

the most unexceptionable proofs of the communicability of the fever, and, as it were, challenges the reader to deny them; in another he ridicules his credulity, and charges the whole fraternity of contagionists with want of candour and truth." After this, it is plainer than ever that the reviewer is incapable of comprehending a judicial investigation of facts for the purpose of eliciting truth. It is clear that he, at least, would have proceeded very differently from Dr. La Roche, and, ignoring all that could be said on the side which he opposes, would have made the most of the evidence which favours a belief in the contagiousness of yellow fever. But Dr. La Roche, as an honest critic, and a philosopher, chose that both sides of the question should be heard, and accordingly he examines it in all its aspects, not "in a chapter," but in *eighteen chapters*, of which the *first two* are devoted to a statement of all that could be adduced on the affirmative side of the question.

The reviewer, in order to justify the above charge of frivolous inconsistency which he brings against Dr. La Roche, professes to convict him out of his own mouth, of being a contagionist, and cites the following, among other passages, for the purpose: "The communication of the disease from the sick to the well, may, in general, be traced in a satisfactory manner." This sentence occurs in a chapter which begins with these words: "The contagious character of yellow fever . . . and its transmissibility from one place to another, *have been, and continue to be supported on the following grounds,*" (vol. ii., ch. xi.) These grounds are stated and discussed in numerical order, and the eighth one is the sentence quoted by the reviewer. But it is the argument of Dr. La Roche's opponents, and not his own, and in due course (ch. xxvi.) he examines and endeavours to refute it. Other contagionist assertions are attributed to Dr. La Roche, and upon precisely similar grounds. Controversialists must henceforth be careful not to state correctly their opponents' arguments, lest they should be charged with admitting them to be true. The reviewer of Dr. La Roche is evidently resolved that no such charge shall attach to him.

But we must return from this unwelcome digression.

The brief and very imperfect summary which has been given of the new matter in the present edition of Bartlett's treatise, will furnish the reader with some idea of its increased value over the previous issues of the work. The profession will, we are satisfied, ratify our judgment that it is the most complete work in any language on the subjects which it undertakes to discuss. The editor has done full justice to the author by the new matter inserted in the text, and, as already intimated, has executed in a kindred spirit the additional bibliographical notices which are appended to each article, and which are so valuable an assistance to all medical scholars who seek to form opinions of their own.

A. S.

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- ART. XXI.—1. *Transactions of the Medical Society of the State of Pennsylvania, at its Annual Session, held in the City of Philadelphia, May, 1856.* 8vo. pp. 228.
2. *The Transactions of the New Hampshire Medical Society, Sixty-sixth Anniversary, held at Concord, June, 1856.* 8vo. pp. 78.
3. *Transactions of the Seventh Annual Meeting of the Medical Society of the State of North Carolina, held at Raleigh, May, 1856.* 8vo. pp. 63.
4. *Transactions of the Illinois State Medical Society, for the year 1856.* 8vo. pp. 92.

In examining the *Transactions* of our several State Medical Societies, we find a very common complaint made, as an excuse for the paucity of details in the reports presented from the various local bodies of which these societies are composed, of the absence of any epidemic or unusual diseases, and the restriction of the reporters' observations during the year preceding to cases of ordinary affections. This complaint is founded, in our opinion, on an erroneous supposition, that the interest and value of the facts collected and recorded by medical

men consist solely in their bearing upon the etiology, pathology, and therapeutics of diseases, or forms of diseases, which are only of occasional or rare occurrence, or which have not yet gained admittance into our regular systematic treatises. It is important, of course, to record with accuracy the history of every epidemic, with every preceding and concurrent circumstance that may have the slightest tendency to throw light upon its causes, character, prevention, and cure; it is essential, also, that every new form and phase of disease which may be met with should be noted with minuteness and care, and not less so that the results of the use of new remedial agents already in use, should be promptly, candidly, and accurately reported; but not to the exclusion of observations on those forms of disease which the practitioner, in any given locality, or in every locality, is called upon throughout the year, or during its several seasons, daily to encounter. Everything that relates to these is of importance to him. Their characteristics, course, and termination, as they present themselves in different sections of country during the several seasons of the year, and under the varied meteorological conditions of the same season. The modifications produced in them by the age, sex, habits, occupations, and social position of the individuals attacked, and the treatment that experience has shown to be the best adapted to arrest their course, or to conduct them to a favourable termination. Every observation bearing directly or indirectly upon these questions is of value, whether it confirms, or controverts, or modifies, commonly received opinions or practice; and, in the careful collection and recording of such observation, every practitioner, wherever located, and however limited his field of practice, may aid in the progress and establishment of medical truth—whether doctrinal or practical.

1. The annual address before the *Pennsylvania State Medical Society*, delivered at the opening of its session of 1856, by its President, Dr. James S. Carpenter, of Pottsville, Schuylkill Co., is one replete with good sense, and well adapted to the occasion.

The first report comprised in these *Transactions* is that from the county of Berks. It is mainly confined to a report, most valuable and instructive, of the Valley of Oley, in the eastern portion of the county. A beautiful and very fertile spot, well watered and timbered, comprising an area of about thirty square miles, and nearly surrounded by hills which shut out from it the rest of the world. Its population is about three thousand. The valley is underlaid throughout by limestone. The inhabitants are chiefly engaged in agriculture, and are surrounded by all the substantial comforts of life—industrious and temperate. They are the descendants of Huguenots from France, Quakers or Friends from England, and of Swiss and Germans, most of whom left their native lands on account of religious persecution, and came to settle in the wilderness, "where they might find an asylum and breathe a more genial atmosphere of religious liberty."

A curious and interesting question presents itself: What are the prevalent diseases amid this secluded population of the valley of Oley? In the report before us, we have the answer.

"Healthy," it says, "as it should be expected the descendants of such hale pioneers would be, and free as they are from many infirmities, such as gout, which is not known amongst us, and cancer, which is but of rare occurrence, it must be yet admitted that such a formidable disease as phthisis pulmonalis has, in truth, exterminated quite a number of the venerable names of these hearty forefathers. Why this is, it is not pretended to explain; yet we know that rheumatic affections reign here extensively, and if Dr. Thompson's reasonings are correct in this respect, some light is shed upon their cause.

