment has been successful, adds another link to the great chain of medical experience.

EDITORIAL DEPARTMENT.

REPORT OF THE COMMITTEE APPOINTED ON THE OCCASION OF THE DEATH OF DR. BRYANT BURWELL.

At a special meeting of the Erie County Medical Society, convened for the purpose of taking such action as might seem proper upon the death of Dr. Bryant Burwell, one of the oldest and most respected members of the Society; it was

Resolved,—That a committee consisting of Drs. Josiah Trowbridge, Moses Bristol, A. S. Sprague, Gorham F. Pratt, Josiah Barnes and Charles Winne, report at the next regular meeting of the Erie County Medical Society.

In compliance with this action, your committee respectfully submit the following report and resolutions:

"The committee have obtained from the sources to which it has had access the following sketch of the life and professional history of our lamented colleague.

"It is a remark as true as it is old that the life and works of the most eminent physicians are known and appreciated by a very limited number of their cotemporaries. Their abstracted and almost isolated position in society arises from the very nature of their avocation. In the earlier portion of their career, they exist only as ciphers in the multitude striving for position, wealth and power."
"The humble and obscure medical man is not called to lend his aid to the movements of the popular masses engaged in the political agitations of the day, when men are animated by the lust for fame and exalted position.—Nor in the busy marts of commerce, where wealth allures and in the distance are seen as its attendants, leisure, luxury, place and power. By the physician also, the toils and sacrifices of war are to be borne, although to him all of the glory that gilds its terrific and bloody character is denied; his arena is the chamber of the sick, the bed of suffering and of death; his daily and hourly intercourse is with the querulous and dissatisfied invalid; he is animated by no incentive of glittering rewards, by no popular applause, no extended reputation; his life is passed with little of the charm of pleasant intercourse with friends and a very limited association with his professional brethren; thus time rolls on, and in the vigor of youth, when with a mind richly stored with recorded experience, and again when in the prime of life still richer with his own personal acquisitions and practical skill, he is doomed to wait until hope sickens for that consideration from the public, to which he justly looked; and it is often, only when youth is gone and manhood is waning and the infirmities of age are approaching, that he is properly appreciated.

"The life of our lamented colleague, fortunately for himself and the community in which he resided and passed the greater part of his professional career, can not be regarded as marked by the extreme features, which we have in our exordium accorded to the larger part we fear of practitioners of medicine in our large cities and the more populous portions of our country. Doctor Burwell was by nature endowed with a firm and vigorous constitution, that was developed and strengthened by habits of exercise and labor pertaining to country life, conjoining to a sound body that healthy play of the mental functions, that of itself is so powerful in determining the happiness and usefulness of its possessors. To these early habits of industry and exercise in a healthful atmosphere, was in a great measure due his ability to undergo the great amount of physical exposure and fatigue to which he was subjected in his extensive practice. There are but few of us who have not often expressed our admiration of his vigorous constitution, his commanding and dignified personal appearance, united as these were to a captivating address, a temper seldom ruffled, and a benignity of deportment rarely equalled.

"Your committee believe that to many members of this society, the deceased was as well, perhaps better known than to us, and we have not a doubt, that all of his professional brethren will agree with us, that we have given a truthful account of his personal attributes.
"The subject of this memoir, as we learn from Doctor G. N. Burwell, the son of the deceased, was born in the town of Russia, Herkimer county, state of New York, August 26, 1796; that he early emerged from the common schools of that period to become himself a teacher of youth. Then commenced his more active and studious career of self education. With the text books he passed through the ordinary English academical course, and with access to the village library, he made himself acquainted with general history, literature and the British classics.

"In 1814, when eighteen years of age, he entered the medical office of the eminent Professor Willoughby in the village of Newport, adjoining his native town; his kind friend Dr. Jacob L. Sherwood, was then a partner with Professor Willoughby. After attending two courses of lectures at the Fairfield Medical College, given by the gifted Professors Willoughby, Hadley, T. Romeyn Beck and Delamater, he married Anna Clark, of Newport, and commenced as a licentiate of medicine the practice of his profession, in the adjacent village and town of Norway under the generous auspices of his preceptors Willoughby and Sherwood. His promptitude, geniality and success, attached him as a friend to that community, which deeply regretted his departure to the village of Buffalo in 1824. He attended the lecture course of 1822 and '23, at the Fairfield Medical College and received the degree of Doctor of Medicine. In Buffalo he first practiced in company with Doctor Cyrenius Chapin; he spent the winter of 1826 and '27, in Philadelphia, where he enjoyed the advantages of the medical schools and association with the eminent medical men of that city. Doctor B. loved his profession and was devoted to it. Everything had to yield to his paramount attention to his patients.

"The poor, who were the most numerous, always obtained as careful attendance and thought and as true sympathy as did the more able and wealthy; and beside furnishing them advice and medicine, there were at all times those whom he supplied with food and other necessaries of life; like the kind hearted Doctor Chapin, with whom he was first associated, he was never known to neglect the call of any one, and would turn out in the night, storm and tempest, to search out his poor and suffering patient, leaving his tired horse to enjoy the stable. No wonder that he was endeared to so many persons and families; that so many remember him with affection and gratitude. His relations with his brethren in the profession were truly cordial and happy; the younger ones looked up to him with confidence as a true friend, who would promote their welfare; the elder relied upon his
courtesy and respect; all esteemed him as a shining example of professional etiquette. He entertained a high opinion of the physicians of Buffalo as a class, and felt honored by their association, and from this honest feeling sprang his good understanding with them. No considerable fortunes have been made in Buffalo by the medical profession and Doctor Burwell was no exception to the rule.

"This true and appreciative narrative, from the pen of one who honors himself in honoring his father, will meet the undivided commendation of all who were acquainted with the subject of this memoir. To those who succeed,—the cotemporaries and friends of Dr. B.—it will be interesting to know that solid worth and shining attainments in our profession, have not been wholly disregarded by the present members of this society; nor have we overlooked the private and domestic virtues of the deceased, nor are they yet forgotten by those who have been charmed and benefitted by them.

"In the year 1838, he was deprived by death of the society of his amiable and exemplary consort: after much patient suffering, Mrs. B., passed from life, leaving the survivor a sincere mourner and the sole protector of three children, of whom Dr. G. N. Burwell is the eldest. The youngest of the two daughters was at the time of her mother's death a delicate and sickly babe, whose life hung upon so slight a tenure, that it was feared she would not long survive her mother. It was under these afflictive circumstances, that the brightest traits that adorn human nature were eminently displayed.—Notwithstanding the cares and labors of a large practice, he gave unwearied attention to his youthful charge, and he was daily seen pursuing the duties of his profession, with his child seated in the carriage with him, to insure her air and exercise, and caring for her with all the assiduity of a nurse and the tenderness of a mother. At length his faithful supervision was rewarded by her gradual restoration to health, and he felt in his sickness and helplessness abundantly repaid by her kind offices and devoted attentions. In the year 1845, he married the widow of Joseph Clary, Esq., one of the earliest, most energetic and influential citizens of Buffalo, who had held offices of trust and honor in public life and died universally esteemed. It was the good fortune of Mrs Burwell, who survives the subject of this narrative, to have united her fate with his, when he was in the full vigor of his usefulness, in the height of his professional fame. She lives to attest to all the dignity of his character and the breadth and depth of his affectionate nature. In her bereavement she is sustained, by the reflection that to her genial participation in his daily pursuits, and his love of hospitality, she
contributes largely to his happiness while he could enjoy the society of his friends, and that in his sickness and sorrow she was to him, we may well say, a ministering spirit, ready to relieve his physical anguish and to solace his grief, when his strong mind was sad and heavy, by joining with him in those Christian exercises which alone support man when the strength fails and life itself becomes a burden.

"At the period of their marriage, he had resolved to curtail the extent of his professional business, from which he could legitimately be relieved by his son and successor; and although at this period and for some years subsequent he was released from the hourly duty of attending to the wants of his patients, yet he was far from yielding to a slothful indulgence. His active mind was occupied in poring over the pages of history, the study of nature in all her attractive aspects, and the literature of the day, embodying the poetic and imaginative productions of the authors of this era. Nature had formed the mind of Dr. Burwell in a mould truly imaginative as well as philosophic. If to true poetry belong both the realms of fancy and truth, it may be fairly claimed that he possessed the poetic element in a high degree. If not a poet in its lofty creative power and energy, he possessed at least its highest perceptive and critical elements.

"We are informed that for a long period, he was in the habit of journalizing daily, interesting incidents in professional life, important cases occurring in his practice and in consultations with his brethren, and that among these daily memoranda, there breathes a spirit of kindness to his associates, and of indulgence for any want of harmony or misunderstanding that may have occurred between himself and any one of them. No word of bitterness or reproach sullies its pages, and those who loved him best, can point to it as an ever living eulogium upon his character.

"Dr. Burwell at all times took a deep interest and a very active part in all the meetings and proceedings of our National, State and County Medical Societies and Associations; his efforts were unceasingly directed both to advance the science and promote the best interests of the profession in all its relations to the public. Essential changes were at one time contemplated and discussed in both our State and County societies and halls of Legislation in regard to the alteration and amendment of the laws regulating the practice of medicine.

"Under the pressure of public opinion brought to bear upon the medical laws by demagogues and empirics a repeal of that portion, affixing penalties upon irregular practitioners, was carried through, and an abrogation of all
restrictions upon the practice was eventually effected. During this agitation
Dr. B. took an active and influential part. While at first it was deemed
possible to preserve the conservative features of the old law, he was
diligent and active in furnishing facts and arguments to the members of the
Legislature. Towards the last of this agitation it is believed he changed
his views, from the circumstance that concentrated and organised opposition
of physicians as a class exasperated the controversy. In the result little
remained to county societies but the privilege of electing their own members
and an immunity from criminal prosecution for mal practice instigated by
the ignorant or malevolent.

"The late years of Dr. B., were still marked by a diligent attendance upon
the regular meetings of this society, where he always rejoiced to see and
hold intercourse with his professional brethren, whom distance prevented
him from otherwise seeing; and he often availed himself of the presence in the
city of any eminent medical acquaintance or friend to entertain him at his
hospitalable mansion. Several years passed away in this agreeable round of
professional, scientific and social enjoyment, and it may be truly said, that
blest with a happy home, with a moderate, yet ample fortune, with children
that loved and reverenced him, with numerous intellectual friends, his time
passed calmly and each day promised more happiness.

"But the sad reverse of this picture was soon to be presented, and the
future obscured by sickness, sorrow and irremediable gloom. Before
Dr. B., was seized with the disease that terminated his life, he had been
occasionally attacked with painful affections of the bowels; that impaired his
strength and to recover this, he journeyed at various times.

"While in Washington he had violent lumbago, and for many months
felt the effects upon his former vigorous frame. After his return,
he restricted his practice and endeavored by great care to renovate his
impaired condition. In the autumn of 1856, while in the house of a
patient, he experienced a fullness of the head and confusion that was so
severe, that he hastened to return to his dwelling; here in a short time was
superadded a numbness of his arm and fingers. Medical aid was sum-
moned; his son was soon in attendance and by the application of remedial
means he was relieved. During the years that followed, he had repeated
attacks of a similar nature and he felt and appreciated the warning, that his
former robust health had left him, never to return.

"From the earliest recognition of these alarming symptoms, he told his
attending physicians that he had no hope of restoring his shattered frame;
he conversed calmly upon the dreadful reality and expressed the wish that he might bear this great calamity with christian resignation and fortitude, and if it was the will of Divine Providence that his end was approaching, he fervently prayed that his mind might be preserved, to save his family and friends the painful spectacle, of seeing his mental light go out, before his body was gathered to the dust. Throughout his protracted illness, he preserved the same considerate care for those around him and the same affectionate interest in their future welfare.

"From childhood he had taken a deep interest in agricultural pursuits and he embraced an early opportunity after his illness to retire into the country and here his last days were passed in the quiet enjoyment of the unexciting and pleasing scenes of nature. Sad as was his afflicted condition there was much to console his family, who devoted their entire thoughts and time to cheer and comfort him. Thus his weary and monotonous days were lightened of half their tedium and gloom, and at length he passed from life with but little physical suffering, with a mind entirely reconciled to the great change that was impending, and a firm reliance upon that God, whom through life, he had worshipped in sincerity and truth.

"If, in recording this narrative of the life of Dr. Burwell, we have made it brief and uninteresting, it is not through lack of its intrinsic interest, but from our own inability to do justice to the subject. It seems to us eminently fitting in this instance of mortality, that proper notice should be taken of it by this Society and therefore we respectfully recommend the adoption of the following resolutions to be recorded in our proceedings and published in the Buffalo Medical Journal, and a copy of them transmitted to the State Medical Society, with a request that they be published in the transactions for 1862,

"Whereas—Death has deprived our society of our esteemed friend and colleague, Dr. Bryant Burwell, and whereas it is proper to give expression to our respect for the deceased: Therefore,

"Resolved—That in the demise of Dr. Burwell, this society has lost one of its most useful members and the community one of its brightest ornaments.

"Resolved—That in all the relations of professional and private life he was a model for imitation alike distinguished for his urbanity of deportment, his untiring industry, his devotion to his profession, his amiable disposition and his liberality to the poor.

"Resolved—That we tender to his family an expression of our warmest sympathy in their deep affliction."
EDITORIAL DEPARTMENT.

REVIEWS.

Baron Larrey.—A Lecture by D Hayes Agnew, M. D., Surgeon to the Philadelphia Hospital, Lecturer on Anatomy, &c. Published for the Class. Philadelphia: Lindsay & Blakiston, 1861.

This is a lecture on the life of Baron Larrey, the eminent French Surgeon, delivered by Dr. Agnew to his Class, as an introductory lecture. It details the various incidents in the life, character and professional achievements of the great Military Surgeon. Larrey was appointed Surgeon-Major to the Hospitals of the Rhine in the campaign undertaken by Napoleon the 1st. It was here that he discovered the great defect in the arrangements for affording prompt relief to such as fell upon the field of battle, which led to the invention of the flying ambulance, “now so familiar to our own people, and by means of which the wounded are carried from the field during the progress of the fight.” During this campaign he invented the lancet-pointed suture needle, with groove leading from the eye, for which was decreed him a gold medal of a hundred livres’ value. It was also during this campaign that Larrey was able to convince himself of the value of primary amputations. The lecture describes Larrey’s position, duties, suggestions and sanitary regulations not only during the campaign on the Rhine, but also in Corsica, Italy, Egypt, Syria, Boulogne, Ulm, and Austerlitz. Again the campaigns in Saxony and Prussia, Poland and Spain, Austria and Russia, and lastly that in France in 1813. In 1840, when the mortal remains of Napoleon were brought home to France, Larrey participated in the formalities attending that great funeral pageant, which he and his associates designated as their “last campaign.”

“Having a wish to visit again the camp, in 1842 he obtained from Marshal Soult, the Minister of War, an order to visit Algeria, and inspect the hospitals of the French there established. Accompanied by his son, they left Paris, and accomplishing the object of his mission, was on his way home, when he was attacked with pneumonia, and expired at Lyons, on the 25th of July, aged 76 years. His remains were taken to Paris, and on the day when they were deposited in the vault, gratuitously prepared by the authorities of Paris, a vast concourse collected to testify their respect for this great man, among whom were the members of the Academy of Sciences, the Society of Medicine, the civil and military authorities, the ancient soldiers of the Empire, and numbers of distinguished citizens. “If ever,” said Napoleon, “the military erect a statue, it should be to Baron Larrey, the most virtuous man I have ever known.” Posterity is
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not insensible to the claims of genius, and already two monuments have arisen to the memory of Larrey; one in 1850, in the court of the Val-de-Grace Hospital, and the other in the hall of the Academy of Medicine.

It is very natural when an individual has filled a distinguished place in the world, to desire to know something of his personal appearance and habits of life. Let it suffice for me to say that Larrey was the model of a military surgeon. His person a little obese, was not above the medium height; his head was well set and developed, measuring 590 millimetres, the same as the Emperor's; his face was somewhat oval, and eyes salient, with a countenance expressive of benevolence and energy; which, with a robust constitution and sanguine temperament, admirably qualified him to endure great privation and fatigue. As an operator, he was judicious, but bold and rapid; calm and self-possessed in every emergency; but full of feeling and tenderness. He stands, gentlemen, among military surgeons, where Napoleon stands among generals—*the first, and the greatest.*"
BOOKS RECEIVED.

A System of Surgery; Pathological, Diagnostic, Therapeutic and Operative, by Samuel D. Gross, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia; Surgeon to the Philadelphia Hospital; Member of the Imperial Royal Medical Society of Vienna etc., etc. Illustrated by twelve hundred and twenty-seven engravings. Second edition, much enlarged and carefully revised, in two volumes. Philadelphia: Blanchard & Lea, 1862.

Received through, and for sale by, Breed, Butler & Co., No. 188 Main street, Buffalo.


Harpers' New Monthly Magazine, for February, 1862, with its usual variety of history, incident and story. Illustrated with beautiful engravings.

Preparation of a Work on "New Remedies."—In connection with Prof. Percy, the undersigned is preparing a work on "New Remedies." It is based on the celebrated Essay of Dr. V. Guibert, to which the Societe des Sciences Medicale et Naturelles de Bruxelles awarded its full prize, and the erudite elaboration thereof by Dr. Richard Hagen, now in course of publication at Leipzig, Germany. Our work will embrace all valuable medicinal agents introduced into the Treatment of Disease since the year 1830, up to the present day, detailing their history, description, action and uses, and giving the most approved Formulæ of Preparation, Preservation, and Administration. In Formulæ it will be particularly full, for the use of both physicians and pharmaceutists. Novelty not being deemed a sufficient
passport for admission into confidence unless sustained by merit, and with the only object—to be useful—and the only means—Labor to approach the Truth—constantly before us, we are determined that no really useful remedy, introduced during the last thirty years, shall be slighted, while no undue prominence shall be given to undeserving articles. Nor will uncertainty or ignorance at any point that the actual advance of science has not reached, be sought to be concealed by illusory hypothesis or ill-founded statements. Any heretofore unpublished information calculated to add to the practical utility of the work, that may be in the possession of any of our readers, will be gratefully received, carefully considered, and, if used, appropriately acknowledged. The lamentable circumstances that at present occupy the mind of every good citizen—our beloved country’s trials—may somewhat delay the realization of our enterprise; but we bespeak for it, even in these troublesome times, the co-operation of the profession.

Elsberg.

Errata—January Number—Article on Petroleum:

Page. Line.
162, 11 from top, before “the resins,” insert “to.”
162, 20 from top, for “burning,” read “bearing.”
162, 3 from bottom, for “as high as water,” read “849.”
163, 9 from bottom, for “Kerosene,” read “Kerosolene.”
164, 1, from top, for “Kerosine,” read “Kerosene.”

Prof. Hadley is in no way responsible for these errors. Editor and Printer must be held accountable for these, and many other similar sins.

Report of Deaths in the City of Buffalo for the month of December, 1861

Accidents, 2; Accident by drowning, 4; Anæmia, 1; Apoplexy, 2; Bronchitis, 1; Consumption, 7; Convulsions, 10; Croup, 7; Cyanosis, 1; Debility, 2; Delirium Tremens, 5; Diarrhoea, 5; Disease of the Brain, 1; Disease of the Heart, 3; Disease of the Lungs, 8; Diphtheria, 5; Dropsy, 2; Dropsy Abdominal, 1; Dropsy of the Brain, 4; Dysentery, 1; Epilepsy, 1; Fever, Scarlet 11; Inflammation of Brain, 4; Inflammation of Lungs, 5; Inflammation of Lungs, Typhoid, 1; Inflammation of Pericardium, 1; Inflammation of Peritoneum, 1; Intemperance, 2; Intussusception, 1; Marasmus, 1; Old Age, 4; Premature Birth, 1; Scrofula, 3; Small-pox, 1; Ulcer, 1; Whooping Cough, 4; Unknown 3. Under one year of age, 28; between one and twenty, 50; between twenty and fifty, 17; over fifty, 21. Still-born, 1. Total, 118.

J. WHITTAKER, Health Physician.
BUFFALO

Medical and Surgical Journal

AND REPORTER.

VOL. I. MARCH, 1862. NO. 8.

ORIGINAL COMMUNICATIONS.

ART. I—Cholera Infantum—Read before the Erie County Medical Society, January, 1862, by Henry Nichell, M. D. Published by vote of the Society.

[CONCLUDED.]

Symptoms.—In acute cases of a mild character, the attack is, as a rule, preceded for a series of hours or days, by diarrhoea; after such time, moderate vomiting is apt to occur; the latter symptom, however, may, in the course of a day, or two, become less frequent, and finally cease, leaving only the alvine dejections behind. Sometimes there may be but a slight diarrhoea at the commencement, with occasional vomiting and some febrile action, till, after a while, both excessive vomiting and copious watery purging suddenly appear, or, the attack may, from the beginning, occur with great vehemence, without any precursory symptoms. In such cases, vomiting continues almost incessantly with profuse watery diarrhoea and paroxysms of pain in the abdomen; the intervals of which are marked by great languor and distress. This condition is soon followed by alarming exhaustion and fatal collapse; the pulse becomes wiry and almost imperceptible, the face and extremeties cold, the countenance deathly pale and contracted, the eyes sunken; the little sufferer lies almost motionless, while, in other cases of this character, violent convulsions take place, until, at last, death approaches, in most instances, at a period varying from five or six hours to a
few days. There are cases in which far less vomiting occurs, but very frequent distressing attempts "at vomiting," together with a certain convulsive motion of the abdominal walls, which is found on placing the hand slightly over this region when the stomach is acting in the manner described. Cases presenting this character are generally severe; it is often indicative of disease of the brain. At the beginning, the discharges consist of the ordinary fecal matter, although more freely mixed with watery fluid than common; these are followed sooner or later by frothy serum, colored with bile, or of a nearly colorless fluid containing minute shreds or flocculi of intestinal mucus. In most cases, at the same period, there are evidences of acidity in the evacuations, while in the further course of the disease, they are apt to present a great variety of more or less important changes in their character, thus they may become serous, mucous, bile-colored, chalklike, muco-sanguineous, and purulent, alternately. They are, throughout the disease, either inodorous, or acid, sometimes highly offensive and putrid in smell. The pulse mostly is quick, small, and in certain cases, somewhat tense—occasionally, it is found also sharp and frequent; in cases running a more or less protracted course, it is weak and frequent, and sometimes corded. The head and abdominal region are generally more or less hot during the early stages. In the progress of the complaint, there is a well-marked decrease of the general temperature of the body, except the abdomen, which, on the contrary, seems to be immensely increased in temperature. Urine is scanty, and there is generally great thirst.

An eruption upon the chest, of an immensity of watery vesicles of a very minute size, as has been observed by Drs. Dewees, Condie, Rush, and others, deserves to be mentioned, since it probably appears in the later stages of the complaint. Although Dr. Dewees considered it an invariably fatal symptom, there is at least no less celebrated authority than Dr. Condie, who contradicts it by fact. He says: "That he has, in many instances, known the patient to recover, even when the eruption has been the most extensive and distinct."

In confirmed cholera infantum, the brain often appears to be affected, either its substance or its meninges. There may exist congestion, or even inflammatory action, or any of their consequences. In acute cases, delirium may occur early in the disease. The child frequently appears quite restless, his eyes are wild and injected, there is aversion from light along with other
head symptoms. Several years since, I observed a little girl two years of age, who, suffering from this complication, was placed on her parents, large bed, rolling herself constantly with much power in every direction, till cold applications were made to the scalp, which quieted her almost immediately. Cholera infantum shows a decided tendency to assume a more or less protracted character, when emaciation goes on very rapidly; the muscles of the little sufferer become flabby, the skin appears dry and cool and of a peculiar dirty or even brownish hue; the face shrivelled and pale, presents, in such instances, often just the miniature appearance of old age. The eyes are hollow and glassy, the mouth most frequently becomes aphthous; the abdomen is either tympanitic or sunken and the discharges are dark colored or chalk-like and very offensive. The utmost exhaustion prevails, together with partial stupor and signs of paralysis, until at last the little patient either dies comatose, or during a fit of convulsions. In addition to the affections of the brain and liver, which may be developed in the course of cholera infantum, various other accidental disease are occasionally observed to coexist, as acute and chronic bronchitis, pneumonia, whooping-cough, stomatitis, measles, scarlatina, etc., some of which, may likewise appear as sequels of the complaint.

Treatment.—I shall call your attention to the treatment of the disease, the causes, anatomical characters, pathology and symptoms of which, I have already pointed out, in some measure. Although I am unable to offer any new means for the relief or cure of the complaint in question, yet I believe that a further establishment of the efficacy of already known medicinal agents will appear at least of some practical value to the profession. In the treatment of cholera infantum the efforts of the practitioner should principally be directed to remove the child from those active morbid causes by which the disease has been produced, and may be kept up for an indefinite period. Without fulfilling this chief indication so far as experience has proved, no permanent cure can be effected. Even if the patient has apparently been cured, the disease is apt to return several times, in spite of the most rational treatment, and may strongly manifest the unpleasant and changeable characters of temporary relief, with alternations of perilous relapse. Should circumstances render it practicable to carry the suffering child into the fresh and pure air of the country a happy change in the disease would likely result. In cases however were the removal to a more airy and healthy country place cannot be effected, the patient should at least be
exposed frequently, or if it is possible, daily, to the salutary influences of
in pure air, the most healthy parts of the city, and kept there for a
reasonable time. When at home the utmost care should be taken to keep
the apartments perfectly dry, clean, and well ventilated. The clothing
should always be in accordance with the temperature of the air, and
neither too warm, nor too heavy, so as to oppress the infant. The patient
should by no means be permitted to sleep on a feather bed, as it very
naturally serves to accumulate the heat, which of course will greatly add to
the severity of the disease; on the contrary he should rest on a matrass,
with but a light and loose covering. The daily immersion in a warm or
tepid bath, followed by frictions over the entire cutaneous surface, with a
soft and dry cloth, as recommended by various writers, is very useful as
long as prostration has not already commenced. Infantile diet, is, as has
been remarked, a most important subject in cholera infantum, and it is the
stern duty of the attending physician to urge the strictest compliance with
dietetic laws and principles, as errors in diet during the hot season in this
climate, are among the most frequent exciting causes of the disease. The
food of the infant should be the mother’s milk, as long as the latter in no
wise appears to be deteriorated. A certain regularity in nursing the little
patient is an important item in the treatment. Should, however, for any
reason a substitute be required, fresh cow-milk, diluted with water, will
answer the purpose. According to Simon and West, woman’s milk con-
tains 33 parts of caseine, 24 of butter, and 46 of sugar, in 1000; cow’s
milk 42 of caseine, 28 of butter, and 24 of sugar, in 1000. Cow’s milk
should, therefore, be largely diluted with water to reduce the caseine and
butter in imitation of human milk. Also the use of gelatine added to
pure or diluted milk, as recommended by the experienced Dr. Steward,
may be substituted for the food which nature supplies. Occasionally
neither the milk from a mother’s breast or cow, will be retained in the
stomach, being almost instantly ejected; in such instances abstaining from
its use as food, for at least from twelve to twenty-four hours, and substitut-
ing toast-water and mutton tea, will generally prove beneficial. At
the commencement of the complaint, especially in cases where vomiting is
severe, cold toast-water only should be permitted as a drink, given in small
quantities, every ten minutes, which, according to my experience, will in the
vast majority of cases be retained. Should any degree of exhaustion or
prostration become evident, the administration of diffusible stimulants will
be indicated. The addition of one-half tea-spoon brandy to toast-water,
given every hour or oftener, as circumstances may require, will frequently be of service. Experience has shown that the use of chicken or mutton tea, as nutriment, is but rarely ejected from the stomach, or found to increase the alvine evacuations. Occasionally if the patient should appear eager for some animal food, as for instance a piece of chicken-flesh, or dried salted beef or ham, he should be satisfied in this respect. The use of vegetable articles, however, either of a farinaceous or starchy nature, I would not recommend on account of its well known tendency of turning acid, which but too often has led to bad consequences. The chief indications in the treatment of cholera infantum are—to control vomiting and purging—to create a free biliary secretion—to support the powers of life, so as to prevent either a rapid collapse in the acute form, or any considerable degree of exhaustion and prostration in the more chronic cases, and finally—to remove the causes of the disease so far as possible. In the commencement of the attack the irritability of the stomach should be allayed without any loss of time. If the disease presents a mild character, and there exists but moderate vomiting, together with more or less acidity of the prime viæ, the employment of some alkali appears to be rational. Lime water and fresh cow-milk, half a tea-spoon full of each, mixed together and given every half hour, or oftener, for several hours, will usually suffice to arrest it. In addition to this, in order to correct the frequency and character of alvine dejections, I have been in the habit for many years of prescribing almost invariably the following:

R. Calomel gr. ii.
Pulv. Opii.
Pulv. Ipecac, aa gr. i.
Magnes. carbon, gr. xii.
M. f. pulvis.

Divide into twelve parts for a child of two years.

One powder every two hours, to be continued as long as the alvine discharges are profuse and watery. When, however, they become less frequent and assume a more healthy character, the powder should be administered every three, four, six or eight hours, or even suspended. The attending physician should obtain full information of the effect of remedies, containing opium at least two or three times daily, in order to be able to forbid its further use, should it for any reason be counter-indicated. Many authorities object to the employment of opium in the diseases of
early infancy. Indeed the use of this powerful remedial agent in young infants requires the utmost caution on account of its peculiar effects on the brain, which may most unexpectedly result in profound sopor, convulsions and sudden death. Dr. Steward says: "At the commencement of the disease it should never be employed," while on the other hand Prof. Jacobi uses the following language: "I scarcely ever treat either an acute or chronic catarrh of the intestinal canal without opium, as the occurrence of the affection without greatly increased motion, is not possible. At the same time the remedy has a decided effect on the secretion of the follicles of the mucous membranes and glands." In the report of the Nursery and Child's Hospital, the following is said in regard to the treatment of cholera infantum: "The old idea of congestion or torpidity of the liver, so as to indicate mercurial treatment has been shown to be erroneous by the post-mortem examinations made in this institution in cases of cholera infantum. The mixture employed to check the disease contained for the most part some form of opium. The opiate treatment proved very effectual in quieting the bowels, but it was used cautiously, and not at all in the advanced stages of the disease, when cerebral symptoms were threatening." From this, the addition of calomel to opiates does not appear absolutely necessary, but on the other hand, the mercurial is recommended by the most satisfactory results. When the vomiting is violent and frequent, creosote is a very reliable remedy. The addition of two drops of creosote to a fluid ounce of lime-water, given with milk, in half tea-spoon quantities of each, every one or two hours, or even after each vomiting, will prove beneficial in many cases. At the same time a large sinapism should be applied over the abdomen to produce some counter-irritation. Should creosote, however, fail to control this symptom, I have mostly succeeded with the solution of the acetate of lead, as recommended by Dr. Condie, or by the employment of sub-carbonate of bismuth, in from three to five grain doses, given every two hours, for a day or two, by which also the discharges from the bowels became altered and less frequent. Should vomiting still persist, while great exhaustion and rapid collapse are threatening, very small pieces of ice should be placed on the patient's tongue every eight or ten minutes, and brandy and toast-water mixed together should be given in tea-spoon quantities, from time to time. Stimulating injections containing a tea-spoon full of brandy may be made use of under these circumstances. As there is no doubt the patient is suffering from pain in the bowels at times, either at the commencement or
during the further course of the complaint, the application of warm poultices over the abdomen for a day or two appears rather preferable to the employment of leeches, which but too often will induce exhaustion and even collapse. To arrest profuse watery discharges from the bowels acetate of lead seems to be indicated: it is a most important remedy in cholera infantum, especially in those cases where the watery dejections are very copious and frequent, and the patient is already debilitated; there is no other remedial agent within the entire materia medica which will arrest these discharges so promptly; it should be suspended as soon as the discharges lose their watery character. After this, chalk-mixture with the addition of tannin and tincture opii, or the gallic acid, may be employed for some time to prevent any relapse of the disease. In the more advanced stages when the continuance of the discharges is gradually followed by a state of prostration and more or less emaciation, astringents in combination with tonics, as tannin quinine, etc. should be used. In chronic cases where the discharges are found entirely inodorous, consisting of a mixture of jelly-like mucus and watery fluid, at times perhaps stained with blood, together with absence of pain in the abdomen, the spirits of turpentine will frequently prove a very valuable remedy when perseveringly employed. In very obstinate instances of diarrhoea, characterized by absence of pain in the bowels, after many other means have been tried in vain, the liquor persesquinitrate of iron may be given in five drop doses, three times daily, and gradually increased to fifteen, to a child of two years.

I will not trespass upon your time in treating the complications of the disease.

**Corrections.**—Page 199, of the February number, commencing at seventh line from the top read:

"Inasmuch as it appears that the process of teething has little if anything to do with it. Since it is a fact that cholera infantum while making its attacks only during a certain age of infancy, often occurs however previous to the period when the actual protrusion of teeth usually takes place.—Secondly,—The period of teething includes also the time during which another physiological process occurs, of much greater influence in the production of the disease, viz., the development of the muciparous follicles."

**Costello's Cyclopaedia of Surgery.**—We read in the Gazette Hebdomadaire that this work, lately completed, was destroyed by the fire which broke out at the printing office of Messrs. Taylor and Greening, in London. Luckily 500 copies had lately been removed.

**In the Dublin Medical Press,** Dr. Thomas Davis describes "a case of extra-uterine fertilation of eight years and three months standing, counting from the expected period of delivery. The foetus was successfully removed by operation.—British Med. Jour."

Tuesday Evening, Feb'y 4, 1862.

Present—Dr. Samo, President pro tem. in the Chair, Drs. Rochester, Wyckoff, Kempson, Dayton, Cronyn, Miner, Congar, Washburn.

The Minutes of the last meeting were read, eliciting considerable discussion, in which most of the members present participated, and on motion of Dr. Rochester were approved as published.

Dr. Leon F. Harvey was unanimously voted a member on compliance with the by-laws.

Dr. Rochester reported a case of Puerperal Eclampsia, including in the history several items of interest bearing upon infecundity resulting from uterine disease, and subsequent pregnancy after an unusual interval. His remarks were as follows: "I was consulted in 1858 by a lady of middle age. She had been suffering for an indefinite period from leucorrhrea, irregular menstruation, and lumbar pain, and more recently from cystitis. She had borne two children, the youngest of whom was sixteen years old, since whose birth she had never been pregnant. Examination disclosed uterine enlargement, ulceration of the os and endo-metritis. General and topical treatment restored her to perfect health."

In October, 1861, I was again consulted. There was abdominal distension supposed to proceed from "change of life." On my second visit I detected the pulsation of the foetal heart in the left hypogastrium. To my patient's surprise I pronounced her pregnant. She was unusually stout and plethoric, and from this time her gestation was carefully observed. The urine was repeatedly examined, but no trace of albumen could be detected. She was placed upon a somewhat restricted diet, ordered to take exercise in the open air, and to keep her bowels free with saline cathartics. These precautions were taken on account of her plethoric and florid aspect, although there was no oedema, and no headache. There was, however, frequent and distressing urticaria, a disorder I believe occasionally produced by uremia. She was confined on the 15th of January, 1862, at 10½ P. M., after a short and easy labor of two hours' duration. Immediately after the birth of the child, a small but vigorous male, she took half an ounce of wine of ergot, given to secure uterine contraction and to prevent severe after pains. I left her at midnight, very comfortable. She was now 45 years old, and her third child was nearly 20 years the junior of her second. At 9½ A. M. on the 16th I found her very well. She had
passed a quiet night, had slept some, and had urinated very freely; lochia abundant, but not excessive. She had experienced two or three strong after-pains, the last of which was followed by the discharge of a clot as large as a hen's egg. About half past 12 P. M. I received a very urgent message from her husband, and on my arrival at the house learned from Dr. G. F. Pratt, who had been called in, in the emergency, and who had kindly awaited my coming, that my patient, on waking from slumber, about 11 ½ A. M. had complained of slight headache, and immediately thereafter had a severe convulsion, from which she had hardly emerged when he reached her bed-side. Her mind was clear; she complained of dizziness; her face was flushed and her pulse was full and slow. Ice was applied to the head, warmth to the extremities, absolute quiet and rest enjoined, and a small amount of chloroform was inhaled. At 12 M. she had another paroxysm, so severe and protracted, attended with extreme lividity and venous engorgement, that Dr. Pratt deemed it best to bleed her to the amount of twenty-four ounces. The venesection was followed by relief from the pain in the head, and the pulse became more soft and frequent. Cordially approving the treatment pursued by Dr. Pratt, I remained in the sick room, ready to act as circumstances might seem to require. The patient was quiet, free from pain, countenance natural, pulse 80, soft and compressible. On prosecuting my inquiries, I learned that for the six nights preceding her accouchment, she had risen from bed and held her feet for some minutes in cold water to relieve the intolerable burning and itching produced by the urticaria. That her bowels had been unusually confined for the past week, but that she had had, three copious dejections on the 15th, from a dose of castor oil. She had all the while urinated freely. At 1½ P. M., an hour and a half after the second convulsion, a third took place. It was not very severe, and was evidently lessened by chloroform which I obliged her to inhale. She emerged from it in a wild and restless condition, vomited freely, and continued for some time to strain and retch. To quiet her stomach, to secure catharsis and to obtain quiet, I gave at once, in combination, calomel grs. xv, sulphate of morphine gr. i. I also kept her steadily and continually under the gentle influence of chloroform for four hours, using two ounces of the article prepared by Duncan & Flockhart. Whenever there was the slightest manifestation of restlessness the anaesthetic was applied. At 6 P. M. I discontinued its administration, gave half a grain of morphine and left her under the supervision of my intelligent pupil, Mr. H. P. Babcock. At 8 P. M. I...
found her sleeping quietly, and left her at 10 P. M. very comfortable, she having taken a little tea and expressed herself free from headache and all uncomfortable sensations. Some urine, the first she had voided since the convulsions, was now obtained; this was examined by my friend Prof. Hadley, who detected in it "a trace of albumen."

Jan. 17th, 9 A. M.—No unfavorable indications; the bowels have moved more freely; urine is abundant, and the lochial discharge has returned, after a suppression of sixteen hours. From this time convalescence was rapid; if the entire absence of the lacteal secretion, which never occurred, does not make the convalescence slightly incomplete."

Dr. [Rochester], in remarking upon the treatment, said that the blood letting had relieved the headache, and although it had not prevented the return, had probably retarded and mitigated the severity of the eclampsia, and had perhaps facilitated the action of the other agents employed; that the calomel had arrested the vomiting and straining and had ultimately produced derivative catharsis, while the morphine and chloroform had maintained a continuous sedative effect, to which the recovery of the patient was probably due; and that to whatever the termination is ascribed, he was glad to place on record, one more escape from puerperal eclampsia.

Dr. Kempson, exhibited some vaccine lymph he had recently received from London, England. This lymph is placed upon points of bone or ivory; he regarded it as much more certain in its effects than the crust. Dr. K., offered to obtain it for any medical man who would call upon him; also offered the points on exhibition to any one who desired to make trial of them.

Dr. Rochester remarked that he had often called the attention of the members of the Association, to the superior qualities of vaccine lymph when compared with the virus contained in the crust; that for several years he had stood almost alone here advocating and using only lymph.

Dr. Dayton had noticed in the transactions of the Society, a few months since, that Dr. Kempson reported "that closure of the os-uteri was intentionally produced by some physicians of Canada, who have recourse to various methods to produce inflammation and complete closure of the orifice, and that such cases constitute the bulk of the business of some Canadian practitioners;" Dr. Dayton had referred to it for the purpose of inquiring something more of the particulars of such practice; would like to understand by what means such results could be obtained? and also something more of the physicians "high in reputation with the best classes in Canada"
who are yet practicing in this manner "under the guise of healing ulcerations of the os-uteri."

Dr. Cronyn was surprised at the report of Dr. Kempson; hoped it could not be truthfully reported of any truly medical man in Canada.

Dr. Rochester had noticed the report and thought it remarkable; knew of no means by which such a result could be obtained; spoke of actual cautery as incapable of producing such result, and knew of no means by which it could be accomplished.

Dr. Kempson replied that it was only reported, by some gentlemen in a railroad car, and he had too much delicacy to report such a thing; it is a branch of business he does not understand: has not consulted the practitioners about it; is not acquainted with the individuals, and cannot tell anything about it.

Adjourned to Tuesday evening, March 4, 1862.

J. F. MINER, Secretary.

ART. III.—Case of Osteo-Sarcoma of the Humerus, necessitating amputation at the shoulder joint, by C. Winne, M. D., Buffalo.

