

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIV.

WEDNESDAY, JULY 30, 1851.

No. 26.

MEDICINE AND SURGERY IN MEXICO.

LETTER FROM PROF. HUDSON, OF IOWA.

FROM Dr. Hegewisch, who had resided in Vera Cruz for three years, I obtained a few facts concerning the medical profession and institutions of the Republic. I regret that circumstances have so conspired as to prevent my visiting these institutions. Dr. Hegewisch is a German, who came to Oaxaca many years ago as physician to an English mining company. He is a fine-looking man, with an open frank countenance, and is very much of a gentleman. He stands high in his profession. Himself, with two medical brethren, were the founders of the medical college at the city of Mexico, which went into existence in 1838 under the patronage of the State. The departments were, and still are, divided up into eight or ten in number. The salary of each professor was stipulated at \$1200 a year, and students were educated free of charge. Their annual number of students averaged from forty to sixty. In 1840, when the French were expelled from the country, the professors were, without cause or provocation, summarily ejected from their places, and the chairs re-filled by Mexican teachers; leaving the honorable founders, their unpaid and well-earned salaries unprovided for. This characteristic perfidy was not surprising, though it was unlooked for.

There is a university with a medical department of respectability in Gaudalaxara, a medical college at Pueblo, one at Morelia, one at Oaxaco, making five in all. The three latter are institutions of no merit or respectability. They maintain only three or four chairs in each. Dr. Hegewisch occupied the chair of Surgery in the school at the city of Mexico, and lectured four times a-week. During this time, himself and associates conducted and published a medical journal; but it is now abandoned, and there is none in existence in the whole Republic.

The Faculty embraced the physiological doctrine of the humoral pathologists of the French school; and no disease illustrates so forcibly to the mind of Dr. H. this interesting doctrine (of Broussais?) as that Protean malady of this latitude, the *vomito*. The disease is now prevailing in Vera Cruz, but at present more mild than fatal. The rapid change the blood undergoes during its invasion and progress, is strikingly palpable, although the sequences are by no means so uniform as this change, nor so uniform as the mode of attack. Violent pain in the head

is a never-failing symptom, and appears at the onset, often located over one or both eyes, and reaching deep behind the orbit. Injected eyes, and icterodod conjunctivæ, are constant symptoms. Pain along the spine, heaviness and aching pains throughout the limbs, sometimes yawning, and sometimes a chill. Tongue soon coated with a white clammy coat, followed by a perturbed stomach, and then vomiting. The extensive and dreadful change in the blood is now most markedly seen. It becomes fluid. The serum is increased in quantity, and the fibrin diminished. Its plasticity seems suddenly gone. A general hæmorrhagic tendency and extravasations do not always accompany the malady ; but the strength of the perverse action centres about the liver, blocks up the natural outlets of this gland, without arresting its secreting function, when the overflow of bile into the surface tissues, marks as plain an icterodod condition, as when sanguineous extravasations predominate. The first day, the pulse is upwards of 100, and the febrile stage is most active. Towards the termination of the case, the pulse sinks to 40 beats the minute, the patient becomes quiet and easy, and feels confident of recovery. But this respite or apparent amendment is often delusive, the pulse soon fails in the fatal cases and becomes imperceptible, the patient grows weaker, the vital forces flag, and life passes away as silently as a burning wick is extinguished for lack of oil.

The unfamiliarized physician stands amazed at the novelty of this mode of death, and confounded at the subtlety of those causes which produced it. His inquiring thoughts in vain ask, from whence came the force of that fatal influence whose power his skill could not avert, and whose march leaves behind so few tangible evidences of its nature.

The vomito, like the yellow fever, does not attack the natives of Vera Cruz, but those who come only a few leagues from the interior are frequently seized with it ; yet it is not confined to the locality, nor to the summer and rainy season of the year, but often prevails with great mortality in the interior of the country, along the coast, and during the spring, fall and winter months. According to the observations of Prof. Hegewisch, it follows the emigration of foreigners, and is more especially obnoxious to them when living in societies or companies, than when the stranger is by himself.

The identity of this disease with yellow fever is so close as to render a distinction between them useless, and the task, when completed, a meaningless piece of refinement. Dr. Hegewisch confesses his inability to point out a difference worth the name of distinction. The symptoms and mode of invasion are almost precisely the same ; each receives the same treatment. I am not familiar, from observation, with the pathological lesions observed in either case.

General and local abstraction of blood ; oil, blisters, sinapisms, and sudorifics, constitute the chief means of treatment. Some cases last but a few hours, others continue several days.

The Mexicans offer as little encouragement to foreign practitioners of medicine as any other calling. They are not admitted to examination until they have resided in the Republic twelve months, and then paying upwards of one hundred dollars for the license. During the

last Congress, a law was agitated which compelled foreigners to reside two years in the country before they could be admitted to examination.

Western Medico-Chirurgical Journal.

MOUNTAIN AND MALARIOUS FEVERS PRODUCED BY THE SAME CAUSE.

BY IRA E. OATMAN, M.D., OF DUNDEE, ILL.

IN passing over one thousand miles of the vast plains towards the Pacific, the earlier emigrants of 1849 enjoyed great freedom from fevers. But while going through the South Pass of the Rocky Mountains, some of them experienced great dyspnœa, which was increased by exercise. The altitude was 8500 feet above the level of the sea. This dyspnœa so resembled that I had observed in congestive fevers in Illinois, where the lungs were chiefly affected, that I was induced to inquire if they were produced by the same cause. We began to descend the same day, and were in lower altitude; but still several thousand feet above the level of the sea. Within a few days (I lost my journal), one fourth of our company were taken with what is called the "mountain fever."

They were attacked with depression of spirits, languor and debility, with extreme aching in the forehead and lumbar region of the back, thirst, coldness and numbness of the extremities, and slight chills. These were followed by an increase of thirst and pain, with febrile re-action—generally high, and in some cases delirium. If not energetically treated, the remission was very light in the morning. The cases yielded, in from one to three days, to six or eight grains of sulph. quinine and one fourth to one third of a grain of sulph. morphine three or four times a-day, after a mercurial cathartic. The convalescence was as rapid as is usual in this country after such fevers.

Fat bacon and coffee had been the staple articles of food, since we left home; and such was our mode of life that we partook of them in no sparing quantities. These being highly carbonaceous articles, and the weather rather warm, there was evidently an accumulation of carbon in the system. While the same quantities were still ingested, we ascended to an altitude (8,500 feet) where the atmosphere was so rare, that, with deep and frequent inspirations, there was not sufficient oxygen taken into the circulation to maintain the vital actions during active exercise. Hence the dyspnœa and sense of impending suffocation. The carbon, not meeting with the proper elements with which to combine, could not be eliminated from the system through the natural avenues. Consequently, a vast accumulation would take place in a short time. The coldness of the nights in this altitude, checking the insensible perspiration, would produce a pathological state of the blood, which would derange, consecutively, the functions of the liver, kidneys, &c., through which the carbon is eliminated. The blood, now loaded with carbon, and imperfectly hæmatized; failing thereby to stimulate the cerebral and nervous functions, that state of depression and languor would follow which results in chills and all the phenomena of fever.