"Intermittent and remittent fevers have for some years been of rare occurrence; the former is now only occasionally met with along the borders of the Manatawny, and not at all on situations more elevated. Remittent seems to have been, for the last thirteen years, almost entirely superseded by typhoid fever. It is this which gives physicians most care, and strikes terror among the people. In its career, it pays no respect to situation, condition, or rank, and attacks alike the rich and poor, whether living among the Alpine regions,

or in the lowly valley. It entails sorrow and distress without the least perceptible regard as to season. The angel of death finds in it a weapon equally potent in the midst of winter, when all is mantled with an Arctic cloak, as well as under the influence of a vernal sun. It has now prevailed in this place for thirteen years, with an occasional abatement, but no cessation; yet the cases for the last few years have diminished in number, and will, perhaps, for once disappear.

"Dysentery has not prevailed, except sporadically, since 1851. It visited the neighbourhood several times, at irregular intervals of thirty-five years, and, in every instance, pursued nearly the same course in its march. The argillaceous districts were especially infected, and all the hills on the plain exposed to the south. A farm-house, situated at the foot of one of these gravel hills, though on the limestone, was, during the preceding epidemic, almost deprived of its inmates by death from dysentery, while, during the latter, that family escaped entirely. During the former, the family were supplied with water from a spring which had its source in the adjacent hill. This was destroyed during the interval by mill improvements, and they were, in consequence, obliged to obtain their water from a deep well in the limestone strata."

This was not the only instance of the same kind, the report assures us, that presented itself.

Cholera morbus, influenza, and all the affections of the mucous membrane of the air-passages, are noticed as especially prevalent during the spring of 1856. In January of the former year, two cases of puerperal fever are noted as occurring. In one of these, the mother suckled her child as long as her strength would permit. It was attacked with erysipelas, and died; the mother recovered. In March, measles became epidemic, after an interval of ten years. It was peculiar in its attacking the grown-up individuals of a family, often allowing the younger members to escape. It continued to prevail until the middle of May. In the fall of the year, pertussis occurred pretty extensively. During the summer, five cases of anthrax are reported in one of the villages within the valley.

This very interesting report was drawn up by Dr. P. G. Bertolet.

The report from Blair County comprises a brief sketch of the hydrography, topography, and geology of the county, with a succinct account of the prevailing diseases of the year 1855. These were mainly smallpox—principally in a modified form—hooping-cough, and mumps—generally of a mild character—typhoid fever, intermittent fever; dysentery, sporadic, and mostly in children; and, in the latter part of the winter, pneumonia, of a more decidedly inflammatory character than that under which it had presented itself for some time previous, requiring free depletion, tartar emetic, and blisters.

In reference to typhoid fever, Dr. Landis, the author of the report before us, who had under his care thirteen cases, all of them occurring in the first half of the year 1855, remarks:—

"The treatment pursued was mild, and rather expectant, a mode of treatment which I have always found more successful in simple typhoid fever than any other. In common phrase, I never attempt to *cure* typhoid fever, but simply conduct the patient through the storm, and not control it. I am convinced this disease will run a definite course in spite of the best directed efforts to arrest it, and, when there are no serious complications present, the less active the interference the better the patient fares. There is, perhaps, no other disease in which meddling medication is so pernicious. When important organs are threatened or invaded, these complications must of course be met, and treated on general principles. I would make a single remark with regard to the dietetic treatment of this fever: that I usually allow, from the very outset, light, nutritious food, believing that the powers of digestion and assimilation are maintained with considerable vigour throughout the disease. In this way, that extreme prostration of the nervous stage may be prevented in a majority of cases, which most certainly follows that mode of treatment that is content with merely prescribing slops and empty gruel, permitting the patient to reach the second stage in a state of inanition, to withstand the shock that threatens

to overwhelm the vital powers, and requiring the most potent stimulants to sustain him.”

An eczematous disease having resulted, in a large number of cases, from the insertion into the arms of the patients of spurious vaccine matter, obtained from a druggist in Philadelphia, Dr. McKee, of Hollidaysburg, remarks as follows, and we would impress these remarks strongly upon the minds of the practitioners of medicine in all rural districts:—

“Such spurious virus is circulating everywhere, more or less, and it will be the case just so long as country practitioners do not adopt a more independent line of action, by resorting to the original spontaneous vaccine virus. So long as drug stores in a city receive a good, round sum—call it extortion, or what you may—for their diseased scabs, what care they where it goes, or what dire effects accompany it? The responsibility rests not with them, but with the physician whose confidence they betray and abuse. It is high time that each individual in the profession should resolve not to be imposed upon any longer, but return to the original and authentic problem of Jenner, and work it out for himself.”

This is a subject, we would add, of serious importance. That there is much spurious and inefficient vaccine matter in use throughout our State, we have become convinced by facts that cannot be controverted. The consequence is, that either a sore on the arm, having no characteristics of the genuine vaccine disease, is produced, surrounded, sometimes, with an extensive, unmanageable eruption, or giving rise to an erysipelatous condition of the limb; or, perhaps, a condition of the arm is produced, having a close resemblance to that from genuine and efficient vaccine infection, but insufficient to so impress the system as to afford it complete protection from variolous infection. The only means to remedy this evil is, a systematic concert on the part of the profession, to renew, at short intervals, their supply of vaccine matter from its original source, and to never make use of any which is not certified to them by competent and reliable authority to be genuine and efficient, and derived from healthy patients on whom the vaccination has pursued throughout a perfectly regular course.

In the report from Bradford County, Dr. Horton gives the history of an interesting case of tumour at the neck of the bladder. A gentleman, sixty-two years of age, of enfeebled constitution from frequent attacks of malarial fevers, very subject to nervous or sick headache, in easy circumstances, and temperate habits, had suffered, for upwards of a year, from occasional attacks of retention of urine; whilst travelling, June 21, 1855, he was seized with one of these attacks, attended with intense pain in the region of the neck of the bladder. Warm fomentations were applied, and, after an hour, the pain ceased, some urine was voided, and the patient was enabled to resume his journey. His urine continued to be passed with tolerable ease until the morning of August 11, when retention and pain again recurred. Fomentations afforded no relief; an effort to introduce a catheter was unsuccessful. The next day, there being a strong pulse and considerable irritative fever, he was bled to a quart, from the arm. Distinct tumour above the pubes. Every attempt to pass the catheter proved ineffectual. Anodyne and relaxing enemata were administered, without effect. The patient continued to suffer excruciating pains, and finally sunk into a comatose condition, from which he was readily roused; on the morning of the 13th, his sufferings were terminated by death.