I submit for admission into your columns the following history of malignant disease of the humerus and surrounding structures, that necessitated its amputation at the shoulder joint:

A German laborer at forty, had for some years prior to the period when seen by me, suffered from deep and severe lancinating pain in the arm about its middle and near the insertion of the deltoid muscle. From his account of the case we learn that there first appeared a small, hard tumor in the above mentioned spot; this progressively increased and became more painful, changing from a color similar to that of the neighboring integuments to a deep red, permeated by veins which were often turged with blood, and from a uniform spherical shape, smooth on its surface, to a lobulated ovoid form, and when examined by the touch having alternations of hard and elastic and compressible spaces, that denoted an organization not altogether homogeneous, and resembling those that are classed under the designation of osteo-sarcomatous tumors. It conformed very closely to the description given by Dr. Warren in his treatise on this subject, having the three constituents.; 1st, the bone on which the swelling was developed; the periosteum and the soft medulary portion contained in its structure
From inspection and manipulation it seemed to have emerged from the canceleted structure, thrusting before in the exterior and periostium, and as the latter was extended before its increasing growth, small plates like fish scales of an irregular shape and various sizes were deposited in its surface, until the tumor attained the magnitude of a very large orange measuring perhaps eight inches by six in circumference. The health of this man had deteriorated very rapidly in a few months before he was operated upon; the surface of the tumor had ulcerated in several places, and frequent hemorrhages had ensued. At length sloughing of the protruding mass had took place, and a large portion of the tumor separated, leaving an immense fœted, ulcerated and bleeding surface, that threatened to destroy him by exhaustion, if relief was not obtained.

The malignant character of the disease was beyond a doubt, and as the axillary glands were but little implicated, and as in the course of the operative procedure it was hoped that they could be removed; the operation was soon commenced and completed without accident or loss of blood. The structure of the dislocated mass presented every indication of a malignant nature; it had evidently originated in the spougy tissue of the humerus, and in its out-growth had pushed every structure before it, causing various concretions to be deposited by the periostium, and changing the natural condition of the muscles and cellular tissue partly to a fibro-cartilaginous and partly medullary condition. At that period, 1847, we had not the means of making a microscopic investigation, and could only judge from its color, density, history, &c. The process of cicatrizing went on in an ordinary amputation, and we supposed that the danger of any recurrence of malignant disease attacking the wound was over, but about the third week at the angle where two flaps joined there appeared at first some florid granulations that did not yield to pressure nor caustics; the fungoid mass increased rapidly, attained the size of a pigeon's egg, and became changed in color to a deep purple. It required the application twice of the arsenical paste, before this fungus was reduced to a level with the skin; it at last cicatrized soundly, and gave no further alarm about its return. The patient gradually recovered tolerable health, and survived the operation about fifteen months, when, as we learned some length of time after his death, he fell a victim to congestive pneumonia.
MEDICAL SOCIETY OF THE STATE OF NEW YORK.

FIFTY-FIFTH ANNUAL SESSION.

The Society met in Albany pursuant to statute, at 11 A. M., on Tuesday, February 4, 1862, for its Fifty-fifth Annual Session.

The President, Dr. E. H. Parker of Poughkeepsie, in assuming the duties of the chair, made a few brief remarks. After alluding in an appropriate manner to the death of his immediate predecessor in office, he called attention to the unusual prominence which military surgery had attained since the meeting of the Society, and urged upon all present to cultivate a knowledge of that particular branch, in order to be prepared, if required, to give their services to their country. He also mentioned the fact, that the State of New York was the first which had taken decided steps against admitting into the ranks of the volunteer corps any but competent surgeons; and in consideration of such a step, hoped that the Society would express their approval of it by a suitable vote of thanks.—Referring to the duties of the military surgeon upon the battle-field, he spoke of the necessity of the wounded who were left behind being properly cared for by their own surgeons. Alluding to the heroism of those surgeons who remained with their wounded after the battle of Bull Run, he suggested that the Society should take such action as should show these gentlemen, whether from this or other States, that their heroism was noticed by the profession. He had also hoped to be able to propose some plan, by the adoption of which the sufferings of war might, so far as the wounded were concerned, be alleviated by allowing the surgeons of both armies to visit the battle-field for this purpose, but had met so many obstacles that he had desisted from the attempt. He, however, urged the Society, if they could devise any method of accomplishing this, to do so.

The following Committees were next announced:

Committee on Credentials.—Drs. Porter of Oneida, Ferguson of Warren, and Willard of Albany.

Committee on Nominations.—Drs. Bissell of Oneida, Vanderpoel of Albany, Crispens of Ulster, Bly of Monroe, Finnell of New York, French of Broome, Hall of Cayuga, Reynolds of Saratoga.

The Secretary, Dr. S. D. Willard of Albany, presented a memoir of Dr. Merrit H. Cash of Orange, and announced that $500 had been bequeathed to the Society by the deceased member.

Dr. Bowen of Oswego offered the following:

Resolved, That a Committee of two be nominated by the Chair, to extend an invitation to such members of the Legislature as belong to the medical profession, to attend the meetings of this Society during its present session.

The Committee consisted of Drs. Bowen and Potter.

Dr. Bissell of Utica also offered the following resolution, which was accepted:

Resolved, That the thanks of this Society be tendered to the President for his interesting and suggestive address, and that a copy of it be requested for publication in the Transactions of the Society.

Resolved, That a Committee of three be appointed, to consider and report such action thereon as may be deemed necessary.
Drs. Bissell, Townsend and Kendell, were chosen as that Committee.

Pathological Specimens.—Dr. T. C. Finnell of New York, presented three pathological specimens. The first was the bones of the foot and leg, removed from a patient, at the age of eighteen years, who eight years previous to her death suffered a compound fracture of the ankle-joint by the falling of a heavy piece of timber upon it. The foot was turned strongly inwards, and remained ever after in that position. The ankle-joint, tarsus, and metatarsophalangeal articulations were firmly ankylosed. Interstitial absorption of the bones of the tarsus had taken place to such an extent as to leave a mere shell of the form of the bones. The second specimen was a portion of skull showing a compound fracture, caused by a blow from a brick, the interesting feature of the case being the presence of a portion of the missile firmly imbedded in the bony structure; this remained in that situation for two weeks previous to the death, without giving rise to any head symptoms. The third specimen was the skeleton of a monster. He also exhibited some barbarous-looking obstetrical instruments which had been the property of an old Cuban physician, consisting of pelvimeters, sounds, crotchets, forceps, perforators, etc. Lastly he read a case of dysentery in a child, aged 9, ending in suppurative peritonitis, spontaneous perforation at umbilicus, with discharge of four pounds of pus, and perfect recovery at the end of four months.

The following communication, relative to the appointment of homœopathic surgeons to the army, was received from the Oneida County Medical Society:

Whereas, great exertions are now being made by circulating petitions throughout the country asking Congress to pass a law appointing homœopathic practitioners to the post of Army Surgeons, therefore

Resolved, That a Committee of three be appointed to memorialize the State Medical Society to take such measures as its wisdom may dictate to maintain the honor and position of the medical profession, and also to express to our member in Congress the decided disapproval by this Society of such an unwise innovation.

On motion of Dr. White of New York, the communication was laid on the table, until a Committee from the Academy of Medicine should have an opportunity to present a series of resolutions having a similar import.

The Society then, on motion of Dr. Griscom, adjourned to meet at 3 P. M.

Tuesday Afternoon.

Paralysis after Diphtheria.—Dr. Bissell of Utica, read a paper on "Reflex Paraplegia, as a sequel to Diphtheria." He supported the idea that the paralysis was the result of an altered nutrition in the periphery of the senilent nerves, affecting secondarily the spinal cord by reflex action. The amount of fatality of the cases which had come under his observation, was about five in nine. The treatment consisted of tonics and stimulants. A dorsal decubitus was strongly insisted upon, in order to allow the blood to gravitate to the spinal cord; and the indications in this particular were further carried out by dry frictions, warm flannels, and the internal use of strychnine, etc.

Dr. Curry of Westchester, was surprised at the average mortality in Dr. Bissell's cases. He had never met with a fatal case in his own prac-
tice, and he was himself an example of a cure of the disease, after having suffered from it for a period of three or four weeks. Rather accidentally he found that a relief from, and in fact a total disappearance of the unpleasant symptoms could be had by exposure to cold, and the administration of a moderate amount of whiskey. He agreed entirely with the views expressed by Dr. Bissell in regard to the character of the affection.

Dr. French of Rome, had seen several cases of the disease under discussion, but they had all recovered.

Dr. Marsh of Onondaga, had met with four cases of paralysis. Two of these terminated fatally. He had frequently met with convalescent cases of diphtheria attended with slight amaurosis, and very many that suffered from paralysis of the bladder, as shown by the retention of urine.

Dr. Govan of Rockland County, stated that out of a large number of cases of diphtheria reported from Rockland County, he did not recollect a single case of paraplegia.

Dr. D'Avignon of Clinton County, thought that the paralysis of the velum was dependent in a great measure upon the length of time that the deposit remained upon it.

Dr. Curwen of Wayne County, had seen but two cases of paralysis, and they both died.

Dr. Taylor of Onondaga County, had not known of a case of paraplegia occurring in his County, notwithstanding diphtheria had been very prevalent.

Dr. Garrish of New York, stated that he had frequently met with cases of paralysis similar to those referred to by the other gentlemen, and had found that stimulating friction, in conjunction with tonics, were attended with the best of results.

Function of the Larynx.—Dr. Porter on behalf of Dr. Boulware of Albany, presented a specimen of wound of the throat, through the cricothyroid membrane, followed by occlusion of the breathing tube at that point. The person from whom the specimen was removed, was a female, aged 23, who, during an attack of temporary insanity, endeavored to destroy life with a razor. The cut was not an extensive one, and no vessels of large size were wounded. The lips of the wound were brought together, and in the course of three weeks the parts had all healed with the exception of a small opening in the trachea, just below the cricoid cartilage.—An attempt was made to close this opening, but very soon mucus collected in the tubes in such quantities as to render the removal of the dressings necessary in order to prevent suffocation. The tracheal tube was then introduced into the opening, and, with but slight intermission, was worn for several weeks. At the end of about eleven weeks from the infliction of the injury, the silver tube having been for some time removed, the wound closed, but it was found necessary on account of the collection of mucus in the trachea to open it again. No further attempt was then made to heal the wound, and it was found that she began to lose her voice, the aphonia being complete in the course of a few weeks. At this time, by closing the opening in the trachea, breathing would be stopped, proving that air could not pass through the larynx. Notwithstanding she had no voice, she could make herself intelligible by whisper sounds. She eventually died nineteen
months after the receipt of the wound in consequence of suffocation, induced by the collection of quantities of mucus in her breathing tubes.—The case was one which illustrated, in quite a satisfactory manner, the important and essential part which the larynx plays in the formation of the voice, while, at the same time, it proved that the laryngeal voice is not essential to the formation of whispers.

On motion, the Society then adjourned to meet on Wednesday, 10 A. M

Wednesday Morning, Feb. 5 1862.

After the reading and approval of the minutes of the previous meeting, Dr. O. White, of New York, called up from the table the resolution offered by the Oneida Co. Medical Society, relative to the appointment of homoeopathic surgeons to the army.

Dr. Garrish then presented the resolutions adopted by the New York Academy of Medicine upon the same subject, which have been already published in the Times. Some discussion took place in reference to the adoption of the resolutions as the sense of the Society, and finally on motion of Dr. Coates, it was resolved that a committee of three be appointed to take into consideration the subject, and report at the next meeting.

The committee was constituted of Drs. Coates, Townsend and Squibb.

Dr. E. R. Squibb, of Brooklyn, in the absence of F. H. Hamilton, chairman, read an elaborate report from the special committee upon the United States Drug Law, with a brief history of the movement subsequent to the adjournment of said committee. He also read a report of his own duties as the representative of the Society in the committee of revision and publication of the U. S. Pharmacopoeia.

Dr. S. D. Willard presented a paper entitled, Conservative Surgery, with a list of surgeons and assistant-surgeons of the volunteer army of New York, their age, where graduated, what year, what service seen, when appointed and where promoted.

Medical Provisions for Railroads.—Dr. Edmund Arnold, of Yonkers, next read an interesting, elaborate and practical paper "on the medical provision for railroads, as a humanitarian measure, as well as a source of economy to companies." After citing cases of various classes, and showing the loss of life arising from the neglect of such previous provisions, he detailed his plans for supplying it, much of which we have already given to our readers. As on many lines, however, stations and flag-stations are far apart and appliances would be too far off, he also detailed provisions to be carried in the cars themselves. Within the last few days Dr. Arnold had heard that a measure had actually been prepared to go before the Legislature with the consent of most of the railroad companies of the State, of which the medical provision forms an essential feature, and of which we may give an abstract in a future number.

Dr. Mason, of Kings Co., presented the following:

Whereas, On the principle of self preservation being the first law of nature, it is the paramount duty of the State to promote by all possible means the preservation of the health and lives of the people, and their protection against the causes of disease which continually surround them, especially in connection with the conditions of civilization and whereas, in the opinion of this Society, the health laws of this State have not kept pace with the rapid modern progress of sanitary science and government
fails to enforce many well known means by which disease and death may be averted and longevity and population increased, therefore

Resolved, That the bill before the Legislature, known as the Metropolitan Health Bill, meets with the cordial approval of the State Medical Society, as a measure which, though partial in its application to one section of the State, is a step in the right direction and should be enacted into a law without delay.

Resolved, That the foregoing preamble and resolution be authenticated by the officers of this Society and transmitted to the two Houses of Legislature.

The resolutions were warmly supported by Drs. Griscom, Mason, Taylor and others and were finally adopted.

Dr. Hutchinson, of Kings Co., read a paper on "Dislocation into the Ischiatic Notch, with Autopsy," which illustrated the practicability of Reid's method of reduction.

Dr. Downs, of New York, followed with the synopsis of a case of peritonitis, occurring in a child, in which large doses of morphine were used in the treatment.

Dr. Brinsmade, of Troy, offered the following resolution, which was adopted:

Resolved, That a Committee of five be appointed to draft a Sanitary Code for the State of New York, and submit the same to this Society for its consideration, at its next annual meeting.

Drs. Brinsmade, Seymour, Griscom, Hun and Mason, were appointed on the said Committee.

Cirrhosis of Liver—Vomiting of Blood.—Dr. M. M. Marsh, of Onondaga, presented a specimen of cirrhosis of the liver. The patient vomited during eighteen hours more than nine pints of blood, and after the lapse of four days again vomited eighteen and a half ounces of the same fluid. Autopsy revealed a softened condition of the vessels of the duodenum, "hob-nailed" liver, and enlarged spleen. The spleen was double, each separate organ being supplied by a branch of the splenic artery, and being made perfectly distinct from each other by a membrane between; one was directly over the other.

Dr. Finnell stated that in over one thousand post-mortem examinations made by him, he had not met with a condition of the spleen similar to that described by Dr. Marsh, where the organs were placed in such relation to each other with a membrane intervening. He had, however, not uncommonly seen a series of spleens in the same subject, each supplied by a distinct arterial twig. In reference to the cause of death, he could call to mind two cases presented by him to the N. Y. Pathological Society, where death from hæmatemesis was simply the result of cirrhosis of the liver.—Both these patients were young females. He also stated that the amount of blood lost in the case was an interesting fact to note.

Dr. Hart, of Brooklyn, having frequently had occasion to notice the concurrence of enlarged spleen with cirrhosis, asked if such was always the case.

Dr. Finnell replied in the negative.

Dr. Garrish stated that he had frequently met with a normal spleen in cirrhosis.

The Society then adjourned to meet at 3 P. M.
Wednesday Afternoon.

The minutes of the morning were read and approved.

Dr. Van Hovenburgh, of Ulster, read the following:

Resolved, That a Committee of five be appointed by the Chair to see Dr. Freer, chairman of the Senate Committee on Medical Societies, as also the Medical Committee of the House, and inquire the provisions of the bill incorporating the State Homœopathic Medical Society, and report to this Society, what action is necessary in the premises.

Adopted, and Drs. Vanderpoel, Bissell, Blatchford, Bates and Taylor, were appointed such Committee.

Dr. Shrady, of New York, offered a preamble and resolution relative to the medical provision for railroads, as advocated in the paper read by Dr. Arnold during the morning session:

Whereas, In the opinion of this Society, much loss of life and limb occur for want of sufficiently speedy medical assistance in cases of railroad accidents, and whereas the efforts of medical men when present are often rendered nugatory by the want of suitable appliances, and whereas it is desirable that some better provision should be made than at present exists to prevent railroad casualties, and whereas this Society has been informed that a large and comprehensive measure is about to be introduced in the Legislature of this State, of which proper medical attendance for railroads forms an essential feature, therefore be it

Resolved, That a Committee be appointed to report at the earliest moment whether any or what action shall be taken by this Society, in the premises.

The Committee consisted of Drs. G. F. Shrady, E. Arnold and A. Willard.

Dr. Harris, of New York, as Chairman of a Committee on the Medical Topography of the State, sent a communication reporting progress.

Dr. Blatchford announced that the New Jersey State Medical Society desired the appointment of a delegate to the New York State Society, and moved that six delegates be named to attend the next annual meeting of that Society, which would be held in Jersey City.

Case of Supposed Murder.—Dr. John Steinburne, of Albany, read an elaborate paper treating of the medico-legal points in the celebrated Budge case. He gave at great length his reasons for supposing it to be a case of murder instead of suicide, and in conclusion read corroborative letters from Geoghegan, Taylor Mott, Gross and others.

Dr. Squibb, from the Committee to which was referred the resolutions of the Oneida County Medical Society and the New York Academy of Medicine, upon the subject of remonstrating against the introduction of Homœopathy into the Army, reported that the Society should earnestly endorse the object of these resolutions, but advised that all unnecessary action that might be construed into persecution be avoided; that the committee felt satisfied that the Government will take no step so disastrous, so revolutionary and so expensive, as the one of introducing any forms of charlatany into the Army.

Dr. J. N. Minor, of Kings Co., read a description of a new instrument for the treatment of stricture of the urethra, and Dr. J. A. Burge, Kings Co., followed with an account of important modifications made in the instrument, for a similar purpose, presented by him at the last annual meeting.

The Society then adjourned to meet in the Assembly Chamber, at 7½ P. M., to listen to the President's address,
Wednesday,—Evening Session.

The meeting being called to order by the Secretary, the President Dr. E. H. Parker, delivered his annual address. He chose for his subject, the dignity of the profession, and discoursed upon the ennobling and distinctive qualifications of the physician. The whole was treated of in an exceedingly happy manner and called forth from the assembled audience the most profound attention. We regret our inability at present to give an abstract of his remarks, but hope to do so on a future occasion.

Dr. Kendall presented a resolution of thanks for the address, accompanied with a request for its publication. The Society then adjourned to meet at 9 A.M., on Thursday. The further entertainment of the evening was left to Surgeon-General Vanderpoel and Dr. Swinburne, who received the members in turn at their respective residences.

Thursday,—Morning Session.

The Society was called to order by the President, E. H. Parker, and the minutes were read and approved.

Dr Jas. V. Kendall, as Chairman of the Committee on the introductory address of the President, made a report in a series of resolutions, complimentary to the Surgeons at Bull Run, and those who would not except parole.

He also presented the following:

Whereas An inscrutable but all-wise Providence has seen fit since the adjournment of our last annual meeting to remove from our midst by death, one of our members, the late President of the Society; therefore,

Resolved, That in the decease of Dr. Daniel T. Jones, the members of the Society are solemnly taught the scriptural lesson, that “man’s breath is in his nostrils,” that life, health and all their concomitant blessings, are dependant upon the will of our Supreme Ruler; and that it becomes us to bow submissively to his will, and have our work done, like our deceased member, for our call when the Master shall come.

Resolved, That in the decease of our brother, this Society has lost one of its most earnest, efficient and valuable members; his patron of the safest and most judicious of medical advisers; his family the best of husbands and fathers, and the community in which he lived, a generous, noble, upright, honest man; and that his virtues as member of different communities, but of the same medical Society, it becomes us to imitate.

Officers for the ensuing Year.—The Committee on nominations then made the following report, which was adopted: For President, Thomas Hun, of Albany; Vice-President, D. P. Bissell, of Utica; Secretary, S. D. Willard, of Albany; Treasurer, J. V. P. Quackenbush, of Albany; Committee on Publications, Thomas Hun, S. D. Willard and Howard Townsend; for Censors, Southern District, W. Govan, Joel Foster and E. Harris; Eastern District, B. F. Staats, J. W. Blatchford and P. McNaughton; Middle District, J. S. Sprague, C. B. Coventry and A. P. Doolittle; Western District, Alex. Thompson, H. W. Dean and E. Hall.

Dr. Shrady, as Chairman of the Committee to report on the medical provision for railroads, offered the following for adoption:

Whereas, This Society has heard that a measure is about being introduced into the Senate, of which an essential feature is thorough medical provisions for railroads, and whereas we believe that much loss of life and limb, results from want of such provision, therefore,

Resolved, That we hail with satisfaction the introduction of any plans calculated to secure so desirable an end.

Resolved, That a copy of the foregoing be forwarded to Senator Smith, of Kings
Co., the gentleman who had given notice to the Senate, of the introduction of such a measure.

The following papers were next read: By Dr. Burge, of Kings County, "A new instrument for removing foreign bodies from trachea and cesophagus;" Dr. Bly, Rochester, "On proper points for amputation."

Dr. Quackenbush, of Albany, in behalf of Dr. Van Dyck, exhibited a specimen of monstrosity, and remarked upon a peculiarity which existed in its formation, viz.: that the thoracic and abdominal viscera were external to the body. The cord was little over two inches in length. The monster was the product of an abortion in a young unmarried female.

Dr. Lee, Peekskill, gave a description of a new field tourniquet, devised by Dr. Lambert.

Dr. Swinburne, exhibited a patient upon whom he had some time since performed the operation of exsection of the hip-joint.

The following resolutions were in turn offered and adopted.

Dr. White, New York:

Resolved, That the thanks of the State Medical Society be accorded to its Secretary, Dr. S. D. Willard, for the laborious compilation he has made of the names of the medical men who have entered the Army from the State of New York.

Dr. Lee, Peekskill:

Resolved, That a Committee of three be appointed to compare the code of ethics adopted by this Society, in 1833, with that of the American Medical Association and present the revised copy to the Secretary at the next annual meeting.

Drs. Lee, Minor and Townsend, were appointed.

Dr. Coates:

Whereas, It becomes us as dependant upon the all-wise Being, for guidance in all our transactions, therefore;

Resolved, That hereafter the proceedings of our annual meeting be inaugurated with prayer, and that the Secretary be requested to invite the attendance of some clergyman to act as chaplain.

After the passage of a vote of thanks to Drs. Oakely, Vanderpoel and J. Swinburne, the Society adjourned sine die.—N. Y. Medical Times.

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Phthisis.—In a recent communication to the French Academy of Medicine, by M. Piorry, on the treatment of phthisis, he presents the following summary of conclusions:—

1st. Pulmonary phthisis is a collection of numerous morbid phenomena, and not a morbid unit.

2d. There does not exist, nor can there be, a special remedy for it, to destroy a unit which has no existence.

3d. That consequently iodine, tincture of iodine, no more than chlorine, salt, tar, can be considered as anti-phthisical.

4th. That it is necessary, in order to the proper treatment of phthisical persons, to appreciate and specify the particular organic affections which they present, and to meet them with appropriate remedies.

5th. That hygienic precautions, intelligently advised, may prevent the development of tubercle.

6th. That by proceeding in this way, by combating the particular affections which occur together or succeed each other, we have a rational treatment of phthisis, which can show a fair number of perfect cures, and a very large number of palliated cases.—Chicago Med. Ex.
EDITORIAL DEPARTMENT.

COMMENCEMENT IN THE UNIVERSITY OF BUFFALO.

The Annual Commencement of the Medical Department of the University of Buffalo took place on the evening of February 25, 1862. The exercises were held in American Hall, which was filled to its utmost capacity with a highly respectable and intelligent audience.

The degree of Doctor in Medicine was conferred on the following gentlemen by Hon. Millard Fillmore, Chancellor of the University, who accompanied the ceremony by a brief and appropriate address to the citizens of Buffalo and the graduating class, viz:

- John Winthrop Stille, Otsego, Otsego co., N. Y.
- Thomas Boyle Minchen, Adrian, Lenawee co., Mich.
- William Robinson, Buffalo, N. Y.
- Samuel William Wetmore, Kingsville, Ashtabula co., O.
- Delos White Harrington, Akron, Erie co., N. Y.
- John Russell Stewart, North Cohocton, Steuben co., N. Y.
- P. Henry Clark, Ashland, Ashland co., O.
- Elias Sharp Chapel, New Lyme, Ashtabula co., O.
- Abel Goodrich Rathbone, New Lyme, Ashtabula co., O.
- Horace Bradley Northrop, Arcade, Wyoming co., N. Y.
- Solomon V. Frame 2d, Depauville, Jefferson co., N. Y.
- John Peter Blawis, Fort Miller, Washington co., N. Y.
- Eugene Adelbert Chapman, Henderson, Jefferson co., N.Y.
- John William Goodson, Bellevue, Huron co., O.
- Oscar Eugene Wainwright, Akron, Erie co., N. Y.
- John Cole, Lancaster, Erie co., N. Y.
- James Sedequest Smith, Burford, Brant co., C. W.
- Edward Little, Newberry, Middlesex co., C.W.
- James William Casey, Rochester, N. Y.
- Horace Tupper, Buffalo, N. Y.
- John Jenkins, Shelby, Orleans co., N. Y.
- John Charles Wall, Oshawa, Ontario co., C. W.
- Andrew Jackson Haughton, Cambria, Niagara co., N. Y.
- James Sprague Wilkin, Shawnee, Niagara co., N. Y.
- Charles Weaver Carrier, Newfield, Tompkins co., N. Y.
- Charles Washington Colyer, Buffalo, N. Y.

The charge to the graduates by Prof. James P. White was a very able, appropriate and practical address, which we should be happy to publish in full. After an eloquent introduction, of compliment and congratulation, they were exhorted to imprint indelibly upon their minds the conviction that success in life will depend mainly upon themselves; to trust nothing to fortune or fancied position; to labor diligently, to make themselves competent for the performance of every professional duty; to rely chiefly upon their own unaided efforts with inflexible purpose, when they would reach, if not the summit of their ambition, at least an enviable position in life. It was urged that exclusive attention to professional pursuits and worldly objects was wholly unnecessary; an expanded benevolence being in no way incompatible with the true interests of a physician, since it turns away the thoughts for a moment from the schemes of profit or ambition, and more than repays the loss, by its cheering effect upon the heart, and its ennobling influence upon the character.

Motives for the continued prosecution of the study of medicine were presented, and a practitioner who ceases to be a student, represented as no longer worthy the confidence of the public. Whatever may be the attain-ment, the life of a physician is only truly useful and honorable, when it is unremittingly employed in study. The extensive improvements in the different departments of medical science which are constantly taking place, render it utterly impossible for any practitioner to pursue his avocation with satisfaction, without constant, scrutinizing investigation.

The blissful ignorance of the mere pretender was forcibly contrasted with the care and anxiety which rests upon the mind of the intelligent physician who is painfully alive to the safety and welfare of his patient.

Practical men, about which so much is said at the present time, were shown to be only close students and careful observers, well versed in science. Native vigor of mind might enable one to avoid great mistakes, or possibly obtain a degree of respectability in the profession, but these form the rarest exceptions, and we may well ask, how much more could have been accomplished, with liberal culture, in a mind thus gifted?

The broad field for investigation in Medical Science was happily and truthfully presented, and the enthusiasm often manifested in the investigation and
search for truth was most graphically portrayed; the votaries of medical ambition being as often seen, to brave unheeding all the dangers of contagion and infection, and in search of truth becoming in many instances utterly unmindful of their own comforts and necessities. The Surgeons of Bull Run were referred to as instances, who submitted to be taken prisoners rather than leave the wounded under their charge to suffer from neglect, and the thrilling and heroic reply cited of one of their number, who, when asked if he would surrender, with a pistol at his ear to enforce obedience, coolly said, “Yes, when I have tied this artery which is bleeding this poor fellow to death.”

The present graduating class were presented as part of the fruit of the first literary tree of the kind, ever planted in Buffalo, by the generosity and liberality of her citizens; and regarded as conclusive evidence that their beneficence had been judiciously bestowed. It was hoped the prosperous condition of the medical department of the University of Buffalo would arouse a spirit of liberality in the citizens sufficient to organize and establish also on a permanent basis the Academic department of this University. A glowing tribute was here given to the Alumni of this Institution, occupying as they do the most useful and responsible positions in life. Their unexceptionable success in obtaining appointments in the Army and Navy; the high places they occupy throughout the country in all the departments of professional life were referred to, as the just pride of their Alma Mater.

The class were cautioned to avoid quackery themselves, since quackery is not wholly excluded from the ranks even of the profession or entirely confined to the unlearned; “there are those who know the right, but still the wrong pursue.” The nature of medical delusions and the mental organization of those who most greedily imbibe medical error, was truthfully represented. Those who run after nostrums and the various isms, would in other counties, impelled by the same blind faith and ignorance, make their Meccan pilgrimages, to kiss and bow down, to consecrated relics. Public confidence in scientific acquirement, is steadily onward, and advances in exact proportion as the mass of community itself becomes enlightened. To this rule but one exception was made, that of the clergy, who had done more harm than any other class, by giving certificates of cures by quack remedies. This was kindly explained and apologized for, and a most celebrated English Divine quoted: “I have oft times, not without wonder and indignation observed the strange confidence in empyrics in physic, that dare venture on the practice of that noble art which they do not at all understand, consider-
ing how for a little paltry gain, they shrewdly hazard, or rather certainly destroy the health and lives of men, and I have judged them worthy of as capital and ignominious punishment, as those who kill men on the highway." The advice and counsel given upon the subject of professional intercourse, was exceedingly well timed and judicious.

This brief review, of some few of the many points in the address, is more unsatisfactory to us, than it can possibly be to any of our readers. Nothing can give a truthful outline short of a full report. It was listened to with marked attention, and many sentiments were greeted by most hearty applause.

After the Commencement exercises, a most sumptuous supper was provided for the Graduates, Curators, Faculty and invited guests, by Prof T. F. Rochester, at the American Hotel. This occasion was one of particular interest; speeches, toasts, &c., together with the last greetings of classmates and teachers, forming in all, a scene, which can be fully appreciated only by those who remember such periods, in their own histories.

SELECTIONS.

TREATMENT of PNEUMONIA.—The Sanitary Committee, on the Treatment of Pneumonia, consisting of Austin Flint, M. D., Chairman; A. Clark, M. D., John T. Metcalfe, M. D., Benj. W. M'Cready, M. D., conclude their report, as follows:

"The following propositions are submitted, embodying the practical views which have been presented respecting the management of pneumonia:

1.—Uncomplicated pneumonia, limited to one lobe, in general, does not claim active treatment of any kind—simple, paliative remedies and hygienic measures being alone required.

2.—Blood-letting and other antiphlogistic measures, with a view of subduing the inflammation, are not warranted by a sufficient probability of success, and, if resorted to for this purpose, will be likely in many cases to do harm.

3.—Blood-letting is useful, not by a direct effect on the local affection, but indirectly by diminishing the intensity of the symptomatic febrile movement. It is admissible only in cases characterized by intensity of the febrile movement, when the affection is said to be sthenic, and only in the first stage of the affection.

4.—In the cases to which blood-letting, if employed at all, should be
restricted, the good effects may generally be obtained by saline purgatives, together with sedative remedies, such as the preparations of antimony and the veratrum viride.

5.—The remedies just named are indicated only in the cases referred to. Given in cases indiscriminately, and carried to an injudicious extent, they may do much harm. They should be used with great circumspection, and rarely after the first stage of the disease. It is never advisable to push them so far as to occasion distressing nausea or vomiting, and enfeeble the heart's action.

6.—Acute pain, depending on coexisting pleurisy, does not call for general blood-letting. Dry or wet cupping, fomentations, and stimulating applications to the chest are useful, and, if not effectual, opium may be given sufficiently to relieve this symptom. The oiled muslin jacket, to be worn during the disease, is to be recommended.

7.—The combination of intermitting fever and pneumonia calls for the prompt use of quinia in sufficient doses to arrest as speedily as possible the paroxysmal affection. Small or moderate doses of this remedy should be given in malarious regions, and to patients who are subject to intermitting fever, in order to prevent the development of intermitting fever and to obviate the unfavorable influence of the malarious cachexia. The remedy should be continued during the progress of the disease.

8.—Antimonial preparations, mercury, blisters, and expectorants are not called for with a view to promote resolution of the pulmonary affection. There are not sufficient grounds for the belief that they hasten the removal of the exudation, and, if not useful, they must be injurious. There are no remedies to be employed specially for this object.

9.—In severe cases of pneumonia, after the disease has advanced to the second stage, the most important object of treatment generally is to support the powers of life, to obviate the tendency to death by asthenia, and to carry the patient safely through the disease.

10.—The supporting treatment consists of tonic remedies, alcoholic stimulants, and nutritious food. These are to be combined, in order to render the supporting treatment efficient.

11.—Alcoholic stimulants may be given without fear of affecting unfavorably the local affection. They should be given so soon, at least, as the heart's action and other symptoms afford evidence of any failure of the vital powers. They are to be given more or less freely, according to the danger from asthenia, the degree of tolerance, and the apparent effect.
They are not to be given as a matter of course, but only when indicated, and the quantity given is to be determined by the exercise of care and judgment.

12.—A supporting diet embraces the animal essences, milk, and farinaceous articles. There is no risk in encouraging the patient to take nutritious food at any time during the progress of the disease; and there is reason to believe that danger from exhaustion may be forestalled by alimentation, together with the early employment of tonic remedies and alcoholic stimulants.

13.—Purgatives, after the first stage, are not indicated, save when there is inconvenience from fecal accumulation, and then the mildest remedies which will effect the object are to be preferred.

14.—Opium given, not to relieve pain or allay cough, but to tranquillize, promote sleep, and render the system more tolerant of the local affection, is a valuable remedy in pneumonia. It is indicated by unusual disturbance of the circulation and nervous system, and its good effect is shown by a marked improvement in all the symptoms. This remedy does not retard the resolution of the local affection. It conduces frequently to improvement as regards delirium.

15.—Soothing and supporting measures are especially called for in cases of pneumonia distinguished as asthenic and typhoid, and when pneumonia occurs as a complication of the eruptive and continued fevers.

16.—The occurrence of pericarditis as a complication is an additional reason for the supporting treatment.

17.—In convalescence from pneumonia there is not much, if any, danger of relapse, and the recovery is more rapid if a substantial diet be allowed and the patient permitted early to sit up.”

Dr. Lanston Parker on the Use of Mercury in the Treatment of Primary Syphilis.—The principal facts inculcated by the author are embodied in the subjoined resume:

1.—That mercury is not indicated as a specific agent in the treatment of the soft or simple chancre which secretes pus freely, which has no induration of its base, and no complication in the groin.

2.—That mercury is not indicated as a specific therapeutic agent in the treatment of the adenitis which complicates this form of chancre, whether the tumor be of a benign or virulent character.
3—That mercury is not indicated in the treatment of the inguinal chancre which succeeds to the opening or the bursting of a virulent bubo.

4—That mercury may be tried when this form of chancre, or the attendant inguinal chancre, is perfectly chronic, and has resisted the usual routine of non-mercurial treatment. In the earlier stages of these diseases mercury is positively injurious; but in the perfectly chronic stage, as a dernier resort, it may be tried, and occasionally, but not certainly, its use is attended with benefit. In such states a moist mercurial fumigation is sometimes efficacious—a fact which Mr. Parker has ascertained in several instances.

5—Mercury is occasionally useful in the treatment of the phlegmoid induration which sometimes accompanies soft chancres; here its action is limited to the removal of the induration; it has no influence in dispersing either of the forms of adenitis which may complicate it.

6—Mercury is indicated as a specific agent in the treatment of the infecting or specifically indurated chancre. It is the most powerful and certain therapeutic that can be opposed to it. It resolves the indolent buboes which almost always accompany this chancre, and which remain stationary or continue to increase until mercury is used. It weakens or altogether eradicates the dyscrasia, or constitution taint, of which this chancre is the initiatory symptom.

7—Mercury may be given internally, and by way of friction, or administered in the form of vapor. There are cases in which each of these modes may find its special application. Generally speaking, the internal administration is the most injurious to the patient and the least efficacious in its influence on the disease.—Medical Times and Gazette—Reporter.

**Leucorrhoea and Ulceration of the Cervix Uteri during Pregnancy.**—In order to test the accuracy of M. Cazeaux’s assertion that ulcerations of the cervix uteri are met with in seven eighths of pregnant women, M. Charrier instituted a careful examination of one hundred indiscriminately as they offered themselves to his notice. The following are the conclusions of the memoir he has prepared on the subject:—1. Leucorrhoea precedes and gives rise to ulceration of the cervix. 2. The congested condition and processes of hypertrophy taking place in the pelvic organs are the causes of this leucorrhoea. 3. At first a physiological condition, it may become morbid under the influence of a bad state of health. 4. Nearly two thirds (62 per 100) of pregnant women have leucorrhoea. 5. Nearly eight tenths (56 of 72) of these subjects of leucorrhoea have ulcers of the
cervix. 6. Of the 56 women, 41 were multiparae. 7. For the treatment we should confine our attention to the general condition, giving mild aperients and preparations of iron, remedying disorders of the digestive organs. Local treatment would frequently induce abortion.—Boston Medical and Surgical Journal.

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REVIEWS.

A System of Surgery; Pathological, Diagnostic, Therapeutic and Operative, by Samuel D. Gross, M. D., Professor of Surgery in the Jefferson Medical College of Philadelphia; Surgeon to the Philadelphia Hospital; Member of the Imperial Royal Medical Society of Vienna, etc., etc. Illustrated by twelve hundred and twenty-seven engravings. Second edition, much enlarged and carefully revised, in two volumes. Philadelphia: Blanchard & Lea, 1862.

That the first edition of this work has been so soon exhausted, shows most conclusively that it is appreciated by the profession; and also indicates that there is no necessity for an extended notice, since most of those who practice surgery are familiar with its pages.

In this second edition every chapter has been carefully revised, a large amount of new matter introduced, and nearly three hundred illustrations added. The subject of gun-shot wounds has received more than ordinary attention, since it is invested at this time with such a fearful interest in this country. The general arrangement of the work is the same as in the first edition. The new matter which has been introduced is very valuable since it is essentially of a practical nature. This work constitutes a systematic and comprehensive treatise on the science and practice of Surgery considered in its broadest sense, and will serve the practitioner as a faithful and available guide in his daily routine, and constitute a standard authority of the highest value. It embraces the whole domain of surgery, bestowing proper attention to every subject in the great family of external diseases and accidents. There is no topic properly appertaining to Surgery which has not been considered in greater or less extent in these volumes. It may be regarded as embodying the result of the most extensive personal experience and ripe scholarship, aided by the labors of cotemporaries both among systematic writers and contributors to the periodical press of this and other countries, and constitutes the most comprehensive and valuable treatise upon Surgery, ever yet published. The typographical and mechanical part of this book is in the very highest style of Messrs. Blanchard & Lea, who
have placed the profession under lasting obligations for the durable and substantial form in which their most valuable medical books have been issued.


These notes are upon the following subjects: History and physical characters of the Crimea—Its Climate and Geology—The changes of the seasons during the occupation of the Allies—The steppe lands of the Interior—Vegetation and resources of the country—The Natives and their diseases—Drainage of the Camp—Water Supply—Latrines—Fort—Cooking—Fuel—Clothing—Housing—Duty—Effects of all these combined upon the health and disease of the soldiers—Hospitals—Distribution of the sick—Male and Female—Nursing—Transport.

Campaign in Bulgaria, and its effects upon the subsequent health of the troops—The Diseases which appeared there, as well as afterwards in the camp before Sebastopol—Distinction between Surgery as practiced in the army and in civil life—Soldiers as patients and the character of the injuries to which they are liable—Wounds and injuries seen during the late war.

Peculiarities of gun-shot wounds and their general treatment—Chloroform in the Crimea—Primary and Secondary hemorrhage from gun-shot wounds—Zetanus Gangrene—Erysipelas—Frost-bite—Injuries of the head—Wounds of the face and chest—Gun-shot wounds of the Abdomen and Bladder—Compound fracture of the Extremities—Gun-shot wounds of joints—Excision of joints—Amputation—to which is added an Appendix.

This book is written in a very entertaining and instructive style; and at this time the subjects presented must be of great importance to the practical surgeon, since it embodies the results of surgical practice in the most extensive field ever yet opened for observation in Military Surgery. For sale by Breed, Butler & Co., No. 188 Main Street, Buffalo.

Braithwaite’s Retrospect—The Retrospect of Practical Medicine and Surgery, being a half-yearly Journal, containing a retrospective view of every discovery and practical improvement in the Medical Sciences; Edited by W. Braithwaite, M. D., Lecturer on Obstetric Medicine at
the Leeds School of Medicine, etc., and J. Braithwaite, M. D. American edition. New York: W. A. Townsend, 39 Walker street

This invaluable compendium, which was commenced in 1840, is issued simultaneously with the London edition, and appears regularly in January and July of each year. The peculiar excellence of the Retrospect consists in the fact that it embodies in a confined space, the cream of the medical periodicals—preserving the essentially practical articles of discovery and improvement. It constitutes a condensed register of medical facts and observations for the past year, and presents a complete retrospect of the current medical literature of the times, including the transactions of the different Societies and Associations in Europe and America, preserved in as condensed form as possible, and generally in the words of the respective authors. This admirable digest enjoys, throughout the world, the highest fame in its department and deserves the universal patronage of the profession.

Report to the Secretary of War of the Operations of the Sanitary Commission upon the Sanitary condition of the Volunteer Army; its Medical Staff, Hospitals and Hospital Supplies, together with accompanying papers from Associate Secretary, J. S. Newberry, M. D.

