during the operation. In the evening fresh dressings were applied.

15.—Did not sleep much last night. Pulse 92; tongue slightly coated; no tension of the abdomen; no swelling of the scrotum; has had no hemorrhage since yesterday. Have no meat nor bread.

R. Sol. Mag. Sulph. ʒiv. et rep. in hor. 4ta si opus sit.

16.—Has been very comfortable; slept some yesterday and last night; no hemorrhage; no constitutional sympathy; water passes by the wound and by the side of the catheter.

17.—Last evening water passed through the catheter for the first time, but not very freely.

18.—Catheter removed, cleaned, and replaced without difficulty. Sutures removed yesterday. Wound healing rapidly.

23.—Less urine by the wound daily. Appetite good; no pain; sleeps well; slight excoriation of the scrotum produced by the water. Besmear the parts with simple cerate daily.

27.—Wound in the perineum is quite closed; catheter is removed and replaced without difficulty; cellular membrane of the scrotum over the right testis considerably inflamed, and productive of much uneasiness.

Scrotum cum. Decoc. Artemis.
Absinth. foveatur.

28.—

Appl. Scrot. Hirud. No. vi. Postea foment.

June 2.—Inflammation continues; no water now by the wound; catheter left out for three hours, then replaced easily. Repeat leeches.

6.—Warm bath, afterwards poultice to the scrotum.

R. Sol. Mag. Sulph. ʒiv.

8.—Appetite not so good as it has been; suppuration is going on in the scrotum; mucous discharge from the catheter, though he complains of no pain in the bladder.

R. Spt. Æth. Nitrosi, ʒi.

Tr. Opii, ʒi. M. sum. ʒi.
quaq. hor. 4ta.

Continue poultice to the scrotum.

10.—Catheter left out eight hours; passes water well, and has perfect control of the discharges; catheter replaced without difficulty.

12.—Abscess is formed; fluctuation of matter distinct; no mucous discharge now from the bladder; appetite returned. Continue poultice.

14.—Abscess opened; discharged freely. Catheter is left out for some hours daily.

17.—Abscess in the scrotum healing fast. Catheter is now removed in the morning. Patient walks about anywhere, passes his water with ease, and in all respects seems about ready for discharge.

II.

Communicated for the Medical and Surgical Journal.

PURPURA HÆMORRHAGICA.

A Case of Purpura, or as it is called by Dr. Good, Porphyra Hæmorrhagica, or Land Scurvy, successfully treated.

By JOHN P. WARREN, M.D. of Wardsborough, Vermont.

It is not, I am aware, from the unfrequent occurrence of insulated cases of a disease, that we

should, on common occasions, attempt to illustrate new principles in its pathology, or establish facts of general application in regard to its treatment. This is not designed in the present instance. My object is simply to present a statement of facts in the following imperfect report of an interesting case of *Porphyra Hæmorrhagica*. The curious and striking phenomena which the case presented, rendered it one of intense interest to me, and it did not, of course, fail to make a strong and deep impression.

On Monday evening, the 3d of last November, I was requested to visit Hollis Towne, aged twenty one years, a laborer, of temperate habits and good constitution. He informed me that on the Saturday preceding, while walking at night, he accidentally slipped and fell to the ground, which jarred him very considerably, but from the effects of which, he felt no material inconvenience, and next day (Sunday) rode from home on horseback, a distance of fourteen miles, in the enjoyment of apparently perfect health. Within an hour or two after performing this journey, without any of the ordinary precursive symptoms of indisposition, he was attacked with hæmorrhage from the nose. During the night and a part of the subsequent day it was profuse, but at this time, had, in some measure, abated. Cold water applied to the head, and numerous astringents in popular esteem snuffed up the nostrils, had been perseveringly tried, and with only temporary benefit. Early on the morning of the 4th his attention was drawn to a singular sensation in his mouth, an inspection of which, to his surprise, discovered numerous dark

spots resembling portions of coagulated blood. From these, blood was continually oozing.

On examination of my patient, I found the appearances corresponding with his description of them. The inner surface of the cheeks, lips, the gums and tongue, were studded with spots resembling blood-blisters, most of which had ruptured, and around which, as to nuclei, coagula had formed. Every part of the body, not even excepting the face and hands, was sprinkled over with purpurous spots. They were vesicular, varying in size, some being of the bigness of a split pea, others no larger than a pin's head, distinct, and containing black blood. I did not detect any upon the hairy scalp. They resembled precisely the inky petechiæ which I once noticed in an exhausted state of a patient from measles. On the arms and lower extremities, patches of the skin appeared analogous to parts from the effects of a bruise, or, not unlike examples of *Porphyra Senilis*, occurring on the hands and forearms of elderly people. In addition to these symptoms there was pretty profuse Hæmaturia; the urine deposited, on standing, a nearly equal proportion of blood. The patient estimated the quantity of blood lost at about four pounds, but this could not be exactly determined. The appetite was but little impaired, and the bowels were regular. He complained of head-ach over the orbits, and his face, notwithstanding the loss of so much blood, was flushed. Pulse feverish, full, but without hardness. Tongue moist and but slightly furred. There was an expression of anxiety in his countenance.