The following is the account of the *post-mortem* examination, twenty-eight hours after death:—

“The bladder contained about a quart of apparently healthy urine; whole lining membrane inflamed; larger bloodvessels engorged so as readily to trace their course; neck of the bladder enveloped by a tumour three inches in diameter, involving the prostate, closing the passage into the urethra, and pushing up into the bladder with several teat-like prominences. The tumour had an elastic feel, and, when cut into, was found to contain numerous small bodies, from a quarter to a half inch in diameter, which resembled tubercles. The most of them were in a state of disintegration. Some were already a yellowish, cheesy mass; others contained a yellowish, pus-like matter within, the circumference being sound and entire, or nearly so. No small granulations were observed.

Cowper's glands were enlarged, and found to contain a yellowish matter. The abdominal viscera generally appeared in a healthy condition. The examination, however, was confined mostly to the neck of the bladder, and parts near it. The testis of the right side was wanting; a small fibrous mass occupied the scrotum in its place. It is not known how long this had been so. The tumour was somewhat elongated, or rather of a pear form, with the large end upwards, and, judging from descriptions I have read, was not an ordinary case of enlarged prostate."

The following case of poisoning from eating the charged ends of friction matches is not without interest. It is related by Dr. Horton:—

"On the 31st of March, 1856, at 9½ o'clock A. M., I visited M. T., a sprightly intelligent little girl, aged 3 years. Found her very drowsy; extremities quite cold; considerable heat over the stomach and bowels; pulse weak, rather slow; bluish semicircle under each eye; pale around the mouth; breathing easy, with now and then a deep sigh. The child was at meeting the day before, seemed in excellent health, and uncommonly playful. After going home from meeting, while the family were at supper, she went into the bedroom, got up to the match-safe, took out the matches, and was shortly afterwards found playing with them. 'Why, M.,' says an older sister to her, 'have you been eating the matches?' 'Yes,' answered the little girl, playfully, 'they are little snakes, and I have bit all their heads off.' The family thought no more of it, and went to bed as usual. In a short time afterwards, the little girl began to vomit, and continued to do so, at intervals, all night. Her breath smelt strongly of the matches; but still her parents did not become alarmed, thinking the matches were not poisonous, and believing that the vomiting was caused by worms, with which they supposed she had been troubled for some days past. In the morning, about daylight, she passed a large lumbricoid, and this still strengthened their belief that it was worms. I directed warm water to the hands and feet, flannels wet in salt-water over the stomach and bowels, and internally a few grains of calomel, to be followed by olive oil. I left her at 10 o'clock, requesting word to be sent me by 2 o'clock P. M., if she continued to sleep. I heard nothing of the child until the next morning, when the news came that she was dead. Her parents thought she was doing well, though she was very sleepy all the afternoon. She had a small discharge from the bowels between 3 and 4 o'clock; nothing unusual in its appearance; was cheerful, talked plainly and rationally when awake, and said that she was not sick. She continued to vomit occasionally, and had a very strong desire for cold water all the time. Her mother went to bed with her as usual. At half-past ten she seemed bright and smart, kissed her mother repeatedly, and said she felt easy. A little before twelve she was a corpse. She gently slept her life away—no groan, no struggle. I saw the corpse nine hours after death; abdominal distension large, with purple spots; face natural, no bloating.

"The matches were the common Lucifers, such as are put up in small paper cases or boxes, with the dark-blue composition upon the end of them."

Dr. Allen relates a case of entropium cured by the application of collodion, in a female 60 years of age.

"I applied the collodion," he remarks, "upon the eyelid and brow, and was pleased to see it contract sufficiently to draw the cilia from off the eye. A daily application was made for three weeks, by which time she was so far recovered that she could open, shut, and retain the eye at pleasure. The evaporation of the collodion produced a very agreeable sensation of coolness, and, by reducing the inflammation, enabled her again to see with the eye, that had been blind for many years. Six months after this time I saw her, and found that she was steadily improving."

Dr. Allen believes that the application of the collodion will be found sufficient for the cure of most recent cases of entropium, as well as of those chronic cases where the eyelid is not very firm.

Dr. Allen presents the history of three cases of smallpox which occurred in Smithfield, Bradford County, in August, 1852. The first of these cases, and to which the others were traceable, occurred in a little girl, two years and a half old. For several years, the disease had not occurred within many miles of the

vicinity, and the child had not been abroad for several months, nor could any exposure of her to friends or strangers visiting the family be traced in any possible way. It was evidently of spontaneous origin.

The report of the Chester County Medical Society, in common with all the other reports in the volume before us, bears testimony to the unusual healthfulness of the year 1855. No epidemic of moment occurred, and even the ordinary endemic and sporadic diseases appear to have been few in number and mild in character. And such would seem to have been the case also throughout every portion of the State.

From the Report from Huntingdon County we quote the following remarks by Dr. J. M. Gemmill:—

“The most remarkable feature of the diseases of the period alluded to”—autumn of 1855—“was the blending of the types of remittent and typhoid fevers. In some cases, the disease, in the commencement, assumed the regular remittent form; the only thing unusual about them being a more frequent pulse during the remission than in simple cases. The ordinary treatment would, in a few days, arrest the periodic exacerbations; but when you were confidently expecting a speedy convalescence, you were disappointed to find the case gliding into one of well-marked typhoid fever, to be protracted perhaps for weeks, and marked by hemorrhage from the bowels, and all the most troublesome symptoms of this lingering disease.

“In other cases, the disease assumed the regular typhoid form in the commencement, and, under the usual treatment for two or three weeks, would change into the intermittent variety, and be speedily cured by a few doses of antiperiodic medicine. In another class of cases, the symptoms of the two varieties were so intimately blended, and the disease so intractable, that great care and close attention were necessary in their management. In these cases, we had great irritability of the bowels, and strongly marked gastro and hepatic derangement, with continued fever and regular exacerbations. They were successfully treated only by strict attention, and promptly meeting the symptoms as they presented themselves.

“Many cases of otherwise regular remittent fever were complicated with hemorrhage from the nose and bowels, and often to a most alarming extent. In fact, every form and variety of fever seemed liable at any moment to be complicated with the most profuse and exhausting hemorrhage; and, altogether, I have never seen so general a tendency to hemorrhages in fevers as during the period spoken of.”