"The Commission, having enrolled among its associate members, many distinguished members of the medical profession throughout the loyal States, has thought it fairly within the scope of its duties to invite them to aid in the protection of the Army against disease by the preparation of papers intended to embody in a brief compass, the latest results of Medical and Surgical Science, in regard to various special points of great practical importance, as to which some of our volunteer surgeons necessarily inexperienced in their new field of army medicine, surgery and hygiene, and without access to libraries, may need information and advice. The duty of compiling these papers has been confided to leading members of the profession in some of the larger cities; and papers upon the Value of Vaccination in Armies—Pneumonia—Use of Quinine as a Prophylactic against malarious diseases—Continued Fevers—Amputations—Amputation through the foot and at the ankle-joint, and some others, are now completed, which the Commission propose to place in the hands of every member of the Medical Staff."

We have not space to speak of these papers separately; they are written by eminent men in the profession, and embody the most approved modes of practice. We suppose these papers are designed only for the one-
eighth, since the Commission inform us that they “find about seven-eights of the surgeons and their assistants fairly qualified for their duties.” This commission may have done some good; it probably has accomplished some of the objects of its organization. Large sums of money have been poured into the treasury of the Commission, the “outgushings of affection and patriotism,” yet only a little over one-eighth of the money contributed has been expended for the direct benefit of the soldier.

BOOKS RECEIVED.

Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, from the battle of Rolica in 1808, to that of Waterloo, in 1815; with additions relating to those in the Crimea in 1854, 1855, showing the improvements made during and since that period in the great art and science of Surgery on all the subjects to which they relate. Revised to October, 1855, by G. J. Guthrie, F. R. S. Sixth edition. Philadelphia: J. B. Lippincott & Co., 1862. For sale in Buffalo by Breed, Butler & Co.—$1.50.

Border Lines of Knowledge in some provinces of Medical Science; an introductory Lecture delivered before the Medical Class of Harvard University, Nov. 6th. 1861, by Oliver Wendell Holmes, M. D., Parkman Professor of Anatomy and Physiology. Boston: Ticknor & Fields, 1862.

Amputation of the Cervix Uteri, by J. Marion Sims, M. D., Surgeon to the Womans’ Hospital, New York.


PAMPHLETS RECEIVED.

Communications of the Rhode Island Medical Society for the year 1861. Published by the Society. Committee of Publication: George L. Collins, M. D.

Eleventh Annual Report of the Providence Reform School, for the year ending November 30, 1861.

The San Francisco Medical Press shows an enterprise and liberality worthy of especial mention. With the view of stimulating the profession of the Pacific Coast to subscribe for other medical journals, it makes the following proposition:
“We will send the Press to any person for $1.00 per annum, who is, or shall become, a subscriber to any one of the following exchanges; to any one who shall become a subscriber to two, fifty cents per annum; and free of charge to all who are, or shall become subscribers to three.”

Pacific Medical and Surgical Journal, Buffalo Medical and Surgical Journal and Reporter,
London Lancet, Cincinnati Lancet and Observer,
Summary of Medical Science, Cincinnati Medical and Surgical News,
American Journal of the Medical Sciences, Chicago Medical Examiner,
American Journal of Pharmacy, Chicago Medical Journal,
American Medical Monthly, Gazette des Hospitaux,
American Medical Times, Journal of Materia Medica,
Berkshire Medical Journal, Medical News and Library,
Boston Medical and Surgical Journal, Medical and Surgical Reporter,
British & Foreign Medico-Chirurgical Review, N. A. Medico-Chirurgical Review,
St. Louis Medical & Surgical Journal.

Such devotion to the profession, and effort for the advancement of Medical literature; such unselfish, whole-souled, liberal-hearted effort, is worth more, and will accomplish more for the real good of the profession than we have language to express. We have no need to say, after what has been quoted, that the San Francisco Medical Press is one of the most valuable medical journals in the English language; every physician would know as much without further comment. It is edited by E. S. Cooper, A. M. M. D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific.

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Appointment.—E. P. Grey, M. D., of Buffalo, Surgeon to the —— Regiment, N. Y. S. V.

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Report of Deaths in the City of Buffalo for the month of January, 1862

Accident 1, Albuminuria 1, Bronchitis 1, Cancer 1, Cancer of Stomach 1, Cirrhosis of Liver 3, Consumption 12, Convulsions 12, Croup 6, Diarrhoea 4. Disease of the Brain 1, Disease of the Heart 3, Disease of the Liver 1, Diphtheria 3, Dropsy 2, Dropsy of the Heart 1, Epilepsy 1, Fever, Scarlet 14, Fever, Typhoid 4, Gangrene 1, Inflammation of Bowels 3, Inflammation of Brain 2, Inflammation of Brain and Meninges 4, Inflammation of Lungs 6, Inflammation of Lungs, Typhoid 1, Intemperance 2, Jaundice 1, Marasmus 3, Measles 2, Obstruction of Bowels 1, Old Age 6, Ovarian Tumor 1 Paralysis 2, Pyemia 1, Still-born 1, Unknown 12. Total 128. Ages:—Between one and thirty days 11; between one and six months 17; between six months and one year 10; between one and three years 20; between three and five years 5; between five and ten years 7; between ten and twenty years 0; between twenty and thirty years 12; between thirty and forty years 10; between forty and fifty years 7; between fifty and sixty years 7; between sixty and seventy years 8; between seventy and eighty years 3; over eighty 5; unknown 5. Total 128.

SANDFORD EASTMAN, M. D. Health Physician.
ART. I.—Notes of Surgical Cases: Paralysis of the Muscles of the eye and face from Concussion; Encephaloid Tumor; Lupus; Cases of Varicose Veins; by J. F. Miner, M. D.

Paralysis of the Muscles of the Eye and Face from Concussion.—November 5, 1861: Visited L. Schriver, engineer, aged 26. The Tug upon which he was employed had been run into by a Propeller, and after the occurrence Mr. S. was found apparently dead, from injury he had received, in manner unknown. He had been visited by physicians while on the boat, who regarded him so nearly dead or so certain to die very immediately, that they left without action. He was removed to his residence where I found him insensible; pulse slow and scarcely perceptible. Surface cold; pupils dilated; head and face was covered with blood, which was flowing quite profusely from both ears and the nose; also spitting and vomiting blood, in great quantities. Respiration, slow and labored; deglutition difficult; eyelids distended with extravasated blood so immensely as to form the prominent appearance of injury; face and lips livid; occasionally slightly convulsed. Patient presenting the general symptoms of fracture at base of the skull, or the severest concussion, and a very guarded or unfavorable prognosis given. Stimulants and warmth were ordered, and the thought indulged that possibly reaction might yet take place.

8th.—Answers questions slowly; bleeding from the ears mostly subsided,
though not wholly; sleeps heavily; pulse 40 per minute; respiration slow
skin natural; comp lains of no pain. Takes a little food and brandy in small
quantities, every two hours.

12th.—Answers questions more readily; pulse 45 per minute; respiration
more easy and natural; complains of pain and heat in the head;
muttering delirium. Direct ice-bag to the head, which is very agreeable.

15th.—Pain in the head constant and severe; pulse 50 per minute and
more full; sleepless and very restless. Half teaspoonful McMunn's Elixir
every 4 hours, if necessary to obtain sleep; continue ice-bag to the head.

16th.—Has slept sufficiently; pulse 55 per minute and more natural;
pain less severe; eyes can be seen through the small aperture we are able
to force between the still greatly distended lids.

19th.—Eyelids more natural; convergent strabismus of both eyes, the
external recti muscles being paralyzed; muscles of the face on the right
side paralyzed; improving rapidly in general appearance.

Jan. 14th, 1862. Mr. S. presented himself at my office for exami-
nation, complaining of nothing except his eyes; the muscles of the face
had regained their action, and he was in every respect healthy. Eyes
greatly convergent; vision double; unable to do any work from imper-
fection and uncertainty of sight. Divided the tendon of the internal
rectus of each eye, dissecting the conjunctiva and sub-conjunctival fascia
freely from the inner third of the globe.

18th.—Vision greatly improved; is able to rotate the globe outward much
better; result of operation perfect in the right eye, with slight convergence
of the left eye.

It is impossible to know positively the exact character of the lesion
present in this case, as indeed in all cases of concussion, since it has never
yet been fully demonstrated what changes are produced in the cerebral
structure. That the brain was itself the seat of injury, at least in part,
seems highly probable, and yet it may not be certain that the nerves sup-
plying the paralyzed muscles did not receive injury outside the cranial
cavity. The general symptoms of fracture at the base of the skull were
present in marked degree, and yet the result seems to throw much doubt
upon the existence of such injury. The paralysis of the muscles of the
left side of the face was well marked, though the control over them was
never wholly lost. The strabismus was the only persistent paralysis, and
possibly time might have proved sufficient remedy; yet there is but little
ground for expectation in this, from the present condition of the patient.
The eyes seemed to take their normal position, after operation, without much contraction of the external muscles. Control over the motions of the globe are yet apparently imperfect.

_Encephaloid Tumor._—Nov. 8, 1861. Miss —— aged 28, of healthy parents and general good health, offers for examination and removal a tumor situated upon the abdomen, at the right of the umbilicus. It has been noticed for ten years, but has increased rapidly for the past three months. It is movable, free from pain, nearly spherical, indistinctly fluctuating; exteriorly smooth, but upon pressure can discover irregularity as if lobulated. It is four inches in diameter and stands out very prominently. Assisted by Drs. Eastman, Nichell, Mason, and private students, the tumor was removed fully and perfectly. It was found to rest upon the abdominal muscles, and to be composed of a cyst, filled with bloody serum. The cyst itself was thick, and contained small cavities or cells; it was also noticed to be of a dark, livid color; this color extended through the superimposed tissue, and gave to the external appearance of the tumor a peculiar lividity, as if composed of many enlarged vessels. The wound healed kindly, though a tendency was noticed to bleed freely, especially on removal of the ligatures and sutures.

Three months after operation it is found again developing itself, a small, hard, livid tumor growing in the cicatrix. Pain is not much complained of; the girl looks pale, haggard and unhealthy.

At the present writing, six months after operation, the tumor is an open, bleeding, suppurating mass of encephaloid disease. It has several times bled very profusely, a pint in a short time. The pain is often severe, emaciation is rapidly increasing, and the case is soon to terminate.

We notice in this case the appearance, first of cystic tumor, with very few if any indications of malignant disease, though this form of disease is said to often present in early stages the cyst growth. That the operation should have been attended by success, in so far as the healing of the wound, and remaining so for some time, is concerned, is somewhat remarkable. The inquiry will be made, did encephaloid develop itself in the cicatrix? or was the cystic tumor malignant, and if unmolested, about to show its malignant character? There appears good ground for believing that the tumor removed would soon have shown the same appearances as the one now present, and that there was contained in it the germ of the present malady, from the earliest commencement of the disease.

Its location is somewhat unusual. Its rapid growth and present appearances show nothing of particular interest or of unusual importance.
The question is suggested: Do benign growths degenerate into malignant disease? It is claimed that such is the case, but it seems quite probable that the germ of malignant character is generally present from the commencement.

_Lupus._—_Exirpation of the Globe of the Eye,—_Jan’y 1st, 1860. J. W——, aged 38 years; has suffered for the last twenty years with ulcers upon the face, neck, shoulders and breast. These surfaces now show the ravages of the disease; deep fissures and ridges are present, showing extensive and deep ulceration. The disease is now confined to the neck and face; the ulcers are partially covered by a brownish scab, and furshish an ichorous discharge. They heal sometimes at one margin, while at the other the ulceration is progressive. The surface which has been affected is red, and the vessels superficial, covered only by a very thin skin. The general appearance of the surface is like that left after a very severe burn. Has been healthy in other respects; has never had any other disease. The eye upon the left side has been the particular seat of the disease for the last three years, and constitutes the chief object of interest and attention at the present time. The conjunctiva is thickened and everted, so immensely distended as to form a tumor two and a half inches in diameter, covering completely the globe, and protruding out upon the face, a red, granular, vascular mass, which had been by some physicians regarded as fungus hematodes, or in other words, encephaloid disease of the eye. It furnishes an abundance of serum, sometimes tinged with blood, and causes a great increase in the glandular secretions of the eye, so that in all, the discharge is constant and exceedingly troublesome. The bones have also been involved in the ulcerative process; the orbital ridge of the frontal bone, and the frontal process of the malar bone had been very largely removed.

The pain, and activity of the disease, has always been paroxysmal; sometimes the pain was most intolerable during the periods of greatest activity. Under the influence of Iod. Potass and Fowler’s Solution, the ulceration ceased, and in great degree the pain. The tumified conjunctiva being attended by so great deformity and inconvenience, and constituting in all so great a drain upon the system, it was resolved to dissect it out, and remove with it the lachrymal gland, which was done without difficulty. The pressure of the tumor and the effects of the disease has caused the upper eye-lid to become atrophied, and attached to the arch of the frontal bone, while the lower eye-lid had been pressed, and also drawn down by the cicatrix, so as
to rest, and remain far down upon the malar bone. To remedy this
deformity the lids were dissected up and drawn together. A trans-
verse incision beneath the lower one being made, and a portion of the
upper lip transplanted beneath the eye, to supply the deficiency of tissue.
Thus arranged, the healing process accomplished, the eye was in very good
condition as far as being covered, and washed by the lids. The cornea,
however, was very imperfect, covered by deposite, vessels injected, and par-
tially opake. After a few weeks, pain commenced again in the globe of the
eye which nothing could abate. Every device being unavailing for this pur-
pose, the globe of the eye was removed, a division, or amputation, being
made about mid way the sclerotica. The pain at length abated, the stump
and lids are in condition for artificial eye; the disease has never returned
in the least, and seems to be permanently arrested.

This must be regarded as a very unusual case of disease. We have
called it "Lupus," for the want of a better cognomen; and still there are
objections to grouping all diseases of this character under one sir-name. It
had been severe for twenty years, and under the care of different physi-
cians, yet it abated very rapidly under the influence of eight grains Iod.
Potass three times daily, and later, when Fowler's Solution was prescribed,
all diseased action ceased. We are left ignorant of which remedial agent
was most useful in this case, if indeed the improvement can be certainly
attributed to either. The improvement commenced under the Iod. of
Potass, and was completed while taking Fowler's Solution. The evidences
are as strong that both agents were useful, as we generally obtain in the use
of remedies. We have not seen or heard of Lupus affecting the bony
tissue, unless we make lupus include the milder forms of malignant dis-
 ease, in which case an arrest, or permanent cure, would be very remarkable.
The great size of the tumor formed of the conjunctiva and of effusion
behind that membrane constitutes an unusual feature. It is not undue-
sual to see the conjunctiva distended and protruding forward, nearly or
quite covering the cornea, as in the disease called chemosis; but to see such
a tumor from thickening and effusion as we have attempted to describe,
must be very infrequent. Removal of the globe of the eye for the relief
of pain, caused perhaps by pressure from within its walls, is a practice
which has quite frequently been adopted, and is only the carrying out of a
principle often practiced upon not only in Ophthalmic Surgery, but also in
many other cases, viz: relief of pressure. Perhaps this is not the true and
full explanation in the case cited; possibly other causes might have
increased the agony which had been long complained of, but certain it is, that this cause, if it was fully demonstrated to exist would be ample and satisfactory.

**Varicose Veins—Injection of per Sul. of Iron.** J. B——, Park Place. Under the case of Dr. Gould, by whose favor I am invited to operate for the obliteration of varicose veins. Patient is a carpenter by trade, healthy and robust. For the last five years has been greatly troubled by this disease in the left leg; pain severe while standing, and oftentimes large ulcers would compel him to keep the horizontal position for some time before they would heal.

**Sept. 12, 1860.**—We injected the internal saphenous vein in two places, separated by a distance of about three inches. Pressure was made above and below the joint of injection by the finger, so as to coagulate the contents of the vessel for the distance of about two inches. Solution per sulphate iron two drops, water eight drops, constituted the proportions of the solution, ten drops of which were used for each place. The blood was instantly coagulated, and formed a perfect and complete "blockade" in the vessel.

This operation was unattended by pain of any importance or embarrassment of any sort. A warm fomentation was applied, and patient advised to keep the horizontal position.

About one week from the time of operation an incision was made down upon the hard coagulum, which formed a complete obstruction to the circulation, and it was removed. It now appeared a dry, hard substance, which could be broken and easily removed with the scalpel handle.

The distended vessel above and below had already disappeared, and nothing remained of the disease except the slight soreness at the points of injection. It is now eighteen months since the operation. Mr. B. has been mostly engaged in his usual business, and thus far it has not given him the slightest trouble.

Mrs. G——, aged 53 years. Admitted the second time to the ward of the Buffalo General Hospital for treatment of varicose ulcer.

**Jan. 10, 1862,** made injection into the internal saphenous vein of ten drops of dilute solution of per sulphate iron, making the injection only at one point. Patient placed in bed and fomentation applied.

**11th.**—Complains of pain and soreness. A general erythematous redness is observed on that side of the leg as high as the knee. The coagulum is large, and hard, and the tissues inflamed for a little distance above and below.
16th.—The redness, soreness and pain has abated. The ulcer is rapidly healing and the coagulum seems softening and undergoing the process of absorption.

25th.—Is around the ward; the varicose ulcer is healed; the vessel, so greatly distended, is no longer visible; some hardness yet remains at the point of injection.

Feb’y 5th.—Within the last ten days has been quite sick with erysipelas upon the face and ear, which cannot be in any way associated with the operation. Is to-day dismissed, having fully recovered, and commences labor as a house servant.

Michael ——, aged 26 years, healthy; has varicose ulcer upon the leg; has been troubled at times for several years.

Feb’y 20, 1862.—Injected the internal saphenous vein. In making the operation the point of the instrument was withdrawn too soon, allowing the escape of some small quantity of the per-sulphate iron, outside the vessel into the cellular tissue. Patient was placed in bed and poultice applied.

30th.—Very little pain or inconvenience from the operation. The vein is completely obliterated, both above for some distance, and below the point of injection. The old ulcer is healed. The cellular tissue and vein at the point where the operation was made have sloughed away, leaving a deep, granulating ulcer.

March 15.—Patient is well; and though the recovery has been delayed by the accidental escape of the solution outside the vessel, yet no very unpleasant effects followed, and the hardness and soreness usually complained of at the point of injection disappeared quite as rapidly as is usual in such operations.

These operations upon varicose veins have been related for the purpose of giving the results of some of the cases treated within the last few months. The course of treatment usually pursued for radical cure, has been, and perhaps still is, to apply ligature. We cannot yet properly compare the two operations for want of sufficient experience in the injection of per sulphate of iron. From what has thus far transpired in my own practice, or under my observation, I am more favorably regarding this mode of treatment, since I have never seen, or heard, of phlebitis arising in a single instance. The pain is less than usually attends the ligature, and the recovery is more rapid. We desire for the present to omit comment since our object was simply to give the facts as noted, and allow each one to draw his own inferences.

Tuesday Evening, March 4, 1862.

The Association met at the usual hour.

Minutes of the last meeting were read and approved.

Dr. Eastman was called on the evening of October 10, 1861, to attend Mrs. J.—in her fifth confinement. In all her previous confinements, version had been performed, from malpresentation of the child. He attended her in her fourth and fifth labor, and when summoned to her bed-side on the occasion of her present illness, visited her with the apprehension of again being obliged to turn the child. She was taken in labor at 1 P. M.; there was not much pain till 9 P. M., when he found her in severe labor, the pains occurring with slight intermission. The os uteri was fully dilated; it was impossible to diagnose the presentation, as the membranes had not ruptured. Her suffering being severe, after an hour's interval, he passed his fingers into the vagina, nearly filling the passage, and ruptured the membranes. The waters flowed gradually away, the hand preventing their speedy escape. Part of the head of the child could be felt, when another pain succeeding in a few minutes caused a small part of the funis to descend into the vagina, and before it could be replaced a large fold came down.—Having read Dr. T. Gaillard Thomas' lecture on Prolapse of the Funis, in the September number of the American Medical Monthly, he at once determined to follow the "postural treatment" adopted by him. Holding the cord in the vagina, he placed his patient on her knees, using a pillow under each knee to elevate the pelvis; her chest and shoulders resting on the farther side of the bed. He introduced his hand, and returned the funis into the uterine cavity, carrying it past the head of the child and the pelvic brim, beyond the promonitory of the sacrum. The cord did not again come down, as the succeeding pains caused the head to descend and occupy the os uteri. The patient remained upon her knees during a few pains, when she lay down, and the labor proceeded in the usual manner, being completed at 1 A. M., of the 11th October.

The child was immediately placed in warm water, and its chest sprinkled with cold water, and in a few minutes respiration was fully established.

October 14.—Patient was dismissed, both mother and child requiring no farther attendance.

Dr. Eastman remarked that the case was reported as confirmatory of the practice of Dr. T. Gaillard Thomas, who had recently introduced and recom-
mended what he denominated the "Postural Treatment" in cases of prolapse of the funis. Dr. G. N. Burwell, of Buffalo, had also reported a case in which he adopted successfully, the same plan of treatment. Several years since he had treated a similar case, trying to return the cord with the hand but did not succeed; sent for forceps, and delivered the child, which was dead.

*Dr. Gould* had met similar cases; forceps were applied but the children were lost.

*Dr. Gay* had observed cases where the cord was twisted around the neck; thought it a common occurrence.

*Dr. Eastman* had met one such where the cord was three times around the neck, and the secundines were discharged with the child.

*Dr. Gould* spoke of a case of twins where, with the second child was discharged the placenta of the first, the cord wound closely around the leg; the children were both still-born.

*Dr. Gay* spoke of the use of, solution per sulphate of iron, in menorrhagia; had long been in the habit of using an acid solution of sulphate of iron, while the use of the solution of per sulphate had been suggested by *Dr. White*. Had recently treated an anemic debilitated patient, who menstruated every two weeks; ordinary remedies of no use in controlling the disease; gave 12 drops solution per sul ferri every 4 hours, when patient commenced to improve; is now better than for many years; is perfectly regular. He is testing its value also in leucorrhoea.

*Dr. Gould* has found quinine and Elixir vitriol the best remedy.

\[\text{Re quinine } 3i.\]
\[\text{Elix. vitriol } 3i.\]
\[\text{M. 15 drops 3 times daily.}\]

*Dr. Eastman* had recently prescribed, per sul ferri in two cases of albuminuria; one case succeeding scarlet fever, the other puerperal disease. It produced nausea and he was obliged to discontinue it.

*Dr. Miner* called the attention of the Association to the Treatment of ingrowing toe-nail, by Per Chloride of Iron. The suggestion was from M. Wahn, physician at the Military Hospital, at Nice, and is published in the Gazette des Hospitande. Since this publication he had had, several opportunities of testing its value. A few grains introduced by the side of the nail between the free edge and the ulcer, was the most pleasant and efficient treatment he had ever seen adopted. Had used it thus far in the milder cases only, and with the greatest satisfaction; thought possibly it was better adapted to the early stages of the complaint or to the milder
degrees of irritation, inflammation or ulceration. The importance of this condition of the nail was referred to, and the great superiority of the tanning or mummifying process, as it had been called, contrasted with the slicing, cauterising, extracting, or amputating plan so generally adopted in severe cases. One application was generally sufficient, when, in a few days the condensed tissue might be removed, or if allowed to remain was productive of no injury; it would eventually separate leaving a healthy surface.

His object in mentioning these facts was to add the results of his observation to the Journal reports of its value; while doing this, he desired to say that, it was far from his custom to test new remedies or modes of treatment but that he adhered to the old and beaten path until a more feasible plan was well demonstrated to exist. In this case, nothing could be urged as objectionable in first adopting the milder plans of procedure; amputation of the toe or extraction of the nail, might be performed after fair trial had been made with the per chloride ferri.

Dr. Miner desired also to report in brief, a case of disease of the knee joint, since the question of opening into joints had recently been raised in the Society, on the occasion of his reporting a case visited in Fort Erie, C. W.

F. W., aged 12 years, admitted to the Surgical ward, Buffalo General Hospital, January 3d, 1862. Had received a fall three years since, and had soon after commenced to complain of pain in the knee; it had been swollen considerably for the last two years and the leg flexed upon the thigh. He had made no use of it in walking, using constantly a crutch; he had been treated by two of the oldest and most experienced physicians in the city.

On admission the boy was pale, thin, and anemic in appearance; the pain complained of, as constant and severe; the appetite and general health very poor.

The knee was found greatly swollen and giving the distinct sense of fluctuation; the integument was not much redened and tenderness on pressure was very uniform over the whole surface

With the consent of his colleagues, Drs. Eastman and Lothrop, an exploring trocar and canula was introduced, with the expectation of an escape of serum from the cavity of the knee joint, and of thus lessening the pain and inflammation. The canula being quite small no fluid was obtained. Without further hesitation, an opening was made with scalpel into the cavity of knee joint, when there escaped considerable quantity of pus.

In one week the swelling and pain was greatly lessened, still there remained a diminished sense of fluctuation and with scalpel the spongy,
distended structures, were again opened; the discharge of pus was thus rendered for a few days, more free and abundant.

In a short time the leg was dressed upon splint, with extending rod and screw and the flexed joint was straightened without pain or inconvenience.—The pain has almost wholly abated and the boy is around the ward with appearance of finally regaining the partial or complete use of the leg, though the permanency of the improvement must be, in all cases of scrofulous disease, exceedingly uncertain.

This case had been given, not so much on account of any wonderful or unusual result of treatment, or of any striking peculiarity in the case itself, but rather because it is a common one, and similar ones liable to be presented very frequently for advice and treatment, and also for the purpose of saying a word upon the point of opening into joints. This whole subject had been brought before the profession more or less fully, for a few years past, and no doubt there had been some change of views in relation to the danger of wounds penetrating the larger joints, or of openings made by the surgeon in cases of disease. We had said in the former meetings of the Society without any dissenting voice, that where pus had accumulated there could be no differences of opinion; all would agree that it was proper and desirable to make opening and allow it to escape; yet possibly even in this, the views and practice of surgeons would be found not wholly uniform.

Most standard authors speak of the great dangers of such wounds, and of punctures admitting air into large joints; and we are cautioned to make incisions in manner not to allow such accident. Puncture to allow the escape of serum when effused in such situations is hardly considered, and when proposed we are told, air must not be admitted. This fear of air being admitted to joints has been almost universal, and though some surgeons have had less fear of it, than others, still not until the investigations of Dr. Cooper, of San Francisco, and the published reports of his cases had been given to the profession, was there found much difference in opinion.

In hydraphrosis, Dr. Richard Barwell, recommends in some cases the injection of dilute tincture of iodine, "that it is so seldom followed by too violent inflammation, that it may be used without fear;" yet in about the next sentence after describing the process of injecting, he says:

"It is essential to observe that no air enter the cavity, and for this purpose it is necessary that the syringe have a well fitting piston, and be accurately full of the liquid." This is a representative sentiment and speaks the prevailing views of the profession. Dr. Cooper has expressed opposite
views and some of the most experienced surgeons of our country have more or less fully endorsed his opinions and adopted the practice thus suggested. Dr. M., did not desire to express any opinion but simply to give the case he had recently observed, and to say that many others were fresh in his recollection, which if recited, would in his opinion, tend to show, that we have less by far to fear in openings made into the cavity of joints, than we have generally been led to suppose.

Dr. Eastman reported the case of a ship carpenter, who about three weeks since, struck his broad axe through the patella and into the joint nearly in the median line. The wound was temporarily dressed and he was admitted to the Hospital of the Sisters of Charity about two hours after the accident. Prof. Moore was in the hospital at the time, and gave clinical lecture upon the dangers of wounds into the joints; stated that "they were usually fatal," but finally concluded that the best treatment would be to close the wound with sutures and adhesive plaster, which was done, leaving an open place above and below, for the escape of any accumulation. It was closed without washing away the blood, just as it was found on admission and placed upon a splint and cold water dressings applied; low diet was directed, and anodynes to allay pain. The result is, that it has mostly closed by first intention, only a very little purulent matter having discharged from the lower opening; now, three weeks since the accident, there is every indication of a pleasant recovery.

Dr. Eastman remarked that this case was very interesting in connection with the remarks of Dr. Miner, illustrating the various points which had been under discussion by one case directly applicable. These subjects are now doubtless better understood since the report of Dr. Cooper, and the observations of others have been published. Dr. E., has always been in the habit of making openings whenever and wherever there was purulent or other accumulation which seemed to require it; and the patients have been relieved, and generally done well.

Dr. Miner gave the following history of a case of imperforate anus: Three weeks since was invited to visit a child on High street, five days old; upon examination it was found that the bowel communicated with the urethra so that after urinating, a very slight discharge of fecal matter took place from the penis, enough to make it certain of connection with the intestine. The site of the anus was smooth and almost unmarked; crying and straining produced no distinct impulse.

Assisted by Dr. Lothrop, a careful dissection was made in direction of
The rectum, passing through muscular tissue one and one-half or two inches in extent and reaching the bowel, which terminated either in a culdesac, or was in considerable degree distended by accumulation of faecal matter. Very free evacuation of bowels took place. The opening was separated fully with a sponge tent, and no further dressings applied.

The child three weeks from the time of operation seems thriving and quite healthy; the dejections from bowels are frequent and abundant and every function seems quite healthily performed. Nothing more of faecal matter passes the urethra. In every other respect the child is natural, except the left hand, upon which is no thumb; not the slightest "attempt towards a thumb."

Voted to refer the renting of rooms to the Officers of the Association, with power to act.

Voted to adjourn, to Tuesday evening, April 1st, — annual meeting.

J. F. MINER, Secretary.

ART. III.—Anaesthesia in Puerperal Convulsions—By P. S. Dorland M. D., East Hamburgh, N. Y.

(Communicated to the Buffalo Medical and Surgical Journal.)

Although the New York Academy of Medicine may have exhausted the subject of Anaesthesia in labor, yet perhaps a little more evidence in regard to the "Agent" in Puerperal Convulsions might be of service, and I therefore intrude upon your notice the report of a singular case.

On the 23d of October, 1861, I was summoned to visit Mrs. C., who the messenger stated, was in a fit. I arrived at 11 P. M; found patient quiet, but totally insensible. She is of a strong constitution, short stature, nervo-sanguine temperament, American, 35 years of age, and had completed the seventh month of her fourth pregnancy. Was taken ill at 9 o'clock, and in two hours had four violent convulsions. I directly noticed a drawing of the mouth to one side, with twitching of the facial muscles, eyes turned obliquely upward, a tremulous winking motion of lids, arms beginning to draw up, and one hand clenched in the hair, tearing out a large handful as the convulsions increased, the tongue protruding to one side, with bloody mucus escaping from the mouth, respiration very irregular and spasmodic. After the convulsion had entirely subsided, respiration became regular and slightly stertorous, pulse 108, soft and compressible, skin moist, head hot, and os uteri not at all dilated.
Under these circumstances I resorted to anaesthesia to control the convulsions, using for that purpose a mixture of chloroform and sulphuric ether, equal parts. I endeavored to keep up partial anaesthesia continually, but gave "the mixture" more freely at the slight twitching of the muscles that preceded each pain. In this way the interval of convulsions was lengthened from thirty minutes to two hours, as the first effect of the anaesthetic. The next convulsion was materially lessened in severity, and after that the interval extended to 2½ and 3 hours, nevertheless the pains increased gradually in frequency and were very strong. At 12 M. of 24th, just 12 hours after commencing exhibition of chloroform, os uteri was dilated to size of a half dollar, but very firm and unyielding, soft parts not relaxed, head can be easily detected through the membranes. But little progress having been made for three hours, although pains were occurring every five minutes, and forcible, we thought best to try the lancet, to produce if possible, more perfect relaxation. With Dr. Jarvis in counsel, patient's head and shoulders were slightly elevated, vein opened, and blood flowed freely of bright arterial color. No more than 10½ were taken before a weak, sighing, respiration, extreme pallor, and a pulse 120, irregular and thready, warned us to desist. A violent convulsion occurred ten minutes after. Her chances now seemed to us very small. We immediately ruptured the membranes, and gave the anaesthetic very freely. Pains continued good, but labor progressed very slowly. All the assistance, manually that could be given, was used. For two hours after the bleeding, but little change occurred, then relaxation occurred more rapidly. One more convulsion occurred at 2½ o'clock and at 3 P. M. she was delivered of a female child weighing from 4 to 5 lbs., which lived 12 hours. No anaesthetic was used after delivery, but a full dose of morphine given. Two convulsions occurred after, and then patient sank down very weak and prostrate. Stimulants and anodynes were now used freely to rally the depressed nervous system. Pulse soon became stronger, but insensibility remained till 12 M. of 25th, nearly forty hours. The next forty-eight hours she was wakeful and restless, then made a rapid recovery. Before consciousness returned hyd. sub. mur. 12 grs. was given in three doses, 4 grs. each, followed by oleum ricini, and a good operation followed. In two weeks the woman was doing her work.

Four years ago this same patient, while in labor, was attacked the same way; was insensible over 40 hours, had 22 convulsions, was bled over 40 ounces, and as a last resort chloroform was used. She lived, but was an invalid for months, being weak and nervous. She was attended at that
time by Drs. Emmons, House, and Davis; from the latter I obtained these particulars. In her last attack the number of convulsions was sixteen; the amount of anaesthetic used was nearly one pound, on a large handkerchief.

Query—Does puerperal convulsions depend mainly on cerebral congestion? or an intense cerebro-spinal irritation?

ART. IV.—Caries and Necrosis of the Os Humeri, requiring Amputation of the Arm at the shoulder joint, by Charles Winne, M. D.

In the month of May, 1852, a German youth of nineteen years of age was admitted into the Hospital of the Sisters of Charity, Buffalo, for a protracted and painful disease of the left arm; he had been sickly from childhood, and had suffered always, poverty and privation. About one year and a half before the time of his entrance into the Hospital he was exposed to inclement weather, and was seized with pain supposed to be rheumatic, in the left shoulder joint, which became permanent, and gradually extended downward along the shaft of the bone; the pain was very severe and subject to paroxysms of augmentation and decline, but the patient was never free from a dull, deep aching. Gradually enlargement of the bone and swelling of the surrounding tissues advanced. Abscesses formed and were either opened or broke spontaneously in various points from the middle of the arm to the acromion and along the clavicle and in the axilla. His general health and strength failed; he became emaciated and very much debilitated, and in this condition he was placed under my care; his appetite was gone, his complexion cadaverous, his pulse small and feeble, had excessive night sweats and was wearing out with irritative fever. A thorough examination was made to ascertain the condition of the bone by probing it, and the conclusion arrived at from this exploration and his general condition was, that life could only be saved by a removal of the arm at the shoulder joint. He assented readily and cheerfully to submit to the operation, and it was successfully performed a short time after his admission. His recovery was rapid, and fortunately attended with no accidents. His health was entirely re-established by the removal of the irritating cause. His system underwent an entire change. He is now in the employ of one of the Railroad Companies in this City, acting as flagman, and is a large, robust and healthy man.
AMPUTATIONS.

The Sanitary Committee on the Treatment of Amputation, consisting of George Hayward, M. D., S. D. Townsend, M. D., John Ware, M. D., J. M. Warren, M. D., S. Carbot, Jr., M. D., and R. M. Hodges, M. D., report as follows:

The following paper, prepared by Dr. D. D. Slade, of Boston, is recommended for publication to the U. S. Sanitary Commission, by the Medical Commission of the State of Massachusetts.

Necessity of Amputation.—1. Cases where a limb is nearly, or completely carried away, leaving a ragged stump, with laceration of the soft parts, and projection of the bone.

2. Cases in which the soft parts of a limb are extensively lacerated or contused, the principal arterial and nervous trunks destroyed, and the bone denuded or fractured.

3. Cases in which a similar condition exists, without either fracture or denudation of the bone.

4. Cases of compound and comminuted fracture, particularly those involving joints.

5. Gun-shot wounds in which the ball does not actually penetrate the joint, but in which the bone being struck above or below, the fracture extends into the joint.

6. Gun-shot wounds between the phalanges of the fingers or toes, do not necessitate amputation.

7. Gun-shot wounds penetrating the wrist, unless great laceration has occurred, do not necessarily demand amputation.

8. In gun-shot injuries of the shoulder and elbow joints, provided the main blood-vessels and nerves are not injured, excision may be practiced with a fair prospect of success.

9. Compound fractures of the middle, and lower part of the thigh, occasioned by gun-shot, require amputation. As regards similar injuries in the upper two-thirds of the thigh, the mortality following amputations has been so very great that army surgeons have generally abandoned the operation.

Dr. McLeod, after a careful inquiry into this point, says: "Under circumstances of war, similar to those which occurred in the east, we ought to try to save compound, comminuted fractures of the thigh, when situated in the upper third; But immediate amputation should be had recourse to in the case of a like accident occurring in the middle, and lower third."
Such cases must be left to the judgment of the Surgeon.

10. Gun-shot wounds of the knee-joint demand amputation. The operation of excision, in the very few cases in which it has been practised by army surgeons, has not been attended by favorable results. This want of success is not, however, to condemn, except upon the field of battle, an operation which has been so successfully performed in cases of disease.

11. Gun-shot fractures in the middle of the leg do not necessitate amputation, unless the arteries are destroyed, or the injuries involve the neighboring joints.

12. Gun-shot injuries of the ankle do not necessarily require amputation. If the posterior tibial artery and nerve have escaped injury, and if the bones be not too extensively comminuted, attempts may be made to save the limb.

13. Great care should be exercised, before proceeding to amputation, to ascertain whether a patient may be otherwise mortally wounded.

_The Time for Operating._—In army-practice, on the field, amputation when necessary, ought to be primary. Patients, in most cases, cannot bear removal from the field without increased danger, neither can they have afterwards the hygienic attentions which secondary amputations must necessarily require. Therefore:

1. Amputate with as little delay as possible, after the receipt of the injury, in those cases where there is intense suffering from the presence in the wound of spicula of bone, or other foreign bodies, which the fingers or forceps cannot reach.

2. In those cases where a limb is nearly torn off, and a dangerous hemorrhage is occurring, which cannot be arrested.

3. In those cases where it is clearly seen that the patient is not suffering from immediate collapse, or great nervous depression, a condition which will probably come on if there is any considerably delay. If the shock or collapse is extreme, the operation must be postponed, until, by appropriate measures, re-action is sufficiently established.

4. In certain cases, where the collapse is not extreme, the use of Sulphuric Ether, as an anaesthetic agent, often has the effect of bringing about moderate re-action. Such cases would formerly have required delay.

5. In army-practice, attempts to save a limb which might be perfectly successful in civil life, cannot be made. Especially is this the case in compound gun-shot fractures of the thigh, bullet wounds of the knee-joint and similar injuries of the leg, in which, at first sight, amputation may not
AMPUTATIONS—SANITARY REPORT.

seem necessary. Under such circumstances, attempts to preserve a limb, will be followed by extreme local and constitutional disturbance. Conservative surgery is here an error; in order to save life, the limb must be sacrificed. Moreover, the suppuration and sloughing, attendant upon mutilated limbs, soon render the atmosphere of over-crowded hospitals or barracks perfectly untenable; a fact entitled to a certain amount of weight, in cases where the propriety of primary amputation is at all questioned.

The point of selection.—Modern surgery has abundantly shown, that, as a general rule, the risk is greater in proportion as the size of the part which is amputated increases, and as the line of amputation approaches the trunk; in fact, the nearer to the trunk, the greater the danger. Therefore:

1. As a general rule, other things being equal, save as much of the limb as possible.

2. When time is of consequence, disarticulation of a phalanx is sometimes preferable to the division of the bone in its continuity. Disarticulation of the toes is always preferable, except, in some cases, the first phalanx of the great toe may be divided through its middle portion.

3. However extensive may be an injury to the hand, endeavors should be made to save a portion of it, if it be only one or two fingers. Especially should an attempt be made to preserve the thumb, and even in the very worst looking cases, such is the great reparative power of nature in these parts, that the surgeon may generally accomplish much in this respect.

4. Where time is of consequence, and even in most cases, disarticulation, at the wrist-joint is preferable to an attempt to save a few of the carpal bones.

5. In gun-shot injuries of the foot, attempts may be made to save a portion of the member by either of the methods recommended by Hey, Chopart, Pirogoff, or Syme. In place of Hey's operation, the disarticulation of the metatarsal bones from the tarsus being often troublesome, it is better to saw through the metatarsus just in front of the tarsal articulations. Should disarticulation at the ankle-joint be practiced, the removal of the malleoli must not be forgotten.

6. Other things being equal, it is best to save as much of the leg as possible, not exceeding three-fourths, in order for the better adaptation of an artificial limb.

7. In the rare cases which admit of its adoption, excision of the head of the femur is to be performed in preference to disarticulation, as being the least likely to lead to a fatal issue. When it is determined to perform
amputation, it should, if possible, be made through the trochanters of the femur, rather than at the hip-joint.

8. In selecting the point for amputation, it must be remembered that, in gun shot wounds, the injuries are often far more extensive than they at first sight appear. Care therefore should be taken that the anxiety to preserve as much of the limb as possible, does not influence the Surgeon's better judgment, to the detriment, and perhaps even to the loss, of his patient, from subsequent sloughing and gangrene.

