consumer of alcoholic drinks, and a smoker of tobacco (but not an intemperate man), had in October a catarrh, and felt generally indisposed. There was a slight blush of erysipelas on the left side of the face, but not sufficient to excite any particular attention. Remedies were employed for his catarrh, but no local application was used to the erysipelas. The inflammation progressed over the scalp, and produced cerebral disturbance, which, however, was not severe; the throat and the mucous membrane of the larynx became inflamed; the irritation and cough increased; the constitutional symptoms were now very severe; the mucous membranes generally were affected; the joints were affected with severe pain and inflammation (similar to rheumatism), and the secretions were diminished in quantity, and in a vitiated state. A general bad state of body was induced, and after suffering a number of weeks, he died.

In this case all the severe symptoms followed the increase of the erysipelatous inflammation, and I think would have been prevented by a prompt and early application of the nitrate of silver.

CASE VII. In November, Miss J., aged 35, was attacked with a slight erysipelas on the left side of the cheek and nose. No external application was used. An emetic, active purgative, saline draughts, and repeated doses of calomel and James's powder, were given. The erysipelas progressed over the scalp, down to the neck, and a little on the chest. A continued and severe indisposition was the consequence, attended with cerebral disturbance, producing delirium for several days; for which blisters were applied to the nape of the neck. Several large abscesses formed in the neck and chest; the last of which was opened in eight weeks from the commencement of the erysipelas.

The above two cases were all I had attended for some years, where the nitrate of silver was not applied. Both were mild in the commencement. The result showed the necessity of a prompt and decided application of the nitrate of silver, even in the slightest attacks of erysipelas, to prevent future evil consequences. In the last case, all the severe illness would have been prevented by a timely application of the nitrate of silver. I do not say it *might* have been prevented, for the continued experience of twenty years or more has assured me of the practical truth, that it *would* have been prevented. I have had no case where abscesses have formed, when the nitrate of silver has been early and well applied in erysipelas.

I have found that a very decided application of the nitrate of silver in PHLEGMONOUS ERYSIPELAS has the extraordinary power of preventing the destruction of the subcutaneous cellular tissue, by preserving the integrity of the cutis vera, and subduing the cuticular inflammation. Even in a patient, where the limb has been as large again as the other, in which it could be scarcely expected to be benefited, the application has so far modified the inflammation as to render it a case of simple phlegmonous abscess, which has been relieved by a free opening with the lancet, and where there has been no loss of cellular tissue.

CASE VIII. Mrs. B., aged 68, living in a low part of the town (Narrow Marsh), had phlegmonous erysipelas of the whole of the right leg, extending a little above the knee on the thigh; the leg was as large again as the natural size, and was very tense and painful; there were some vesications on the fore part of the leg; the patient had been neglected, till the state of the limb alarmed the friends. I directed an emetic, purgative, and saline mixture, and applied the strong solution of the nitrate of silver very freely on the whole of the leg, and on and above the inflamed part of the thigh. The following day, the nitrate of silver had had the desired effect of allaying all irritation and inflammation, in which state it remained for four days; on the second and third day, a considerable degree of vesication had taken place, from the free application of the nitrate of silver; but I found the limb did not at all diminish in size; on that account, I knew from former cases, that suppuration had taken place. On the sixth

day, I made a free opening about two inches in length at the most depending part, about the middle of the limb; a large quantity of pus was evacuated, but there was not the least appearance of any sloughing of the cellular substance. In a few days afterwards, I made a small opening above the outer ankle, from which some sero-purulent matter was evacuated; and in a few days, on the opposite side of the limb, from which issued only a little serous fluid. The limb quite recovered. No further application was required, beyond the black lint and nitrate of silver to the sores, and a common linseed poultice constantly applied, repeated every eight hours. I never knew a limb in the same state, under the common mode of treatment, which terminated so favourably.

Nottingham, March 10th, 1853.

ON THE IMPORTANCE OF AUSCULTATION.

By F. G. PROBART, M.D., Senior Physician to the Suffolk General Hospital.

THE epoch is not so remote but that it must be well remembered, when the stethoscope had not only to contend with a variety of prejudices against its adoption; but, in many quarters, where more liberality might have been expected, was even ridiculed and despised.

The period, however, gradually succeeded, when many of those practitioners who had been foremost in contemning this instrument, were compelled both to respect its adoption in the hands of others to thoracic diagnosis, and even themselves obliged, in order to maintain the countenance of their patients, to employ it in the investigation of disease.

