

dom required. From the magic-like effect of this remedy in dispelling the blood from the conjunctiva,—from the similarity of the catarrhal disposition noticed in this epidemic to something of the same kind of catarrhal epidemic in the West India fevers, where the gastric symptoms were most prominent, the idea struck me that the nitrate of silver, in conjunction with opium, might act powerfully in allaying the stomach affections; and with this intention it was given in the case of Mr. Cotton, clerk of the market of Dominica, long after the appearance of black vomit, and most certainly with the effect of stopping the vomiting for eight or ten hours before death.

Emboldened by the result, I proposed the remedy in the case of an artillery man, named Ewing, to Mr. M'Gibbon, assistant surgeon of the 35th, under whose immediate care the man was.

The plan of treatment was commenced under the following circumstances:—

A man of the name of Sweeny, belonging to the same corps, had been sent to the hospital from the same barrack thirty-six hours before Ewing: this man having died perfectly yellow, and with the symptoms of black vomit, in twenty-four hours after admission, and his body opened in twelve hours after, we came from the dissection of Sweeny to the examination of the fluid which Ewing was throwing up; and, upon the comparison of the fluid taken from Sweeny's stomach with that ejected by Ewing, the identity was beyond the possibility of a doubt, and, under these impressions, all hopes of his recovery was in our minds out of the ques-

tion. It was under these circumstances that I proposed that as much blood as could be abstracted should be removed, and that we should then administer nitrate of silver and opium.

Blood to the extent of about thirty-two ounces was forced from the arm; but, after the arm was tied up, and whilst we were abstracting blood, the vomiting recurred. In the meantime, the pills with nitrate of silver and opium were prepared, and administered; and from the first dose the vomiting ceased. They were continued for six or eight hours; and a dose of croton oil was then administered. He was convalescent the third or fourth day, and had no return of fever; although he continued languid for some weeks.

It will be seen that the nitrate of silver, in the foregoing case, was administered for the purpose of obtaining its stimulant and tonic powers solely, although it may have acted beneficially by its power of decomposing muriatic acid.

IV.

SELECTIONS FROM FOREIGN JOURNALS.

Mortality of Children brought up by Hand.

Mr. Alcock in a late work states that it has been a part of his duty to endeavor to ascertain the amount of mortality among infants from this source, and, after much careful inquiry and investigation, he is convinced that the attempt to bring up children by hand proves fatal in London, to at least seven out of eight of these miserable sufferers; and this happens whether the child has never

taken the breast at all, or having been suckled for three or four weeks only, is then weaned. *In the country*, the mortality among dry-nursed children is not so great.

It would have been satisfactory had Mr. Alcock stated from what class of society he had formed this distressing conclusion. The loss of children brought up by hand, under our observation, has certainly not been nearly so great.

New Escharotic.

Professor Hanke of Breslaw has proposed the muriate of zinc as an effectual stimulant and escharotic, which possesses all the conveniences and advantages of the nitrate of silver, and is at the same time of moderate price. As a stimulant he has employed it in a state of dilute solution, for almost every form of ulcer in which stimulant applications are found beneficial; as an escharotic he has used it in cancerous ulcers, fungoid excrescences, *nævi materni* and the like, and likewise for making issues; and he has farther substituted it in place of tartar emetic for exciting irritation of the skin. He has constantly found it to produce the particular effect in view; and has never remarked any constitutional derangement or other inconvenience to result from its use. When employed as a stimulant lotion for ulcers, he usually covered them with charpie soaked in a solution of two or four grains to the ounce. For the formation of an issue he applied several layers of adhesive plaster, with a hole cut through them on the part, then filled the cavity with the salt slightly moistened, covered the whole with a fold of plaster and a proper bandage, and allowed the salt to act

for six or eight hours. Irritation of the skin was produced by rubbing in an aqueous or spirituous solution, soon after which an eruption of papulæ or vesicles appeared, with an extensive scarlet efflorescence.

The muriate of zinc will probably be found a convenient and effectual escharotic; but Professor Hanke has exaggerated the dangers attending the employment of other escharotics, and in particular, has imputed to the nitrate of silver constitutional effects, which it certainly never does produce. If the professor is correct in his account of the eruption caused by rubbing the muriate of zinc into the skin, it will be a very convenient substitute for tartar emetic, as it does not appear to affect the skin so deeply.