Reflecting on all the circum-

stances of this, to me at least, novel and interesting case, I was embarrassed to determine what were the leading indications. A question arose whether the hæmorrhage in the present instance was occasioned by the violence of the fall, or whether it was indeed spontaneous; whether it was in fact an entonic or atonic hæmorrhage. Had it been the result of the shock from the fall, it would, doubtless, immediately have supervened, and by the use of appropriate remedies, would soon have ceased. If we admit the existence of a rupture of vessels merely, which in spontaneous hæmorrhage has not, we think, been proved, how shall we account for those extravasations of blood in the dermoid and mucous membranes? Those appearances cannot perhaps be reconciled in any other way than by supposing that a general disease of the exhalants existed, and that the hæmorrhage was induced by anastomosis, or dilatation of the mouths of the vessels, as is maintained by Bichat and others. The absence of symptoms indicative of entonic action, or of inflammation of visceral organs, and the hue of the blood, did not at first view authorize the employment of farther depletion. On the other hand, the irritated full pulse, headach, flushed face, the hæmorrhage not profuse, together with the comparative inefficiency of the means employed to check it, determined me to adopt the antiphlogistic plan of treatment. Accordingly, I took twenty ounces of blood from a large orifice. Slight faintness was induced. The blood exhibited a thin buffy coat. The hæmorrhage entirely ceased for a few hours. Refrigerants to the

head and astringents to the nose and mouth, the principal of which were a saturated solution of alum in water, sulphate of zinc, borax and infusion of marsh rosemary, were, in the meantime, unremittingly applied. A low diet was enjoined. On Tuesday morning, the 5th, the symptoms of excitement had, measurably, subsided. The hæmorrhage recurred, though less profusely than on the preceding day. The number of purpurous spots upon the skin had diminished. The gums and interior of the mouth presented much the same dark, bleeding, fungous appearances as before. On the 6th was visited again; the above mentioned symptoms continuing, was bled to twelve ounces. Some aperients were administered, together with the use of gargles. The hæmorrhage now ceased entirely, the mouth and surface cleared up, and the patient was gradually restored to health.

The occurrence of cases of the species of *Porphyra* in question is, it is believed, extremely rare in warmer latitudes, and in the crowded cities of Europe; and in this country especially, amongst the hardy yeomanry of Vermont, "the bone and muscle" of our nation, it is presumed to be without parallel.

The young man, the subject of this memoir, had previously enjoyed uninterrupted health, with the comforts of life. Hence the obscurity of the pathology of the disease. The real pathology of the genus *Porphyra* is conceded to be congestion of the liver or adjacent viscera; and dissection, says Dr. Plumbe, has proved this to be no uncommon cause of the disease. The treatment of *Porphyra Hæmorrhagica* by venesection is no

new treatment. Dr. Parry of Bath, (Eng.) cured two patients speedily by two bleedings from the arm; and the distinguished Editor of the *Medico-Chirurgical Review*, states that during the last year, a man in St. Bartholomew's Hospital, under the care of Dr. Latham, was cured by "one bleeding and a few doses of aperient medicine containing calomel." Drs. Bateman and Good accord in recommending the same plan, "for," says the former, "if marks of febrile irritation are considerable, and the spontaneous hæmorrhage not profuse, local and general bloodletting may, doubtless, be employed with great benefit."

III.

MEDICAL MEMORANDA.

Anatomical Dissection.

THE following memorandum was written by the late Major Cartwright, of London, and found among his papers about a fortnight after his death. It shows an ardent and disinterested zeal for the welfare of mankind, which is highly honorable, and forms a strong contrast with the grovelling ideas on this subject displayed by some modern legislators.

"The importance to society of medical knowledge is obvious. Medical knowledge must be founded on anatomical knowledge; and, in proportion as physicians and surgeons are skilled in anatomy, will be their usefulness. That all students in surgery should *practically* study anatomy is doubtless necessary, since the mere *theory* to be learned from books cannot qualify a surgeon to perform difficult and delicate opera-

tions; nor can those who study medicine expect to improve their science unless they shall add to books a practical study of anatomy.

"Reflecting on the foregoing considerations, and also recollecting that the separation of the atoms of our bodies by worms is unavoidable, it seems desirable, for the benefit of society, that they should previously be dissected by the teachers of medicine and surgery.

"It is therefore my wish, that, very soon after my decease, my corpse may be committed to the care of my friend, Dr. Harrison, (if at that time in London), or to Mr. Cline, or to the last attending physician, to be removed to Surgeons' Hall for dissection, in a regular lecture, and then immediately deposited in its coffin, ready for being conveyed to the place of interment. But all this, relative to dissection, to be on condition of Dr. Harrison, Mr. Cline, or such last attending physician, engaging for the punctual observance of what I wish to be done, to the entire satisfaction of my executors, on whose consent the whole must depend. My own wish is simply that my body, after death and before its decomposition, may be instrumental in promoting the good of mankind."

The Oath of Hippocrates.

I SWEAR by *Apollo* the Physician, by *Æsculapius*, by *Hygia*, and *Panacea*,* and by all the *Gods* and *Goddesses*, that, to the best of my power and judgment, I will faithfully observe this oath and obliga-

* The daughters of *Æsculapius*, and esteemed Goddesses of Health.