Hints for after-treatment.—1. When a wound is extensive, as in cases of amputation, it is far preferable to leave the wound open, with a piece of wet lint, or a thin compress, interposed between the lips, for two or three hours, until the surface has become glazed. In this way, as re-action comes on, hemorrhage may be often avoided, or if it does occur, is easily controlled without the disturbance of the dressings.

There need be no fear as regards the number of the ligatures applied. It is better to employ too many than too few, at the time of operation.

2. The dressings of a stump should be as simple and as little cumbersome as the case will in any way admit of. A narrow strip of water-dressing should be laid along the edge of the incision, over the strips of adhesive plaster, and the part should be so arranged that one end of the incision may be most dependent, in order to facilitate the escape of all discharges. An outlet for this purpose should never be neglected.

3. The position of the stump is of the utmost importance. By proper attention to this point, the edges and surfaces of the incision may be brought into contact, and the patient is spared the pain and uneasiness which, under other circumstances, the tension and pressure, necessary to bring the parts together, must invariably produce.

4. If the dressings are properly applied, as a general rule, these need not be changed for several days after amputation. Much mischief is undoubtedly done by a too hasty removal of the first dressings.

5. After removal of the first dressings, if union has not taken place by adhesive inflammation, and suppuration has commenced, with much heat and tenderness about the part, a poultice may be advantageously substituted for the water-dressing.

6. In all cases where there is much suppuration, and tendency to bagging of matter, the parts must be well supported by bandages.

7. Although complete primary union is desirable, the Surgeon should not be over-anxious to bring about this result.
8. Of course, in cases, where, after amputation, removal of the patient to any considerable distance is contemplated, or likely to occur, the dressings must be so arranged, that any such removal will not disturb the parts, and thus interfere with the safety, or speedy recovery of the individual.

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**EDITORIAL DEPARTMENT.**

**USE OF CHLOROFORM AND ETHER.**

Discussions upon the comparative safety of chloroform and ether are reaching us from various quarters which are highly partisan, and in some instances almost personal in character. These discussions are highly interesting to every member of the profession, and all will feel a lively interest in arriving at last at proper and truthful conclusions. Opinions of men from their individual experience, or conclusions of societies in their corporate capacities are valuable and useful, and will contribute to the final settlement of this matter in the minds of many physicians; yet partisan bias and personal ambition if allowed place, will so warp the judgment and obscure the observation, that all value is lost, all correct opinion is destroyed, and we are left, after these discussions mainly as before, not persuaded that ether is perfectly safe and satisfactory in Boston, or chloroform in New York, more certain in its effects, much more agreeable, and fully as safe, perhaps safer than ether. We shall learn the number of deaths said to have been produced by chloroform and ether, and the disease which *might* have been present in each case, and to which death might have been attributed; but we shall hardly learn which of these two agents are likely to withstand the more rigid tests which are constantly being instituted concerning them. We shall not be likely to find in the end, that either one of these agents have been unanimously condemned as too unsafe to be used under any circumstances, or "perfectly safe and satisfactory."

The objection we wish to urge to the statements often used in this discussion are briefly these: too much is claimed and too little conceded, on both sides. Chloroform is probably in good hands, not so dangerous as its opponents would make us believe, and the responsibility of its administration is not so great as to deter surgeons from its use. Neither ether or chloroform are perfectly safe, but are potent, and dangerous, yet valuable
agents, and in judicious, experienced hands, are both attended by so little risk and by so great certainty of relief from pain as to be proper agents for use whenever occasion demands; provided always, that the dangers are understood, and that all due care be observed in the administration.

For the last fourteen years we have used both ether and chloroform in a very large number of instances, both in private and hospital practice, in all ages, for all cases in which an anaesthetic is desirable, and to patients affected with various organic diseases, and thus far it has been our good fortune never to have seen any effects which would in the least, cause hesitation in administering, to a patient requiring it, either of these agents.

We do not desire to discuss their relative merits, at present, but to give our readers an opportunity of judging somewhat of the spirit often manifested, and thus to guard them from accepting any hasty conclusions which may be drawn upon either side of this long agitated question. The following editorial appears in the Boston Medical and Surgical Journal, which we copy for the benefit of our readers. While it commends itself in many respects to the consideration of physicians, it shows, we judge, that it is somewhat on the side of Boston. Boston is for ether; New York is partially at least on the side of chloroform. We most ardently desire for Buffalo, that it be only on the side of truth.

"Death from Chloroform at the Bellevue Hospital, New York. The occurrence of a death from chloroform in a metropolitan hospital, although the verdict of the coroner's jury exculpates the house-surgeon who administered it, suggests the inquiry whether the responsibility really devolving upon those who use so dangerous an agent can be thus readily shifted, and whether, in the light of present experience, it is not censurable, to use no stronger term, to expose patients, by the employment of one anaesthetic, to the risk of losing their lives, when in another we possess the means of securing an insensibility which is entirely satisfactory, and at the same time perfectly safe.

In the present instance chloroform was given to a young woman, admitted to the hospital on the 3d ult., for the purpose of manipulating a recent injury of the shoulder-joint; but a very small quantity was used, and that with every precaution, and the patient was not brought profoundly under its influence. She died before the examination was completed. We hear nothing against the quality of the article used; on the contrary, it is said to have been perfectly satisfactory. There was nothing unusual in the condition of the patient, the accident, or the circumstances of inhalation; it was a common case of death from chloroform, affording still another illustration of what all surgeons know, though some of them are reluctant to acknowledge the fact (witness the silence of the New York medical journals with regard to this case,) that no care taken, and no purity of the chloroform used, can avert the fatal shafts of this treacherous anaesthetic. It is very true, and fortunately so, that an event of this nature is of compara-
tively rare occurrence; that it happens for the first time in any particular hospital cannot, however, be claimed as a credit by its surgeons; they have only their good fortune to thank that so long a period of immunity in its use has been permitted them.

We learn that by a vote of the Surgeons of the New York Hospital, chloroform has not been used in that institution for twelve or fifteen years. A resolution formerly offered at the Bellevue Hospital that it should be administered only under the supervision of the attending physicians and surgeons, was not adopted. Such a recommendation now forms a part of the finding of the inquest. If the testimony of Dr. Willard Parker and Dr. James R. Wood in favor of ether is not to be heeded, it is to be hoped the suggestion of the jury will at least be listened to, and that the use of chloroform will henceforth be restricted to as few persons as possible. It is fortunate, perhaps, that the young gentlemen of the medical class of the Bellevue Hospital College, before being scattered to their homes, have had their attention forcibly called to the dangers of an agent which many of them, undoubtedly, have felt to be so innocuous in its nature. We are glad, too, if such occurrences, we can hardly call them accidents, must happen, that this one has preceded the vote about to be taken by the New York Academy of Medicine upon the conclusions of Dr. Barker's paper on the use of anaesthetics in midwifery. It cannot but make every member feel deeply the responsibility attaching itself to a vote which endorses the superiority of chloroform for any purpose whatever. Only the other day a correspondent of an English medical journal, writing from Paris, spoke of the hesitation with which chloroform was there given, and of the cries of the half-chloroformed patients undergoing operations by hospital surgeons who do not dare to withhold an anaesthetic, and yet give it with fear and trembling. It seems to us, if facts accumulate as they have heretofore, and men's minds remain open to conviction, and unbiased by prejudice or partisan feeling, that the responsibility attaching itself to the exhibition of chloroform, will soon be found here, as it bids fair to be in Paris, and (we are told by Dr. Hay, of this city, who has just returned from there) in Vienna also, greater than most surgeons will feel inclined to add to that of an operation.

Our readers will have anticipated us when we say that none of these apprehensions accompany the use of sulphuric ether. It is very easy to heap abuse upon the odor, or the bulk of this anaesthetic agent, or upon the zeal with which Boston defends its claims, and to assert that deaths have been caused by its inhalation. It is not so easy to point them out and prove them such. The burden of proof rests with the friends and defenders of chloroform. That they have done this we are not aware. It is true that certain cases contained in the ether report of the Medical Improvement Society of this city have been quoted in a very general way against the committee, and one of their conclusions questioned; but no one, we believe, has undertaken to maintain, or show, that in any particular instance a fatal result was really and unquestionably due to the inhalation of pure sulphuric ether. The extent of objection has been that it is not made perfectly clear in certain cases that death may not have resulted from this cause. But without regard to the views of that committee, or the Society it represents, of the safety and entire efficiency of sulphuric ether
there can be no doubt. Considerations of humanity, therefore, ask for a fair and candid trial of its claims to produce perfect anaesthesia, with a degree of security far superior to any other anaesthetic yet discovered; and we feel perfectly assured that any one who once becomes familiar with its use, will learn to place implicit confidence in the reliability of its properties.”

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**SELECTIONS.**

**Metropolitan Health Bill.**—“Preventive medicine will effect infinitely more for mankind than all the drugs which have yet been discovered, and all the curative skill which has ever been exerted for the alleviation of disease.”—*John Simons, Health Officer of London.*

**The Bill in Abstract.**—Section 1 provides for the appointment, by the Governor and the Senate, of seven citizens of the district, three of whom shall be practicing physicians, and who with the Health Officer, the Mayors of New York and Brooklyn, and Chairman of the Supervisors of Richmond County, shall be called the *Metropolitan Board of Health.* The members first appointed shall serve from one to seven years, and one shall afterwards be appointed annually to serve seven years.

§ 2.—To said Board of Health are given full power and authority to administer all the laws relating to the public health, interments, registration of births, marriages and deaths; and also to determine and regulate the diseases and vessels subject to Quarantine, and the anchorage of infected vessels; also to enforce the laws prohibiting or regulating the sale of poisonous, adulterated or unwholesome drugs, medicine and food.

§ 3.—Gives to the Board of Health the power to enforce the cleanliness of the streets and public places.

§ 4.—Gives control of domiciliary nuisances, houses unfit for dwellings are prohibited, and landlords are required to keep their premises in proper condition, and penalties for neglect are prescribed.

§ 5.—All institutions, supported wholly or in part at public expense, are required to make such reports to the Board of Health as may enable them to ascertain the sanitary condition of any part of the district. The appointed members of the Board are subject to removal in the same manner as sheriffs. “A practicing physician of skill and experience” shall be appointed chief executive officer, and an Inspector of Health for the County of Kings, of like qualifications.

§§ 6 and 7 Fix the emoluments of the appointed members of the Board,
and the mode of defraying the expenses incurred for the administration of
the Act.

§§ 8 and 9 Repeal all inconsistent laws, and direct the immediate organi-
ization of the Board of Health.

"We believe that within this city, every year, thousands of lives are lost,
which might be saved; that tens of thousands of cases of sickness occur,
which might be prevented; that a vast amount of unnecessarily impaired
health and physical debility exists among those not actually confined by
sickness; that these preventable evils cause an enormous expenditure and
loss of money, and impose upon the people unnumbered and immeasurable
calamities, pecuniary, social, physical, mental and moral, which might be
avoided; that means exist within our reach for their mitigation or removal;
and that measures for prevention will effect infinitely more than remedies
for the cure of disease."

If we compare the rate of mortality in New York fifty years ago, when
it was 21 per 1000, with the present mortality, we shall find that from
want of these improvements, there is a loss of 11,200 human lives in this
city every year.—Robbins on Sanitary Science.

The average number of deaths by small-pox for the past ten years in
this city, was 406.

The mortality of London is 25 in 1,000—13 more.
" Berlin is 25 in 1,000—13 "
" Turin is 26 in 1,000—12 "
" Paris is 28 in 1,000—10 "
" Genoa is 31 in 1,000— 7 "
" Lyons is 35 in 1,000— 5 "
" Hamburgh is 36 in 1,000— 2 "
" New York is 38 in 1,000—

The mortality in Philadelphia, in 1859, was 1 in 63
" in Baltimore, 1 in 50
" in Chicago, 1 in 52
" in Providence, 1 in 52
" in Boston, 1 in 48
" in Brooklyn, 1 in 40
" in New York, 1 in 36

[Report of Senate Committee.

Reduce the death rate of New York to the death rate of Paris, and you
will save 4,000 lives annually. Reduce the death rate of New York to
the death rate of London, with a population thrice as great, and you will
save more than 9,000 human lives every year. Make New York as healthy as it was fifty years ago, and you will save more than 11,000 human lives every year. And if you raise the health of New York to the standard
proposed by the English General Board of Health, and the registrar-
general, you will save annually nearly fifteen thousand lives. Therefore,
basing our calculations on the practical and actual, we may without fear of
the charge of exaggeration estimate that at least 10,000 people die unnec-
essary and preventable deaths in this city every year, chiefly from external
filth and internal crowding and want of ventilation in their wretched hab-
itations. Are these lives worth saving? — [Robbins on Sanitary Science.

One and a half per cent. per annum of the population is the standard
rate of mortality in the most salubrious districts. Calculating from this
datum, we have the following results for this city in 1860:

<table>
<thead>
<tr>
<th>Population</th>
<th>Deaths.</th>
<th>One in</th>
<th>Per centage.</th>
<th>Excess over</th>
</tr>
</thead>
<tbody>
<tr>
<td>814,977</td>
<td>22,710</td>
<td>35.85</td>
<td>2.78</td>
<td>10,496</td>
</tr>
</tbody>
</table>

If, therefore, the City of New York could last year, by any possibility,
have been brought to a natural state of salubrity, its population this day
would have been greater than it is by 10,496. There were in this city, in
1860, 146,944 unnecessary cases of sickness.

Expenses of sickness, including medicines, nursing and medical
expenses, at $20 each, $2,938,880 00
To loss of time, 2,012,500 00
Cost of unnecessary sickness in New York, in 1860, $4,951,380 00

[Grismcom on Sanitary Legislation.

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REVIEWS.

Border Lines of Knowledge in some provinces of Medical Science; an
introductory Lecture delivered before the Medical Class of Harvard
University, Nov. 6th. 1861, by Oliuer Wendell Holmes, M. D., Park-
man Professor of Anatomy and Physiology, Boston: Ticknor &
Fields, 1862.

In noticing this Lecture we desire to make a few brief extracts from its
pages, which are full of thought and interest and poetry. All who know
Dr. Holmes—and who does not—will understand that it is original, sug-
gestive, truthful, progressive, instructive, sublime beyond description, and
above all, full of the poetry of "high and noble thought."

"Science is the topography of ignorance. From a few elevated points
we triangulate vast spaces, enclosing infinite unknown details. We cast
the lead, and draw up a little sand from abysses we shall never reach with
our dredges.

The best part of our knowledge is that which teaches us where knowl-
dedge leaves off and ignorance begins. Nothing more clearly separates a
vulgar from a superior mind, than the confusion in the first between the
little that it truly knows, on the one hand, and what it half knows and
what it thinks it knows, on the other."

"Chemistry includes the art of separating and combining the elements
vol. 1 no. 9—36
of matter, and the study of the changes produced by these operations. We can hardly say too much of what it has contributed to our knowledge of the universe and our power of dealing with its materials. It has given us a *catalogue raisonnée* of the substances found upon our planet, and shown how everything living and dead is put together from them. It is accomplishing wonders before us every day, such as Arabian story-tellers used to string together in their fables. It spreads the sensitive film on the artificial retina which looks upon us through the optician's lens for a few seconds, and fixes an image that will outlive its original. It questions the light of the sun, and detects the vaporized metals floating around the great luminary—iron, sodium, lithium, and the rest—as if the chemist of our remote planet could fill his bell-glasses from its fiery atmosphere.* It lends the power which flashes our messages in thrills that leave the lazy chariot of day behind them. It seals up a few dark grains in iron vases, and lo! at the touch of a single spark, rises in smoke and flame a mighty Afrit with a voice like thunder and an arm that shatters like an earthquake. The dreams of Oriental fancy have become the sober facts of our every-day life, and the chemist is the magician to whom we owe them.

To return to the colder scientific aspect of chemistry. It has shown us how bodies stand affected to each other through an almost boundless range of combinations. It has given us a most ingenious theory to account for certain fixed relations in these combinations. It has successfully eliminated a great number of proximate compounds, more or less stable, from organic structures. It has *invented* others which form the basis of long series of well-known composite substances. In fact, we are perhaps becoming overburdened with our list of proximate principles, demonstrated and hypothetical."

* * * * * * * * * * * * * * * * *

"Descriptive anatomy, as known from an early date, is to the body what geography is to the planet. Now geography was pretty well known so long ago as when Arrowsmith, who was born in 1750, published his admirable maps. But in that same year was born Werner, who taught a new way of studying the earth, since become familiar to us all under the name of *Geology.*

What geology has done for our knowledge of the earth, has been done for our knowledge of the body by that method of study to which is given the name of *General Anatomy.* It studies, not the organs as such, but the elements out of which the organs are constructed. It is the geology of the body, as that is the general anatomy of the earth. The extraordinary genius of Bichat, to whom more than any other we owe this new method of study, does not require Mr. Buckle's testimony to impress the practitioner with the importance of its achievements. I have heard a very wise physician question whether any important result had accrued to practical medicine from Harvey's discovery of the circulation. But Anatomy, Physiology and Pathology, have received a new light from this novel method of contemplating the living structures, which has had a vast influence in enabling the practitioner at least to distinguish and predict the course of disease. We know as well what differences to expect in the habits of a mucous and of a serous membrane, as what mineral substances

* * Scientific Annual for 1861.—Fairhain's Address before the British Association, 1861 *
to look for in the chalk or the coal measures. You have only to read Cullen's description of inflammation of the lungs or of the bowels, and compare it with such as you may find in Laennec or Watson, to see the immense gain which diagnosis and prognosis have derived from general anatomy."

"But I am very willing to confess a great jealousy of many agents, and I could almost wish to see the Materia Medica so classed as to call suspicion upon certain ones among them.

Thus the alien elements, those which do not properly enter into the composition of any living tissue, are the most to be suspected—mercury, lead, antimony, silver, and the rest, for the reasons I have before mentioned. Even iodine, which, as it is found in certain plants, seems less remote from the animal tissues, gives unequivocal proofs from time to time that it is hostile to some portions of the glandular system.

There is, of course, less prima facie objection to those agents which consist of assimilable elements, such as are found making a part of healthy tissues. These are divisible into three classes—foods, poisons, and inert, mostly because insoluble, substances. The food of one animal or of one human being is sometimes poison to another, and vice versa; inert substances may act mechanically, so as to produce the effect of poisons; but this division holds exactly enough for our purpose.

Strictly speaking, every poison consisting of assimilable elements may be considered as unwholesome food. It is rejected by the stomach, or it produces diarrhoea, or it causes vertigo or disturbance of the heart's action, or some other symptom for which the subject of it would consult the physician, if it came on from any other cause than taking it under the name of medicine. Yet portions of this unwholesome food which we call medicine, we have reason to believe, are assimilated; thus, castor-oil appears to be partially digested by infants, so that they require large doses to affect them medicinally. Even that deadliest of poisons, hydrocyanic acid, is probably assimilated, and helps to make living tissue, if it do not kill the patient, for the assimilable elements which it contains, given in the separate forms of amygdaLIN and EMULSiN, produce no disturbance, unless, as in Bernard's experiments, they are suffered to meet in the digestive organs. A medicine consisting of assimilable substances being then simply unwholesome food, we understand what is meant by those cumulative effects of such remedies often observed, as in the case of digitalis and strychnia. They are precisely similar to the cumulative effects of a salt diet in producing scurvy, or of spurred rye in producing dry gangrene. As the effects of such substances are a violence to the organs, we should exercise the same caution with regard to their use that we would exercise about any other kind of poisonous food—partridges at certain seasons, for instance. Even where these poisonous kinds of food seem to be useful, we should still regard them with great jealousy. Digitalis lowers the pulse in febrile conditions. Veratrum viride does the same thing. How do we know that a rapid pulse is not a normal adjustment of nature to the condition it accompanies? Digitalis has gone out of favor; how sure are we that Veratrum viride will not be found to do more harm than good in a case of internal inflammation, taking the whole course of the disease into consideration? Think of the change of opinion with regard to the use of opium in delir-
ium tremens, (which you remember is sometimes called dilirium vigilans,) where it seemed so obviously indicated, since the publication of Dr. Ware's admirable essay. I respect the evidence of my contemporaries, but I can not forget the sayings of the Father of medicine—Ars longa, judicium difficile.

I am not presuming to express an opinion concerning Veratrum viride, which was little heard of when I was still practicing medicine. I am only appealing to that higher court of experience which sits in judgment on all decisions of the lower medical tribunals, and which requires more than one generation for its final verdict.

Once change the habit of mind so long prevalent among practitioners of medicine; once let it be everywhere understood that the presumption is in favor of food, and not of alien substances, of innocuous, and not of unwholesome food, for the sick; that this presumption requires very strong evidence in each particular case to overcome it; but that, when such evidence is afforded, the alien substance or the unwholesome food should be given boldly, in sufficient quantities, in the same spirit as that which the surgeon lifts his knife against a patient—that is, with the same reluctance and the same determination—and I think we shall have and hear much less of charlatanism in and out of the profession. The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their coquering minerals, the vegetable kingdom robbed of all its noxious growths, the entrails of animals taxed for their impurities, the poison-bags of reptiles drained of their venom, and all the inconceivable abominations thus obtained thrust down the throats of human beings suffering from some fault of organization, nourishment, or vital stimulation.

Much as we have gained, we have not yet thoroughly shaken off the notion that poison is the natural food of disease, as wholesome aliment is the support of health. Cowper's lines, in The Task, show the matter-of-course practice of his time:

"He does not scorn it, who has long endured
A fever's agonies, and fed on drugs."


The value of clinical observation and instruction is rapidly receiving a truer estimate by the profession, and its importance is so fully appreciated by the best and most experienced teachers, that every effort is made to afford students of medicine the greatest possible opportunity. Prof. Bedford established in 1850, in connection with the University of New York an Obstetric Clinic, for the purpose of increasing the facilities for the practical study of the diseases of women. There have been presented to his classes, over eight thousand cases of disease, and this volume contains a
While Principles you are exclusively ceded remarkably pathology physician diseases of females, and it is remarkable with what distinctness these hitherto obscure diseases are presented by the colloquial style of the clinical lecture. Many topics which one would most desire to have explained, are easily, naturally and scientifically discussed, in a manner much more satisfactory than could possibly be expected in a systematic treatise, strictly speaking, upon the pathology and treatment of uterine diseases. The patient is brought before you; you make all the inquiries you desire, and hear the reply, when the diagnosis, pathology, and treatment are fully given, and many incidental suggestions made, so that we more truly receive the advantages of actual practice than has ever before been attained in reading a book.

The comparatively new field of uterine pathology has been as fully explored and mapped as accurately and scientifically as the present advanced state of medical science will permit, while the great value of this volume consists in the variety of instruction it contains, the graphic style in which it is presented, and the truthful, practical character of the doctrines advanced. The author receives the very rare and unusual compliment of having this book translated into the French and German languages, and we most heartily congratulate him upon this exceedingly rare tribute to American Medical Authorship. While this translation is the highest compliment Prof. Bedford could possibly receive, and shows conclusively the estimate which is properly placed upon his labors abroad, he is also receiving the highest testimonials which can be presented, that his efforts are also appreciated by his own countrymen, since the productions of no American medical author has ever been better received than the two last works of Prof. Bedford; Principles and Practice of Obstetrics and Diseases of Women and Children; and no two books ever deserved a more hearty welcome. We sincerely hope that every American physician will avail himself of these volumes.

Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, from the battle of Rolica in 1808, to that of Waterloo, in 1815; with additions relating to those in the Crimea in 1854, 1855, showing the improvements made during and since that period in the great art and science of Surgery on all the subjects to which they relate. Revised to October, 1855, by G. J. Guthrie, F. R. S.

This volume consists of thirty Lectures upon the Surgery of War, which have been published in the Lancet, at intervals, and which now with an addenda, compose this work. The precepts laid down are the result of the experience acquired in the War of the Peninsular, from the first battle of Rolica in 1808 to the last in Belgium, of Waterloo in 1815, "which altered, nay overturned, nearly all those which existed previously to that period, on all points to which they relate; points as essential in the surgery of domestic as well as military life."

We have read these lectures with great interest, and find that the whole field of Military Surgery has been fully covered. In saying this we shall be understood as meaning that general Surgery is fully taught and explained. The various operations are described as performed by some of the best surgeons or by all good operators. The advantages and objections one mode has over another plan of operation, is very fully discussed, and the various improvements made in surgery during the last fifty years explained. At the present time this book must be found of the highest value in determining points yet remaining uncertain, since the experience of such an immense field has been made to contribute to this end.

Physicians of the Army, or those about to enter this service, should be in possession of the teaching of these lectures. They will be found entertaining, instructive and highly valuable, contributing to the general intelligence as well as the special ability of those who carefully peruse them.

American Journal of Ophthalmology—Edited by Julius Homberger, M. D., Pupil of Prof. De Graefe; late Assistant to Dr. Sichel, Paris; Member of the Societe Universelle d'Ophthalmologie, etc., etc.

The American Journal of Ophthalmology is, as its name implies, exclusively devoted to Ophthalmic Medicine and Surgery.

The Editor does not deem it necessary to justify the new enterprise in answer to the prejudiced reproach, that the Medical Profession is opposed to specialists. This opposition is an undeniable fact, probably arising from the number of quacks, assuming the title of Oculists. But what would be thought of a general who would give up his study of military science, and his title, because, forsooth, a number of Falstaffs have donned his honors? Yet this would be just as absurd and unjustifiable, as to abandon the field of specialism on account of impostors, who have usurped it. Besides,
there certainly are many medical men, who have long felt the necessity of an organ of Ophthalmology, more especially portraying the advances of this branch, than the general medical journals are enabled to do.

The Editor's connection with the most celebrated European Oculists will give an additional value and character to the Journal; reports of operations, original articles and periscopes, from American as well as foreign sources, will make it national as to the American profession and cosmopolitan as to science.

Each number will contain a department for "Answers to Correspondents," and there the Editor will endeavor to save, as far as possible, the advice of a Consulting Oculist.

Contributions in accordance with the present state of physiological and anatomical research, and therapeutical and operative procedure, are earnestly solicited, and if used, will be liberally paid for.

The Journal will be published bi-monthly, at $2 per annum, payable on receipt of the first number.

All wishing to subscribe are requested to send their names to Bailliere Brothers, 440 Broadway.

Inquiries, Communications, Exchanges, etc., etc., must be forwarded to Dr. Homberger, Editor American Journal of Ophthalmology, 61 Ninth Street, New York.

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BOOKS RECEIVED.

Anatomy, Descriptive and Surgical, by Henry Gray, F. R. S., Fellow of the Royal College of Surgeons, and Lecturer on Anatomy at St. George's Hospital Medical School. The drawings by H. V. Carter, M. D., late Demonstrator of Anatomy at St. George's Hospital. The dissectings, jointly by the author and Dr. Carter. Second American from the revised and enlarged London edition, with three hundred and ninety-five engravings on wood. Philadelphia: Blanchard & Lea.


PAMPHLETS RECEIVED.

Introductory Address delivered at the opening of the course on Physiology, in the Medical Department of the University of the Pacific, at San Francisco, Cal., by Dr. L. C. Lane, Prof. of Physiology.
**Report of Sanitary Commission on the subject of amputations through the foot and at the ankle-joint.**

**Transactions of the New York Academy of Medicine.**

A Sermon preached at the funeral of Elson Carr, M. D., by the pastor, Rev. O. E. Daggett.

Harpers’ New Monthly Magazine, for April. Published by Harper Bro’s., Franklin Square, New York.

Peterson’s Ladies’ National Magazine, for April. Published by Chas. J Petrison, 306 Chestnut Street, Philadelphia.

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**AMERICAN MEDICAL ASSOCIATION.**

We think there has been no time in the history of the country, when our Medical Societies, both local and general, could be more useful than at present. We are glad to see that such State Societies as have recently held their annual meetings, have been well attended. For ourselves, we can say to our brethren elsewhere, that we shall greet them in our goodly city with the greatest pleasure. We trust the proper notices will be issued by the Secretaries and Committee of Arrangements, without delay.—*Med. Examiner.***

American Medical Association.—The delegates to this Association from this city, upon consultation, have come to the conclusion to advise that no meeting of the Association be held at Chicago the present year, as the Southern States would not probably be represented. We are pleased to find our position upon the subject so emphatically indorsed.—*Medical and Surgical Reporter.*

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**New York Academy of Medicine.**—At a Stated Meeting of the New York Academy of Medicine, held in New York March 20, 1862, the following preamble and resolutions were presented by Dr. A. H. Stevens, and unanimously adopted:

*Whereas,* during the present unhappy war many of our professional brethren in service among the combatants have risked their lives, or gone into involuntary captivity, rather than desert their sick and wounded, and have exercised their skill alike on friend and foe; therefore.

*Be it Resolved,* That in such conduct this Academy recognizes the true spirit which should ever animate the ministers of humanity, and in testimony whereof,

*If further Resolved,* To welcome to its sittings those who have acted under these self-sacrificing and generous impulses.

J. H. Hinton, Recording Secretary,
41 West 32d Street, New York.

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**Report of Deaths in the City of Buffalo for the month of February, 1862.**

Abscess 2, Accident 3, Albuminuria 1, Apoplexy, cerebral 1, Bronchitis 1, Cancer 2, Cancer of the Stomach 1, Cholera Infantum 1, Consumption 23, Convulsions 8, Croup 7, Cyanosis 3, Debility 1, Delirium Tremens 1, Diabetes Mellitus 1, Disease of the Brain 1, Disease of the Heart 1, Disease of the Liver 1, Diptheria 3, Dropsy 1, Epilepsy 2, Fever Puerperal 1, Fever Scarlet 12, Fever Typhoid 6, Hemorrhage from Bladder 1, Inflammation of the Bowels 3, Inflammation of the Brain 3, Inflammation and Meninges 4, Inflammation Larynx 1, Inflammation of the Lungs 13, Inflammation of the Lungs and Pleura 1, Inflammation of the Spine 1, Inflammation of the Stomach 1, Intemperance 2, Measles 1, Old Age 5, Paralysis 1, Premature Birth 2, Rheumatism 1, Stricture of Esophagus 1, Suicide 1, Whooping Cough 1, Unknown 5. Deaths from Disease 132. Still Born 7. Total 139.

SANDFORD EASTMAN, Health Physician.
Buffalo Medical and Surgical Journal and Reporter.


Original Communications.

Art. I.—Notes of Surgical Cases in the Buffalo General Hospital. Impassable Stricture of Urethra—Perineal Fistula—Operation; Croup—Tracheotomy—Death; Depressed Fracture of Skull: By J. F. Miner, M. D.

Case 1st—Stricture, Perineal Fistula, Operation.—J. Haunstein, German, aged 48 years. Admitted to the Surgical Ward January 8th, 1861. Ten years since, while in Germany, received injury, by being crushed in some heavy machinery, through the pelvis, since which time has had more or less pain and difficulty in urinating. Within the last three years has been under the care of various surgeons for treatment of stricture of the urethra, and one year since was operated upon for the relief of the stricture and fistula, which had now been present for a year or more, and through which the urine mostly escaped. This operation was attended with partial temporary relief, but the urethra was again closed in about four months, and at the time of admission the urine passed wholly through a fistulous opening near the point of the ischium. The urine was mixed with great quantities of mucus, which was secreted abundantly by the lining of the track, and by the mucus surfaces of the urethra and bladder. Two other openings were also found communicating with the urethra, one in front of the scrotum by direct passage, and one...
posterior to it by a sinuous canal. The patient was emaciated, exsanguine, of sallow complexion, very weak, with a peculiar expression of pain and anxiety. The urine was constantly escaping in small quantity, while as often as every twenty or thirty minutes it was voided in much greater amount with pain and bearing down effort. Relief of the bladder was thus found to occupy considerable time, the pain resembling mere that of labor than anything else to which it could be compared. All effort to introduce a dilating instrument of any kind having failed, and the necessities of the case being urgent, assisted by my colleagues, Drs. Eastman and Wilcox and medical students, a grooved staff was introduced to the point of stricture, and an incision, as for lithotomy, made down upon the point. No director or other guide could be passed through the strictured portion, and the dissection was extended in the supposed direction of the urethra, extending the whole length of the membraneous portion, which was found completely closed and impervious, and reaching the prostatic portion, which was considerably dilated. This part of the operation, termed by authors, the "most difficult, embarrassing and uncertain operation attempted by surgeons," was at length accomplished, with much less delay than had been anticipated, and we passed a metallic catheter through the urethra into the bladder. The parts healed kindly over the catheter, which was retained constantly, being occasionally removed, cleaned, and reintroduced. The fistulous passages united, except the larger one through which the urine had so long made its escape, that the lining had taken on the characters of mucus membrane, in so much, that, though no urine escaped, still it did not unite.

One year after the operation the patient still introduces the catheter so frequently or retains it so constantly, as but rarely to void urine without it. This grows out of an unconquerable fear that if the instrument is dispensed with, the passage will again contract. Various caustic and stimulating injections were used with the view of exciting adhesive action in the fistule, but with very little success, though it seemed to cause contraction and some improvement, so that it is productive of no great inconvenience. The general health is fully restored, and the hardest labor is now performed. The urine is clear and healthy; and the relief afforded by the treatment is as perfect and satisfactory as could possibly be expected.

Cases demanding such operation are fortunately very rare; few are presented to the surgeon where properly conducted efforts for dilatation are unsuccessful; indeed the greatest care should be taken, that every other
resource is exhausted before an operation is decided upon. There are many features in this case of exceeding practical interest; perhaps no one case could illustrate more important points, but the one for especial remembrance is, the contraction of the passage after the first operation, showing the necessity of retaining or of introducing the catheter for a long time in order to prevent such accident. The failure of the first operation was probably due to this neglect.

Case 2d—Croup, Tracheotomy, Death.—A little girl six and a half years old, of previous good health, was noticed early Wednesday morning, Feb'y 8, 1861, to be very hoarse, and to breathe with some difficulty. At ten o'clock she was admitted to the medical ward, under Dr. Wyckoff, with the following symptoms:—Skin moist; pulse 120 per minute; speaks only in whisper; dyspnoea very great; slight cough; general redness of the fauces, with no appearance of false membrane. Dr. W. prescribed sulphate of zinc and ipecac as an emetic, which operated very soon, affording not the slightest relief. I was now invited to see the child with Dr. Wyckoff. We regarded the case as exceedingly unpromising, and as affording very little if any prospect of relief from medical treatment. Tracheotomy was proposed, as offering the only remaining hope, slight indeed, and hardly to be entertained. We advised pulvis ipecac et opii, and sulph. quiniae, two grains each every four hours, and appointed four o'clock P. M., for again visiting the child. The morning was the true time to operate, if at all, as every hour was diminishing our chances of success, yet we reluctantly determined to delay for the purpose of obtaining the advice and assistance of our colleagues.

Four o'clock P. M.—Respiration more difficult, pulse more rapid and feeble; surface livid, and all the indications of approaching death from asphyxia. About seven o'clock, the child being under the influence of chloroform, assisted by several members of the Hospital staff and medical students, I proceeded to the operation of tracheotomy. The struggles of the child, constant rapid motion of the trachea, profuse haemorrhage, the effects of the chloroform, and other circumstances greatly embarrassed the operation, and when at length the tube was introduced, it immediately filled with a membraneous product, three or four inches in length, completely filling the tube and necessitating its removal. Again it was replaced, and we had the pleasure of seeing our little patient breathe with ease and comfort. On Thursday morning we found our patient very comfortable, breathing with great ease, taking water, beef essence, &c., and appearing cheerful and hopeful; hopes were now entertained
of her recovery. In the afternoon, respiration became more frequent, pulse more feeble, and the rapidly increasing prostration, with evidences of bronchial inflammation, pointed too certainly to a fatal termination. She died thirty hours after the operation, and the morbid specimens afford points of great interest and importance. The inflammatory exudation was so profuse and abundant as to completely fill the trachea, as if moulded into it. Below the point where the tube was introduced, there was observed a more recent formation, or product. The first was removed at the time of the operation, but it was afterwards renewed and extended into the minutest bronchial tubes, which we were able to trace. This exudation was more extensive than I have ever seen. The rapidity with which the effusion takes place, and its extension over large surfaces, are characteristics of the croupous exudation.

Prof. Rochester has examined this product under the microscope, and reports that it is the common croupous exudation.

*Case 3d—Depressed Fracture of the Skull.*—Thomas Ley, aged 26 years, admitted December 5th. He had fallen from the cars on the Central railroad, while in full motion. The frontal bone was fractured and driven down upon the brain with scalp, hair, dirt, etc., etc. He was insensible, breathing slowly and stertorously; had convulsions before my arrival at hospital, and was supposed to be dying; had vomited the contents of stomach with large quantities of blood. By using the trephine we made a clean opening in the skull, and carefully removed from the brain structure, large quantities of bone, dirt, &c., with at least one ounce of brain matter, which was so bruised as to be taken off with the removal of foreign matter. During this operation he had a severe convolution, and I delayed the work, thinking him about dead. The fracture extended to the longitudinal sinuses on the one side, below to the orbital plate, and we had the skull removed for a space of about three inches by two. Most of the fragments of bone and foreign matter were removed from over the orbital plate. Hæmorrhage was profuse, but abated somewhat upon the application of water dressing, and a light bandage. His respiration gradually became more easy and natural, and he appeared to rally a little, growing warm, and showing approaching reaction. The next day he told us his name; the day after he gave his father's name and place, since which time he has answered all questions slowly by speech, or by very deliberate motion or sign. All the functions of the brain and organic life are properly and naturally performed without apparent loss of power, while yet quite a
large portion of brain substance is wanting. It is very remarkable that this injury did not produce immediate death from concussion, causing suspension of all nervous influence, but having escaped this, the sources of danger are yet very numerous, a few of which I will mention. Compression would seem sufficient to certainly cause death in a very short time. Haemorrhage, from which he also escaped, though it was profuse, and continued in some degree for several days. Loss of brain substance, which, as I have said, seems in this case to be no great loss after all. Fungus, from which, at one time, it seemed certain he would suffer, disappeared upon careful compression. Inflammation with effusion or disorganization is also to be greatly feared. The very abundant discharge, depression of nervous energy, disinclination for food, and other influences greatly increase the danger of exhaustion. I have attempted only to give a brief account of the nature and extent of this injury, interesting mainly as showing the remarkable powers of nature.

May 10, 1861.—Five months after the accident, while working at some wood in the yard, this patient fell suddenly and died. He has not been well since the injury, though he has been at his accustomed labor of chopping wood, but has never enjoyed his former health and strength. Disease of the brain, or rupture of some of the vessels weakened by the injury, was probably the cause of death. Post mortem examination was refused.

—Retiring President's Address.

Annual Meeting, April 1, 1862.

The minutes of the last meeting were read, and after being corrected, to say, that Dr. Gay, and not Dr. White, suggested the use of solution of per sulphate of iron in menorrhagia,

giving 12 drops 3 times daily, and not every 4 hours, as reported,

were adopted as published.

The reports of Secretary, Treasurer and Librarian were read, accepted and voted to be placed on file.

ELECTION OF OFFICERS.

JAMES P. WHITE, M. D., President.
HORACE M. CONGAR, M. D., Vice President.
JULIUS F. MINER, M. D., Secretary.
J. B. SAMO, M. D., Treasurer.
WILLIAM GOULD, M. D., Librarian.
The retiring President, Dr. Gay, then read the following address:

Mr. Vice President and Gentlemen of the Buffalo Medical Association:

You have now entered upon the eighteenth year since the organization of the Buffalo Medical Association, and the seventh year since its incorporation. The meetings have been regularly held on the first Tuesday evening of each month with an average numerical attendance encouraging, for the most part comprised of practitioners in good and regular standing, of the city, while occasionally, physicians from abroad have been invited to seats, have participated in its proceedings and contributed to its interests. The Association has been a fruitful source of improvement to all who have availed themselves of its advantages, the proceedings have been faithfully reported and published in the Buffalo Medical Journal, thus enlarging the sphere of the Society's usefulness, and many of its most able papers have from time to time been quoted by other medical periodicals at home and abroad, and referred to with much consideration in the transactions of the State Medical Society.

My immediate predecessor, on retiring from the chair, presented to the Association a synopsis of the proceedings, extending over a period of sixteen years, and indeed embracing the proceedings of former organizations from the year 1831 to the year 1861 inclusive. You need not be told that this duty was performed with much ability and fidelity. We thus have the proceedings embodied in permanent form—published in the Journal, which, while they will remain a most valuable record of the names and practice of the earlier and later physicians—will stand as a monument to the patient labor of the compiler.

It is, gentlemen, just cause for congratulation that the Association has been attended with much usefulness and success. It is good for physicians to meet together, to confer, one with another, to interchange views and opinions and to foster friendly and fraternal relations. It is another cause of congratulation, that the profession of the city, which was formerly divided, either for real or imaginary causes, is now united and harmonious. The voice of detraction is silent and unity of purpose with common ambitions and aspirations prevail. Thus united and strong we may the more efficiently combat the enemy to which all flesh is heir and successfully fulfill our sacred mission.