The method recommended for preparing it is the following. Metallic zinc is to be dissolved in hydrochloric acid with the aid of heat, and the acid to be fully saturated towards the close by the addition of a little powdered carbonate of zinc. A solution of chlorine in water is next to be added, for the purpose of drawing down the iron with which the zinc is usually impregnated; and the fluid, after filtration, is to be evaporated by a gentle heat till it forms a firm gelatinous mass. This is to be preserved for use in close vessels, as it is deliquescent.

Treatment of Mercurial Salivation.

Dr. Finley of Bainbridge, in the State of Ohio, has proposed to employ the tartrate of antimony for checking mercurial salivation. He gives it every two hours in the dose of a tenth up to a sixth of a grain dissolved in water, so as to act gently on the skin

and the alimentary canal; and the treatment is continued till the cure is completed. He reports that in this way he has in every instance immediately prevented the salivation gaining ground, has always procured marked relief in twenty-four hours, and in particular has in that time removed the pain of the mouth and throat. He has never found a single case resist the proposed method, and one of his cases, which had lasted three months, was cured in a few days. Others have formerly employed tartar emetic for the same purpose, but with little advantage. The success of Dr. Finlay may have depended on the more gradual introduction of the remedy into the system, and the greater certainty of its action on the skin.

Treatment of Nævi by Ligature.

Mr. Lawrence, after enumerating several cases successfully treated by ligature, makes the following remarks:—

The superior safety of the ligature, in reference to the danger of hemorrhage, is rendered obvious by these cases. In the first I would not have performed excision, feeling satisfied that immediate death from bleeding would have been inevitable. There would have been less risk in leaving the case to nature. But, supposing this danger to have been surmounted, the patient would have been in a much more dangerous state with the great wound of excision, than with the comparatively small breach of surface caused by the ligature. It would have been necessary to make an elliptical incision, with each side at least four inches long. The ligature is applied close to the

base of the tumor, while it would be necessary, in order to clear the diseased part, to keep half an inch from it with the knife. This is an important advantage on the side of the ligature, in the numerous instances where extensive loss of skin would cause deformity.

The knife might have been safely used in the second case; but the operation would have been serious, and the loss of blood considerable; while with the ligature the latter was entirely avoided, and no symptom of the smallest consequence occurred.

The treatment by excision in the third case would have involved the necessity of a very large wound, and the risk of fatal hemorrhage. The latter danger would have equally attended the same practice in the fourth instance; a large wound would have been required, running very near to the edge of the lower eyelid, with a great probability of eversion on the contraction of the cicatrix.

Our object, in this mode of treatment, is to intercept the circulation completely in the tied part, and thus to deprive it of vitality as speedily as possible. The ligatures must be drawn very tightly, and ought therefore to be so strong as to bear the utmost force we can employ with the fingers and thumbs without breaking. Stout silk twist will answer the purpose; but we should observe the precaution of trying its strength previously. As it is necessary, in some instances, to include a large bulk of parts, their complete strangulation is not easily effected, however strong the ligature may be. Perhaps it might be advisable, under such circumstances, to adopt the pro-

ceeding recommended by Mr. Mayor, of Lausanne.

As the continued pressure of the ligatures keeps up irritation in the parts immediately constricted, and in those around, which are forcibly dragged together and puckered, it is desirable to remove them as soon as we can be certain that the objects of their application are accomplished,—namely, coagulation of the blood in the vessels composing the tumor, and death of the part. The foregoing cases prove that these purposes are fully effected in forty-eight hours, while the fourth shows that we cannot safely trust to a compression of one half that duration. The danger of inflammation or irritation is at an end as soon as the ligature is taken away, and the relief to the patient from its removal is very obvious.

Experiments on the Effects of Bryonine on the Animal System.