In the very interesting report on the endemico-epidemic topography of Lawrence County, by Dr. Leasure, of Newcastle, in that county, we are presented with an instructive account of a malignant epidemic dysentery which prevailed in the county during the summer of 1851. The most successful treatment was found by the reporter to be large doses of opium, with ipecacuanha and calomel, every three or four hours, for one or two days, or until feces strongly tinged with bile were passed, and then followed by a tablespoonful of sulph. magnesiae in three tablespoonfuls of boiling water, swallowed as hot as the throat would tolerate, succeeded, in twenty or thirty minutes, by copious draughts of hot rice or barley water. On the return of painful dysenteric stools, the opium and ipecacuanha, without the calomel, to be resumed, followed by the sulph. magnesiae, as before. When, by this means, the bowels have been quickly and fully evacuated, further discharges to be restrained by opiates. In addition, absolute rest in the horizontal position was enjoined, and warm fomentations to abdomen, and occasionally stimulants to extremities. Diet, in the early stages, flour gruel and rice and gum-water; and, as stimulants began to be required, brandy and animal broths, or boiled milk.

“During the present season,” the reporter remarks, “we found, in common with our professional brethren all over the country, that intermittent diseases overleaped the ancient boundaries of their endemic habitation, and spread abroad all over the land, so that numerous cases occurred where the people had felt perfectly secure from ague; and now we have a general intermittent diathesis, as well as the typhoid, modifying all our diseases, of whatever character, where they are attended by any serious constitutional disturbance. Nothing is more

common than to find, in any given locality, a case of disease—as, for instance, pneumonia—that will take on an intermittent type in its early stage, and become typhoid, if it last a week or ten days without establishing a well-marked convalescence; and, during the present season, we have, in addition, a strong tendency to jaundice in our fevers, of whatever grade; and, since the first of April, we have had a more general predominance of fever and ague than has occurred for many years in the spring season, but the cases are nearly all those who suffered attacks of the same disease last fall.”

Lawrence County, we are informed, has long enjoyed an almost entire immunity from croup and scarlatina. There is there much less disease among children than formerly, and the mortality from tuberculosis has greatly diminished.

In Lebanon County, as we learn from its report for 1855, intermittent fever prevailed to a considerable extent during the year; a majority of its victims were the foreign labourers on the public works, though very obstinate cases were not unfrequently met with in acclimated residents. Typhoid fever was also a common disease during the year. Smallpox, measles, and scarlatina appear also to have prevailed to some extent. Inflammation of the lungs and pleura, parotitis, and pertussis prevailed to a considerable extent during the cold season; while acute rheumatism, neuralgia, and erysipelas are noticed as of more frequent occurrence than usual.

From the Sanitary Report of the Montgomery Medical Society we extract the following remarks by Dr. Francis B. Poley, on the treatment of acute inflammations, such as puerperal fever, peritonitis, pneumonia, meningitis, &c., chiefly by the free use of tincture of digitalis.

“Eight years’ experience,” he informs us, “has fully convinced me that digitalis is absolutely the specific for inflammatory affections. The cure is absolutely certain, if there be time to get the patient under the influence of the medicine before fatal disorganization has taken place, and this if necessary, can be generally accomplished in twenty-four hours from the time the first dose is taken, sometimes earlier; but occasionally it may require thirty-six or even forty-eight hours to check the inflammation decidedly. A complete cure is generally effected in from three to six days, according to the condition of the inflamed parts when the inflammation is arrested, and other circumstances which I have not time to explain at present.”

Dr. P. generally begins the treatment with a copious bleeding, less so, however, than if digitalis were not employed, and rarely has occasion to repeat it. In cases where the inflammation is not very active or extensive, bloodletting will not be necessary.

In order to give an idea of his plan of treatment he supposes a case. A woman of ordinary good health and strength is attacked with puerperal fever, or it may be the case is one of extensive inflammation occurring in a young robust patient. “In such a case,” says Dr. P., “I would bleed immediately, then I would give one fluidrachm of tincture of digitalis every four hours.” If it be a puerperal case, attended with severe after-pains, he gives at the same time two or three grains of opium, or a full dose of morphia every two or three hours until the pains cease. One dose is generally sufficient. If the fever and soreness very much subside, the dose of the digitalis to be diminished at least one-half, if they entirely disappear it is to be entirely discontinued. “It is very likely that four drachms of the tincture of digitalis will be sufficient to make a decided impression on the disease—there is less tenderness on pressure, the pulse is less frequent and perhaps somewhat irregular, a peculiar paleness about the mouth, perhaps nausea, and a number of other indications of approach of *digitalization*.” Dr. P. then gives from 15 to 30 drops of the tincture according to circumstances, every four hours, until the pain and fever have entirely subsided.

“If, however, after the fourth drachm of the tincture is given, the inflammation still continues unabated, I would continue the drachm doses until six or seven are taken, if necessary, and then diminish more or less rapidly according to circumstances. *Alarming and even dangerous prostration may follow the too frequent repetition, or the too long continuance of large doses.* After administering the lesser doses of digitalis, as above directed, until the pain or soreness

and fever have entirely subsided, which may require from twelve to twenty-four hours more, our patient, instead of having a pulse of 130 beats per minute, and a hot dry skin, has a soft, weak, slow, and generally intermittent pulse, perhaps 35, 40, or 50 beats per minute; occasionally, in pale and nervous persons, instead of a very slow pulse, it may be somewhat frequent, but very weak and peculiar; skin cool, pale, and moist; frequently profuse perspiration, no thirst, no pain on pressure, patient feels comfortable, and only complains of more or less weakness and occasional nausea."

"It may not be improper to state that numerous cases of inflammation occur in which a much milder course of treatment is all sufficient, in which bleeding is not required. From 20 to 30 drops of tincture of digitalis, given every four hours for 24 or 36 hours, and afterwards in lesser doses, as before mentioned, are all that is required to effect the cure, which is generally accomplished in two or three days in such cases. To graduate the dose of digitalis to the force of the disease, and the resistance of the system, are considerations of great importance, and require a nice discrimination."

While Dr. P. regards digitalis as *the chief* remedy in inflammations, with the occasional use of the lancet, he by no means rejects the use of other means that may be demanded by the symptoms and condition of the patient.

"I find," he remarks, "no occasion to use mercury in any form with a view to ptyalism, and very rarely indeed need there be any resort to blistering or cupping. I consider it proper to state, in connection with the foregoing, that I almost invariably use hydrocyanic acid in all inflammatory affections; it is soothing and tranquillizing, though transient in its effects. In acute diseases in adults, I generally give one minim every two hours, and if digitalis be given every four hours, it is taken with the hydrocyanic acid every other dose."