The war in which we are engaged, caused by the wicked and unwarrantable rebellion of one section of our common country against the other section,
and the attempt of the government to maintain itself intact, to preserve
the precious boon transmitted to us by the fathers of the great Republic, by
putting down and subduing the insurgents, has called into the tented field
many members of our profession. I am happy to assure you that Buffalo
has furnished her quota, both for the army and navy of the regular and
volunteer service. Patriotic and in many instance self-abnegating, these,
our brothers, have gone with alacrity in response to their country's call, to
fields of honor and duty. Let us cherish the hope that, their lives may be
preserved to return from the "sacred soil," again to be with us, to enliven
and enrich our proceedings with the detail of personal experiences of camp
life and military surgery.

Physicians, as a class can fully appreciate, I think, the import of the term
rebellion. We have had always to guard against and combat it. Science is the
firm basis on which medicine as well as government rests. She is the corner
stone of the edifice, but parties have arisen up at various times and places
during the whole history of medicine with their innovations and inventions,
assaying to overthrow and subvert medicine, to revolutionize it and to sub-
stitute a system of their own.

These medical rebels—assuming different disguises—have with much
apparent ability and great subtlety, practiced upon the credulity of the
people and summoned around them many supporters and advocates.—
But thus far these medical seceders have utterly and ignominiously failed,
their new principles and theories proving ephemeral and their efforts abortive.
We have now the cheering hope that these political seceders and innovators
will soon meet with a like inglorious end.

It has been said, that "medicine is not the offspring of the human intellect,
she is the daughter of time, necessity brought her to light, experience per-
fected her." The object of medical science is to prevent and cure disease
and to prolong life. The science and the art have been diligently studied
and earnestly practiced from the earliest ages to the present time. Its pro-
priety and necessity are apparent. You cannot look out upon the world
without being arrested at every view with the lamentable fact, that disease
benign or malignant, disease—either acquired or transmitted—disease all-
pervading—is the common heritage of the race. The relative proportion of
disease and health, I suppose, has never been ascertained. But so much
the physician knows—that when he sees an individual in the full enjoyment
of a perfect and harmonious performance of all the functions of the economy,
constituting that physiological condition denominated health—he sees one
who is an exception to that opposite condition which constitutes the rule.—I embrace in my definition of disease not only those who are fit subjects for medical treatment, but those also who manifest but the slightest departure from that normal condition which we call health, and who are not fit subjects for medical treatment. When there is superadded to the diseases that are acquired, those that are constitutional—the latter being transmissible from generation to generation—we obtain a clearer comprehension of the amount of disease in the world. If disease existing in one generation is permitted to propagate and perpetuate itself in the absence of appropriate medical appliances, we are to presume that the succeeding generation will suffer in consequence of such neglect. In other words, a generation of invalids, like one of inebriates, begets its like in the next.

This pathological condition of our race is more apparent to the physician than to others. Who but the physician can affirm as the knowledge is revealed to him by the stethoscope, that disease is making its insidious approach or is so far advanced that the process of undermining a strong constitution, has already begun. The victim himself has not the knowledge, for he has yet experienced none of the pains and inconveniences incident to its advance. Tell me, how many in the active business of life are able to know that structural changes are going on within them, converting healthy lung tissue into tubercle, or an artery into an aneurism or the valves of the heart into bone,

"Whose hearts, like muffled drums,
Are beating funeral marches to the grave"

Medical science, alone, is able to decide and say when disease is structural or only functional and this knowledge often becomes a source of grief to the physician who knows, what his friend is not presumed to know, until he is informed, that he possesses a malady which must inevitably terminate and perhaps suddenly, that friendship, by terminating the life of the friend.

There is indeed more disease and less health in the world, than is usually dreamed of in the philosophy of the casual observer.

Upon such data we may legitimately conclude that disease is rife in the land, everywhere present and nowhere absent, and like original sin itself, is the normal, and health the abnormal condition of man. Upon this was founded the idea that, the race was in process of extermination and was destined at some remote period, actually to disappear from the face of the earth, giving place to a better and superior race. But there is a class of pseudo-philosophers who look upon our profession with great disfavor. By
them, it is regarded as a useless excrescence upon the body-politic, destined in time to slough off. Were it needful to say more to persuade such, that the profession is at least a necessary evil, I might quote from the sacred volume, but to them such testimony would be valueless.

Solomon, the wise man, is reported to have said: "Honor the physician with the honor due unto him for the Lord hath created him, from the Most High cometh healing and he shall receive honor of the King." It is also written: "Give place to the physician for the Lord hath created him." Again: "The Lord hath created medicines out of the earth and he that is wise will not abhor them.

I might also cite the opinions of the great and good of the earth who have personal reasons for testifying in its behalf, indeed we are surrounded by a cloud of witnesses all concurring in opinion, to the propriety and necessity of the healing art. The original sin which entered and poisoned the world, the cause of all our woes, seeming to grow with our growth and strengthen with our strength, the constant and repeated infraction of the laws of our being always followed by the penalty, loudly proclaim its necessity.

Why Adam could not have been content and happy in the beautiful garden of Eden, surrounded by all that was lovely in nature, is a mystery.—Had he foreseen an infinitesimal amount of the misery and woe his act was to entail upon his posterity, I am sure he would have regarded and obeyed the Divine injunction. Such is our fallen estate. With the Providence which has so ordained our physical condition we are wise to have no controversy, afflicting as well as merciful providences are but means to the Divine end. The same All-wise and Beneficient Creator who gave us being has placed at our disposal the means, by the judicious use of which, we may go forth armed for the contest. The field of duty is an uninviting one, the pathway is not strewn with fragrant flowers, but human woe and misery meet us at every step.

The grand army of physicians must go forth not like the armies in battle to be men killers, but curers, and amid malaria and contagion, armed with henbane, pæonia, the cinchonia and night shade, give battle and attempt to achieve honor and victory.

To mitigate human pain and woe and to assuage the physical ills incident to human life, is the province of the physician and this is no mean avocation, but he who enters its ranks must leave all hopes of personal ease, emolument and renown behind. Success will not depend upon the number
of patients nor amount of money treasured, for if these were the true criteria of success, the legitimate practitioner could never hope to approximate so nearly the standard as the merest pretender. But to the faithful and labo-
rious service rendered the profession—the promotion of its progress, his
guardianship of its integrity and to the able ministrations of its kindly
offices, is he to look for success. It is conceded by all that a greater advance
has been made in the science of medicine during the present century than
at any other former period of its history. This is owing to a tripple cause.
We possess a greater abundance of knowledge, have acquired superior modes
of investigating disease and have an improved materia medica.

First. A greater abundance of knowledge has been attained from a record
of the labors of the past, appropriating the observations of value on the one
hand, of those who have lived and labored in the past and avoiding the
into errors, on the other.

As an instance in point of the errors of the past and their causes, I may
remark that, physicians in the middle ages were invariably priests, whom a
canon of the church forbid to shed blood, therefore surgical operations fell
into the hands of an inferior class of barber surgeons.

Ambrose Paré who commenced his career as a barber surgeon, and who
afterwards gave great impulse to surgery, was accustomed considering
wounds received from fire-arms poisonous, to cauterize their track with
boiling oil.

On one occasion while serving as surgeon in the French Army, Pare's
supply of oil failed him. He could not sleep for anxiety, but when morning
came he found that those who had not been cauterized were better than
those who had been and the observation led to a revolution in practice.

A greater abundance of knowledge results from the greater perfection and
certainty of the sciences immediately pertaining to medicine and from the
late developement of the sciences collateral to medicine. Experimental
physiology which is now prosecuted with an energy truly surprising, has
contributed greatly to the advance of medicine.

Histology brings her offerings and lays them on the altar, fit token of her
devotion to medicine; the microscope has brought to light a new world and
is unfolding the mysteries of our being. Chemistry has been made almost
a new science by her brilliant discoveries, while it unfolds the intimate struc-
tures of the solids and fluids of the body, shedding light concerning the
functions in health and disease, it analyses the drugs employed in the treat-
ment of morbid conditions and detects the minutest atom of any irritant poison taken for criminal purposes.

Botany also has been pressed into service. No physician in our time feels that his medical education is complete without a knowledge of at least the plants indigenous to his country. Not one of the collateral sciences is so well adapted to impart strength to the faculty of discrimination or discipline to the mind as botany.

To the other qualifications of a physician, add that of a good botanist and you can be no longer in doubt as to his being a good physician. I may add that during the process of analyzation we become first acquainted with the physical properties of the plant and at once pass imperceptibly within the domain of medicine and begin our inquiries in relation to its medical properties, thus showing how intimately interwoven are the sciences and how by a process of imbrication one science laps upon another.

Second. We possess superior modes of investigating disease. It is no less painful to the physician to be in doubt concerning the nature of the case he is called upon to treat, than it is unfortunate to his patient. To arrive early in the first stage of disease to a correct diagnosis is all important to a rational mode of treatment. It was reserved for Laennec, by his great discovery of auscultation and percussion to superadd to the rational, the physical signs of disease thus changing the whole face of medicine and giving it a degree of certainty which before seemed hopeless. By the aid of this discovery, improved and brought more nearly to perfection by much labor and study, Dr. Austin Flint, an early member of this Association, has been able to give to the world a work on the diseases of the heart which stands without a rival in any language.

Third. We have an improved materia medica. The discovery of the active principles of the various drugs, the use of which is more certain and administration, less offensive, is an essential manifestation of advancement. The alkaloids, morphia in opium, quinia in peruvian bark, strychnia in nux vomica and the addition of numberless other ingredients, have enabled us to prescribe in a more elegant and potent form different remedial agents. In addition to the superiority of the different preparations now in use, many new and valuable ones have been discovered.

The veratrum veride, which is found to reduce the volume and frequency of the pulse, is now used in place of the lancet in many instances, the perchlorate of iron as a styptic, the persulphate of iron both as a styptic and
for internal administration in anemia, menorrhagia, leucorrhoea &c., and many other remedies which time will not permit me to speak, are some of the discoveries which give indication of the advance in this department of medicine. To the causes of advance already enumerated we might add without limit. The improvement in the various branches of medical science cannot but be attended with a corresponding benefit to the sick and to society at large. In proof of which let a few facts be submitted: Victories of medical science over disease and death may be found recorded upon almost every page of the history of medicine, and the trophies of victory and success constitute our pride and boast. They carry within them to the minds of the most incredulous, unless so blind as they that would not see the conviction, that medicine is not all in vain and that its advance is in direct ratio to the advance of education and civilization. You will permit me therefore to make a rapid survey of the domain of medicine and to point out, in brief, some of the more important results consequent upon the combined labors of medical men.

It was a bold step of Mondini, about the year 1300, to dissect the bodies of two females, which he did with the exception of the head, which he dared not open for fear of committing a mortal sin. He afterwards published an anatomical description of the body, illustrated with wood cuts, which answered the purpose of physicians for nearly two hundred years. Before the close of the fifteenth century human dissections were prosecuted at Bologna, and in the year 1543 Versaleus published his great work on Anatomy. The prejudices against human dissections soon thereafter were mitigated, and the invention of the art of printing and engraving served to spread abroad and perpetuate the discoveries made. Early superstitions and prejudices have now disappeared and dissections are legalized.

Toward the end of the fifteenth century syphilis made its appearance and was more virulent and fatal than any other disease. Fifty thousand are said to have died of it in one year in Naples. An antidote was found in mercury and places it entirely within our control. The scurvy which numbered its victims by the thousands, at once the terror and foe to the marines, at length found its appropriate remedy.

Harvey in the year 1616 discovered the circulation of the blood, and in 1661 Malpighi by the aid of the microscope showed the course of the globules of the blood in the smaller vessels. The true theory of respiration soon followed the discovery of the circulation. In 1639 Peruvian bark is said to have been introduced into Spain by the Countess of Con-
chol, and its use therefrom became common throughout Europe. Before its discovery the ancients with whom malarious diseases were common, had no specific means of arresting their attacks; even mild cases of intermit-tents often continued for an indefinite time, and finally induced organic changes.

If anything was wanting to show the immense importance and possible influence over the civilized world of a cultivation of the science of medicine this would do it; that had the Cinchona bark been in use a few years earlier it would in all human probability have saved the life of Cromwell, and caused the history of England to have been re-written.

Until the end of the last century small pox committed the most fearful ravages, the deaths from it alone in Europe were estimated to amount to 400,000 annually, while it left many others blind or disfigured. By the discovery of Jenner of vaccination the disease is placed completely under our control, and if it still commits occasional ravages it is owing to the carelessness of individuals and the laxity of the laws.

Cholera, which at first made such fearful inroads, decimating whole districts at each visitation, has now become to a great extent manageable. The discovery and use of anaesthetics dating from 1847, is one of the greatest boons medicine has ever conferred upon suffering humanity. It enables the accoucheur to perform his sacred duties while his patient is wholly insensible to the pains of labor, and the surgeon to ply his art while his patient is lying down to pleasant dreams. More comprehensive and enlightened views of the pathology of some of the more intractable affec-tions have led the way to reform in treatment. Puerperal fever, peritonitis and puerperal convulsions have yielded much of their terror to the more potent agency of opium. The treatment of pneumonia and phthisis is essentially modified and improved. Other forms of disease, hitherto deemed quite intractable, are now so managed and controlled as to rescue their victims from the jaws of the grim messenger.

Reliable statistics show that medical science has diminished the death rate and added from five to seven years to the average length of life. The labor in the aggregate saved through the instrumentality of the pro-fession in saving and prolonging life, would add to the material wealth of the world an amount beyond computation. These are truly trophies of success. Such is medicine, raised to the dignity of a science by the labors and observations of the "Father of Medicine," 460 years B. C., cultivated
by the bright and shining intellects of the past centuries, and transmitted to us revised and improved. Shall we be its conservators? Ours is the task to labor to perfect it—to add to and promote its usefulness, and to transmit it unimpaired, if not improved, to the generations that are to succeed us. This, I recognize as the mission of this Association. Individual effort can, if wisely directed, do much good, but combined effort can accomplish more. No immediate results may be perceptible from your associated labors, but the remote results will be certain and inevitable. Learn then to labor and to wait, for certain it is, that he who is content to wait and not to labor, will find at length that he has become what a distinguished professor very properly styles a "monumental physician.” Doctors of regular medicine may, like plants, be divided into two classes, viz: phenogamous and cryptogamous doctors—the one class unfolding and exhibiting their corolla; the other refusing, or having none to unfold; the one beautifying and adorning, the other covering up and concealing; the one letting their light so shine that their works may be seen of men to be good or evil, the other putting their lights under a bushel.

But the true reason, doubtless, why each in turn does not deposit in the temple, votive tablets upon which are inscribed some account of their observations and study, is, that native modesty which underestimates the value of their contributions. The honor and integrity of the profession demand our first and foremost attention. Among so large a number it were to be expected that there would occasionally be one or more who sought personal aggrandizement at the expense and even to the detriment of his calling; should any there be, but little harm can accrue, provided they serve not as stumbling blocks to others. It is in the ranks of empiricism alone that we are to look for pretenders who grow arrogant while they revel upon the credulity of the people. Imposters will exist so long as there are people who love to be imposed upon.

Mankind, according to education, habits or peculiar mental conformation, may be divided into two classes; one class characterized by belief and stability, the other by unbelief and instability; one class governed by fixed and immutable laws, the other, having no governing principle, are tossed about by every wind of false doctrine, and hence in medical parlance are denominated quacks.

Now let me remind you that empiricism is not peculiar to medicine; it is peculiar to a class. In our own country there is such a strong infusion
of the "Young America" element which recognizes children, men of a smaller growth, and has little or no respect for age, or regard for superiors or authority, that science is obscured and real worth unappreciated. As a logical sequence we have quacks in politics, war and trade, spiritual and legal quacks and quacks medical.

In politics there are on the one hand those who believe in the Divine origin of good government; are loyal and obedient citizens, and regard their constitutional obligations. On the other hand there are those who, becoming followers of false guides, rebel against the government and secede from it, and who, on the ruins of a government which has furnished them protection and numberless blessings, would rear another of their own choice.

In war these charlatans belong to the "Onward to Richmond" party, who, wise in their own conceit, regard science too slow, unless she perform daily some brilliant feat, would wrest, from the hands of those educated in the science of war, and who have hitherto led our armies to victory and glory, the management of the war, and conduct it upon the basis of their superior insight, or upon what may be termed the law of empiricism.

In trade how few are governed by the legitimate rules of trade and follow persistently and successfully their business to the end. The majority depend upon the changing wind, in all their pursuits through life.

After some considerable inquiry and observation I am enabled to affirm that quackery in business was the chief element in producing the recent financial revulsion, and that a majority of the large failures were of this class, while those who conducted their business upon a legitimate basis were enabled to stem the current and outrace the storm.

In theology one class accept the principles of the Gospel as the "rule of their faith and practice;" the other choosing rather to reject those precepts which would serve as a "lamp unto their feet and a light unto their path," become advocates of spiritualism with all its mutterings and rappings.

In law we have pettifoggers as well as the legally qualified practitioners. But in medicine the hydra-headed monster mostly thrives; cut off one head and other appears. The greater the absurdity and the more miraculous the empirical system the more converts to the system. The love of the miraculous now as in the time of the dark ages, has its hold firmly upon the people, and many are ready to believe that one person can diagnose disease as accurately by a lock of the hair as another can by his science.
The different empirical systems in vogue, if they are of no other value, become valuable in the sense that a counterfeit bank bill is valuable by proving that there is somewhere a genuine one. Medical innovations and crude schemes of medicine will doubtless in time to come, as in time past, or at least until a higher standard of education shall correct the errors of the past—have their rise, progress and decline during the brief life-time of their inventors and authors, one theory and system giving place to another theory and system, and so on to the end. But not until the granite rocks shall have moldered and crumbled into dust will true medicine decline.

The authors of the different empirical systems assuming to leap, like the goddess Minerva, full-armed from the head of Jove, erect their own perishable monuments of brass. Not so the man of science, toilsome industry builds more useful if not so splendid monuments to its patient labor.

Do you ask how best we may combat empiricism? I reply, let it severely alone, or if an attack must needs be made, avoid all pretext for a charge of persecution by making that attack by a flank movement. Go to work and promote and diffuse the sciences among the people. Where the sciences are cultivated, empiricism, like the weeds of a well cultivated garden, will go to decay. Science and empiricism are incompatable. They can not exist together. Who ever knew a scientific man to be a quack, or a quack a scientific man? Science then is the antidote, and we have deep interest in its general diffusion among the people. But science may be objectionable to some because she is modest. She will not permit her votaries to succeed—in the common acceptation of the term. It is, I regret to acknowledge, too often the case that the medical man of science and modesty must give way to the man of less science and less modesty.

In this connection we have reason to felicitate ourselves upon the fact of the formation in this City of a Society for the promotion of the natural sciences. The energy already manifested by its founders to place this Society upon a firm basis, and the wisdom evinced in the choice of its first presiding officer, gives promise of success. Let us extend to this new organization the right hand of fellowship.

From the foregoing we learn that medicine is a science, embracing within its folds many sciences de facto, in the welfare of which the people at large have much greater interest than is duly appreciated by them. For it and for ourselves we ask for no legislative aegis, but did the business world evince one-half the concern for protection against medical counterfeits that
it evinces for legislative protection against counterfeit bank notes, it would demonstrate its greater love of life than of money.

In conclusion, gentlemen, let the object of your united labors be directed first and foremost to the maintenance of the honor and integrity of the profession of your choice. Let no "pent up Utica" contract your powers; cultivate medicine in all its departments. And may the tree planted by the fathers of medicine, watered and nurtured by their care, suffer no neglect at your hands. May it grow in height and breadth and strength until the scientific branches thereof, collectively, shall afford protection to the infirm, a refuge to the afflicted, and the fruit thereof healing to the nations.

Voted, That the thanks of the Society be presented Dr. Gay for his interesting Address, and a copy requested for publication in the Buffalo Medical Journal.

Voted, That Dr. Elliot of Fort Erie, C. W., be invited to participate in the proceedings of the Association.

Voted, That Dr. John McKinnon of Buffalo, be invited to participate in the proceedings until he can complete his membership in the Erie County Medical Society.

Voted to adjourn to Tuesday evening, May 6th.

JULIUS F. MINER, Secretary.

ART. III.—Hypodermic Injections in Sciatica, Heart Disease, &c.; by S. Barrett, M. D.

[Communicated for Buffalo Medical and Surgical Journal.]

Mr. N., aged 60, gardener, was taken with severe sciatica of the left hip, extending down the outside of the leg to the foot, which rendered him unable to move the leg or foot without crying out with pain; the pain was so severe for three days and nights before I saw him, that it kept him in a constant state of perspiration.

With a hypodermic syringe I injected a solution of atropia and morphine \( \frac{1}{3} \) f. 3 into the cellular tissue under the trocantor major, on the evening of the 10th instant; the pain was relieved in ten minutes so that he could bend the knee and move the foot with very little pain; he had a refreshing sleep that night, and the next day resumed his labors as gardener; some stiffness and slight pain remaining in the course of the sciatic nerve. While on his way to work the second day he called at my office, and I injected a similar quantity a little lower down in the course of the nerve; since which time he has been free from pain or soreness.
In a case of organic disease of the heart of a man aged 72, near its close, he had not slept quietly for a week or more; I injected \( \frac{1}{2} \) f. 3 of the solution into the bend of the left arm at evening; it procured him a quiet night's rest and freedom from oppressed breathing for twenty-four hours, and by repeating it in twenty-four hours, it mitigated his sufferings beyond anything I have ever been able to do by any other means, in similar cases.

J. B., subject to severe paroxysms of asthma, which usually lasted one week or more; the second day of a severe attack I injected a solution of atropia and morphine into the bend of the left arm; it arrested the paroxism, and he slept all night.

I have found the combination of atrophia gr. ss., sulph. morphine gr. ii aqua pura, 3j, prompt, and more permanent in its effects than either alone, and in many chronic and neuralgic diseases the most potent and useful hypodermic means of medication we possess.

ART. IV.—Amputation through the Shoulder Joint, by Chas. Winne, M.D.

An Irish Emigrant on his journey west, fell from the platform of a railroad car, and his right arm was crushed by the last wheel, causing a compound comminuted fraction of the os humeri about the insertion of the deltoid muscle, and lacerating the integuments and muscles as it passed obliquely over it, down the upper part of the fore-arm—the patient was admitted into the Hospital of the Sisters of Charity, at Buffalo, on the same day. The necessity of immediate amputation of the arm at the seat of injury and fracture was obvious and strongly urged upon him and his friends, but was prohibited by both parties.

Severe inflammation and sphacelus of the parts below the fracture ensued; but youth, and a good constitution, and the most assiduous attention, saved him from impending death during the subsequent two weeks; he then acquiesced in the necessity of removing the arm, and desirous, if possible, to preserve the rotundity of the shoulder, and whatever might be saved of the shaft of the humerus, the first incision was made with this view. Upon raising the flap of the deltoid, the bone was found mostly denuded of periosteum up to the surgical neck, and upon opening the capsule of the joint, the synovial membrane and cartilage of the head, also, were found diseased. The whole of it was then removed. He bore the operation without sinking much, although at this time very much enfeebled by long suffering and exhaustive suppuration. The wound healed, for the most part, by first intention, and he rapidly recovered.
ART. V.—The Action of the Voluntary Muscles; by Louis Mackall, M. D. (Extract from an unpublished work.)

69. The action of the Voluntary Muscles is regulated by the law of nature that we have already stated, (37.) By virtue of this law, the determination of the nerve-fluid to a muscle is immediately followed by the active elongation of its fibres; the contraction of a muscle or of its fibres as immediately follows the withdrawal of the nerve-fluid. In other words, the presence of the nerve-fluid, its cause of action is, by virtue of this law, always attended by an active elongation of the fibres of a muscle; while the absence of a due portion of this fluid is as constantly attended by the contraction of its fibres.

By the aid of this law of nature, we have explained, I think, in a plain, intelligible and rational manner, the phenomena presented in the action of the involuntary muscles, that are placed about the walls of the tubes or hollow organs; by the same aid, the phenomena presented in the action of the voluntary muscles may be as rationally and intelligibly explained.

70. The minds of Physiologists of the present day are so fully impressed with the erroneous belief, so long inculcated in the books, that the active state of a muscle is that of contraction, and that the elongation of its fibres, (a state of which they possess a very imperfect and false notion,) which they are pleased to call relaxation, is a passive state, that the converse of this proposition, as presented above, will be at first regarded by them with prejudice and aversion. The true law of nature in relation to this subject, however, when its application is attended to, in the extensive application of it we propose to present, must in time be acknowledged; if truth, as is said, has a tendency to prevail over error in the human mind.

71. When we use the term muscle, it should be understood to embrace both the tendinous and fleshy portions of the organ; the same fibres, we conceive, extend through the whole, and are influenced by the cause of action, the nerve-fluid, as well in the tendon as in the fleshy part. The latter portion differs from the former probably only in the circumstance of being more largely supplied with nerves and blood-vessels, by means of which, when the muscle is in a state of action, the special circulation of the nerve-fluid (43) is established.

72. For the better illustration of their action, it will be found convenient to separate the voluntary muscles into the four following classes, viz: 1st. Such as are attached by one extremity only, having the rest of the muscle free to be extended or retracted at will; 2d. Such as are attached
at both extremities, but are capable only of the same motion as the former
class, that of direct extension or retraction; 3d. Such as are arranged cir-
cularly about the openings of the organs, and serve as sphincters; and 4th.
Such as are attached to the bones at both extremities, and act by making
use of the bones as levers.

The Action of the First Class of Voluntary Muscles, that are attached
by one extremity, and have the rest of the muscle free to be extended or
retracted.—73. Of the action of this class we will advert to that of the
muscles of the tentacles in the lower orders of animals; and among the
higher orders, to that of the muscles of the tongue, of the ciliary processes,
and of the male organ of generation.

Perhaps there is no other instance in nature, in which is presented so
fairly and clearly, the true condition of a muscle when in a state of action,
as in that of the action of the muscles of the organ last mentioned.—
Physiologists, by a resort to sophistry, of which we shall speak again, have
ignored the action of these muscles, which is the same with that of all
other muscles; for the state of erection produced by the action of these
muscles is common to all the muscles of the living body when in action.
Every muscle when in action is in a state of vital erection; which term
should be understood to express simply the active elongation of the fibres,
with a due supply of blood and of nerve-fluid to maintain this state. In
the human subject, the true character of the organ of which we are speak-
ing is masked, as it were, by the great development of the blood-vessels
and nerves with which it is supplied; but this is not the case in some other
species of animals, as in the horse, the ox, the hog, and the sheep. In
these the main body of the organ is composed of longitudinal muscular
fibres that may be actively elongated to a length of from twelve to twenty
inches. The view of muscular action heretofore presented may be repeated
in connection with the instance before us.

74. The suggestive impressions, appointed to precede the active state
of this organ, having been duly received, the animal determines the nerve-
fluid, in an extra supply, to its fibres through the sensory and motory
nerves of this organ. In consequence, the proper longitudinal and other
fibres of the organ become actively elongated, together with the fibres
about the walls of the vessels and sinuses, in which there is an increased
flow and accumulation of blood. With this accumulation of blood there
is established the special circulation of the nerve-fluid to this point; the
supply of this fluid is thus further enlarged, and the action of all the
fibres is exalted to its extreme limit. This latter state of the organ is expressed by the term "venereal orgasm." 

75. In this representation of the action of muscles, there are three points to which we desire to direct attention: the first is, the propriety of regarding the organ in question as a muscle attached at one extremity by two heads to the osa pubis and ischia; the second is, the active elongation of the proper fibres of this muscle; and the third is, the stiffening or rigidity of the same fibres when in action. The two latter points are particularly worthy of attention, as they occur in every instance of muscular action, and, what is very strange, have been entirely overlooked by physiologists.

76. The Ciliary processes are the small muscles or bundles of muscular fibres that are attached by one extremity to the margin or verge of the opening into the eye, called the pupil; and are so arranged that by their extension the pupil is diminished or the opening narrowed, and by their retraction the pupil is enlarged or the opening widened. Light is appointed to be the appropriate suggestive impression to precede the action of these muscles. When the eye, in its normal condition in the living body, is withdrawn from the light, the mind, not having received this suggestive impression, does not call into action these muscles, and they are consequently retracted, and the pupil is enlarged; but when the eye is brought into the light and the impression is made, the mind determines the nerve-fluid to these muscles, and they become extended in proportion to the supply of this fluid; by their combined action the pupil is diminished or narrowed, so as to exclude such quantity of light as might be injurious to the optic nerve.

Here again we have a vital erection, in the essential conditions—the active elongation, and apparently the stiffening of the fibres; and it is worthy of remark here, that in inflammation of these and the adjoining parts, as in iritis, there is established the special circulation of the nerve-fluid to these fibres, and they become persistently elongated, and the pupil continues to be narrowed even when the eye is withdrawn from the light.

77. The longitudinal muscular fibres of the tongue (with a view to the elucidation of the action of this organ) may all be regarded as one muscle, that is attached at one extremity, with the other parts free to be extended or retracted at will. The active elongation or extension of these fibres when innervated, or when in action is manifest in our own persons, if we confine our attention to the fibres in question; but this active elonga
tion of the tongue in some of the lower orders of animals is very remarkable. Every one is familiar with the protrusion and elongation of the tongue of some of the domestic animals, as the dog, the cow, &c.

This action of the tongue of the serpent is deserving of particular notice. When the animal is aroused or excited, it erects its head and thrusts out of its mouth its forked tongue, to the extent of several inches. The suddenness and celerity of the motion of the organ forcibly reminds us of the appearance of a flash of lightning.

It is impossible, I believe, to suggest any rational explanation of this phenomenon, other than that of the innervation and consequent elongation of the fibres of the muscles that belong to this organ. The suddenness and celerity of the motion precludes all other agency but that of the nerve-fluid, passing along the nerves, which alone resembles in its motion that of the electric fluid.

The action of the tongue of the frog or toad, when it seizes its prey, is similar to that of the serpent.

78. A notable action of this kind is presented in that of the tongue of the chameleon. To facilitate its description, this organ may be divided into four parts; first, the anterior bulbous portion, formed by the interweaving of cellular and muscular tissues—with the appearance of the end of the trunk of the elephant, it is furnished like this with a fleshy forceps at the extremity, with which the animal seizes its prey; second, the middle or interior portion, composed entirely of cellular tissue formed into a number of bands or hoops, having the intervals between them supplied with very loose and extensile meshes of this tissue; third, the lingual bone—being a process from the centre of the os hyoides, arranged in the direction of the tongue, on which, when the tongue is retracted, the cellular bands and meshes of the second portion, and a part of the bulbous portion, which is hollowed out for this purpose, are stretched or drawn, like the finger of a glove drawn over the finger; and fourth, two well-developed muscles, having their fibres arranged longitudinally, and largely supplied with nerves and blood-vessels. These muscles arise from the cornua of the os hyoides—one from each, and being arranged one on each side of the tongue, or of the central cellular portion, are inserted in the bulbous extremity.

When in a state of repose, or when retracted within the mouth, the organ is from an inch to an inch and a half long; but when about to seize its prey, commonly an insect, the chameleon creeps to within seven or eight
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PROVISION FOR RETURNED SICK OR WOUNDED SOLDIERS.

The confident expectation of destructive battles taking place, in which the soldiers who have gone from Buffalo and Western New York, will be called to take part, and the great probability that in such event, greater facilities will be required for the proper care of the wounded, has called out a most lively interest in our citizens, that every provision be made in advance, which can possibly be required to render any who may be wounded, all the care and attention which can possibly be bestowed. A committee have been appointed to provide hospital supplies, nurses, clothing, &c., &c., and to make any other provision which may be necessary. This, we understand, is to be supplied to the regiments where they are, or may be stationed, and is certainly a very proper and praise-worthy undertaking; though we learn that Oliver G. Steele, Esq., Chairman of the Committee of Twenty, has received a despatch from Washington informing him that the efforts of our citizens for the relief of our sick and wounded soldiers must be directed through the Sanitary Commission, no independent action being entitled to official recognition. We have not yet heard of any provision being made for the returned soldier; disabled, mutilated, partially recovered, or otherwise helpless or incapacitated, who are eventually to be discharged, and return for care and treatment. This class will sooner or later make their appearance among us, and comprise cases of the highest importance and interest, not only to the philanthropist, the benevolent and the christian, but also to the physician and surgeon. The exposures of the camp and field, the influences of miasma and contagion will induce disease, which will not in many instances yield to the treatment of the military hospital, and will find its way back to our city and to the homes which generosity and benevolence may provide. The wounded will also receive their first dressings by the surgeons of the army, but secondary operations...
will be made at their homes, and provision for the treatment of the returned wounded soldier will constitute an important duty, and require early and liberal attention.

The surgery of this war will not be completed until years after peace has been restored; unextracted balls, diseased joints, ununited fractures, and the like, will be presented to our experienced surgeons at home, who will be intrusted with the care of these most important cases, from the choice of the patients or their friends.

If there should be a demand for volunteer surgeons, volunteer nurses, and extra hospital supplies, to be sent to the seat of action, there will soon be found necessity for homes, clothing, and supplies for those who will find their way to our city, and it would seem to us that one of the first and most important steps in providing for the probable wants of our soldiers would consist in preparing suitable and comfortable hospital accommodations, where they can be cared for, as the defenders of our country deserve. It may be possible that there is no occasion for anxiety about this matter, since Buffalo has ample hospital accommodations for several hundred should it be required; yet it may be well to consider this matter a little, for it is an important item in providing for the wants of soldiers. It will not perhaps demand so early and immediate attention, but it will require attention sufficiently soon and sufficiently long, and in the end will be found to constitute by far the greater necessity and obligation.

By this we do not mean that the soldiers are to be discharged because they are sick or disabled; certainly our Government will provide for them for the present; indeed is providing for them in most liberal manner. In this earlier and more pressing matter, Buffalo stands ready to provide in case they are allowed to do so for a large number of sick, wounded, or disabled men, and could fully accommodate them at the present Government prices. No more attractive accommodations could be desired than our City affords, and it will be only on account of inattention to these advantages if we are not charged with the care of many of those cases which can safely and properly be transported, to these healthy and comfortable homes.

The Medical Reform Bill has passed the lower House of Congress, and has since been subject to some amendments by a joint Committee of both Houses. As it now stands the changes which it produces are operative only during the present war.—*Med. Times*. 
EXTRACT FROM A LETTER TO A NEW ENGLAND PHYSICIAN.

We are in receipt of a letter from a distinguished physician in one of our Western cities, to a brother in Massachusetts, and have permission to make the following extract:

"I am now very constantly employed, and if a moment's leisure is afforded me, there is always something important for me to learn; I have no more time to waste. I look back upon my professional life when associated with you in the practice of medicine in New England, and most heartily regret my inattention and laziness. Like a fool, I thought I knew it all, and came near spending my life and dying at last, without finding out that I really knew nothing of the business which I had followed. I had been a complete quack, giving medicines which I did not understand, for real or supposed diseases of which I knew very little or nothing. Yes, a very quack, the which, I despise, of all the things which God has made, the most; not wishing however to impute my sin or ignorance, or folly, to Him who made me.

When you propose hereafter to advise medicine, first consider if any is really necessary, and how little will answer the indications, and then select those articles which are comparatively unobjectionable or less injurious than the disease itself, which by doing you can greatly diminish your medicine bills, and at the same time the 'bills of mortality.' I do not mean you, in particular, but all doctors. myself among the number. I used to kill patients in pneumonia with bleeding, blistering, antimony and calomel. I now give Dovers' powder. My patients recover sooner, more certainly, and with vastly greater comfort. Dovers' powder, quinine and whisky, are now the only remedies, and most patients would recover perfectly well without either. I had never studied disease unmodified by treatment. I had never had any such opportunity, for every one sick, was fed on drugs, not a single case was ever found for learning the natural history of disease, within the limits of New England. Pneumonia and pleurisy were fashionably treated by bleeding, purging, blistering, calomel, antimony and opium. 'High fever,' as it was often called, was treated upon 'general principles,' by depletion, whatever might have been its nature or cause. In apoplexy bleeding was universal, and many a poor, worn out, old man or woman, with just enough of life to move about, was bled for some prickling sensations or numbness of the feet or hands; severe pain in the head or elsewhere demanded depletion; after falls and injuries of all sorts, broken bones, sprains, &c., evaporating lotions were preceded by venesection. We were more ignorant than we were born, doing vastly more harm than good, and receiving the wages of sin, as the rewards of righteousness.

Twenty years hence and our present practices may astonish us as much. The multiplicity of our remedies, and the confidence with which they are urged, as valuable in the different manifestations of disease; the present distrust of the powers of nature, unassisted by drugs, to recover us from diseases, and our readiness to take and advise many of the articles in common use with physicians, I have no doubt will yet become as much a matter of surprise and astonishment as are the greatest absurdities of by-gone generations."
REVIEWS.


The appearance of the second edition of this work in the short interval of four months, is certainly a very remarkable fact, when we consider the usually rather slow sale of medical works of even great excellence. No better proof of its undoubted excellence could be desired by the author. Its very favorable reception has not been limited to this country, for foreign writers and reviewers, have not been slow to award to it, the highest praise. We do not doubt that it is entitled to be considered the best book on Obstetrics which has been published in the English language. A careful re-examination of this edition confirms the opinion of its merits, which we formerly expressed, viz: that it will be found a most complete, scientific, admirably arranged, and carefully considered book. One cannot, upon a thorough reading of it, fail to be impressed with its soundness and value, and we wish our readers to feel this as thoroughly as we do. Besides this we would direct attention to its attractions as a literary composition. A book which may contain much that is valuable, may be utterly unreadable, from bad arrangement, or faulty style, and the method may prove so repulsive as to make one entirely unwilling to get at the matter, however good. Dr. Bedford's work has this, we may say, if not remarkable, at least not very common recommendation, that it is written in an attractive style, and is therefore what a good book, and particularly a good text-book, should be, scientific, sound and readable.

We know of no work in which the whole subject of scientific and practical obstetrics has been so thoroughly treated. Upon examination it will be found that nothing within the range of our present knowledge, bearing upon the subject, has been omitted, or has failed to receive sufficient attention. The arrangement, moreover, is rigidly systematic, the various subjects being considered in the order which is most useful to the student. Although the book is not lacking in any particular, which properly pertains to a thorough consideration of the science of Obstetrics, it is a thoroughly practical work, suitable alike to the practitioner and the student. It contains ample evidence of a ripe and wise experience—one which has
distrusted novelties, but has been progressive enough to gather up of the new whatever was of value. New methods of treatment, which have the sanction of great names, receive attention from the author, but they are not adopted by him, merely because they have the approval of eminent authority. The author is evidently very decided in his methods, though eminently candid.

We have no hesitation in declaring the work one of unsurpassed excellence; certainly no book with which we are acquainted, among the many excellent books lately published in this department, commends itself to our mind so completely in all respects.

Anatomy, Descriptive and Surgical, by Henry Gray, F. R. S., Fellow of the Royal College of Surgeons, and Lecturer on Anatomy at St. George's Hospital Medical School. The drawings by H. V. Carter, M. D., late Demonstrator of Anatomy at St. George's Hospital. The dissectings, jointly, by the author and Dr. Carter. Second American from the revised and enlarged London edition, with three hundred and ninety-five engravings on wood. Philadelphia: Blanchard & Lea.

Gray's Anatomy needs no very extended notice from us. Every student of Anatomy must, as a matter of necessity, have this book. Every surgeon must have it, as a book altogether indispensable, since the drawings which represent the surgical regions are so accurate and reliable that too much cannot be said in its favor. It takes the place of the recent subject and keeps the relation of parts as freshly in the mind as can be done by any representations. To the student of anatomy it far surpasses all other books, since every artery, nerve, and vein are represented in position; the muscles are beautifully and truthfully represented, showing origin and insertion. And the bones are also shown in their different surfaces, with their lines, processes, articulations, &c. The value of all this is greatly increased by the names of the different parts being placed in situ upon the illustration, thus showing the part and at the same time giving the anatomical name. A brief microscopic anatomy of many of the tissues, and of the various organs, has also been introduced.

The appearance of the second American edition of Gray's extensive and comprehensive Anatomy is at this time particularly gratifying, and it will no doubt meet an extensive and ready sale. It is printed and bound in the usual style of Blanchard & Lea's publications, the beauty and stability of which are unsurpassed.

The book before us does not, as we might at first infer from its title, treat solely of those great physicians of the past, whose names all regular physicians have delighted to honor, but it touches as well upon famous quacks, both men and women, who at some portion of their lives attained a success almost unbounded. It not only gives us biographies of Sir Thomas Browne, Sir Hans Sloane, Drs. Radcliffe, Mead and Lettson; but it contains accounts of noted quacks, such as Valentine Greatrakes, who cured by "shaking of hands;" St. John Long, whose marvellous lotion could distinguish between sound and unsound tissues, and Mrs. Mapp, the natural bonesetter. Some of the chapters are more general in their subjects, for instance, those on "Early English Physicians," "Imagination as a remedial power," and the "Country Medical Man."