M. Collard de Martigny has extended to this principle the investigations of Orfila on the effects of the bryony root, and has obtained results which show that the chief properties of the root reside in the principle in question. The bryonine was first discovered by Brandes and Firmhaber; but M. Collard de Martigny has found it more easily separated by the process more lately suggested by M. Fremy, which consists in saturating the juice with ammonia, filtering the fluid, and evaporating it till a pellicle is formed on the surface. The pellicle is the impure bryonine, which is to be purified by solution in alcohol. Twenty-two grains of this substance killed a rabbit in ten hours when administered by the stomach; no particular symptoms in-

tervened, and after death the stomach was found thin in some places, thick and hard in others, and its villous coat red, and interspersed with a few white granulations. Twenty grains injected into the pleura caused death in seven hours, attended with all the signs of pleurisy, namely, serous effusion, the formation of a pseudo-membrane, and gorging of the lungs. Thirty-four grains thrust under the skin of the neck and back of a dog, killed it in fifty-eight hours, causing extensive inflammation and suppuration around the wound. Bryonine therefore is a pure irritant, which does not appear to act through absorption. It is much more powerful than the root which yields it; yet a given quantity is not so active as the quantity of the root from which it is procured.

Ununited Fracture cured by Pressure.

J. M. Ewer, æt. 24, broke his right arm and left leg, in November, 1825. He was taken to the Hospital and treated in the usual way. The fracture of the leg did well, but no union took place in the arm. In August, 1826, he went to Panton Square, where Mr. Wardrop passed a seton, which was withdrawn at the end of the week. After a time, the patient was discharged, and reported as *cured* in the *Lancet*. In November, 1826, he entered St. George's, the broken ends of the bone appearing to be united by ligament, riding one over the other and admitting of extensive motion. Mr. Brodie now determined on applying pressure on the principle suggested by Mr. Amesbury. The forearm being semi-bent, a wooden splint adapted to its figure, and reaching from the axilla to the fingers, was applied on the inside. On the outside of the arm, a

straight splint was placed, extending from the shoulder to the outer condyle, and both splints were secured by bandages. Over all, there was a tourniquet, the band of which embraced the fracture, whilst the degree of pressure thus made on the broken bone, was easily regulated by the screw which was on the outside of the arm. The splint on the inside being broader than the limb, and only slightly concave, the principal vessels were defended from pressure, and whatever was the force employed the circulation was but little interrupted. In six weeks, the motion of the fractured bones was much diminished, and at the end of three months, none was perceptible. On the 31st of May, the man left the hospital, the bones being perfectly consolidated, and the arm as useful as before the accident.

V.

HOSPITAL REPORT.

Double Harelip, with Fissure through the hard and soft Palate.

Amie Anno Smith, nine years old. Was born with a frightful deformity of the face. The upper lip is cleft in two places. On the left side is a wide fissure through the lip, extending from its edge into the left nostril, and through the bone, so as to open the left nostril into the mouth its whole extent, and through the soft palate. On the right side of the upper lip is another fissure, not so extensive as that on the left side. Between the two, the middle part of the upper jaw bone projects like a proboscis. It sustains two teeth, and is covered by a knob of skin.

The fissure through the bone of the roof of the mouth is broad enough to admit the finger of an adult to be laid therein. The child speaks in a manner not intelligible to those who have not been accustomed to hear her.

The object of her admission to

the hospital was to have these deformities removed, if the surgical art could remove them. In order to effect this it was necessary, 1st, to remove or lessen the projection of the jaw; 2d, to produce a union of the lip on one side; 3d, at a subsequent time to produce a union on the other side; and 4th, to procure a union of the fissure in the palate, as much as possible.

The process was begun on the 20th of January, 1828, by compressing the prominent part of the upper jaw with a bandage confined across the upper lip. The diminution of this protuberance was essential to the healing of the lip over it; for if not diminished, it would press and cut through the uniting lip. The compressing bandage having been applied for some time, the knob of skin on it was found to be sore from the teeth under it. These two teeth were therefore removed, and the compression omitted till the lip healed, and then it was re-applied.

Feb. 12. Protuberance diminished. The compression throws the skin on the knob to the right side, and thus increases the great fissure on the left. A compress was therefore applied in the fissure on the right, which inclined the lip to the left, and diminished the worst of the two fissures, very sensibly.

March 20th. The compression has been continued to the present time, and has been attended with great advantage. The operation was therefore decided on, and the fissure on the left side of the lip being the most formidable, it was thought best to begin with this.

Operation at 11, A. M.

The patient unexpectedly showing a disposition to resist, it was found necessary to confine her hands and feet, and to place her horizontally upon the operating table. After this was done she was perfectly tranquil, and gave no trouble during the operation.