"As a general rule," according to Dr. P., "patients that bear bloodletting well, will require larger quantities of digitalis to produce the desired effect, and *vice versa*. In pale, nervous, and excitable persons, the prostration is apt to be more sudden and severe. In such cases, large doses should be repeated with the greatest caution possible. The extent and intensity of the inflammation also have a great controlling influence. In cases of very active and very extensive inflammation, large doses must be repeated in the beginning more frequently than where the inflammation is less active. In females that are nursing, and in pregnancy, it should be given cautiously, and never beyond what is required to produce its proper results."

"A child, one year old, with inflammation of the brain or lungs, may take two or three drops of the tincture, according to circumstances, every four hours, until four, five, or six doses are taken, then it may be proper to give only one or two drops per day."

Dr. P. adds the testimony of Drs. Bigony and Beaver in confirmation of his estimate of digitalis as the chief remedial agent in the treatment of inflammations.

We place the subject before our readers without any comment, having no experience of our own in respect to it to present. With a strong bias in favour of digitalis, as a therapeutic agent of great power that has been too much lost sight of of late years, we nevertheless, respectable and reliable as the source is from which the above testimony in its favour, as a specific in inflammatory diseases, comes, should hesitate in its employment with the freedom and boldness recommended by Dr. P. We have too often seen it when administered dose after dose, with apparently no effect, produce, suddenly, such an utter prostration of the powers of life, that the death of the patient seemed imminent, and his existence could only be preserved by a prompt and unremitting use of the most active diffusible stimulants. It is this known peculiarity of the digitalis which renders its continuous employment to a sufficient extent to arrest the course of any considerable acute inflammation fraught with so much danger. We admit that there is comparatively less danger of the result alluded to, from full than from small doses. We have found, also, the infusion a more manageable form for its administration than the tincture.

The report from the Philadelphia County Medical Society is a very elaborate and most interesting one. It presents a very good general outline of the medical topography of the county, deficient it is true in some of its details, and in



some of its features subject probably to no little criticism on the part of the scientific geologist, but sufficiently full and accurate to throw important light upon the etiology of the more prominent diseases endemic to different sections of the county. On the subjects of water supply, drainage and sewerage, cess-pools, street cleaning, animal refuse, ventilation, the dwellings of the poor, intramural interments, and other matters connected with public and especially civic hygiene, the remarks of the reporter, Dr. Wilson Jewell, will be found replete with sound views and practical suggestions.

The subject of meteorology is treated very fully, for the year 1855, the period embraced in the report. Complete mortality tables are given, introduced by a comparison of the mortality of Philadelphia with other cities in the Union. A brief survey of the prevalent diseases for the year closes the report. From the truly interesting and valuable matter contained in this portion of the report we had marked several items for especial notice; we are obliged, however, to pass them by. The entire report is deserving of a close examination on the part of the physicians residing within the bounds of the county as well as by those beyond them.

An excellent report from Schuylkill County, and a short, but not uninteresting one from Susquehanna County, complete the contents of the present volume of *Transactions*. A very valuable report on meteorology, for 1855, is appended to that from Schuylkill County. It is drawn up by Dr. A. Heger, of Pottsville. If, upon the same plan, and with similar care, observations are made and recorded for each successive year, in every section of the State, we shall be put in possession of data upon which may be based with a degree of confidence some general meteorological laws, and from which more reliable conclusions in reference to the influence which the meteorological conditions and changes in any given locality exert upon the health of the community, the occurrence of epidemics, and the character of the endemic diseases, than we have it now in our power to do.

2. The session of the *New Hampshire Medical Society*, for 1856, was opened by an address by its President, Dr. A. Smalley, on progressive medicine, its relations to society, to the other sciences and professions. This theme is discussed with no little acuteness and force. Dr. S. displays in rapid outline the steady progress which medicine has already made and is still making, towards the solution of the all-important problem—the determination of the best and most effectual means for repelling the onset of disease, or of arresting its progress when it has already become seated in the human organism. He points with great truth and eloquence to the deep interest which all classes and every individual in society has in the progress of the healing art, and in the upholding of those who are engaged in the promotion of that progress, with a brief glance at the relation of medicine to other sciences and professions as they stand in the eyes and estimation of the people and of legislators.

The first report is one on the results of the quantitative and qualitative analysis of homœopathic medical preparations, by Edward H. Parker, M. D., of New York City. Excepting to show the miserable system of deception upon which the pretensions of homœopathy are based, of which we had hoped that every intelligent physician was already sufficiently convinced, we can see but little good that can result from this report. Even could it be brought before the eyes of those of the community who have suffered themselves to be duped by the infinitesimal doses of potentized medicines, administered under the absurd pretence of *similia similibus curantur*, it would scarcely open their eyes to see their own folly and the deception practised upon them. The confident assertion, unhesitating promises and other charlatanic arts of the Hahnemannist will win for him the day with a certain class of the community, in defiance of every attempt on our part to enlighten their understandings, and convince their judgments.

There is some truth in the remarks with which the report concludes. Every means adapted to improve the form in which our remedies are given, so as to render them, while we retain their curative powers unimpaired, as agreeable and as little offensive as possible to the patient, is well worthy the considera-

tion of the medical practitioner. It was an observation of the late Dr. Dorsey to the class of *materia medica*: "It is almost as important to medicate our patients agreeably as to medicate them rightly. The thoughts of the inelegant and nauseous formulæ patronized by the profession has caused many a poor wretch to defer sending for his physician until disease has attained so powerful a hold upon his system as to render its entire removal difficult and uncertain."

The report which follows is on the ever fruitful subject of quackery. It is replete with sound opinions and manly sentiments, and one or two opportune scraps of advice to the members of the medical profession, which, if taken and acted upon, cannot fail to enhance the dignity and respectability of some, at least, of their number.

A report succeeds from the Committee on Practical Medicine, by Dr. H. H. Mason. It presents no prominent points of interest. It deals altogether in generalities; sound, it is true, and not without deep importance in reference to a correct and successful therapeutics. They can lay claim, however, to but little of originality, and though well expressed, are enforced by no illustrations with which the thinking and observant physician is not familiar.