The author has exhibited great industry in collecting from a broad field anecdotes and details touching the lives of celebrated physicians, and has succeeded in giving us a very pleasant and attractive book. It is certainly very pleasant to be able to learn how famous doctors lived, what good things they said, how they eat, drank, loved fees and practical generosity, bid a kind heart under a rough manner, quarrelled, kept good company, and fell in love like other mortals. Upon the whole we may feel that they had with all their faults a fine humanity, being cheerful, generous and humane, as to the world at large, reserving all their animosity and venom, if any they had, for each other. The quarrels of doctors have generally led to a vigorous use of the pen, rather than the pistol; though when duels have taken place, happily but rarely, they have been of the most sanguinary character. As regards the doctor as a man, our respect is rather increased by the pleasant narrative of our author. We notice that the notion of physicians being inclined to infidelity—a most unfounded one—is as old as Chaucer, who says of his physician, that "his study was but lytyl in the Bible." There is this consolation to be drawn from the accounts of regular physicians and quacks, that the former enjoyed their fame and success to the end of their lives, whereas the prosperity of quacks has been mainly short lived.

We think this will be found to be a very pleasant and instructive book, and will serve to occupy agreeably the few leisure hours which fall to the lot of a hard-worked physician. We feel grateful to the author for ena-
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bling us to give to those to whom they belong certain anecdotes and witticisms which have heretofore had a rather uncertain paternity.

Amputation of the Cervix Uteri, by J. Marion Sims, M. D., Surgeon to the Womans' Hospital, New York. (Extracted from the Transactions of the Medical Society of the State of New York, 1861.)

In this pamphlet a new mode of operation is advocated and illustrated by wood cuts. "The operation is performed by "splitting the cervix laterally, and removing first the anterior, and then the posterior half, by means of scissors. After the haemorrhage has ceased, the vaginal mucus membrane is drawn over the stump and secured by four silver sutures, two on each side of the cervical opening. In the old method of amputation the suppuration continued five or six weeks; sometimes longer, before the parts were entirely cicatrized. According to this plan there is no suppuration, the parts healing by the first intention, and the patient becoming well in a week. In the former, there was danger of pyæmia; in this, there is little, if any. In the former there was risk of degeneration of tissue; in this, there is none; in the former, the parts contracted as they healed; in this, they remain normal. It might have been supposed, a priori, that this operation would have been attended by a troublesome haemorrhage, but in each case it ceased as soon as the vaginal tissue was drawn over the stump, and in no instance was a ligature used."

Six cases operated upon since the publication of the Transactions of the State Medical Society are also reported in detail. The paper is written in good style; is modest and unostentatious, and gives a favorable impression of the operation and of the author's inventive genius and operative skill.


This is the most valuable monthly reprint in this country, and deserves the support of the profession, while the profession also very much need its support; it is a benefit which "works both ways." It presents a great variety of subjects, and all papers admitted to its pages are carefully studied and thoroughly prepared; nothing but the choicest material is allowed place. Those in the active practice of medicine and surgery will find it eminently practical in character; while at the same time the science and
theory of diseased action are fully considered. It commends itself to the profession in an eminent degree, and probably receives a wider circulation than any other medical journal.

BOOKS AND MAGAZINES RECEIVED.


Peterson's Magazine. Published by Charles J. Peterson, 306 Chesnut Street, Philadelphia.

This Magazine is highly embellished with beautiful plates, and always contains very readable matter, interesting to those for whom it is intended, viz: the ladies, the wives, the daughters, and the children, and even the fathers might profitably beguile a leisure hour in its perusal, though we do not propose to recommend it to the careful study of the medical profession.

Harpers' New Monthly Magazine for May. Published by Harper & Brothers, Franklin Square, New York.

This Magazine comes regularly upon our table, and contains an interesting variety of very readable and instructive articles. An editor's wife and daughters (if he has any) are more interested in exchanges of this description than almost any other. The May number we have read ourselves, and find it particularly interesting. What has most attracted us, is the chapter upon the life and character of Dr. Valentine Mott, giving a sketch of his early life and history, and many events in his travels in England, France and Germany.

PAMPHLETS RECEIVED.

Valedictory Address to the Graduating Class of the Cincinnati College of Medicine and Surgery, at the close of Session 1861-2. Delivered February 12. By A. H. Baker, M. D., Professor of Surgery.

Ten Lectures on Medical Electricity, embracing the System of Electro- pathic Treatment, by P. J. Becker. Auburn, 1862.

A Description of the newly-invented Elastic Tourniquet, for the use of Armies and employment of civil life; its uses and applications, with Remarks on the Different Methods of Arresting Hemorrhage from Gunshot and other Wounds. New York: George F. Nesbitt & Co., 1862.
THE ARMY.

Army Surgeons—The need of volunteers to the Surgical Staff of the Army to meet the emergencies which the destructive battles in different parts of the country now almost daily occasion, has led the Governors of many States to organize volunteer corps. In this State Gov. Morgan, with the aid of Surgeon-General Vanderpoel, has organized and commissioned an auxiliary corps, which is composed of the following gentlemen:—Drs. James R. Wood, Alfred C. Post, Ernest Krackowitzer, Stephen Smith, Charles D. Smith, George A. Peters, John O. Stone, Thaddeus M. Halstead, Willard Parker, Gurdon Buck, Lothar Voss, Thomas M. Markoe, and William Detmold, of New York City; Alden March, John Swinburne, and S. Oakley Vanderpoel, of Albany; Edward H. Parker, of Poughkeepsie; Charles Winne and S. B. Hunt, of Buffalo, and DeWitt C. Enos and Joseph C. Hutchinson, of Brooklyn.

We congratulate the medical staff of the Army, and the profession of the United States, on the passage of the Medical Reform Bill through Congress.

Briefly, the Medical Bureau has gained these points:—1. A larger and more effective force; besides an addition to the force of the staff, it is now to have a special department of Sanitary Inspection, with a sufficient corps of officers to place our entire army under the constant sanitary surveillance of the Medical Bureau. 2. An increased rank, the Surgeon-General having now the rank of a Brigadier-General. 3. Finally, selection of the highest officers according to merit, and not the old effete system of succession by seniority, which was ever liable to place at its head a man incapacitated by age.

Surgeon General.—William A. Hammond M. D., has been selected by the President as Surgeon-General of the U. S. Army under the recent reorganization of the Medical Department. The profession will hear of the confirmation of this appointment with the most sincere gratification. No man could be selected, who so happily combines in his professional relations the confidence and esteem of both the Medical Staff of the army, and the profession of the country, as Dr. Hammond.

Burial of Soldiers.—By a recent regulation of the army it is made the duty of commanding generals to lay off lots of ground in some suitable spot near every battle-field, and cause the remains of those killed to be interred, with head-boards to the graves, bearing the numbers, and, where practicable, the names of the persons buried. A register of each burial-place, with these numbers and names, is to be kept. Friends may thus be enabled to know the resting-place of their dead. Apropos to the same subject, the Military Committee of the House have matured a bill for a National Cemetery in the District of Columbia, which will soon be reported to the House.
Volunteer Surgeons.—Dr. Sanford B. Hunt, formerly Professor of Anatomy and Physiology in the University of Buffalo, and editor of the Buffalo Medical Journal, and Dr. Charles Winne, Surgeon to the Hospital of the Sisters of Charity, have received commissions from Major-General Morgan, as members of the corps of Volunteer Surgeons, now being organized. These distinguished members of the profession have the highest qualifications for the position, and should their assistance be required, will render efficient service.

American Medical Association—Annual Meeting.—We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with officers and members in each important section of the country, accessible to the Committee, feel constrained to give notice to the profession, that the regular Annual Meeting of the Association is further postponed until the first Tuesday in June, 1863.

Chicago, April 5th, 1862.

N. S. Davis, J. Bloodgood,
J. W. Freer, D. Laskie Miller,
H. H. Jones, E. Andrews,
Thos. Bevan, Committee.

The Metropolitan Health Bill has passed one branch of the New York Legislature, and has met with unexpected difficulties in the way of proposed amendments. It will be quite impossible to give such a measure the political shade which mere politicians desire, and we greatly fear that any changes at this late day will prove fatal to its enactment.—Med. Times.

Report of Deaths in the City of Buffalo for the month of March, 1862.

Abscess, 1; Accident, 2; Anaemia, 1; Aneurism, 1; Apoplexy, Cerebral, 4; Asthma, 1; Brain, softening of, 1; Bronchitis, 1; Cirrhosis of Liver, 1; Consumption, 17; Convulsions, 13; Croup, 1; Dentition, 1; Diarrhea, 2; Disease of the Brain, 2; Disease of the Heart, 4; Disease of the Liver, 2; Disease of the Lungs, 1; Diphtheria, 6; Dropsy, 2; Dropsy, Abdominal 1; Emphysema, 1; Erysipelas, 1; Fever, 1; Fever, Puerperal 2; Fever, Scarlet, 9; Fever, Typhoid, 3; Fever, Typhus 1; Gangrene, 1; Hernia, 1; Inflammation of Bowels, 2; Inflammation of Brain, 11; Inflammation of Brain and Meninges, 1; Inflammation of Liver, 1, Inflammation of Lungs, 8; Inflammation of Lungs, Typhoid, 2; Inflammation of Peritoneum, 1; Inflammation of Womb, 1; Intemperance, 2; Kidneys, Bright's Disease of, 1; Marasmus, 1; Measles, 1; Old Age, 6; Paralysis, 3; Pemphigus, 1; Pyæmia, 1; Rheumatism, 1; Scrofula, 1; Unknown, 7;—Deaths from Disease, 137; Still born, 5;—Total 142.

Sandford Eastman, M. D. Health Physician.
ART. I.—Notes of Surgical Cases.—Traumatic Aneurism; Club Foot; by J. F. Miner.

Traumatic Aneurism of the Brachial Artery.—Frank Christ, German; healthy and robust laborer; was injured about March 1st, 1862, while at labor as a blacksmith. He supposed that a piece of steel striking his arm had penetrated or ruptured the vessels. Blood spirted from the wound very freely, and Dr. D. of Homeopathic persuasion, was called to dress the arm; “bandages were applied and medicines given.” A tumor soon commenced to form near the bend of the elbow, and continued gradually to increase, though a solution of borax was applied, and a few drops directed daily, internally. At the end of eight weeks the patient was advised to go to his work, with the assurance that it would be “better for him.” He now presented himself to Dr. G. N. Burwell for examination and advice, who, after discovering the nature, and extent of the disease, directed him to me for operation.

The tumor presented near the bend of the elbow, upon the forearm, and was about the size of a man’s closed hand. It was a hard, elastic, pulsating tumor, and upon placing the ear upon it, the peculiar bruit of aneurism was distinct and unmistakable.
April 29, 1862, assisted by Drs. Lothrop and Eastman, with medical students, (Dr. Burwell being unable to be present,) the brachial artery was first ligated; in this respect not following the present fashion in traumatic aneurism, of opening the sac, and tying the artery where it enters the tumor. The veins were found distended and enlarged, in some instances partially obstructed. After tying the artery all pulsation and murmur ceased. The sac was now freely opened, and great quantities of coagulated blood, fibrinous deposit, and the partially formed walls of the tumor were removed. The haemorrhage was profuse, both arterial and venous; the collateral circulation supplied the artery, and blood poured from the vessel at the base of the tumor in astonishing rapidity; in all, many ligatures were necessary to control the haemorrhage. The tumor was formed external to the affected artery, and without aid from its coats, which were altogether excluded from its composition, and constituted what has been denominated, diffuse, or false aneurism. The coats of the vessel had been ruptured, giving rise to the haemorrhage at the time of injury, but pressure readily controlled it. Blood was afterwards effused into the neighboring cellular tissue. The sac commenced in this manner was early strengthened by effusion of plastic matter, which was still pliable and easily broken down and removed, though it had acquired a considerable thickness.

At the base of the tumor there was found two pieces of bone, or one piece, which in removing, was broken. They appeared like scales from outer portion of bone. The question of origin is not very satisfactorily answered. The steel penetrating might have caused exfoliation of the bone, and thus in this location, bone substance been found. It has been suggested that the obstructed circulation in the vessel had favored the osseous deposit, and that the bone had formed in the vessel. It did not look to me like the osseous deposit sometimes found in blood vessels.—Was it the substance driven from without, and producing the injury? It would seem impossible that so light a substance could be made to penetrate to that depth; and not the slightest support can be obtained from the circumstances at the time of the injury. The question of its origin and history, is not very satisfactorily answered. I shall be willing to allow any one to explain it in his own way.

The circulation in the arm was considerably deficient after the operation, and the third day the integument which had rested over the tumor was found completely sphacelated, the surface around looking blue, and the skin separated or loose upon it. It was placed in warm water dressings, and
no further trouble occasioned. The wound made in tying the brachial artery healed by first intention; and the one upon the forearm was completely cicatrized in about four weeks from the time of operation.

There are many points which might be discussed in the operation above described, if that was the design of this report, and space would allow. The necessity of opening the sac, rather than allow the process of consolidation and absorption to complete the cure, is one of the practical questions which will be proposed, and no doubt differences of opinion will be entertained. The next topic suggested is, why ligature the artery at a distance from the tumor rather than follow the more recent practice of tying the artery near where it enters it? To these two questions I will briefly reply by way of explanation for my choice of operation. The tumor had attained considerable size for this location; the vessels were evidently quite numerous and greatly enlarged; consequently the danger of recurrence was the principal motive for opening the sac. The belief that it was equally safe, a more certain and expeditious mode of removing the complaint, also operated in the decision. It was not very certain which artery was involved, brachial, radial or ulner; the exact place of rupture could not be definitely ascertained; and the possible difficulty in finding and safely ligating the vessel or vessels supplying the tumor, made us regard it more prudent and convenient to ligate the brachial artery. This opinion was confirmed by noticing in a standard author's account of the disease, the following:—

"The operation of opening the sac, turning out its contents, and ligaturing the vessels supplying it, is, under any circumstances, a procedure fraught with the greatest danger to the patient, and full of difficulty to the surgeon, even when he knows in what situation to find the bleeding vessel. How much greater then must the difficulty be when he is in uncertainty as to the point where the artery enters the sac, or the number of vessels by which it is supplied?"

This remark of Erichsen, seems to magnify the dangers and difficulties of the operation. The results in the case cited justify the procedure in this instance, though other modes of operation might, and probably would have been attended by equally happy results.

*Club Foot.*—March 5th, 1862, visited the child of C. W., three days old. Found both feet turned inward in the most distressing manner, the great toe resting upon the inside of the leg, by the side of the tibia, constituting the most common form of club foot, usually denominated *varus*, but existing in most uncommon, and unheard of degree.
The teno Achillis was first divided. The tendon of the anterior tibial muscle was found forming a prominent tense cord; was much nearer the internal malleolus than in the natural state; this was also divided, when the foot could be brought down to a natural position, without much difficulty. The foot was retained in position by adhesive plaster, and laid upon a splint from those supplied by Welch for the fore-arm; in other words a splint accurately fitted to the leg, was well padded and applied, so that the foot was placed and retained in proper position. It will be noticed that the child was three days old, and that but one foot was operated upon; not the slightest disturbance in the general health was produced; the child remaining healthy as could be desired, and the foot retained in place fully and perfectly.

At the end of one week from the operation upon the first foot, the other was treated in similar manner and with similar results. If, as sometimes occurred, the splints became too annoying, they were omitted for a few days, and the foot retained in place with adhesive plaster and bandages. The dressings were carefully watched and re-applied about once a week. The result is not yet fully apparent, but the child appears to have about as good feet as other children. The prominence upon the outer side of the foot is not fully overcome; the concavity upon the inner side is not wholly removed, but the result is much better than is usually obtained, and the chief reasons which I shall give for this, are these: The early division of the tendons; the immediate dressing of the foot, and the complete retention of it in the proper position. The three points are of importance, and the omission of some one of these conditions is the cause of common failure.

Early division of the contracted tendons is not always possible, since this depends upon circumstances which the surgeon cannot control, but the other two are of much more vital importance, and are altogether obtainable.

This is a representative case, and reported not on account of any peculiarity either of operation or treatment, but for the purpose of comparing actual results with theory, since the almost universal practice, is, to delay operation until the child is at least two months old, for fear of the effects upon the young infant; also to divide the tendons and allow the foot to remain undressed for a few days; and at last and more objectionable than all else, to apply somebody's boot, or splint, with the expectation of retaining the foot in proper position.

The results of this case will by no means be regarded as establishing the
propriety of any particular plan of treatment in club foot, and it is only hoped to draw attention to the safety and propriety of early operation when opportunity offers, and also of immediate dressing, in proper position with suitable, efficient, yet simple means.

To depend upon splints, attached to boots, or otherwise arranged, to be applied by the mother or nurse, is believed to be a great mistake, and invariably followed by disappointment. Adhesive plaster, properly applied, is the most reliable means we possess of rotating and holding the foot in position. It is probably best and necessary, to use retentive dressings for at least one year in such cases, giving time for the bones to conform to the new condition in which they are placed, and the ligaments and tendons, time to unite and regain their functions.


TUESDAY EVENING, April 16, 1862.

Present—Dr. White, President, in the Chair, Drs. Rochester, Congar, Ring, Samo, Harvey, Miner, Jansen, Gay, Butler, Whitbeck, Wyckoff.

The Minutes of the last meeting were read, and approved as published.

Dr. Rochester desired to present briefly, for the consideration of the members of the Association, a case which had recently fallen under his care; he more desired to present it, since he understood that cases very similar in character had been observed by others.

April 16, 1862.—Was invited to visit a young lad, 14 years of age, active, vigorous, and healthy constitution. Learned that he had been attending school, had been playing very actively the day before, and while heated considerably, water from a pump had been poured upon his head. When visited at 4 o'clock in the afternoon he was delirious, not knowing what he was doing. Pulse 130 per minute, and very weak. Countenance pale, shrunken and anxious. Learned that he had vomited, and was costive. Messenger came at 7 o'clock, and Dr. Eastman visited the patient for Dr. Rochester, who was sick. Another messenger soon came, desiring Dr. R. to visit the child, also, if possible, as they thought him dying. He died before his arrival.

Previous to death there appeared spots upon the surface like purpura hæmorrhagica. There seemed to be blood change, probably spanæmia.
Post mortem examination revealed no satisfactory cause of death. All the organs appeared healthy. Had noticed an account in the American Medical News, by Mr. Gull, of Guy's Hospital, of Typhus having again appeared in London more fatal than the Plague. Did not express the opinion that this was Typhus, but had only presented the case for consideration.

Dr. Miner would also very briefly report two cases of what appeared in some respects similar disease.

Case 1st.—Tuesday morning, March 11th, was invited to visit a servant girl, aged 23 years, living on Niagara street, with Mrs. Playter. The Friday night preceding this visit, she attended a dance, spending most of the night. Saturday she did the washing for the family. Sunday complained of being very tired, but attended church. Monday continued to do the work, but was not well, and passed a restless, sleepless night. Tuesday, when called, she was violently delirious, exceedingly restless, rolling constantly, and wholly unconscious of everything said or done. Pulse could not be counted. Pupils contracted. She seemed to neither see or hear, and paid no attention to what was said to her. Would not open her mouth or take anything. Observed under the skin points of ecchymosis or extravasation of blood; these points were very numerous, observed over the whole surface, and were generally very small in extent, mere points.

Evening Visit.—Less delirious; answers questions quite readily and correctly; has taken Dover's powder, prescribed in the morning; speaks hopefully, and thinks she shall be better in the morning; looks very pale and sick.

Wednesday morning.—Learned that she slept quietly most of the night; answered rationally when spoken to, and said she would have a cup of coffee. While her attendant was absent for the coffee, she died. The points of ecchymosis had enlarged considerably, and were very distinct, but seemed lighter in color or more yellow. Post mortem examination could not be obtained.

Case 2d.—March 29th, was called by the Coroner to visit and examine the body of a young lad, son of James Dyer, living on Cedar street. He was ten or twelve years old, naturally very healthy and vigorous. Father and sister testified, "that the day previous to his death he was very sick, and could not sit up. In the after part of the day he talked deliriously, and appeared very strangely; complained of great pain in the head."

The family were moving their residence, and did not pay much attention
to the sick boy; "thought he would be better in the morning, and on this account did not call a physician." "He grew worse in the night, vomited several times, and died before morning." They noticed what they called a "breaking out" upon the body, especially upon the neck and arms.

Upon examination of the body after death, nothing unusual was observable, excepting the ecchymosis, which was very distinct, and at once attracted attention, since he had so recently observed it in his other patient who died so suddenly. No post mortem examination was ordered by the Coroner, and no jury was called to inform them as to the cause of death.

Dr. White had seen three cases; one in his own practice, and two others in consultation; the one in his own, was a type of the others.

Monday morning, Oct. 19th.—Visited John Myer, Oak street, naturally a healthy, robust laborer. Had chill, dyspnoea, quick pulse, great exhaustion. Purpuric spots observed on face, body and limbs; slight hæmorrhage from the gums, great pain in the head, and delirium constant until death. Anodynes, stimulants, tonics and nutriment were freely administered.

Tuesday morning.—Continuance hypocratic, skin sallow, great jactation and slipping down in bed. Died, re-action never having been established. No post mortem examination obtainable.

Dr. W. remarked that he was inclined to regard his working in a poorly ventilated grapery, damp and unhealthy, or some malarious atmospheric influence, as the exciting cause of the disease. Had noticed this year a great tendency to a low form of disease, typhoid fever more common than usual, of a low grade, and convalescence slow and tedious; vitality greatly depressed.

Dr. Ring had seen two very similar cases to those reported during the last winter, though not so rapid in progress.

Case 1st.—A little girl, about eight years old, was taken after dinner with chill, vomiting, and fever. Gave anodynes, and applied cold to the head. Next day was delirious, and very restless. Skin cold and bathed in perspiration. Died at 4 o'clock. Scarlet fever was prevalent, and he called it malignant scarlet fever. Was confirmed in his opinion by his subsequent experience and observation.

Case 2d.—A child about the same age and in the same neighborhood, was taken with similar symptoms. An eruption like scarlet fever appeared the second day; it was not very distinct, and soon faded. The termination was the same. Dr. R. remarked that scarlet fever often terminated fatally previous to or without appearance of eruption.
Dr. Jansen was called April 17th, in the night, to see a boy who was in great pain in the bowels, which could not be longer endured. Learned that Dr. Haunstein was in attendance, and that he had been called since he lived in the neighborhood. Found on examination, bowels very tender and swollen; legs drawn up, great restlessness, and high fever. Prescribed \( \frac{1}{4} \) gr. morphine at this time. At the request of the family, and Dr. Haunstein, was afterwards associate, in the treatment of the case.

The next day the pain was still persistent, notwithstanding they gave \( \frac{1}{4} \) grain doses of morphine. The bowels were moved by physic.

On the fifth day of the attack typhoid symptoms were present in marked degree. Stimulants, tonics and food were administered, and the boy is now convalescent.

Wished to inquire if this case could have been typhoid fever from the first? or, was it peritonitis, passing through the stages of the disease, and showing the typhoid symptoms in its progress?

Dr. Miner remarked upon the infrequency of typhus or typhoid fever in children, under twelve years of age. This fact was urged as presumptive evidence that the cases of sudden death, reported by Drs. Rochester, White and himself, were not typhus in character, since young lads were the victims in several instances, who he regarded as very unlikely to have such disease, and that he always hesitated before applying the name of typhoid fever to the disease of a child, always fearing that some obscure and unobserved cause was operating to produce the symptoms often termed typhoid fever.

Dr. White sympathized somewhat in this opinion, and thought that Dr. Rochester (who was now absent,) did not intend in his remarks to express any opinion of the character of the disease which had proved fatal so suddenly. For himself he certainly did not entertain the opinion that it was malignant typhus, and thought he was sufficiently clear in attributing the death in the case he had reported to depressed condition of the system, induced by hard labor in an unhealthy apartment, &c., &c.

Dr. Wyckoff inquired if Dr. Miner designed to say that children never had typhoid fever? and expressed the opinion that cases of that disease were common even with quite young children. Certainly they had symptoms which we could not trace to local cause, perfectly resembling typhoid fever.

Dr. Miner replied that typhus and typhoid fever were eminently diseases of adult life, and rarely seen before the period of puberty. In the
malignant typhus, called ship-fever, which prevailed a few years since among the emigrants, so extensively and fatally, comparatively few children suffered, though no doubt children exposed directly to the causes of the disease, would in some instances suffer either from it, or some other form of disease, equally fatal. Typhoid fever when prevailing extensively, almost as an epidemic, might include occasionally a child, but many cases which would occur even under these circumstances and be called typhoid fever, would under other circumstances, be regarded as some other form of disease. He had rarely seen well marked typhoid fever in a child. He had known them to be sick for a few days, and have fever, furred tongue, headache, &c., &c., but to have typhoid fever in unmistakable type, with the intestinal disease, common, if not essential to it, he had seen it in but very few instances, if at all, and did not believe it of very common occurrence; certainly it was the exception to the general rule.

Dr. Whitbeck was invited to meet with the Society and participate in its transactions.

Dr. T. M. Johnson was proposed for membership.

Voted to adjourn to Tuesday evening, June 3d.

J. F. Miner, Secretary.

ART. III.—Case of Hydrops Articuli, by S. Barrett, M. D., Le Roy, N. Y.

U. A., aged 21, came into my Infirmary April 21, 1861, with the cavity of the right knee joint distended with fluid so as to separate the patella from the bones of the joint; the swelling extended considerably above and below the joint. The history of the case was, that several years since he met with a severe sprain of the joint, which was followed by great soreness and inflammation, which laid him up for several weeks; when the soreness was so far removed that he was enabled to move about with crutches, he began to discover slight fluctuation through the joint, and enlargement; as the soreness passed away, about two years since, the enlargement remained and gradually increased; at times he would be obliged to suspend all exercise. When he presented himself, fluctuation was very distinct through the joint; the capsule and ligaments were considerably thickened, which gave feeling and appearance, as though the bones were enlarged. His constitution and general health not being seriously impaired, I decided to puncture the joint, draw off the fluid, and if too high degree of inflam-
mation did not follow in a few days, inject with solution of iodine. I accordingly made a valvular incision a little upon the inside of the patella, which was followed by a sudden gush of about four ounces of gelatinous fluid; the limb was placed in an elevated position, and kept at rest, with a bandage applied as firmly as the joint would bear. Three days after, with a hypodermic syringe, I punctured the joint upon the inside of the knee, and injected \( \frac{1}{3} \) of solution of iodine, of the following strength: Iodine \( \frac{1}{3} \); Iodide potass \( \frac{1}{3} \); Aqua pura \( \frac{1}{3} \). Considerable inflammation followed; the joint swelled pretty full; in a few hours became hot and painful; the limb was kept elevated; evaporating lotions were applied, so as to keep down inflammation, and a bandage applied as soon as it could be borne; in six weeks there was found to be some increase of fluid in the joint. The operation was repeated in the same manner as the first, injecting the iodine into the outside of the joint; this arrested the morbid secretions. He was discharged the first of July, the knee about the size of the other, free from any soreness or unnatural effusion; the joint has been sustained by a knee-cap, and gradually recovering strength; at this time it is as limber as the other, and he has resumed his labor upon a farm.

ART. IV.—Case of Obscure Disease of the Brain.

[The following is a private letter which we have received, and which, from its exceeding interest, we desire to publish. We trust our friend will excuse the liberty we have taken.—[Ed.

Dr. Miner—Dear Sir:

I desire to lay before you a concise history of my little girl, now four years nine months old, and hope you will give it a careful perusal, and recommend any treatment you can in your better knowledge and judgment of disease than the anxious parent, of the little one, of which he speaks. She was taken ill on the 23d of August, 1860, being then two years and ten and a half months of age. Had a good constitution, and was generally healthy, and perhaps more intellectual than most children. Could repeat the Lord’s Prayer readily; could pronounce every letter of the alphabet distinctly; could sing several childish songs, and had a most accurate ear for music.

On the day of which I speak, (it being very warm,) she had been playing about the garden, protected by a sun-bonnet, till about six o’clock in
the afternoon, when she came in and told her mother that her head ached. (She also had eaten pretty freely of green corn for dinner, and some apple pudding.) Mrs. C. laid her down upon a sofa, and she slept for an hour, and then awoke with a most violent fever. I was away from home at the time; on being sent for, I arrived at half past eight, just in time to see her go into most violent convulsions, which lasted for three hours and a half, though we brought every means in our power to bear upon the case. Toward morning she had strong symptoms of another, and I may say was stupified and convulsed more or less all night. The following day I gave her castor oil and laudanum, kept warm stupes to the abdomen, as she had pains about every twenty minutes similar to a woman in the first stages of labor. On Saturday afternoon she had another, which lasted one-half or three-fourths of an hour. "Alta so sick," the last words she spoke for about five months.

On Sunday no better; the pains spoken of still keeping up, in spite of all the warmth and anodynes which we could give or apply. On Sunday night about 12 o'clock, despite everything my brother-in-law and myself could do, she had spasms again, and we had resort to almost every remedy except chloroform and sulphuric ether. I kept her under the influence of calomel and opium, and on Monday evening gave her Castor oil and an injection, and then for the first time did she have a free dejection, such as I desired to see; for though we attributed the attack to a sun-stroke, yet I felt certain that the corn had something to do with those pains, for she passed a large quantity of undigested hulls.

I said above, she went into spasms on Sunday night, and they continued upon her without intermission till Tuesday morning; but dating from the first attack they commenced Thursday night, and lasted till Tuesday morning, a period of four days and five nights. Why I am so pointed is to show you the time the brain suffered, when both patient and convulsions seemed worn out and exhausted. And still there were present from time to time fugitive pains in the bowels; pressure with the hand over the warm stupes always gave relief, and there never was the least tympanites but the abdomen was soft and relaxed. From that time onward she has been gradually recovering in strength and intellect. For three months, she was so nervous that if standing upon the floor and the door opened, she would cry out and fall down. She improved of that, and at the present time (April 9, 1862,) will say five or six words connected, or in singing will connect a dozen, as she catches a tune very easy. But that which alarms me is, about a year since I observed that she would take little spells that drew her head down,
and left a shudder and increased respiration, which would last about one-half of a minute, and as soon as it passed away would run about again as usual. Lately I think they are harder, but would not exceed much the above time. I think the pupil of the eye always dilates, and the pulse is increased, and the face flushed at each attack, and she moans so hard sometimes that you can hear her if you are up stairs. She never falls, but sometimes turns partly around. If she has hold of her doll, or any play-thing, she does not let it go. Never froths or foams at the mouth; never bites or protrudes her tongue in any attack; the number varies from three to six daily; never any in her sleep. (I always sleep with her;) sleeps well; has more in the house than when out with the girl, or out driving with me. There is a tendency to restlessness, and playing with things for a short time. She is passionately fond of books and pictures. There is no hereditary disease in either family. She grows as well as any child. I fear that epilepsy is about to follow an excited state of the nervous system. Perhaps the brain and its membranes may have suffered from heat of the sun's rays, though the whole attack pointed to the bowels at the time.

Dr. Miner, I am at times disheartened, for what Mrs. C. and I have passed through in mind and body, the sleepless nights, the anxiety for nearly two years, a Higher Power only knows; an only child, the pride of our house, to be thus prostrated, and the parents kept in doubt, in fear, and yet at times, hope. Pardon the liberty I have taken with you. Please give us your advice and you will be thankfully remembered.

Yours, truly,

G. C.

P. S.—I may mention that those spells have drawn the right eye or turned it a little inward. It shows more if she has the spells often.


August, 1859.—Made a post mortem examination of the body of Mrs. M. M.—, Seneca street, who had been rather intemperate for some time, but generally healthy. Dr. Newell was called on the 20th, and found her vomiting, and with intense pain in the abdomen; he supposed it a case of cholera morbus, and prescribed accordingly. The next morning, in the
absence of Dr. N., Dr. Gould saw her, when she was evidently sinking, and she died about 8 P. M.

Examination 14 hours after, 10 A. M., August 22d. Externally the body very yellow, and the face had a palid, emaciated look, (the worn out appearance caused by severe pain.) Ends of fingers quite black, rigor mortis well marked; abdomen much distended in the epigastric and umbilical regions; hypostatic congestion well marked; the gums had a blanched look; eyes glazed; no perceptible smell arising from the body. Internally, some old adhesions on left lung—none on right; considerable serum in thoracic cavity; on the right side it is yellow—on the left, mixed with blood; heart—generally normal—rather fatty, contains a little blood in the left ventricle—none in right side. Abdomen: evidences of peritoneal inflammation abundant, patches of yellow lymph, and large quantities of serum in the abdominal cavity. The great omentum thickened and quite fatty; the small intestines are considerably injected with blood; the liver was of unusual size, and of a lighter yellow color than ordinary—weight 8½ pounds. Found under right lobe large patches of lymph, also between the lobes. Gall bladder large, and distended, with fluid. Stomach externally healthy; the internal surface had a chronic injected appearance, and the mucous coat rather thinned. It contained about two oz. of thick, viscid fluid, of a dark green color; the duodenal portion was less inflamed than the other. Found on the superior portion of the pyloric end and near the pylorus a circular perforation of the size of a ten cent piece; the external edges rather dark, but on the inner side they were thickened; the thickening seems to extend for half an inch around it. It looks much on the inner side as if cut or puncted out by a sharp instrument. Spleen of usual size; in the lower part found a somewhat unusual occurrence. This was a spherical mass, more condensed than the rest of the organ, and set like the yolk of a hard boiled egg; it could be turned out like that; this was firmer than the surrounding tissue, and of the size of a pigeon's egg, embedded in the substance of the organ. In the abdomen, found as we estimated, a pint of serum, and great quantities of lymph. Kidneys, bladder and uterus healthy.

In my testimony on the case, I said: "There can be no doubt that death was due to the perforation of the stomach, thus following inflammation of the bowels and the great deposits of lymph that were seen. This also explains the vomiting with which she suffered. I have no doubt the perforation was due to natural cause, by ulceration. There does not seem
to be any just grounds of suspicion of death from poisoning, or other than that by the perforation. The patient, we have learnt, has for years been addicted to spirit drinking, and this no doubt produced the chronic enlargement of the liver, and the great deposit of fat noticed on the intestines." This latter appearance was very peculiar, masses of fat hung like stalactites or fingers from the whole length of the intestines; these varied from one-fourth of an inch to one inch in length, and of variable widths.

Budd, in his work on "Diseases of the Stomach," alludes to this affection as simple chronic or perforating ulcer. Page 91 he says: "The outer coats of the stomach are always destroyed in less extent than the mucous coat, so that, when perforation occurs, the aperture seen from without is much smaller than the corresponding ulcer of the mucous membrane." Although a matter of no special importance, it is to be remarked, that the specimen now before me, preserved in alcohol, shows no difference, both edges being quite sharp, the outer, if either, the most corroded away. The margin, for a line or two being thickened on both sides, showing it to have been of long standing. I presume the ulcer commenced internally, progressing from within outward; even admitting that the external opening may have been the largest, this alone not being conclusive of its commencement externally. I argue this from the majority beginning in that manner, and from the intemperate habits of the woman. The ulcer, as in the majority of cases, was situated superiorly, at the lesser curvature.

Dr. Finnell reports, N. Y. Medical Times, June 8, 1861, p. 376, a case of this, occurring in a woman, aged 30, remarking it was the sixth specimen presented to the New York Pathological Society; all but one were females. In two the opening was upon the posterior surface.

Perforation of the stomach is caused by ulceration, by poison, and from digestion; when due to the latter cause, generally occurring at the greater curvature. This comes from the liquids most frequently collecting there, and the mucous membrane is thinner. Although digestion of the stomach occurs at times in those dying from disease, it is most frequently noticed in those dying suddenly from violence, in health, when the temperature is warm, and particularly so as the result of fracture of the brain. Of the sexes, perforation from disease occurs oftenest in females; the most frequent age from 30 to 50, though met with from 16 to 60.

Death results in three ways in this affection: from hemorrhage—the ulcer having destroyed the coats of an artery—generally the gastric or splenic; from peritonitis, the result of the escape of the contents of the
stomach into the sac of the peritoneum; and from exhaustion. In the former case there may be several haemorrhages, even years apart, the last proving fatal often in a few moments; in the second, the patient usually dies in from eighteen to thirty hours; this is the most frequent cause.

Perforation of the stomach is of great interest in connection with medico-legal investigations. In the present case the husband of the woman was suspected of having poisoned her, which the post mortem happily removed.

The symptoms commonly attack the individual suddenly, apparently while enjoying perfect health, and this circumstance if supported by others reflecting on any individual that may be in near relation to the deceased, is often sufficient to attach suspicions of the gravest moment. The differences may be briefly summed up as follows: In poisoning, by irritants, the pain usually comes on gradually, slowly increasing; vomiting usually severe, with purging, thirst, burning in the throat, &c. In poisoning by arsenic, (the most common) death takes place in from eighteen to thirty-six hours.

In perforation from disease, the symptoms come on suddenly; the attack commences with a sudden and severe pain in the abdomen, generally soon after a meal. Vomiting, if it exist at all, is commonly slight, and chiefly confined to what is swallowed. There is no purging; the bowels are generally constipated.

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ART VI.—The Action of the Voluntary Muscles; by Louis Mackall, M. D. (Extract from an unpublished work.)

[continued.]

79. If what we have suggested be admitted to be the true law of muscular action—if innervation, or the determination of the nerve-fluid to a muscle, is attended with the active elongation of its fibres, there is no difficulty whatever in comprehending or in offering a rational explanation of the phenomenon before us. The animal, it will be understood, determines its nerve-fluid to the lingual muscles, and the tongue is extended to the distance mentioned, simply by the active elongation of these muscles. The food is also drawn into the mouth by the retraction of the same muscles, caused by the withdrawal from them of this fluid.

But what explanation of this phenomenon can be given without the aid of this law? We will give the only one we have met with worthy of any
notice, that of Mr. John Hunter, in his own words, taken from the "Illustrated Catalogue of the Hunterian Museum."

"This length of tongue, its extension and contraction, are very singular, and, if well understood, most probably very curious.

The cause and mode of the contraction of its length are not uncommon. The elongation of the tongue in this animal is perhaps like nothing that we are acquainted with in an animal body.

The apparatus for this purpose is a small, rounded body, which passes from the apex of the os linguae (glosso-hyal) to the bulbous part, and then through the centre of the bulb. The part between bone and bulb consists of two different substances, one a whitish substance, which is the firmest, and appears to be capable of keeping its form; the other is softer and more transparent. That part which passes through the bulb consists only of one substance, and appears to be a sheath for the reception of the os linguae." The reader will please recollect that the apparatus, here described by Mr. Hunter, is nothing more than the bands and meshes of cellular tissue, of which we have spoken above. But let him proceed:

"The first of these (i.e. the whitish, firmer substance) appears to be composed of rings, or something similar, placed obliquely in contrary directions, so as to appear to be two spirals crossing one another. Whether the other or softer substance" [the cellular meshes. L. M.] "has any direction of fibres, I could not observe, but I suspect it is muscular. If I am right in my conjecture of this structure, and of its disposition, it will be no difficult thing to show how it may be elongated; for if these rings are placed transverse, they may be brought so near to one another as to shorten the whole very considerably; and if they allow of being placed almost longitudinally, they must of course lengthen it very considerably, and this position can easily be produced by muscles, which I take the pulpy substance to be.

The contraction of the tongue is owing to a degree of elasticity; but this appears to be only in the cellular membrane, acting as an assistant to the muscular. The muscular contraction is owing to two muscles, one on each side of the tongue; each arises from the os hyoides on the inside of the os linguale, and passes along the side of the tongue to its bulbous part; but before it gets to the bulbous part it spreads itself all round.

In the centre of each of these two muscles passes a considerable nerve to the bulbous part, and also two arteries. When the two muscles act, they draw the tongue back upon the os linguale, which, as it were, passes
through the middle elongator, then through the centre of the bulb, till the whole tongue is retracted. Although this middle body is drawn upon the os linguae, yet it does not appear to be a hollow like a pipe; it rather appears to be filled with a very ductile cellular membrane, as in every part of the elongating division of the tongue, in order to allow of the great difference in the situation of parts with respect to one another." (Hunterian manuscript.)

80. The ant-eater (Myrmeco-phaga) furnishes a remarkable instance of the action of the muscles of this class. The tongue of this animal is composed of two distinct muscles, having different origins, and a different disposition of fibres. To simplify the subject, we may say one of these muscles arises from the sternum, and passing along through the muscles on the anterior surface of the neck, terminates at the tip of the tongue—its fibres being all arranged longitudinally; the other muscle arises from the os hyoides, passes around the former longitudinal muscle in close spirals, forming a sort of case or sheath for it, and terminates with it, at the end of the tongue.

When quiescent, or in a state of inaction, the tongue of the ant-eater is probably about six or eight inches long; but when thrust into the ant-hills to secure its prey, Naturalists tell us, it is elongated or protruded to the extent of seventeen or eighteen inches.*

The object attained by this curious arrangement of the muscles, in accordance with our view of muscular action, is evidently the free and unimpeded extension of the longitudinal muscle to its full capacity, by preserving its fibres, nerves, and blood-vessels from external pressure, while threading the narrow passages of the ant-hill through which it is forced. This object is fully accomplished by the action of the spiral muscle, which tends to dilate these passages, to enlarge and keep open the space enclosed by it, in which the longitudinal muscle acts.

In the absence of this view, Physiologists have been forced to adopt the very absurd supposition, that the tongue of the ant-eater is protruded by the contraction of its spiral muscle!

81. The woodpecker, as is well known, feeds on the grubs that burrow into the limbs and bodies of trees. The burrows are first exposed by pecking through the bark with its strong, sharp bill, and then the long tongue, like a flexible probe, is thrust in, as the ant-eater's into the ant-hill, and the grub being harpooned, as it were, is dragged forth.