At length, the stethoscope is the constant companion of almost all members, whatever their grade, of the medical profession. The majority of them are, no doubt, fully competent to its exercise; but not a few otherwise qualified practitioners, it cannot be denied, have, even now, either from an imperfect power of discrimination in sounds, a too limited practice, or reprehensible neglect, a very inferior knowledge of its diagnostic applicability—a fact that must occasionally be realized in the experience of all who have adequate opportunities for observation. Some excuse themselves for the neglect of auscultatory diagnosis, relying as they say upon the ordinary and sufficiently significant evidence, otherwise presented by the respective diseases of the thoracic viscera. But, as examples of the fallaciousness and danger of this unfortunate conclusion, I append the following cases, being two of frequent instances which I see of these lesions, so latent as to have been entirely ignored by intelligent and experienced men, unacquainted with stethoscopic phenomena.

CASE I. I was called into an adjoining county to see a gentleman, who had been ill six weeks, and whose case, his medical attendant informed me, had puzzled him, inasmuch as the symptoms continued without change, and he was unable to discover any organic disease capable of explaining them. I found the patient, a gentleman about fifty years of age, recumbent in his bed. His countenance was good, though rather suffused, and there was nothing in his general aspect to denote particular distress. When interrogated as to his feelings, he complained of a sense of fulness and uneasiness, referred to the stomach; of a frequent inclination to change his posture; of general restlessness; and, of course, absence of sleep. He said that he was quite free from pain, and had suffered none since the beginning of his illness, when he had "rheumatic pains" flying about his chest and shoulders. His pulse was under ninety; his tongue very red, glazed, and viscid: he had no inclination for food, although he took it; nor had he much thirst. There was cough now and then, but it was slight, and unattended by expectoration; and his breathing was so little disturbed as to have elicited no observation.

I immediately suspected the chest, because my friend had failed to find disease elsewhere, and was not an adept in

the employment of auscultation. My anticipations were soon realized, by the discovery of fluid in the left pleural cavity, which it nearly filled. Thus, by the interposition of the ear, an obscure case was in a few minutes made easily intelligible; and a treatment adapted to its exact pathology having been rigorously carried out, the patient was, in six weeks more, restored to health.

The pains felt by the patient, at the commencement of his illness, and which, he flattered himself, were only rheumatic, were, no doubt, those of inflammation, (chronic from the first), of the pleura. Taking, however, this simple view of their nature, he treated himself; and sent for medical aid only when he found that he was falling ill in other respects.

There do not appear to have been any of the ordinary prominent symptoms of thoracic disease, and, least of all, of effusion; for, though the patient lay for the most part on his back, he was not elevated on his bed; and was capable of lying equally on his right as on the left side.

By way of contrast with the foregoing case, but as equally illustrative of the value of auscultation, the succeeding history may prove not unacceptable.

CASE II. I was summoned in the night, with unusual opportunity, to visit a respectable innkeeper, in Norfolk. I found him suffering exquisite pain in the left side of his chest, which, the patient insisted, more particularly involved the heart, and that he was dying in consequence. He was bolstered up in bed, and was breathing with the greatest difficulty, the inspirations, numerically, being much increased: his countenance was expressive of extreme anguish and alarm; and I counted a pulse of upwards of 120, very weak and small. The least motion, even speaking, aggravated his suffering; and I could obtain answers from him only in a whisper. My impression, upon the first glance, was as unfavourable as possible; but after examining him, as well as his pain would permit, by percussion and auscultation, I was agreeably surprised to find all the organs within the chest, as well as its lining membrane, free from disease.

Seeing, then, that I had a case simply of intercostal neuralgia, or possibly rheumatism, I was at once enabled to calm my patient's terror by the assurance that all would be well; and that I did not despair of obtaining him some relief even before I left the house. Two grains of opium with two of calomel were immediately administered; and large pieces of flannel, wrung out of water as hot as could be borne, were applied to the seat of pain; and, as he had been greatly reduced by venesection twice performed, and other measures of depletion, (for his case had been treated as inflammation of the pleura), I directed wine, and suitable nourishing diet. A grain of opium with one of the acetic extract of colchicum was to be given, as long as the persistence of any pain made it necessary, every eight hours; and five grains of quinine twice a day. In a fortnight from my seeing him, he was well enough to make a journey to Bury, for the purpose of calling upon me.