The next report, that on indigenous botany and *materia medica*, deserting the legitimate boundaries of its proper province, is taken up entirely by a somewhat laboured recommendation of fluid extracts, as presenting in a pure and concentrated state the active properties of our vegetable remedies—in a form in which they can be readily kept with a lessened danger of deterioration, and administered to our patients with greater ease than in any other. These fluid extracts, when properly and skilfully prepared, present, among others, in the estimate made of them by Dr. Albert Smith, the author of the report, the following recommendations:—

"They are uniform in strength—there need be no experimenting with doses till we reach the desired effect—it may be accomplished at once.

"There is a certainty also about these extracts that is very satisfactory. Given in the doses directed, you will not fail to see the peculiar effects of each article in a very short time, without being obliged to resort to dangerous or heroic doses.

"They offer many advantages from their concentrated form; there is no necessity for large doses. It is certainly a great gain to see the same effects from five drops of the fluid extract as from a drachm of the tincture, or wine of colchicum; or from ten drops of the extract as from a drachm of the tincture of hyoscyamus."

"They enable the physician to make extemporaneously, syrups, infusions and tinctures, that are perfect in character, with a small amount of material."

The report which follows is on inflammation, by Dr. P. A. Stackpole. It is throughout marked by good sense rather than profundity; and though it presents no important addition to our knowledge of inflammation, it has the recommendation of being devoid of any of those startling hypotheses, adopted by many modern writers on the pathology of this and other diseases. Dr. Stackpole very properly repudiates the notion that inflammation is to be viewed in certain cases as a reparative process—"it is always to be considered as a disease, and never to be desired in the healing of any injuries."

3. The opening address of the seventh annual session (May, 1856) of the *Medical Society of North Carolina*, was delivered by Dr. Edward Warren. The theme of the speaker is "the medical profession"—the obligations which those assume who have entered its ranks—their duties to themselves, their colleagues, their patients, and the community at large. And well and wisely, and eloquently is the theme discussed, illustrated, and enforced.

Referring to the occurrence of yellow fever in Norfolk, Va., in 1855, Dr. Warren pictures the terror and consternation which the ravages of the disease spread throughout the community within "the plague stricken city." From whence, he remarks,

"The panic spread to the surrounding districts; strict quarantine regulations were enforced, and the weary outcasts were denied that shelter and protection which common humanity demanded for the unfortunate. The appeals of hos-

pitality, the teachings of religion, the pleadings of charity, and the voice of nature itself, were all unheeded, whilst selfishness issued its unholy fiat, and commanded universal obedience. Death, disease, and wretchedness impelled the fugitives from their homes; whilst the cold, unchristian, and unenlightened teachings of a false philosophy closed hearts and houses against them, and forced them back to their infected homes, to inhale the pestilential vapours, there to die amid scenes of misery. It was at this point that the medical profession entered the lists, and arrayed itself on the side of justice and humanity; it was then that its conservative influence was brought to bear in behalf of the outcast and the sufferer; it was then that its proudest triumph was won, and its noblest monument reared. Disabusing the public mind of the erroneous views it had imbibed in relation to the character and causes of the diseases, and repelling its prejudices in respect to its propagation by contagion from the bodies of the sick. Through its persuasions and teachings, all obnoxious restrictions were rescinded, all obstacles to free intercourse removed, all barriers to the natural flow of generous feelings broken down; hearts were unlocked, houses opened, asylums furnished; rich streams of kindness and charity gushed forth from every bosom, and Heaven smiled as it saw that the reign of selfishness was over, and that humanity had triumphed in the end. But this is only the first chapter in the history of those trying times."

"The demon of destruction was still abroad; the arrows of death were flying thick and fast about the city; the high and the low were falling everywhere; the pride of manhood was no shield against the violence of the malady; the spell of beauty was powerless over the scourge; love could find no asylum for the objects of its solicitude; and all was consternation and despair within the limits of the unfortunate place." "Chained to their posts by an imperious sense of duty and honour, the resident physicians of Norfolk shrank from no obligation imposed by their calling; avoided no responsibility appertaining to their legitimate business, and battled manfully on to the end—either to fall before the pestilence, or to emerge from its gloom with constitutions shattered, health ruined—wrecks of their former selves, and living monuments of their courageous devotion to their profession, and noble martyrdom in the cause of humanity. But the record does not stop here. There were others far removed from the scene of danger, upon whom the sad intelligence came as an electric shock, awakening all the sympathy of their nature, and inspiring them with the generous resolution of hastening to the scene of disaster, that they might lend their assistance towards resisting the fury of the pestilence. Without a prospect of gain, with no hope of reward, with the certainty of martyrdom before them, they left home, family, friends, and business, that they might contribute their sympathies, their prayers, their professional skill, and even their lives to the furtherance of the cause of humanity and the restraint of the terrible scourge. Death spared them not; but new recruits were constantly arriving to fill up the broken ranks of the profession. The malady defied their efforts, and marched on unchecked and unsatisfied, but they lost neither courage nor energy on that account; all was gloom and darkness around them for many long and dreary weeks, but they despaired not of a brighter and a happier day. In the public hospitals; in the mansions of the rich; in the habitations of the poor; with the proud and the humble; among all classes and conditions, wherever the pestilence penetrated, and death sought a victim, these noble volunteers were found ministering to the stricken, closing the eyes of the dying, wiping away the tears of sorrow, comforting helpless innocence, and fulfilling everywhere their highest destiny as men, and their noblest duties as physicians. The pen of history may record brave deeds upon the battle-field; the muse of poetry may lend her sweetest numbers to embalm the memory of those who have courted danger at the cannon's mouth, and met death in the fearful breach; the stately pillar and majestic arch may commemorate the triumph of the conqueror, and young ambition's pulses wildly leap as the story is recounted which tells of the hero's laurels, and the victor's crown, but peace has her victories no less renowned than war; and to those whose labour and glory it has been to defy the power of the pestilence, to tread the path of duty unmoved by the terrors which surround it, to carry medical aid to

the sick and suffering, to offer sympathy and consolation to the broken-hearted, to count all difficulty and danger as nothing when contrasted with the love for their fellow men, and their obligations to their profession—to them a monument is due, whose every stone shall be quarried from the love and gratitude of humanity—whose pinnacle shall kiss the clouds, and whose glory shall go down to the latest generations.”