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To adapt the organ to the purposes mentioned, the anterior portion of the tongue—I refer more particularly to that of the species called the Flicker, (Picus aureatus)—is composed of a horny, spear-shaped, barbed point; from this point there arise two muscles, tendinous at each extremity, but with fleshy bellies or middles—their fibres longitudinal; these muscles pass around the base of the cranium, one on each side, and then rest with free extremities in a groove or closed passage formed between the skin and cranium, and extending over the middle of the head from behind forward until it reaches the base of the upper mandible. Besides these, two other muscles arise, one from the ramus of the lower mandible on each side, and pass around the longitudinal muscles, forming a sheath for them through their whole length. The arrangement of these muscles are strikingly similar to that of the muscles of the tongue of the ant-eater, and doubtless their functions are the same. When the longitudinal muscles are elongated, the upper bill, which is then applied to the tree, becomes the basis or point of resistance, from which the tongue is projected into the burrows; the other or spiral muscles acting, as suggested, when speaking of that of the ant-eater, to preserve the freedom of the motion of the former, by protecting from external pressure the blood-vessels and nerves with which they are largely supplied.

The notion suggested by some, that the tongue is jerked forward by the contraction of the last-mentioned muscles, is absurd; as the means suggested are clearly inadequate to the end proposed. The contraction of any portion of these muscles could not effect a motion of the tongue to the extent of one inch, but, if contracted, the portions anterior to their origins would draw the tongue back, and counteract the effect of the contraction of the portions of these muscles that are posterior to their origins, so that no effect of the kind suggested, could result from the contraction of these muscles. The tongue is thrust into the burrows, probably to a distance of from five to eight inches, judging from the extensibility of the organ in the living or recently killed bird.

The longitudinal muscles of the tongue are commonly regarded as the cornua of the os hyoides, but I think it more rational to regard them as muscles (as their appearance clearly indicates) belonging to this class, attached at one extremity with the rest of the organ free, to be extended or retracted at will.

82. The "Aij-Aij" is an animal whose habitat is confined to Madagas-
car. It presents several points in its natural history closely resembling those of the woodpecker. Like this, it feeds on a grub that burrows in the bodies of trees in that island; and it exposes these burrows by tearing off the bark with its teeth. The animal then introduces a long, flexible probe, and pulls out the grub. This probe, however, is not the tongue; but one of the fingers of one of the fore-paws, which is curiously adapted in its structure to this purpose. The anatomy of this organ is not generally known, but I presume, from the office it is said to perform, that it is similar to that of the tongues of the ant-eater and of the woodpecker that we have just described. In its retracted state it may present the appearance of a “shrunken” or “atrophied” member, as is represented; but its muscles are, I doubt not, well developed, with large blood-vessels and nerves, and capable of an extensive action of elongation.

83. The tentacles of some of the lower orders of animals are so similar in structure, in their action, and in the purposes they subs serve, to the tongues of the higher orders, that we are induced to regard them as their analogues. These organs are composed of muscles with longitudinal fibres, that are attached by one extremity around the outer margin of the mouth, and are extended or actively elongated for the purpose of collecting and of bringing into the mouth, the food or prey that may be floating in the element these animals inhabit. When the animals are reposing, or not feeding, these organs are retracted; but when engaged in taking their food, the tentacles are innervated, and actively elongated or extended. In some instances, as in the Physalus, the Enychoteuthis, &c., this extension is carried to a distance of six feet or more.* For a more minute account of the structure and office of these organs, I refer to the works on comparative Anatomy and Physiology. Our theory of muscular action offers to the intelligent student a number of suggestions that will be found of great use to him in his efforts to understand the more complicated structure and action of some of these organs.

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**Large Doses of Quinia in Typhoid Fever.**—Dr C. P. Herrington, of Ashland, Pa., writes us as follows, relative to his method of treating this fever by the administration of large doses of quinia: “The dose is from four to eight grains every hour during the remissions, which are always very distinct in the morning. We never have typhoid fever in our part of the country without remissions occurring every morning.”—Medical and Surgical Reporter.

*General Structure of the Animal Kingdom, by T. Rymer Jones.*
ART. VII.—Malignant Fibrous Tumour of the Humerus, necessitating removal of the Os Humeri at the Shoulder Joint; by Charles Winne, M. D.

In the early part of April, 1862, Mrs. Rogers was admitted into the Hospital of the Sisters of Charity. She was about thirty-five years of age, had several children. She had suffered but little from sickness during her life, and had been active and energetic. A year and a half ago she observed a small, hard tumour upon the exterior of the outer condyle of the right os humeri, which increased gradually for a year. Within the past six months it has enlarged rapidly, attaining a size of from five to six inches in diameter. In January the surface became red, painful, and suppuration ensued from several points, from which the skin sloughed, leaving a jagged, ulcerated surface; from these several chasms fungus sprouts shot out, discharging an unhealthy, vitiated and fetid matter, and bleeding at the slightest touch. Her general health rapidly failed, and when she became an inmate of the Hospital, she was reduced to the extreme of emaciation and debility from the hemorrhage exhausting discharges, want of food and care. She improved under the administration of tonic medicines and proper food, so that at the end of ten days from her admission I felt warranted in the attempt to save her life by operative means. As the base of the tumor seemed to be limited to the exterior and lower portion of the humerus, and the shaft of the bone seemed sound above the middle, it was thought best [also in view of her debilitated condition.] to amputate at the insertion of the pectoral and latissimus dorsi muscles, which was accordingly carried into effect on the 15th of April, at which operation, in conjunction with other medical friends, the Editor of this Journal, kindly assisted. Union of the flaps by first intention ensued, and at the end of two weeks only a small portion of the wound remained unincartrized. At this time her health had vastly improved; her appetite was good and her spirits buoyant, and she was indulging in hopes of returning to her home. After a sleepless and painful night, at my morning visit she called my attention to the unhealed portion of the wound; it was about the size of a dime; instead of its healthy, granulated surface, it presented a glassy surface, adematous, and exuding a viscous and fetid secretion. She complained of deep-seated, lancinating pain; daily this enlarged, involving the adjoining integuments until it was obvious that a renewal of the disease had taken place.

A few days after she was seized with a severe chill; her appetite failed
and she urgently implored for another operation; preferring the danger of death from the attempts, to the anguish of another fungous tumor. I was very much disappointed in the unfavorable termination; for from the character of the bony tissue at the place where it was divided by the saw in the amputation, all of us who examined it, were quite confident that it would not reappear.

I ought to have mentioned above, that through the kindness of Dr. John Boardman, my colleague, I was furnished with the microscopic appearance of the excised mass. He states that the tumor seemed to be composed of fibrous tissue, filled with cells of a large size, most of which were of an oval irregular shape. The cells were filled with a granular matter; did not find any distinct nucleus, but each cell contained several large granules. Free oil globules, blood corpuscles and pus cells, were also found.

Upon consultation, it was deemed advisable before further impairment of her general health, to remove the stump at the shoulder joint; this was accordingly done on the 15th, of the month; she bore the operation well; in two days she entirely rallied from its effects and has been daily improving in strength and health. The wound has almost entirely united by primary adhesion; most of the ligatures have come away and the small central portion, as yet uncicatrized, looks healthy and is daily contracting. It is to be hoped that her fortitude and courage will be rewarded by entire restoration to health.

In designating the tumor, I have followed the nomenclature of John Erichsen.

Buffalo, 25th May, 1862.

EDITORIAL DEPARTMENT.

DEATH OF PROF. E. K. SANBURN.

We are pained and saddened at the recent intelligence of the death of our former friend and class-mate, Dr. Eben K. Sanborn, Surgeon of the 31st Massachusetts Regiment, and Professor of Surgery in the Berkshire Medical College. He died at Ship Island from disease, thought to have been induced by over exertion. With the deepest sorrow we record the death of one so gifted, and who in his official relations, with the community
and the profession, has been so highly esteemed. His loss will be severely felt, as few men of his age, had attained so high a position.

He was educated under the instruction of Dr. Kimball, of Lowell, one of the first surgeons in the country, and graduated in medicine at the Berkshire Medical College, in the class of 1847. After a time of study and observation in several European Hospitals, he returned to this country, and held the Professorship of Surgery in both the Berkshire and Vermont Medical Schools, where he had earned a well deserved reputation in his department of surgery.

At the commencement of the war he left a lucrative practice and the duties of his professorship and went with a Vermont regiment to Fortress Monroe, and as Post Surgeon at Newport News, was very efficient. His health was seriously impaired while there; but after a brief sojourn in Rutland, he entered again into the service of his country. He was one of the most enthusiastic of his profession, of highly inventive genius, possessed of rare qualities for the various emergencies of military surgery.

He died April 3d, and his remains were shipped in the Black Prince for Boston, but on the 9th, on account of some imperfection in embalming, it became necessary to consign the body to the deep, which was done with appropriate funeral solemnities. Thus ends the mortal life of one, of the many of our profession, who have gone at the call of duty and country, if not to face the cannon's mouth, to brave not only its dangers, but to war with another and more deadly foe; to fight hand to hand with death; not death, as it comes kindly and gently to relieve the worn sufferer in the flower scented chamber of opulence, after long years of gradual decline; not death as it comes with loved ones near to wipe the cold brow and smooth a dying pillow, but grim, ghastly and unwelcome; as it comes in battle, in camp, in plague; as it comes in all the untold and inconceivable horrors of war.—Our country requires the sacrifice and God will remember the true and faithful; yet we mourn that one so young and brave, should die.

Fort Edward, Wash. Co., N. Y.

To the Editor of Buffalo Medical and Surgical Journal:

While writing my order for your very valuable journal, my eye falls upon a recently published copy of the so called Electric Medical Journal, published in Philadelphia, a number of which I have received; and I suppose
they are extensively circulated among the regular profession. For what purpose? I ask. This is the question, and one I wish every regular physician in practice to answer in his own mind.

If there is any one thing, more than another, I detest, it is quackery in the profession and practice of medicine. I have the most profound abhorrence for all false pretenders, who claim to be making new discoveries in medicine and the healing art. It is quite immaterial what may be the pretension of the quack, we well know that his designs and efforts are to ignore and decry the allopathic system, as it is called, or the regular practice.

What does the regular practice comprehend and embrace? I answer, it comprehends the only rational, safe, and true method of curing disease, while its remedies embrace both the vegetable and mineral kingdoms. It is not limited, but includes all known remedies, and all that may come to the knowledge of man. Nature is its dispensatory; it discards nothing whereupon the visionary and skeptical can speculate.

How grand, noble, and extensive, is this system. The scientific physician is not limited to any particular class of remedies; the great laboratory of nature is before him, and as he is called to administer to suffering humanity, he will select from its store-house such agents as are requisite to combat each successive symptom—this is the great key to success in the practice of physic.

I wish now to ask, what is the electric practice of medicine? It is nothing more, or less, than a dishonest, speculative scheme, to annihilate the regular practice of medicine, making the world believe it ancient and unsafe, and endeavoring to establish another system of practice upon the same basis.

The Electric Journal is not only an infamous scandal upon the regular practice, but a libel upon itself. They make use of our most common medicines, and yet curse the regular physician for doing the same. I will refer the profession to no particular number of that journal, as I have seen none but was filled with vile denunciations against the regular system of practice. I denounce it, because it is empirical and dishonest. I am aware that it is circulated among the profession generally; and for the sake of sustaining the character and integrity of our profession, the happiness and well-being of the human family, I trust every member of the profession will do all in his power to resist and put down all such empiricism.

J. F. N.
BOOKS REVIEWED.


This book presents the Art of Bandaging, and a great many other arts, as they should be practiced, and as they are practiced by all good surgeons. It treats of the Simple Bandage; Compound Bandage; Regional Bandage; Bandages of the Trunk; Bandages for the Upper Extremities; Bandages for the Lower Extremities; Apparatus employed in the treatment of Fractures, Dislocations, and the mechanical means employed in their treatment.

The minor surgical operations are also very carefully and correctly described. Chapters are devoted to the subjects of Rubefacients, Vesicants, Counter Irritants, &c., &c. Methods of Arresting Hæmorrhage; Dressing Wounds; Administering Injections; Introducing Catheter; removing foreign bodies from the passages and canals; diminishing pain during operations, and other kindred processes are fully described.

In addition to all this, the subject of Gun-shot Wounds has been introduced, together with the more important peculiarities in the practice of Military Surgery. The author does not claim originality in the composition of the book, but but has availed himself of the ideas and opinions of others, clothing them in his own style, and giving credit to others, where credit is due. It is especially the "little things" our author would teach us, all the more important since they are so indispensable in surgery, and are often overlooked or neglected in systematic courses of lectures or published treatises on the science.

We have carefully perused this book for the double purpose of what we could learn by so doing, and of finding what was worthy of most especial mention in making our review. The instructions given upon the subject of Bandaging, is alone of great value, and while the author modestly proposes to instruct the students of medicine, and the younger physicians, we will say that experienced physicians will obtain many exceedingly valuable suggestions by its perusal.

The description of instruments used in surgical operations; of splints for fractures and mechanical support in dislocations, is worthy of attention, and should be noticed as one of the excellencies of this book.

Without attempting to particularize further, we will conclude our brief
notice by saying, that it will be found one of the most satisfactory manuals for reference in the field, or hospital, yet published; thoroughly adapted to the wants of Military surgeons, and at the same time equally useful for ready and convenient reference by surgeons everywhere.

For sale in Buffalo by Breed, Butler & Co. Price $1.75.


This is the copy of an article on Pelvic Hæmatocele which has recently appeared in the Philadelphia Medical and Surgical Reporter, and part of which constituted a paper read before the New York Academy of Medicine. Of the history of this disease we extract the following: "Without stopping, therefore, to analyze the observations of Ruysch or his contemporaries, it may suffice to remark that about thirty years ago, Prof. Racamier, on making incision into the posterior vaginal wall, for the purpose of evacuating the contents of a supposed abscess, discovered that instead of pus, a copious discharge of black, disorganized blood followed. Some years subsequently M. Velpeau, and perhaps one or two others, reported cases of a similar character; but up to 1850, our knowledge of the pathological lesions preceding and accompanying this peculiar kind of tumor, was very limited. The escape of blood into the recto-uterine cul-de-sac of the peritoneum is a fact that has been so long, and often, clearly demonstrated as to leave no room for doubt; but I think it is safe to assert, that up to twelve years ago, the annals of medicine and surgery did not present more than half a dozen well authenticated cases of encysted pelvic hæmatocele. Indeed, as regards British and American medical literature, we might have looked in vain for the slightest allusion to its existence; and even yet, some of our standard works on the diseases of females deny the subject a single chapter."

Our author proceeds to give us the following definition: "The tumor to which the term hæmatocele, or hæmatoma, has been correctly applied, may be defined an extravasation of blood into or beneath the pelvic peritoneum; and on account of the space in which this tumor has been, for the most part noticed, it has generally been described as "recto-uterine," "retro-uterine," or "peri-uterine." But as the extravasated fluid does not invariably select either of the locations thus indicated, the more correct, and at the same time comprehensive term, of Pelvic Hæmatcele should, I think, vol. i, no. 11—44."
be used as it includes every form of this affection, whether intra or sub-peritoneal, diffused or encysted.”

We are told that this disease most frequently occurs between 25 and 35 years of age, “when the sexual system is in its greatest vigor.” “It has also been noticed that the period of invasion is immediately before, during, or soon after the catamenial flow.” We then have the predisposing and exciting causes and symptoms, and this important topic in the paper under consideration, is very fully and thoroughly considered, and shows the greatest care in research, and the most careful observation. Every physician will be interested and instructed by it.

Great care is also bestowed upon the paragraph devoted to Diagnosis. The difficulty of positive diagnosis is shown, and cases reported where it had been regarded as fibrous tumor, of the posterior uterine walls and encephaloid. Pelvic abscess, retroversion of the uterus, dislocated ovarian cysts, or fibrous tumors, and extra uterine foetation, are the diseases with which it is most liable to be confounded.

Treatment—“Should be three-fold: Preventive, paliative, curative.”

Paliative treatment would consist in restoring the equilibrium of the circulation, combating peritoneal complications by local depletion, and other antiphlogistic measures, relieving pain by anodynes, and supporting the patient by proper nourishment.

Curative treatment consists in operations upon the tumor, though it has been claimed by some surgeons that we “can always rely on absorption.” It has been freely opened, punctured; contents drawn with trocar, such as is used for ovarian cysts. This last is the course advised and favored by our author, and his conclusions seem altogether sustained by the history of the cases which have been introduced.

We must not attempt to follow further, though his paper is of the highest importance, and has interested and instructed us very much. It shows great labor of research, much careful observation, guided by an intelligent experience, and will be read with interest and profit. It is received in pamphlet form of 44 pages, and we hope those who have not already seen it, will do so without delay.

Health; Five Lay Sermons to Working People by John Brown, M. D., Author of “Rab and his Friends,” etc. New York: Robt. Carter & Bro’s, No 530 Broadway, 1862.

John Brown has said some very good things to the working people in his five sermons. The text of the first is “The Doctor—our duties to him.”
He says, "Therefore I shall ask you to remember four things about your duty to the doctor, so as to get the most good out of him, and do the most good to him.

1st—It is your duty to trust the doctor.
2d—It is your duty to obey the doctor.
3d—It is your duty to speak the truth to the doctor, the whole truth, and nothing but the truth, and
4th—It is your duty to reward the doctor."

By way of closing the first sermon he gives the working people the following warning, a warning which would perhaps be of equal service to the ladies and gentlemen of leisure.

"One person I would earnestly warn you against, and that is, the Quack Doctor. If the real doctor is a sort of god of healing, or rather our God's cobbler for the body, the quack is the devil for the body; and like his father, he is a great liar and cheat. He offers you what he cannot give. Whenever you see a medicine that cures everything, be sure it cures nothing; and remember, it may kill. The devil promised our Saviour all the kingdoms of the earth, if he would fall down and worship him; now this was a lie, he could not give him any such thing. Neither can the quack give you his kingdoms of health even though you worship him as the best likes, by paying him for his trash. He is dangerous, dear, and often deadly; have nothing to do with him."

We cannot follow and give any account of what is said in the four remaining sermons, but suffice it to say, they contain much valuable instruction for working people and all others.

THE NEW SYDENHAM SOCIETY'S PUBLICATIONS FOR 1861.

The following works will (should nothing unforseen prevent,) be issued the current year:

I.—A Year-book of Medicine and Surgery for 1860. (Nearly ready.)
II.—The First Volume of Casper's Forensic Medicine. (In the press.)
III.—The Second and Concluding Volume of Frerick's Clinical Account of Diseases of the Liver. The second volume of this work has not yet been published in the original. By the courtesy of its author and publishers (who have supplied the sheets as printed off) the Council will be enabled to have the translation ready almost simultaneously with the appearance of the work itself.
IV.—A volume of Selected Monographs, comprising
2. Schroeder Van Der Kolk on Atrophy of the Brain. Four lithographs.
3. Dusch on Diseases of the Cerebral Sinuses.
4. Esmarch on the Uses of Cold in Surgical Practice.
5. Radicke's Papers on the Application of Statistics to Medical Enquiries.


In addition to the above the following works are also in preparation for the Society:

Vogel and Neubauer on the Examination of the Urine: a manual intended for the assistance of the practical physician. With lithographs and wood cuts. (The publication of this work has been deferred on account of the expected appearance of a new and much amended edition of the original.)

A Year-book of Medicine and Surgery for 1861.
Professor Donders on the Diseases of Accommodation of the Eye.—With a preliminary Essay on Dioptrics of the Eye, by the author.
Smellie’s Midwifery. Reprinted, with notes and preface, &c., bringing the work up to the present standard of knowledge; by Prof. Simpson of Edinburgh.

Members can at present be supplied with the Series for 1859. A Provisional List of those desirous to obtain them is, however, in formation, and a Third edition is printed.

A few copies of the Series for 1860 are still on hand.

The First Fasciculus of the Atlas of Skin Diseases is now in course of distribution, and it is hoped that it will be in the hands of all members of the Society for the past year within the next fortnight. The issue of this work completes the series for 1860.

The Society now numbers upwards of 3,200 members.

The subscription is Six Dollars annually; to be paid in advance. The best mode of sending money is by post-office to the Secretary.

C. F. Heywood, 26 West 20th Street, New York.

Note.—All connected with the profession, including students, are eligible as members: those who may wish to become such will save much trouble by promptly sending in their names to the Secretary.
BOOKS RECEIVED.


A Manual of Medical Diagnosis, being an Analysis of the Signs and Symptoms of Disease, by A. W. Barclay, M. D., Fellow of the Royal College of Physicians; Assistant Physician to St. George Hospital. Second American, from the second and revised London edition. Philadelphia: Blanchard & Lea, 1862.

The Surgical Adjuvant, and Reporter of Surgical Apparatus, Artificial Limbs, &c.; by E. D. Hudson, M. D., (late Palmer & Co.) New York, 1862.


NEW YORK OPHTHALMIC HOSPITAL.—Was removed May 1st, from 63 Third Avenue to 387 Fourth Avenue, corner Twenty-eight street, formerly the country seat of Peter Cooper, Esq., now in a central part of the city, in the immediate vicinity of the medical colleges and near the terminus of the northern and eastern railways.

The old mansion with its spacious halls, rooms and verandas, is admirably adapted for a hospital. It has been recently repaired and is now ready for the reception of patients. Advice and medicine is given to the poor gratuitously, from all parts of the state; those who board in the hospital, pay $3.50 per week.

The attending surgeons are Dr. Mark Stephenson, Dr. J. P. Garrish, and Marcus P. Stephenson; Con. Surgeon, V. Mott, M. D.; Peter Cooper, Esq., President of the Institution.

Communications addressed to either of the above will be attended to promptly. The average attendance of patients is ten hundred per annum, since May, 1862,

ELIXIR OF BARK AND I RON.—We have received from O. H. P. Champlin, Druggist and Apothecary, 319 Main Street, a bottle of Elixir Peruvian Bark and Protoxide of Iron. The following is the formula for its preparation:
Solution Pritoxide Ferri, 
Ext. Cort. Calisaya (Cinchonia et Quinia,) 
Spiritus Vini Recti (80 per cent) 
Syrupus Simplex, 
Tinctura Cort. Auranti, 
Tinctura Cort., Limonio, 
Tinctura Cort. Cinamomi, 
Tinctura Caryophylli, 

"A peculiarity of this combination consists in presenting a Protosalt of Iron, with the active principles of the best variety of Peruvian Bark, in the form of a pleasant Elixir or Cordial."

"As Pritoxide of Iron is much more readily assimilable than any other form of the metal, a less amount is required as a dose. The Elixir of Bark and Iron contains in each tablespoonful about three grains of Iron, and what is equivalent to one-third of a grain each of Cinchonine and Quinine. This amount, or half a wine-glassful, may be regarded as a medium dose for adults, two or three times a day."

We have prescribed this newly introduced compound of Bark and Iron since receiving the specimen bottle, and all our patients speak very highly of the agreeable taste as compared with other preparations of Bark. We regard it as the most pleasant, and at the same time, efficient and reliable compound of Bark and Iron, yet introduced to the profession. We understand that all physicians will be gladly furnished with specimen bottles, gratuitously, upon application to Mr. Champlin, who is agent for the manufacturers, James R. Nichols & Co., Boston,

BUFFALO PHYSICIANS IN THE GOVERNMENT SERVICE.

We renew the list published some time since of Buffalonians and graduates from the College here, who are in the government service, as there have been additions and changes since that time.

U. S. ARMY.

Dr. Chas. K. Winne, - - Ass't Surg., Clarksburgh, Va.

VOLUNTEERS.

Dr. Chas. H. Wilcox, - - Brigade Surg., Genl. Patrick's Brigade.

(Resigned, and is again Surgeon 21st Reg't N. Y. V.)

" Jos. A. Peters, - - Ass't Surg., 21st N. Y. V
" Lucien Dainville, - - Surgeon 31st N. Y. V.
" E. P. Gray, - - Surgeon 100th Regt., N. Y. V.
" E. L. Bissell, - - Ass't Surgeon 44th N. Y. V.
" J. W. Casey, - - " 105th N. Y. V.
" Wm. H. Butler, (Sick leave.) " " Mich. Volunteers.
EDITORIAL DEPARTMENT.

Dr. F. J. Bancroft, - - Ass't Surgeon Penn, Volunteers.
" Sylvester Rankin, - - " " New Mexico Volunteers.
" S. B. Hunt, - - " " Volunteer Surgeon, Yorktown.
" Charles Winne, - - " "

U. S. NAVY.

Dr. Newton N. Bates, - - Ass't Surgeon, Gunboat "Seneca."
" Wm. Howell, - - " " Sick leave
" S. D. Flagg, Jr. - - " " Gunboat "Connecticut."
" Wm. B. Mann, - - " " Gunboat "Miami."
" Geo. D. Slocum. - - " " S. Sloop "San Jacinto."
" H. P. Babcock, - - " " Waiting Orders.

U. S. VOLUNTEER NAVY.

Dr. Ira C. Whitehead. - - Ass't Surgeon, Key West.
" Geo. L. Sweet, - - " " Gunboat "Isaac Smith."

WITH THE SANITARY COMMISSION.

Dr. Horace Tupper, - - - - - - Pittsburgh Landing.
" C. B. Hutchins, - - " "

A WORD TO SUBSCRIBERS.

The next number will complete the first volume of this journal. We have sent it regularly to the subscribers of the former Buffalo Medical Journal, and some others, presuming upon their desire to receive it.

We have now come to the trying point in publishing a medical journal, viz.: paying the printer; and we most earnestly invite all who receive it, and are willing to do so, to send us the one dollar for the first year's subscription. If this invitation is responded to, with promptness, we shall be able to liquidate all claims upon us, and start with our second volume with light heart and bright prospects. We hope the success of this journal is not to depend in any degree upon the amount of our private practice, but rather upon the favor and support of the profession, and that every physician who has made acquaintance with our young Journal, will be disposed to cultivate and extend it, giving to its pages contributions from their experience and observation, thus increasing its value and aiding its growth.

Our necessity, is sufficient excuse for calling attention to this matter of money at the present time. We must pay for the first volume or we cannot print the second.

We place the price of the Journal at only one dollar per year, just sufficient to pay expense of publication, and we expect that every physician will see how very important an item with us, that we receive that amount, receive it promptly, and receive it from all.
EDITORIAL

Inflammation
Dropsy

We are very rapidly being persuaded that the "old fashioned bread," is altogether unsafe and unsuitable for the staff of life, and especially improper for dyspeptic people to lean upon.

We are assured by many, both physicians and patients, that whatever the unfermented bread may be theoretically, that practically and positively, it is the best, most digestible, sweet and pure bread ever made; and that whereas formerly they were obliged to observe great care in the amount used, they now find themselves able to eat all they want; a luxury they have never indulged in before. We are told by the best judges who have examined the matter carefully, that Mr. Fuller, of Buffalo, is making this bread in a manner much superior to any made in New York or Philadelphia, so far as specimens examined would indicate.

ERIE COUNTY MEDICAL SOCIETY.

The semi-annual meeting of the Erie County Medical Society, will be held the second Tuesday in June, at the rooms of the Buffalo Medical Association, No. 7 South Division street. We desire to call attention to this meeting, and ask for a full attendance. There are physicians in the county every way eligible to membership, who have not yet complied with the statute "as made and provided," and are consequently not legally and strictly within the pale of the regular profession. We hope all such, will see the necessity and propriety of completing membership in this Society and will appreciate the advantages it will confer upon them.

Report of Deaths in the City of Buffalo, for the Month of April, 1862.

Abscess, 1; Accident, 8; Accident by drowning, 6; Apoplexy, Cerebral, 1; Asthma, 2; Bronchitis, 1; Cancer, 1; Consumption, 23; Convulsions, 8; Croup, 3; Delirium Tremens, 5; Dentition, 1; Diarrhoea, 2; Diphtheria, 2; Dropsy, general, 1; Dropsy of the Brain, 6; Dysentery, 1; Empyema, 1; Fever, 2; Fever, Scarlet, 4; Fever, Typhoid, 6; Fever, Typhus, 2; Gangrene, 2; Hemorrhage, 1; Hemorrhage from Lungs, 1; Inflammation of Brain, 3; Inflammation of Brain and Meninges, 2; Inflammation of Larynx, 1; Inflammation of Liver, 1; Inflammation of Lungs 7; Inflammation of Lungs, Typhoid, 1; Inflammation of Peritoneum, 1; Inflammation of Stomach, 1; Intemperance, 1; Kidneys, Bright's Dis; of, 1; Old Age, 3; Otitis, 1; Paralysis, 1; Purpura Hemorrhagica, 1; Scarification, 1; Tabes Mesenterica, 1; Unknown, 4; Whooping Cough, 1;—Total 125. Ages, between 1 and 30 days, 1; between 1 and 6 months, 8; between 6 months and 1 year, 10; between 1 and 3 years, 20; between 3 and 5 years, 8; between 5 and 10 years, 7; between 10 and 20 years, 9; between 20 and 30 years, 15; between 30 and 40 years, 14; between 40 and 50 years, 11; between 50 and 60 years, 9; between 60 and 70 years, 6; between 70 and 80 years, 5; over 80, 1; Still-born, 6, Unknown, 1; Total 131.
ART. I.—Case of Dry Gangrene of the foot from Anemia, terminating fatally the tenth day after amputation.—By Dr. A. P. Phillips, Cassadaga, N. Y.

The subject of this case, A. B. Fisher, Esq., aged 54 years, presented no marked dyscrasia previous to the inception of the following attack:

The affected limb was the subject of a fracture of both bones of the leg about twelve years ago. The lesion very readily repaired, though before he had acquired the use of the limb he was subject to very acute suffering, attended with tetanus. This, as I learned from the patient, was very effectually controlled by a moderate use of strychnia.

My attention was called to the case about the first of December last. He complained of pain about the theca of the great toe, and his paroxysms of suffering were mostly during the night, and with somewhat marked periodicity, the latter part of the night. Regarding the case as purely neuralgic, I prescribed sulph. morphiae iii grs. and sulph-quinize iii to v grs., three times per diem. This treatment, with the addition of murias ferri, was pursued without any apparent relief.

The patient passed the months of January, February and March, without any very marked increase in severity, when about the first of April I was summoned in great haste as the messenger expressed, “they thought him dying.” On approaching his residence, the expression he gave by bounding from his chair to the floor, with foot in hand, seemed too intolerable to...
endure. He complained of his foot freezing. I immediately ordered warm flannels applied to the parts, and gave him three to five grains of morphia, and repeated this three times, once in two hours, without any apparent effect; also gave repeatedly warm brandy sling but all to no satisfactory relief. When one of the attendants, a sister, came in, she clasped the foot, and to our great joy, after imparting animal warmth from her own hands, gave the most passive relief to the poor sufferer. He slept for four hours when he awoke greatly refreshed from his repose.

The pain during his severe suffering had gradually advanced over the dorsalis pedis artery, rendering its pulsation entirely indistinct, with a leaden discoloration remaining over the entire ball of the foot and the three largest toes. The point of first appearance on the great toe was shrunken, vesicant and dead nearly to the first joint.

I had expressed to the family a desire to consult with Dr. Washburn, of Fredonia, and met him the following day, when the patient was comparatively comfortable, though requiring the continued assistance of animal warmth and vitality imparted from the attendants.

Dr. Washburn's notice of the case confirmed my diagnosis and added to the treatment of iron, (which had been continued from previous time mentioned,) the external use of iodine to the entire leg below the knee.— This was continued for three or four days with a gradual extinction of pulsation, even to the popliteal space, thus precluding all reasonable possibility of recovery without a speedy amputation. I consulted Profs. White and Eastman, of Buffalo, who gave an unfavorable prognosis, but were inclined to regard the reasonableness of an operation from its connection with the local injury sustained years before as its predisposing cause. Accordingly, on the ninth of April, the limb was removed at the upper third of the femur, by Prof. Eastman, Drs. Washburn, Aumock and Thompson, also being present.

The appearance of the femoral artery at its point of division was highly cartilaginous, with a warty excrescence studding its external areolar coat.— Its lower third was much reduced in size, being no larger than a common knitting needle, and the middle third of the popliteal artery was perfectly closed, as were also the anterior and posterior tibial arteries.

The patient bore the operation very pasively under the use of ether, which he afterwards described as more pleasurable than painful.

The day and evening of the operation he had so favorably rallied as to desire his usual nutritious nourishment, beef essence and mutton jelly; very
good rest was secured during the night by a mild anodyne; secondary hemorrhage which was feared from the vascular turgescence that was somewhat marked, only tinged the external dressings of the stump.

The third day after the amputation, great depression, inability to move, and loss of sensibility, were complained of throughout the entire half of the body of the affected side, with an intolerance to stimulants and the blandest mucilages. The stump discharged good puss and gave every indication of healing kindly. At this stage I added to the use of per-sulph. ferri, which was advised by Dr. Eastman, strychnia, and administered the beef essence, with laudanum by enema. The patient complained of no suffering whatever, when on the seventh day, coma occurred with stertorous breathing and entire loss of consciousness. From the eighth day to the close of his life, there was the most extreme distortion of the facial muscles, and a firm and unyielding contraction of all the muscles of the right side also. The aspect presented about the neighboring parts of the stump was to me really anomalous; one half of the lower portion of the abdomen, even to the scrotum, on a line extending up the linea alba, nearly as high as the umbilicus, was of one uniform erythematous appearance. — The one-half of the scrotum affected was considerably distended, showing most conclusively the existence of effusion from the degree of anemia present in the case.


Tuesday Evening, May 6, 1861.

Present—Dr. Congar, Vice President, in the Chair; Drs. Gay, Ring, Harvey, Samo, Rochester, Whitney, Cronyn, Miner, Wyckoff.

The Minutes of the last meeting were read, and where Dr. Rochester spoke of the cause of death in the case reported by him, being from blood change, probably spanæmia, corrected to read, probably necræmia, and accepted as published.

Dr. Congar read the following report:

Mr. President:—Allow me to present the case of the late B. A. Manchester, Esq., for whom medical advice was given during the period of just six months, viz: from November 3d, 1861, to May 3d, 1862, for diabetis. There were made by his attending physician in conjunction with Prof. Rochester as council, twenty-one chemical examinations of the secretion of
the kidneys; one by Prof. Hadley, and four by Prof. A. Clark of New York. Of the twenty-two made in this City, the range of the specific gravity of which was between 1024 and 1046; twelve were under 1035, and ten were over 1034. By Moore's and Trommer's tests there was ever found saccharine matter, varying always in amount with the specific gravity. The quantity of the secretion was daily about thrice that of the healthy average. About the beginning of the fourth month of prescribing for this patient, there were noticed, by the aid of the microscope, organic and fatty granules in the urine, and also the eyes of the patient showed the "arcus senilis." About this time also, the patient began to feel a sense of aching and weakness, and at times great pain in the region of the kidneys; these sensations never left entirely. About five weeks from this time Dr. A. Clarke discovered tube-casts, nearly transparent, in the specimens of urine he examined; and they were ever afterwards present in all the specimens examined. The "rough, dry, and unperspirable skin," common to diabetic patients, was not, at any time, marked; but the skin was usually soft and silky, and, much of the time, perspirable. Thirst was great some of the time; and, always so much as to be more or less annoying. There was always a "sweet, mawkish taste" in the mouth. During the last three months the gums were "soft, spongy," and occasionally bleeding; and the lower front teeth were loose from absorption of the alveolar processes and gums. The appetite was usually good, and for about five months bore well an animal diet and bran-bread. The usual "red, raw and dry tongue," of diabetis, appeared but once, and then only during the third week previous to death. During the last month of life only did the usual "stomachic uneasiness" show itself. "Constipation of the bowels" was particularly obstinate during the last three months. For five weeks before death there came on "a severe, tickling cough, pain in different parts of the chest, always evanescent, and a free expectoration of mucus." In the treatment, Camplin's plan was thoroughly tried. The whole treatment may, however, be comprised in a discriminate use of "animal diet," "opiates," "sudorifics," "alkalies" and "tonics." With these were combined as skillfully as possible, considering the business condition and habits of the patient, and the season of the year, rest, air, and exercise. And yet from the commencement of treatment, the check of decline was very slight; in fact, during the whole time of his medical guidance, the decline was rapid, and at last, so rapid, as to resemble those dying from other colloquative discharges, as cholera, &c.
Dr. Wyckoff inquired if Camplin's plan of treatment had ever been attended by success, or if patients were generally greatly and permanently benefited by it, or any other medication.

Dr. Rochester had known some cases benefited. Capt. Potter, Dr. White's patient, thought himself well, at least for a time; does not know how it may be at present. Mr. E. S. Rich gave Mr. Manchester Dr. Camplin's book upon the subject. His plan consists in tonics, stimulants, strychnin, and especially bran bread; the process for making which is fully given in the book, and is the principal point in the treatment. The bran is prepared by washing so as to leave no starch, and is advised as the only food.

Dr. Wyckoff inquired if the use of cider was known to be attended by benefit.

Dr. Rochester had known it tried often; Mr. Manchester had tried it; had not known it to be useful.

Dr. Harvey knew a man who had been benefited by Petroleum Oil. It relieved him very much.

Dr. Rochester spoke of the great importance of correct diagnosis, at least in arriving at conclusions as to the benefit from different modes of treatment. Remarked also upon the frequency of supposed cases, when in fact, the urine contained no sugar. Incontinence of urine in old people, or constant desire to void it, was often called diabetis, especially by patients, encouraged to do so by physicians, oftentimes.

Dr. Cronyn gave brief account of post mortem examination of a Mr. Miller, supposed by some to have diabetis. Kidneys greatly atrophied. Supra renal capsules obliterated or suppurated; arcus senilis well marked. There was fatty degeneration.

Dr. Ring had treated one case of diabetis from July to October. Kreosote had diminished the quantity of water and benefitted the patient very much; gave no other medicine; did not know the patient to be still alive. The urine and the amount of sugar were both diminished under the use of kreosote, and also a peculiar odor, which was present.

Dr. Rochester had never known a well authenticated case of recovery. Dr. Frick speaks of the value of kreosote and also of strychnia in some valuable papers upon the subject, and says diminished quantity of urine is no evidence of improvement, that the sugar is often found in the faces and other secretions.

Dr. Wyckoff confined his patient to bran bread, tonics, quinine and
iron. He also gave kreosote, which diminished the quantity of urine, but produced no benefit. He had omitted medication.

Dr. Gay read the following letter:

"Byron, May 14, 1862.

Dear Doctor:—As you were acquainted with Mr. Atkins of this place, you may be interested in a brief notice of the post mortem examination which I was permitted to make. Upon opening the thorax I found the right lung entirely wanting, and no indication that one had ever existed. It was probably destroyed about twenty years since by disease which he then suffered from. The heart was lying in the space once occupied by the lung, considerably higher than its natural position, and thus easily accounted for the pulsation which was accidentally discovered in the right side, about sixteen years since, and by some physicians thought to be an aneurism. The organ was small, and its walls considerably attenuated. The tricuspid and aortic valves were imperfect, being contracted and cartilaginous. The left lung was emphysematous, and adherent throughout its entire surface. The apex was filled with small abscesses of tubercular matter and some chalky deposits. Upon looking into the abdomen we discovered the right kidney to have undergone complete organic degeneration. The gland was shorter and thicker than natural, with the larger curve scolloped. A semi-transparent flesh-colored membrane was filled with a white substance resembling thick paint, or lardaceous degeneration, more properly speaking. The bladder, which for many years had been very irritable, was small, with a portion of it thickened to half an inch and containing pus in its walls. In it were found a number of small, soft concretions which occasionally interrupted the passage of urine.

Mr. A. has been troubled more or less with a cough for many years, but has been confined to his house for a few months only. The utmost care, and prudence have enabled him to live many years under the most unfavorable circumstances.

Yours in haste,

R. Williams."

Dr. Shaw of Buffalo, was proposed for membership.

Voted to adjourn to Tuesday, July 1st, 1862.

J. F. Miner, Secretary.

Datura Stramonium.—The active principle of this plant resides chiefly in the seeds. The researches of M. Hirtz prove that there exists a great pharmaeo-dynamic and therapeutical similarity between datura stramonium and belladonna. The therapeutical effect of stramonium in asthma was most remarkable when used in the form of segars; but when employed internally in the same disease it was not less efficacious, although less rapid in its action.
ART III. — Semi-Annual Meeting of the Erie County Medical Society, held at the rooms of the Society, Tuesday, June 10th, 1862.

The members were called to order by the President, Dr. Samo, at 10.45 A. M.


Minutes of the last meeting were read and adopted.

Application of John McKennon was presented and referred to a committee of three, consisting of Drs. Whitney, Ring and Nichell.

A letter from A. R, Parker, Orator for the day, was read, and his excuse for not being able to perform his duty was accepted.

Committee on credentials of John McKennon reported in favor of admitting him a member.

The President reported that he had made out a license for Leroy Parker, who had been examined, but had failed to call for it.

It being moved and seconded that a committee be appointed to appoint an Orator for the next meeting; it was carried. Committee appointed by the President consisted of Drs. Congar, Ring and Whitney.

Dr. Gay moved that Dr. Eastman be invited to read his Address prepared for January meeting to day, if convenient, if not, at some future meeting. Carried.

Dr. Samo read letters from Dr. Hayward in regard to the Sydenham publications, of which, two books, the Society have not received.