The first report is by Dr. N. J. Pittman. It comprises the histories of two cases. The first of general paralysis from the local absorption of the sulphuret or sulphide of lead. It was in a gentleman, 42 years of age, who, in consequence of an ill-charactered ulceration of the cheek, had applied to it a powder recommended by a female quack for a length of time. It had no effect in curing the ulcer, but finally induced general paralysis. Upon inquiry, the powder was found to consist of a sulphide or sulphuret of lead. Under the effects induced by it the patient in a short time sank.

The second case is one of a double fracture of the thigh, cured with only five lines of shortening. It occurred in a lad twelve years of age, in consequence of a fall from a horse. The fracture was treated by the double inclined plane, McIntyre's splint, for the first day, but on the second, from the inconvenience produced by this mode of management, it was changed for Gibson's modification of Hagedorn's apparatus; under the use of which for about six weeks the fractures were found completely consolidated, with only the amount of shortening indicated, and within three months from the period of the accident the patient had the entire use of the limb, with no apparent evidence of deformity.

The volume closes with a paper on Remittent Fever, by Dr. Frederic Manson, giving “the condensed results of fifteen years' experience in its study and treatment.” The disease is described under the three forms of *mild remittent*, being that which the author has generally met with; *grave remittent*, a rare and exceptional form, chiefly witnessed during the year 1844, and in the great epidemic of 1846, and occasionally both before and since these periods; the *adynamic remittent*, a form of the disease which seems to form, as it were, the connecting link between periodical and continued fever, with which latter it is liable to be confounded.

The paper of Dr. Manson is an interesting one, and will amply repay a careful study. The chief object of the author in its presentation to the Society is to advocate the abortive treatment, by the administration of large doses of quinia, so soon as, in cases where the reaction runs high, the system is properly prepared for it. In the grave form he gives it in ten grain doses, with twenty grains of capsicum, in a pint of boiling water, as an enema, every half hour until symptoms of reaction ensue, and then in doses, by the mouth, of from five to ten grains every three or four hours, until thirty-five or forty grains are taken.

4. The *Transactions of the Illinois State Medical Society* open with a report on Practical Medicine, by Dr. Samuel Thompson. Periodic fevers, it informs us, appear to have been more extensively present throughout the State during the year 1855 than at any previous period. It is stated by Dr. Thompson that in six cases of intermittent fever the sulphate of cinchonæ was used by him in place of quinine, and to his perfect satisfaction.

“Indeed, we believe,” he says, “that when the object was to give something to prevent relapse, it seemed more efficient than the quinine itself. Our course though was generally to give quinine to arrest the chills, and then prescribe the cinchona and iron to invigorate the system, so as to prevent a return.

“During our constant attendance upon the cases of this kind which occurred during the last summer and autumn, it did not appear to us that they were precisely of the character of ordinary intermittent. In a large number of cases the functional impression was much graver than is usually manifested in those complaints in this region of country; in cases of even a plain uncomplicated tertian intermittent, the patient felt sick all the intervening days. There appeared to be a disposition, in a large number of cases, for the chills to anticipate their hour of return; while in some cases they became each day longer in their continuance. And, again, in other instances, the chill each day be-

came more indistinct, while the fever was more severe and protracted. In the first class of cases, if neglected, the tendency was to run into what is called congestive chill; while, under the second described symptoms, 'congestive fever,' as we would term it, or fever in which prostration and typhoid symptoms supervened, was apt to be the consequence. In quite a number of cases the whole paroxysm, chill, fever, and sweat were jumbled or blended together. In our experience, real rigors or shakes were rare during the past year. There were a number of cases in which the chief complaint was of the great oppression of breathing, of a load like a ton of iron on their stomachs, while a feeble pulse was an almost universal feature of the complaint. Again, the blending together, in some cases, of some of the symptoms of what is called milk sickness, with the more usual effects accompanying the fever, was an interesting circumstance."

Typhoid fever, or a disease bearing in its general symptoms affinity with the disease known under that name, appears, from the report before us, to be a prevalent malady in Illinois. Of its symptomatology, general course, and pathological anatomy, the report before us affords us no data from which any very definite or correct opinions can be drawn.

"The only disease," says Dr. Payne, "which has prevailed as an epidemic to any extent, within the last two years, is acute bronchitis. Many of the adult population, and particularly the males, were attacked with it; it did not prove serious in any of those cases, most of them being able to attend to their ordinary business; the greatest danger was its liability to terminate in pneumonia. It was, however, among children, of a more aggravated form, usually coming on with a chill, or chilly sensations, followed in a short time by high fever, tightness across the chest and down the sternum, great oppression referred to the epigastrium, severe paroxysmal fits of coughing, the mucus occasionally mixed with blood; there was a remission, in most cases, in the fever towards morning. The disease was of various grades, from the mildest to the most aggravated form; the duration of the disease was from ten days to two weeks. It made its appearance the latter part of March, continuing for five or six weeks before it declined. I had quite a number of cases under my charge, all of which recovered, and, so far as I am able to learn, but one, or at most two deaths, occurred among all the cases. The disease was principally confined to Marshall and its vicinity; but few cases occurred in the country. There was nothing very novel in the treatment; calomel was required in some cases where there was much bilious derangement, or the inflammatory action ran high. In those cases where there was a marked remission, quinine seemed to be of the greatest benefit, cutting short some few cases, and materially moderating the violence of others. There were several cases that I believe would have terminated fatally, had it not been for the use of this valuable agent. All of our physicians, so far as I have conversed, made use of it. Diaphoretics, expectorants, and a blister over the sternum were used." "In our own neighbourhood (Edwards and Wayne counties)," says Dr. Thompson, "there has been an almost universal prevalence of bronchial affections, especially during April and the beginning of May; constituting, in fact, a true influenza, in which the affection of the larynx was the most prominent and troublesome symptom; and we are informed the same state of things extended over the counties adjoining."

Variola appears to have prevailed extensively in different parts of the State. The report before us bears testimony to the preservative powers of vaccination.

The report presents some facts which would seem to favour the curative powers of the tincture of the muriate of iron, internally, and the application, externally, of the tincture of iodine in erysipelas, occurring in both adults and children; the tincture of iodine being diluted with alcoholic when applied to the skin in young subjects.

The report contains some remarks on milk sickness. Dr. Haller remarks that the disease occurs most frequently, and is much worse in dry seasons than wet. He considers it to be occasioned by partaking of the milk and flesh of animals who have partaken of a mineral poison. He treats it pretty much as he

would the painter's colic, and with much success. The author of the report objects to Dr. Haller's etiology, pathology, and therapeutics. He agrees with him, however, that it is more prevalent after dry than after wet seasons. In a former part of this report, the author queries whether milk sickness is anything else than one of the forms of periodic fever. A very full bibliography of the disease is given.

The remarks on the epidemic cholera, contained in the report, are loose and unsatisfactory.

The report closes with an analysis of the original department of the *N. W. Medical Journal* for the first quarter of the year 1856, and a communication from Dr. H. Nance, of Lafayette, Stark County, referred to in the body of the report.

The next report is on Orthopædic Surgery, by Dr. David Prince. It is occupied with a few leading arguments in favour of the division of muscles, tendons, aponeuroses, and ligaments for the removal of deformities resulting from perverted muscular action, excepting in recent and exceptional cases, where mechanical force may be sufficient. The correctness of the leading positions of the reporter, is, we believe, generally admitted.

The volume concludes with the annual address of the President of the Society, Dr. N. S. Davis. The subject of this address is the question, "What influence are alcoholic liquors capable of exerting, either in preventing or curing tubercular disease of the lungs?"

Our readers are well aware that, in consequence of the reference, by modern pathology, of tuberculization to defective hæmotosis and imperfect nutrition, as its essential cause, the popular prescription of the present period, for tuberculosus of the lungs, sanctioned by medical men of the highest reputation, is free, nay, severe exercise in the open air, and plenty of beef-steak, with wine and brandy *ad libitum*. The sanction of the alcoholic drinks in tuberculous subjects being supposed to be fully sanctioned by the doctrine recently advanced, that their action, when taken into the stomach, is to retard the metamorphosis of tissue.

The question discussed by Dr. Davis is one of peculiar interest and importance, in view, on the one hand, of the increase of tubercular phthisis in our midst, and the inefficacy of all the various plans of treatment heretofore devised to arrest its fatal progress, and, on the other hand, the relations which alcoholic drinks bear to the great social and moral interests of society, that invest every proposed application of them, even in the treatment of disease, with a fearful responsibility. It is in this light the question is viewed by Dr. Davis, and concisely, but with great force and ability, he examines it. Inquiring first, into the conditions of the human organism which constitute pulmonary tuberculosis, or the predisposition to it, and, secondly, the actual changes in the fluids and solids, or in the properties and functions of the human organism, produced by alcoholic liquors.

We wish we could spare the space to give in full the sound, sensible remarks Dr. Davis makes in reference to these two leading inquiries, but are only able to lay before our readers that portion of the address which comprises the result of his clinical experience in respect to the prophylactic and curative influence of alcoholic drinks in pulmonary consumption.

"During the past twelve months," says Dr. D., "I have kept a careful record of all the well-marked cases of tubercular consumption which have come under my own observation. I have taken special care to ascertain both the present and preceding habits in regard to the use of alcoholic drinks in each individual case. The whole number of cases, so observed and recorded, is 37; of whom 10 were natives of the United States; 24 of Ireland; 1 of England; 1 of France; and 1 of Germany. Of the whole number, 26 were males, and 11 females. Of the whole number only 6 were teetotalers, or such as wholly abstain from the use of intoxicating liquors. Of the remaining 31, six drank alcoholic liquors only occasionally, or at irregular intervals; while the remaining 25 drank either distilled or fermented liquors almost every day, until the pulmonary disease had made such progress that they were compelled to desist, either from want of means to buy them, or from their positively aggravating

the disease under which they were labouring; and six of the number had been, one or more years, what the world calls *habitual drinkers*. If we had taken the utmost care to select cases for the purpose of demonstrating experimentally whether alcohol possessed any power to control the progress of tubercular development, by its continued use through a series of years, we could not have made the experiments more satisfactory than some of the cases embraced in this record."

Two cases are given to show that "a liberal use of beer," with a full supply of nutritious food, will neither prevent the occurrence of pulmonary consumption, nor cure it after it has occurred. In both these cases, a female and a male, there was no evidence of a hereditary predisposition. Two other cases are given, both males, with no evidence of hereditary taint, to show the same fact in reference to the use of distilled spirits.

Dr. Davis supposes the present popular and professional opinions in favour of the use of alcoholic drinks for the prevention or cure of pulmonary tuberculosis, may be accounted for in three ways, namely:—

"*First.* Those opinions are based, with many, exclusively on the delusive idea, still very prevalent, that these liquors are actually tonic or invigorating to the human system under ordinary circumstances. They say, consumption is a disease of debility—alcoholic liquors are tonics—therefore, alcoholic liquors are beneficial in that disease. Like a recent writer in the *Westminster Review*, they reason *logically*. To prove that alcohol was food, he said, 'food is force'—'alcohol is force'—'therefore, alcohol is food.' Both employ syllogisms, but both forget to prove their premises; and both forget that we might, with just as good logic, say that food is force—steam is force—therefore, steam is food.

"*Second.* The influence of alcohol in exhilarating the brain, in many cases lessens, for a time, the extreme sensitiveness which accompanies some cases of consumption, renders the patient more tranquil, and thereby produces an apparent temporary advantage. Another influence of alcohol, namely, its tendency to diminish the organic actions and excretory functions of the system, enables it in some cases of phthisis, characterized by rapid emaciation, to check that process, and, in some instances, to give an apparent increase of nutrition by retaining more of the fatty matter in the system. But, in every case that has come under my observation, this apparent benefit has been only temporary, the apparent increase of nutrition unhealthy, and the patients, in the end, sink more rapidly than in ordinary cases. In one instance of this kind, a *post mortem* revealed extensive uncitrized cavities in the lungs, extensive fatty deposits in the liver, and slight fatty degeneration of the muscular structure of the heart. Some have claimed that alcohol, by diminishing the processes of disintegration and waste, performed an office equivalent to the taking of more food. If this were true, opium would be much more efficient food than alcohol; and we should only require some agent capable of arresting disintegration altogether, to enable us to live perpetually without the inconvenience of paying board bills.

"*Third.* The greatest cause of error in estimating the effects of alcohol on the consumptive, is the universal custom of recommending, along with the alcoholic drinks, a thorough change of habits, active exercise, nutritious food, and often a change of climate, and then making no distinction between the effects of the alcohol and the accompanying circumstances. All know that, in many cases of chronic disease, if we give the patients bread-pills, and exact the proper exercise, diet, etc., they get well. They, of course, are willing to swear that the pills cured them; and, I much fear, that in reference to alcoholic drinks, many physicians not only deceive their patients, but themselves also."

D. F. C.