Moved and seconded that the Librarian correspond with Dr. Hayward, and request him to furnish ten receipts, and furnish the missing books, and if he fails to obtain satisfaction to write to the Secretary in London.—Carried.

Dr. Whitney moved that the Treasurer at the next meeting make a report of members who have, and have not, paid their bills. Carried.

Committee on Orator, report, that they appoint Dr. Abbott as Orator, and P. S. Dorland as substitute.

Voted to adjourn.

Leon F. Harvey, Sec'y.

The Medical Reform Bill, recently passed by Congress, provides for a sanitary inspection by which the army is placed under the constant surveillance of a Medical Bureau. 2, increasing the rank of the Surgeon-General to that of a Brigadier-General. 3, selection of the highest officers according to merit, and not according to seniority.
SELECTIONS.

Larvae of the Common Fly in the Meatus Auditorius Externus. By John Ellis Blake, M. D., of Middletown, Conn.

On the 21st of August, 18—, a young man from a neighboring town, accompanied by his parents, presented himself at the office, complaining of a most severe pain in the ear. This pain was somewhat paroxysmal in its character, and was accompanied by a discharge of arterial blood. His parents represented that he had always been perfectly well until the 17th of the month, when the pain and discharge of blood first began; and the amount lost they estimated at nearly a pint. Making due allowance for common over-estimates of hæmorrhage, I can readily believe that he had lost a dozen ounces. In the course of conversation with them, something was said of "worms" as being the cause of his distress; but having to encounter the vermicular theory of disease at every turn in country practice, I paid little attention to the remark then. In endeavoring to get some light as to the previous history of the case, I found the young man himself referred his troubles to "going in bathing" some days previous to the 17th; after which bath, he laid down and slept for a time on the grass. On waking, he felt something in his ear, and supposed it to be a "bubble," but could not get rid of it. I have spoken of the young man's distress as pain. The word can hardly convey an idea of the agony he seemed to be in, every few seconds. The perspiration poured from his forehead, and clasping his head with his hands, he would roll upon the floor, seemingly almost delirious with his sufferings. With difficulty, owing to the flow of blood and the involuntary movements of the patient, I was able to introduce a speculum into the meatus, and get a glimpse of the interior. What was my astonishment to find it tenanted by several maggots, in full activity! The movements of these creatures against the sensitive structures of the ear was evidently the cause of the pain, and their excavations in feeding the cause of the hæmorrhage. I found that the least attempt to remove them by instruments was resisted by them; and as they were immediately set in motion thereby, wriggling against the membrana tympani, the agony caused the patient was too much for human endurance, and he could not be held in the chair. I consequently desisted from such attempts, after a fair trial of various instruments. Remembering some experiments I once saw tried upon these larvæ, tending to show their
extreme tenacity of life for a time, even when immersed in caustic substances. I wasted no time, after a few trials with syringing, but, catching sight of a conical ether sponge upon the table, it occurred to me that anesthesia might do. The sponge was wet with sulphuric ether and held for a few seconds over the ear, when we had the satisfaction of seeing the maggots wriggle from the ear, in great haste, on removing it. On looking in, but one could be seen, and a re-application of the sponge soon caused him to come out for fresh air. The whole number removed was some eight or ten; and, as the larvae were of good size, I can hardly see how they could have been packed away so deeply in the passage, but such was the case. I fed them carefully until they became perfect insects, and found them, as I had supposed would be the case, the small, green-bellied fly, commonly called the "blow-fly," and familiar to all.

I would say that the ear thus affected was a perfectly healthy one, and having no unnatural secretion.—Boston Medical Journal,

Induction of Premature Labor. By C. D. Meigs, M. D., Emeritus Professor of Midwifery in Jefferson Medical College. In a letter to the Editor of the American Journal of the Medical Sciences.

Dear Sir:—I am not rarely consulted by medical gentlemen at a distance on the subject of premature labor and on forced abortion supposed to be rendered necessary by an ascertained deformity of the pelvis. Having had two such letters to answer this week, I considered that it might comport with the purposes of your excellent journal to say in it what appears to me to be the most advisable method in such cases. If you should publish this note it might not only prove acceptable to some of your readers, but it would save my time, in the way of answering enquiries.

Dr. Karl Braun, of Vienna, proposed, a few years ago, to open the os uteri by means of what he called a Colpeuryniter, which is a small, delicate bag or bladder composed of vulcanized rubber, to which is attached a syringe and a stop. This bladder, not bigger than a walnut, if introduced within the vagina, may be distended by means of the syringe with tepid water or air. It may be inflated or distended so as to become equal in size to a small foetal head, and if the distension be gradually and very slowly effected it will not necessarily produce any distressing or painful sensation.

Now, as the uterine extremity of the vagina arises from the outer circum-

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ference of the cervix uteri, it is clear that such a distension as above sup-
posed could not fail after due time to draw the walls of the cervical canal
outwards, and so diminish the antagonism of the cervix and os uteri to
that of the fundus and corpus uteri. This very condition of lessened
resistance is all that is requisite in the case, because, as soon as the power
of the fundus and body becomes preponderant, it will begin to force the
ovum downwards, and at length, after dilating the cervix and os, expel it.
I apprehend the method to be in all cases infallible—the condition being
that the colpeurysis shall be properly effected.

To bring on a forced abortion in labor by the use of the stilette, or by
injecting different medicinal articles or gases into the gravid womb, appears
to me to be an encroachment, by medical people, upon those rules of art
within whose sacred pale we may be held blameless, whereas, we are not
without blame when we transcend those barriers that are so clearly defined
in our collegiate diplomas. Witness the instant death that recently occurred
at Edinburgh, from injecting carbonic acid into the uterus, as related
in your last number! But to gently remove the retaining power of the os
and cervix by a moderate and reasonable colpeurysis, is really to do no
violence to any tissue, the operation being merely to suspend an antago-
nistic force, thus rendering the method of colpeurysis the simplest and
safest possible, and certainly unfailing in success.

Inasmuch as operations performed for the induction of premature labor,
and of abortion, are not without risk to the patient; and as it is well
known that there are wretches who are so abandoned as to desecrate the
profession of medicine, and spurn their own honor in the low calling teneros
avellere foetus, I conclude that no regular and reputable member of the
body will ever consent to institute such operations as this I propose, with-
out the consent of a proper medical consultation; this is a matter of such
great import to us all, that I consider it to be incumbent on the American
Medical Association to take such order upon it as their wisdom may sug-
gest. To lose a patient under any circumstances, is a source of grief to
the practitioner; but to lose one subjected, without consultation, to the
operation in question, can only be fitly denoted as a disaster. Our diplo-
mas endow us with authority to practice within the rules of an art—and it
ought to be enacted as a rule of practice not to do these things without
consent of a consultation. Such a rule would probably restrain much
looseness of conduct on the part of some of the brethren; and might go
even so far as to improve their morals, as is the admitted tendency of all
salutary laws. I trust that you, Mr. Editor, who are a leader in things practical and æsthetical in our calling, will readily agree with me that it is neither safe nor decent for any single physician to order and perform one of these operations. Such sentiments, if known to be held by your great and powerful press, would do more good, perhaps, in the way of purging our brotherhood from these defilements, than half a dozen convictions and sentencings by the law courts.

Though I have already drawn out this note to a greater length than I designed, I ought not to omit the injunction of deferring the operation until after the period during which the ovum is covered up completely within its capsule called the decidua. Now, it is known that the whole ovum escapes from its deciduous investment or capsule at the one hundred and fifth day, or thereabout. If one would force an abortion before that date, the deciduous capsule, which consists of the tubular glandular mucus membrane of the womb, must inevitably be ruptured or wounded, which is equal to a wound of the womb itself; but, after three and a half months the ovum, which is at that period wholly escaped from the decidua capsule, may reasonably be expected by means of the colpeurysis to be expelled whole and unbroken, in which case the risk to the woman is much diminished, not only because the entire product of the conception is thus eliminated, but also because no heedless and hazardous violence is done to the membrana decidua.

Drill for Auscultation. By Dr. Thomas K. Chambers, Fellow and Censor of the College of Physicians, Lecturer on Medicine at St. Mary's School, and Physician to the Hospital.

I place before you a table where you will find seventeen indications which (as a rule) the combinations of the easily recognized signs of pulmonary auscultation afford. It will be very useful to copy them out several times, that you may have impressed on your minds the exact amount of information which the process is capable of giving. Expect this much and no more, or you will be disappointed. Remember that auscultation tells you nothing of the nature of the substance whose morbid presence it has enabled you to detect, The "fluid in the pleura with solid lung," which "bulged ribs," combined with "dulness" and "tubular breathing," indicate, may be pus, serum, or blood—the history of the case alone can lead you to know which. The "cavities" in solid lung may be tubercular vomicae,
pneumonic abscesses, or dilated bronchi—the ear, unassisted by other
records, does not enable you to diagnose. Fine or coarse crackling very
often cannot be absolutely determined to be inside or outside the lung—to
be the crepitation of the tubes or the rubbing of the pleural surfaces. Do
not attempt to decide by auscultation, but by other symptoms.

There are, however, a few by-aids to the diagnosis by auscultation which
are worthy of separate mention, in order that you may know how to use
them worthily, and to caution you against their abuse.

1. Whispering Pectoriloquy.—When the patient whispers a few words
of several syllables, and the distinction between the syllables is clearly
heard, it is often taken as a sign of a cavity. It is an absolute sign of
diseased lung, but not an absolute sign of a cavity, unless it is found in a
limited spot with a clearly defined line, outside which line the voice is quite
different.

While on this subject I will give you a hint about auscultating the voice.
Always make the patients speak in words of several syllables; make them
count “twenty-one,” “twenty-two,” &c.; not “one,” “two.” You get
twice as much information thus.

2. Cracked-pot Sound.—A jingling noise, like a cracked pot, or more
like the striking of the clasped palms on the knee, as when we amuse chil-
dren by imitating the jingling of money, is often produced by percussing a
superficial large cavity while the patient holds the mouth open. But it is
not a sign absolute. I used to show you last year in the wards a child
with a cavity at one apex, where the cracked-pot sound never occurred,
though it was remarkably distinct, almost always in a perfectly healty part
of the opposite lung. It is caused exactly in the same way as the imitative
money jingle in the close hand—namely, by the air being jerked out of a
partially open space. When the parietes of the chest are thin, it may thus
be produced by the jerk of the air in the trachea or large bronchi. Do
not, therefore, set store by it as a sign.

3. Metallic Tinkling.—This is a valuable sign of a very large cavity
with small bubbles bursting in it. It is like the sound of a small shot or
fragment of gravel falling in a thick metal vase. It shows the existence of
either a vast vomica, or of air in the pleura, with a communication open to
the bronchi.

I will now go through the eighteen simple combinations into which these	abulated signs may enter, and point out what information you get imme-
diately from them, and in what direction you are to seek for more on which
to ground your diagnosis.
Combination A 1.—The flattened ribs show that some morbid state has existed; there has been either inflammation of the parietal pleura, which has thickened it with contracted scars, or a condensation of the lung for a sufficiently long period to leave cicatrices, and to diminish the volume of the organ. But the recovered resonance shows that the lung is again at work—that the fight is over, and that corn again grows on the battle-field.

A 2.—Be quite certain that the bulging of the ribs is not merely apparent, and that the other side, being flattened from disease, does not make them seem too rounded and prominent by contrast. If they are really bulged, and yet resonant, there must be a larger body than natural beneath the point of percussion. And this air must be either in the pleura (pneumo-thorax) or in the lung (emphysema.) If the former, you find a peculiar resonance like that produced by tapping the stomach under the ribs, you find the breath-sounds quite absent, and probably also “metalic tinkling.” If the latter, you have breath-sounds, perhaps bronchial breathing, and not unfrequently a peculiar crackling like the crumpling of fine tissue paper. When you hear this “crumpling,” it is very distinctive. It arises, I would suggest, from the rubbing of the rugged, bubbly-looking pleura of the lung against the parietal.

B 1, C 1, and C 4.—Solidification of the lung makes it dull, and makes the voice and breathing bronchial or tubular, whether arising from pneumatic acute condensation, or from such a chronic cause as tubercle. But if the cause be chronic, the ribs will be flattened in proportion to its chronicity and the length of time it has endured.

B 2.—Dullness on the bulged part of the ribs shows that some matter more solid than air is bulging them. In the lower part of the chest it is most probably fluid, and then you must try, if you can, a confirmation of your diagnosis by making it move about as the patient changes his position from one side to another. In the upper part it may be an aneurism of a trunk vessel, and then you get pain on pressure of the corroded ribs in the place where they are gnawed away by the lump inside. To the diagnosis of a pectoral malignant tumor you can arrive only par la voie d’exclusion; but in all the cases I have seen, the veins, by their remarkable prominence in the immediate neighborhood, have led me to the suspicion.

C 2.—The only case where bulging of the ribs is likely to be joined with tubular breathing is where a lung adherent to the ribs is condensed by the pressure of fluid, and then absolute dullness is of course produced.

C 3.—The larger air-tubes sometimes become stiff and hard from
chronic degeneration without any hardening of the lung-tissue, especially in old people, and then you get resonance combined with tubular sounds. The knowledge of this chronic degeneration is important, as it leads you to expect future degeneration in more important viscera—such as of the lung-tissue, in the form of emphysema; of the kidneys, as Bright's disease; of the heart, as dilatation, &c.

D 1 and E 1.—The flat ribs show that there is chronic disease of some standing, and this will modify the activity of your treatment of the acute action indicated in its first stage by the fine crackling, and in a later stage by the coarse crackling. In such a case as this, the fine crackling is an evidence against a vomica; while the coarse crackling (especially if bounded by a sharply-defined line) is the best single evidence you can have of one being already formed.

D 2.—The condition of fine crackling or crumpling as a sign of emphysema has just been mentioned under B 2.

D 3, D 4, and D 5.—When only separate lobules are congested (as in the first stage of pneumonia,) the quantity of air in the lung is not sufficiently diminished for dullness on percussion to be distinguishable by the ear; but when the whole substance of the lung is infiltrated with blood or serum or fibrin, instead of air (as in a more advanced stage,) comparative dullness is to be perceived. However, this is not such absolute dullness as in a further stage, when it is so solidified that no air enters. Then fine crackling ceases, and silence or coarse crackling or tubular sounds take its place.—Then, as the lung again becomes pervious in the course of cure, fine crackling returns; the acoustic condition of becoming solid and of becoming pervious being the same, though the fluid which causes that condition is different.

E 1, 2, 3, 4, 5.—A coarse crackling is distinctive of nothing but the immediate cause of the sound, viz: a thickish fluid in the area where it is found, whether bronchi or vomicae. It may be associated with all sorts of conditions of lung. You hear sometimes physicians pronounce that there is "bronchitis" in a certain case, and expect those who have consulted them to be satisfied with such a diagnosis, and nothing more. It is no diagnosis at all, and certainly not worth a guinea; for it helps in no degree in the treatment, and gives no information available for prognosis. Every patient with emphysema, chronic or acute catarrh, hard tubercle, vomicae, pleurisy and what not, has from time to time a secretion in the bronchi (or bronchitis,) and to declare with grave sapience that "there is bronchitis," is
simply to put into bad Latin what the patient has been telling you, namely: that he has got a cough. No; when you do take your patients to a physician, get something more out of him than that.—London Lancet—Braithwaite's Retrospect.

Removing the Clitoris in Cases of Masturbation accompanied with Threatening Insanity. By E. S. Cooper, A. M. M. D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific.

The proper management of inveterate cases of Masturbation, in both sexes, is a subject of great importance to medical men, in view of the fact of the practice causing a degeneration of intellect, and even insanity itself. These cases are far more numerous, in every country, than they are supposed to be, except by medical men. Being subjects of great delicacy, they remain, as they should be, secrets between the family and medical adviser. Though these are matters of a very private nature, they should always be freely discussed by medical men the more so, since very little has, thus far, been done to ameliorate the condition of the more unfortunate victims of this practice, who have progressed towards approaching insanity. But to the inexpressible anguish and chagrin of their parents and the most profound pity of all who know anything of them, they often degenerate, physically, morally and intellectually, until they pass out of the reach of medical aid, and become hopelessly lost. At no time does the practitioner feel more keenly the inability of his art to save, however often he may have to deplore his inefficiency in arresting the progress of some fatal malady. Death is infinitely preferable to insanity from this cause.

In the female, it would appear, judging from the result of two cases, as though we have found a remedy by surgical interference, and of such mildness and simplicity as to commend it to an early trial in all cases where the habit of Masturbation threatens injury of the intellect. It consists in removing the entire clitoris, including the corpus cavernosum clitoridis, and the major portion of the erectores clitoridis.

Remarks.—After these results, (referring to reported cases,) I think a surgeon should not only remove the clitoris, in all similar cases, but, if this should prove insufficient to effect a cure, he should remove the entire nymphae, also, as they are very vascular, and possess erectile tissue of great sensibility, and are said to be parts often titillated in masturbation.

Query.—What effect will these operations have upon the person in the
married state? These parts are supposed, by many physiologists, to have much influence over sensual gratification. Some regard them, in fact, as the seat of venereal pleasure.

Practically, this matter does not come up in those desperate cases in which a destruction of the mental faculties is rapidly going on, and there is no other known way of curing the patient. But, in a physiological point of view, it is a subject of great interest.—San Francisco Medical Press.

Iodide of Potassium.—This salt is one of the remedies which has of late steadily increased in general favor. This may, perhaps, to some extent be explained by the fact to which we have frequently adverted, that recent researches have proved many hitherto obscure affections to be really due to remote syphilitic taint. Although very valuable in some forms of rheumatism, and in procuring the absorption of inflammatory products generally, yet it is against the tertiary forms of syphilis that this salt best shows its specific power. Of late years the customary dose has much increased, and eight to ten grains is now with many of our hospital surgeons an ordinary prescription. Considering the enormous quantities which are prescribed both in hospital and private practice, and the rarity of any observable ill effects, it is quite clear that for the most part it exerts no evil influence. Wasting of the breasts and testes, the bugbears of former times, are now never heard of, and anything like iodism is certainly exceptional. The addition of ammonia to all mixtures containing the iodide of potassium is now a very common practice. We mentioned it some years ago as having been strongly recommended, amongst others, by Dr. Gull at Guy’s and by Mr. Paget at St. Bartholomew’s. Mr. Paget used to remark that he considered five grains of the iodide with half a drachm of sal volatile equal to ten grains of the iodide alone. With some surgeons, and especially in the treatment of syphilitic diseases of the nerves or brain, the addition of tincture of nux vomica is frequently made.—Med. Times and Gaz., Jan. 4, 1862—Am. Journal of Medical Sciences.

A decree, creating two new chairs in the Faculty of Medicine of Paris, has been published in the Moniteur. The first, that of Comparative Medicine, has been given to M. Rayer, who has also been named Dean of the Faculty, in lieu of M. Dubois. The other, that of Histology, is given to M. Charles Robin.
Artificial Jaundice.—Dr. Harley reminded the members, of the case of complete obstruction of the bile and gall ducts, occurring in a gentleman aged about fifty, which he had brought before the Society at the last meeting, and where crystals of leucine and tyrosine were not only present in the urine, but even in the liver itself. As Freriches had pointed out that these products are of important diagnostic value in hepatic affections, Dr. Harley was anxious to study their pathology more carefully; and being well aware that the physiologist has it in his power to produce almost any pathological state at pleasure, he tried to imitate in an animal the effects produced in man by the obstruction of the bile ducts. Artificial jaundice has been usually induced either by ligaturing the gall ducts or injecting bile into the circulation; but as both of these methods were in the present instance objectionable,—the first, on account of the constitutional disturbance induced by the severity of the operation; the second, from the bile being all at once thrown into the circulation, and producing toxic effects, besides its being too rapidly eliminated by the urine. Dr. Harley adopted another plan, which came much nearer to the state induced by disease in man. He took the bile of three healthy dogs, and injected it under the skin of a fourth. In this case the effects of the operation were almost nil and the bile was at the same time placed in a position favorable for its slow absorption just as in the human subjects. During the first two days the animal remained comparatively well, the urine was normal, and contained neither bile pigment nor biliary acids. On the third day, however, the animal became ill; and on the fourth, jaundice set in. He died on the fifth day. After death the urine was found to contain not only bile pigment and biliary acids, but also the diseased products leucine and tyrosine, and, what was more interesting still, the urine was found to be loaded with sugar; just as is occasionally met with in the human subject. The urine containing the crystals described was exhibited under the microscope.—London Lancet.

New Medical Work in Paris.—An important work, the "Bibliotheque Universelle de la Medecine, de la Chirurgie, et de la Pharmacie Militaire," has been undertaken by M. Rozier, the editor, and tome 1st has already appeared. The circle embraced by this new compilation is one of great width; its value will mainly consist in rescuing from oblivion many interesting monographs already set aside and forgotten by our ungrateful and proficient age, and in furnishing the student with a complete list of the authors who have treated any particular subject which he may desire to investigate.—Ibid.

Vol. 1, No. 12—47.
EDITORIAL DEPARTMENT.

THE BUFFALO MEDICAL AND SURGICAL JOURNAL.

The present number completes the first volume of our Journal, and we shall be indulged a familiar word with our friends, on an occasion to us, so full of interest. It is proper and desirable that we look again over the ground we have passed, hoping to gain some lessons for future guidance, the more since it will open to us anew our own imperfect efforts. Altogether unaccustomed to the duties and labors of our new position, with constantly increasing demands upon our time and thoughts, we have conducted the pages of the Journal thus far; and we desire most heartily to thank our friends for their numerous kind expressions of interest and favor; for their contributions to our pages; for their prompt remittances; and for the evidences we have received from all directions, that the profession are to be safely relied upon, for the success of our young and unpretending Journal. It has been our desire to furnish our readers an original journal, since we did not presume but most of them read other medical periodicals to so great an extent, that selections would hardly be new or interesting, yet not presuming that our pages might not be profitably occupied, to some extent at least, by extracts from both foreign and domestic Journals. We have hoped, (and in this respect have not been disappointed,) to obtain and preserve the experience and observation, of not only the men of our own time and country, but more especially the men whose field of research is within the limits of our circulation and influence. We have already collected something, which though small in amount, we hope has been true in fact, and correct in principle, and will prove only as the beginning of a record, which shall represent the best, most progressive, most truthful, and at the same time, most practically valuable experience.

Though we have called our Journal, young and unpretending, yet we hope no one will think it unambitious. We call it unpretending because it is small; but we expect it will grow. It was commenced small, that it might grow larger and better, and the experience of its first year fully demonstrates the wisdom of the plan, for medical journals the last year have grown smaller and fewer. There are many reflections suggested by the review of the past, some of which we do not desire to intrude upon our readers. The difficulties and labors of conducting the Journal have been greatly increased by the all-absorbing events occurring
in the history of our country. The one all-controlling topic of thought and effort, has in great degree, drawn off attention from the ordinary channels and investigation. Great numbers of the profession have forgotten every professional consideration and interest, and with self-sacrificing heroism devoted themselves to the duties of military practice; thus, for a time, neglecting their ordinary professional researches and observations, and their accustomed contributions. Again this has been very unfavorable for extensive circulation. Medical journals have been discarded as a luxury in which the times would not allow an indulgence. But of this we have no reason to complain; we have only reason for thankfulness and obligation. Our Journal has been extensively circulated; received with many expressions of satisfaction and favor, and paid for with cheerfulness and promptitude. For all this we are much obliged. From brother Editors we have received kindness and cordiality; by the daily press have been very pleasantly and flatteringly noticed, and all our Editorial relations have been exceedingly pleasant. With authors and publishers we have made many and valuable acquaintances, and cannot be too ardent in expressing our obligations for the additions made to our library, through their generosity. Our exchanges must not be omitted in connection with other favors and courtesies. They are in many instances valuable works upon which great labor and outlay are expended, or reprints of foreign journals which we very highly prize.

For our future we shall also be expected to say a word. Our plan of operation must conform for at least our next volume, very much to the style of the first, since we judge it more prudent to "live upon our income, than to borrow." As heretofore we shall prefer soundness to mere novelty, and matter of constant practical value, to the most plausible and ingenious theory, the relations of diseases which are common and constant to those rarely seen, or operations which but few surgeons in the world ever perform. We shall hope in so far as our limits permit, to keep pace, and publish important physiological and pathological observation as it may be offered to the profession, at home or abroad. We are girding ourselves anew for the duties and responsibilities of our next volume, and hope that the experiences of the past, may contribute to our ability to conduct its pages with greater satisfaction to ourselves, and more acceptably to our readers.

We have at heart the benefit of the medical profession, and shall
hope to do our humble part in protecting it from foes within, and open enemies without; to encourage and strengthen the kindlier relations of professional intercourse, and to elevate her members, high above the common level of empiricism and charlatanry. The medical profession is with us a sort of household god, and the honest, progressive, and manly practice of her art, the most sublime and God-like mission; when degraded to the low level of a trade, and practiced with cunning tricks, her votaries are fallen, and can no longer "walk the golden streets of truth and life."

With no lengthy apologies for the imperfections of the past, or sanguine assurances for the future, let us again remind our readers and friends, that not ourselves alone are responsible for the issues of this enterprise. It can only be successfully conducted with your hearty co-operation and support.

CERTIFICATES OF DEATH.

For a few months past, we notice, the Health Physician has appended to his report of deaths, by whom certified; and we are most thankful for this important item of intelligence, indeed we may say this most important item of this record.

Our report of deaths, as made by the undertakers and irregular practitioners is a foolish farce, and of no more value than a blank. To ask physicians to make correct and full death certificates, and yet accept those offered from all other sources, is an imposition and outrage, and we think it about time to regulate this matter, so if possible to prevent the further use of the death certificate, as a cover and safe-guard for the most revolting crime.

Our attention has recently been called to this regulation of our City, by being invited to visit in her dying moments, one of the victims of an Indian abortionist, where we learned that other victims had been buried from her institution, at very unseasonable hours, even in the night, unattended, unmourned, unwept,—the Death Certificate, by Madam Lachcel.

In visiting this institution, under the protection of the police, we had an opportunity of looking into, and going into, a more actual hell, than we had supposed could be found upon the face of the earth; no voice or language can give the slightest idea of it. It appeared a den of crime, murder,
death, and all other damnable things, conceived or dreamed; and yet we find a certificate of death from the presiding spirit, is received by a sexton, without hesitation as representing truly the circumstances, causes and time of death.

In the month of May we notice only sixteen deaths are certified by irregular practitioners, with a total of one hundred and twenty-seven. This includes the certificates from Homeopathists, Thompsonians, Eclectics, Hypodermists, Clairvoyants, Electropathists, Indian Physicians, Laying on hand practitioners or Charm Doctors. By it, we learn that comparatively very few are really attended when they come to die, by quacks. That there should be any, so stupid and uninformed in the tricks and deceptions of the above named classes of imposters, as to be willing, at any time, to receive them to their houses and sick rooms; above all, to receive their attendance in the hour of death, is a mystery and a wonder.

Systems of absurdity, more barbaric and heathenish, more superstitious and irrational than throwing children in the Ganges, or worshipping wooden gods, are openly defended and advocated by people professing Christianity, living in good dwellings, wearing fashionable clothing, and associating in intelligent circles, and supposed by everybody to be able to read. Can we regard people thus blinded and foolish with respect, or meet them upon any ground of social equality, in the least desiring their acquaintance. God grant us grace to tolerate their acquaintance that we may have opportunity of pouring into their darkened understandings some of the first principles of common perception and common sense. While the community encourage and support these various forms of deception and pretension, we may look on, and observe the workings of a most gigantic cheat.

The pretension, brow-beating and bluster, of these irregulars in the practice of medicine, tends to keep down the indignation of mankind; otherwise to offer a certificate of death from one of them, would be regarded sufficient ground of suspicion, and a Coroner would be invited to investigate the cause of death. These returns would be liable to inaccuracies when made by well qualified physicians; the often obscure causes of death would not in all cases be discovered; but these reports when properly guarded, are capable of being made for the most part, reliable, and very valuable. To receive from all sources indiscriminately, these certificates, is so manifestly absurd, as to admit of no defence; and we hope to see this just ground of complaint speedily removed, by the energetic and united action of those having control.
Washington, June 20, 1862.

Washington now may be called a City of Hospitals. There are no fewer than twelve regularly named and occupied in the limits of the city, and the churches and other buildings lately taken will swell the number to nearly thirty—one at Georgetown and three or four buildings used for hospital purposes at Alexandria. There is also one hospital at Falls Church and at Fairfax C. H. In these are collected a great variety of diseases, gun-shot wounds, &c. It has been my effort to see as many of the interesting cases as possible, and with that view have visited several of the hospitals. While at the "Circle Hospital," Drs. Connover and Robbins related a case of puerperal peritonitis, in which they were associated. The woman was confined Sunday: Monday, she got up and did some washing, and in the afternoon a disturbance occurred in the house which greatly excited her. Tuesday she felt pain in the abdomen and sent for medical help, but got none till evening, when Drs. C. and R. visited her. Then she was in great agony, with thighs flexed, unable to bear the slightest pressure over the region of the abdomen, and had been vomiting; pulse 195. No doubt existed in the minds of the medical men as to the cause being inflammatory. The patient was given two grains of opium every few minutes until in two hours she had taken nineteen grains. The medical gentlemen remained that time, the pulse having come down to about one hundred, and the woman being calm. No unpleasant consequences followed the administration of this large quantity of opium. Of the purity of the article there can be no question, as it was of a lot inspected by the U. S. Inspector, and in daily use at the hospital.

This was the woman's seventh confinement, a stout washing-woman, wife of a private soldier. The case is interesting as showing how large a quantity of this narcotic may be borne in this grave disease, as well as a remarkable recovery under the circumstances.

Dr. Bowen, of the Circle Hospital, also showed me three worms, (ascarides lumbricoides,) two of which were found in making a post mortem on a typhoid fever patient, lying in the jejunum. This person was of strong constitution, and about thirty years of age. In another case occurring in the hospital, that of a boy sixteen years of age, one of the round worms crawled out of his mouth, he being at the time in a comatose condition, and very low, but has entirely recovered.

In speaking of this subject in the society of a party of medical gentle-
men, and making the enquiry whether any had noticed the same fact. Dr. Bigelow of Grand Rapids, Mich., mentioned the case of a strong, hearty girl, of fourteen years of age, that had a round worm crawl from the nose during the height of a severe attack of typhoid fever, occurring last winter, who ultimately recovered.

I am not familiar with any notice having before this been taken of an association of worms with this type of fever; they may be entirely accidental; at any rate it is worth enquiring of the profession at large if such circumstances have before been noticed.

Many, or perhaps I should say several, secondary operations have been done in the hospitals in the city since the late battles, rendered necessary by the hopelessness of recovery without. Amputation at the shoulder was performed three days ago, the man doing well, and the very pleasant weather for the past week has been of great benefit to all our sick and wounded. Among the many cases related to me, that of a private, wounded at Fair Oaks, through the superior maxilla, is of interest. In this case the common carotid was ligated on the field, the man making a good recovery.

W. H. Butler, M. D.

BOOKS REVIEWED.


Those acquainted with Dr. Williams, and who know the soundness of his judgment and practice, will not need any statement from us of the excellence of his book. They would be surprised were it otherwise.

Many of our readers will doubtless remember a small pamphlet published by him a few years since, containing an account of quite a large number of cases of iritis, from various causes, treated successfully without mercury. The results published were the more remarkable and important, inasmuch as iritis had always been pointed out as the disease above all others which clearly demonstrated the action of mercury in removing the effused products of inflammation; this action being not a matter of inference, but as was stated, being perceptible to the sight. Not only did the
case in question illustrate the resolvent power of mercury, but it furnished an instance in which it was essential. One who reads attentively the pamphlet above named will, we think, entertain some doubt at least, of the certainty of this effect, as well as the necessity of this administration. The same disregard of previously formed opinions is a notable feature of the present volume. In proof of this we may mention the omission in a great degree of the long technical names of the various affections of the eye, which one finds in such abundance in the work of Dr. Jones—the comparatively light estimation which he puts upon nitrate of silver and acetate of lead, two remedies which have been largely relied upon and recommended heretofore—and his decided advocacy of simple treatment in many cases in which activity has been thought essential, as for instance in traumatic affections of the eye.

It appears to us to be one of the merits of the book that the various affections of the eye are clearly stated without unnecessary multiplication, or lengthened description, so that a practitioner can feel that the whole subject is, after all, in a narrower compass than we are led to think from the more elaborate works. As an instance, we may mention the chapter on cataract, in which we find fewer varieties, and indeed no mention whatever of lenticular cataract as a distinct variety.

The aid given by the ophthalmoscope in the examination of the eye, has added much to our knowledge of the actual changes which occur in its different tissues, and has undoubtedly somewhat simplified the catalogue of diseases, but still we feel inclined to give the author credit for something more than a judicious arrangement. We do not find in the description of the separate diseases of the eye, such numberless sub-divisions, that the mind is in some degree of confusion as to which division certain symptoms belong. In many works one may carefully study the subject of cataract, glaucoma and amaurosis, and after all fail to keep clearly before the mind the main distinctions between them. Amaurosis has been made to cover quite a broad field, including symptoms which can now be explained in some other manner—especially asthenopia, which we could hardly confound with it after a careful study of the book before us.

After a careful perusal we do not hesitate to declare this book of Dr. Williams, one of very great excellence. The simplicity and brevity of statement, which cannot fail to strike the attention, contribute so much to a clear and thorough comprehension of the subjects treated, while nothing is lightly passed over which is worthy of being noticed. While it is brief
it is thorough. We have been much gratified with the chapter on "Affections of the cornea," a subject which is treated more concisely and clearly than we have ever before found it.

We may state as a proof of the able manner in which the author has performed his work, that one rises from its perusal with a feeling, that he has a clear notion of the range, and distinctions, of affections of the eye. And it may be safely assumed, that concise and clear statements, are sure evidence of clear and precise information, in the writer. Indeed the book clearly indicates an extensive and well-improved experience; the author evidently aiming to state his own convictions and observations rather than making a summary of what is known. We do not think that the probable result in all cases of diseases of the eye is elsewhere so well stated; and we are certain that no rules of treatment, at the same time so simple and precise, are laid down by any other author. Without, however, entering any further into the comparison of this, with other books, we will content ourselves with saying that in style, method and soundness of statement, it is entitled to be considered a superior book. We know of none which the reader may consult with equal advantage.

The appearance of the book is every way very elegant, and worthy of the excellent matter it contains. Such clear and distinct type, is of itself, almost enough to tempt one to read, irrespective of the instruction he may find in the contents of the volume.


Since the war has drawn many surgeons into active practice, separating them from their libraries and excluding the possibility of having in all cases the larger works upon surgery for ready reference, quite a number of smaller books have been published, to supply a want, which was early felt and expressed by the volunteer surgeons. The Sanitary Commission endeavored to supply this indication by publishing monographs upon some of the more common points of practice, and have succeeded in accomplishing what they proposed in remarkable degree.

Smith’s Hand-book of Surgical Operations, has been prepared with reference to the wants of the medical staff of the Army, and is limited to those branches of operative surgery which are of most importance to military surgeons. The book is thus rendered convenient and portable, and may be carried as a reference and guide in all emergencies. Almost every vol. I, no. 12—48.
important operation is represented by engravings which illustrate the subject to the fullest extent practicable, and add very much to the value of the work. Illustrations of instruments are also made, which represent the latest improvements, and constitute also an important addition. Though this hand-book of surgery is made to conform to the necessities of military surgery, still it is also a valuable hand-book of surgery in civil practice as well; and almost every operation in surgery is described with sufficient detail for the ordinary purposes of study and practice. As a hand-book of surgery, it stands at the head of a long list of similar books.


Dr. Barclay has furnished a guide to the systematic study of disease which will be appreciated by every student of medicine; and will be found an invaluable aid to correct diagnosis. After speaking in general terms of the "Province of Diagnosis,—Methods," and,—plan of carrying on investigation, and giving the table of classification of diseases used in St. George's Hospital, our author proceeds to consider the "General Condition of the Patient," speaking minutely of the value of what may be called the general symptoms, and the special indications which may be derived from them, singly, and in groups.

Chapters are devoted to febrile diseases—rheumatism and gout—diseases of adventitious origin—diseases of uncertain or variable seat—chronic blood ailments—depraved constitutional states—the quasi-nervous diseases—general examination of organs—semiology of disease of the brain—diseases of the brain—diseases of the spinal cord—paralysis—neuralgia—examination of the chest—modifications of normal breath and voice sound, and of percussion resonance—superadded sounds, in their relation to altered breath and voice-sounds—diseases of respiratory organs—examination of the heart—diseases of the heart—diseases of the blood vessels—diseases of the mouth and pharynx—examination of the abdomen—diseases of the oesophagus and stomach—diseases of the intestinal canal—diseases of the peritoneum—diseases of the liver, spleen and pancreas—examination of the urine—diseases of the urinary organs—diseases of the ovaries—diseases of the uterus—diseases of the bones, joints and muscles—diseases of the skin and cellular tissue.
We have enumerated the various topics discussed in this book for the purpose of showing, somewhat, its scope and design. The divisions and subdivisions of these subjects are numerous, and embrace what is known upon the various points under consideration. It is written in fine, attractive style, and the attentive reader will not fail to be entertained while he is instructed. One of the chief excellencies of this book will be found to consist in the clear, distinct and truthful descriptions given of disease and the definite determination of the value of every symptom, tracing it carefully to its cause, and guarding against all sources of mistake as to its true import.

This book is a very valuable one to the profession; and while we most heartily commend it to our readers, regret exceedingly that we have not space to speak of it more at length, and give a better and more complete idea of its character and value.

BOOKS RECEIVED.

On Military and Camp Hospitals, and the Health of Troops in the Field; being the results of a Commission to Inspect the Sanitary Arrangements of the French Army, and incidentally of other armies in the Crimean War. By L. Baudens, Inspector and Member of the Council of Health of the French Armies, formerly Surgeon-in-Chief, and first Professor of the Perfecting School of Val de-Grace, etc., etc. Translated and Annotated by Franklin B. Hough, M. D., late an Inspector of the U. S. Sanitary Commission. New York: Bailliere Brothers, 440 Broadway, 1862.


Medico-Legal Contributions on Arsenic; containing Reports of a number of cases of Arsenical Poisoning, together with an account of the Methods employed in their Chemical Examination. By Charles H. Porter, M. D., Professor of Chemistry and Medical Jurisprudence, Albany Medical College, Albany, N. Y. Albany: Charles Van Benthuysen, 1862.


Thirty-Eighth Annual Register of the Rensselaer Polytechnic Institute in the City of Troy. July, 1861,


All the different Surgical Instruments are represented or described and the prices given. Different cases of instruments are also fully described and the prices appended. Many physicians will be glad to know where they can obtain Fracture Apparatus, and the various splints for treating deformities, as Wood's, Sayre's or Buck's. This Catalogue of Instruments and prices can be obtained gratuitously by addressing Wade & Ford, 85 Fulton Street, New York City.

The Atlantic Monthly for July.—This number begins a new volume, and the publishers promise to make the Magazine more interesting in the future, and more valuable than it has ever been in the past. From their well known character and ability, we are willing to endorse their promise, and assure our friends and the public, that they will accomplish what they undertake.


Craig's Microscope.—We have received from the inventor this little optical instrument, patented February 18, 1862. It has high magnifying power, and shows many objects remarkably well. It is exceedingly simple in construction, requiring no time for adjustment, and shows with some good degree of distinctness, blood corpuscles, milk globules, cancer cells, as well as the animalcule of stagnant water. It seems quite remarkable that so simple an instrument, costing but $2.25, should show so much, and show it so well.

Report of Deaths in the City of Buffalo for the month of May, 1862.
Accident 6, Accident by drowning 1, Anemia 1, Angina 1, Apoplexy Cerebral 3, Bronchitis 2, Consumption 17, Convulsions 15, Croup 4, Delirium Tremens 3, Diabetes Mellitus 1, Diarrhoea 2, Disease of the Brain 1, Disease of the Heart 5, Disease of the Liver 1, Dropsy general 1, Emphysema 1, Epilepsy 1, Erysipelas 1, Fever Puerperal 1, Fever Scarlet 2, Fever Typhoid 3, Fever Typhus 1, Gangrene 1, Hernia 1, inflammation of Bowels 2, inflammation of Brain 7, Inflammation of Brain and Meninges 5, Inflammation of Lungs 18, Inflammation of Lungs Typhoid 3, Intemperance 2, Marasmus 1, Measles 1, Old age 2, Rheumatism 1, Scrofula 1, Tetanus 1, Unknown 2, Whooping Cough 1. Total, 124. Ages—Between 1 and 30 days 6, between 1 and 6 months 13, between 6 months and 1 year 11, between 1 and 3 years 15, between 3 and 5 years 5, between 5 and 10 years 5, between 10 and 20 years 7, between 20 and 30 years 10, between 30 and 40 years 10, between 40 and 50 years 17, between 50 and 60 years 7, between 60 and 70 years 10, between 70 and 80 years 4, over 80 years 1, still born 3, unknown 3. Total, 127. Certified by regular Physicians at the Public Institutions 17; by regular Physicians in the City at large 59; by irregular practitioners 16; by Coroner 9; by Undertakers 26. Total, 127.
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