Bury St. Edmunds, Suffolk, March 1853.

PERISCOPIC REVIEW.

MATERIA MEDICA, PHARMACY, AND THERAPEUTICS.

THE OIL OF THE JATROPHA CURCAS OR PHYSIC NUT AS A PURGATIVE, AND THE OIL AND LEAVES AS A COUNTER-IRRITANT.

VARIOUS physicians have at different times made trials with the expressed oil of the *Jatropha curcas*, in the hope that they might be able to find in it a useful purgative; and recently the inquiry has been renewed. A brief summary of the information which we possess on this subject may, in these circumstances, prove interesting to our readers.

All experimenters agree in admitting the purgative properties of the oil; but a remarkable disparity of opinion exists as to the degree of potency, and the uniformity of the effects which it causes.

The *Jatropha curcas* belongs to the Euphorbiaceæ. In Jamaica, the tree, as well as the fruit, goes by the name of *physic nut*, by which name it is likewise described by Christison and others, in treating of the medicinal plants of the family. The fruit is also known as the *nux cathartica Americana*, and *nux Barbadosensis*. The fruit is a violent irritant poison, and numerous cases of accidental death occur in the countries where the tree grows, from children picking up and eating the seeds, as three or four are quite enough to prove fatal. "The oil (*Oleum Jatrophæ Curcadiæ*, seu *Oleum Infernale*)," says Pereira, "is analogous in its properties to croton oil. It is occasionally used as a drastic purgative. In India, it is used for lamps." Guibourt obtained a purgative oil from seeds described as often rancid; but he must have met with damaged specimens from South America. Seeds gathered at one of the Cape de Verd Islands, were examined by M. Leconet in 1850. Under pressure, they yielded twenty per cent. of a coloured oil, of which ten or twenty drops were enough for a dose. (*Arch. Gén.*, Jan. 1853.) A medicine of middle power, between castor oil and croton oil, seems thus to have been obtained. Dr. Christison, in his *Dispensatory* (third edition, 1848), says that he has found, from many experiments, that one sample, expressed from Barbadoes seeds, acted precisely like castor oil in the dose of ten, fifteen, or twenty drops; but that another, from Jamaica seeds, sometimes caused the same severe sickness and watery evacuations as croton oil; and, at other times, was inert in the dose of thirty drops. The explanation of the varying results is not easily given; but we are inclined to attribute the occasional weakness or absence of purgative properties to the oil having been prepared by heat, or from damaged seeds.

We have not found any particulars of the oil having been used as a counterirritant; but it possesses rubefacient or irritant properties more or less resembling those of croton oil. The leaves possess rubefacient powers. In connexion with the remarks upon this subject contained in our last number (p. 254, et seq.), we subjoin the following passage from *Gray's Sup. to Pharm.* by Redwood, p. 505, ed. 1847:—"The leaves are rubefacient and discutient: warmed and rubbed with castor-oil, they are applied by the natives of India to inflammations when suppuration is wished for."

ointment of MUCUNA PRURIENS AS A COUNTER-IRRITANT.

M. BLATIN proposes (*Revue Médico-Chirurgicale*, Jan. 1853) the substitution of *Mucuna pruriens* (cowhage) for tartar-emetic or croton-oil, as the active ingredient of ointments intended to act as cutaneous irritants. The proportions are, seven grains and a half of the hairs of cowhage to an ounce of lard. The ointment must be rubbed in from ten to twenty minutes; seven or eight grains are usually sufficient. The immediate effect is the production of a sensation resembling stinging with nettles; but the burning sensation and the itching diminish during the friction, and entirely pass off in less than half an hour. The skin generally becomes covered with white flat papule, which soon disappear, leaving a sensation of heat. The effect is due to the mechanical irritation of the hairs. This system of counterirritation has, we are told, produced no inconvenience: children bear it easily. The indications for its employment are the same as for the use of tartar-emetic or croton-oil ointment.

M. Blatin believes cowhage ointment to be a good medium for the endermic application of various substances, such as hydrochlorate of morphia.

ANTISEPTIC PROPERTIES OF IODOFORM: INHALATION OF ITS VAPOUR IN PHTHISIS.

IODOFORM, according to M. Righini (*Jour. de Chim. Méd.*, Feb. 1853), is possessed of remarkable antiseptic and antispasmodic properties. He tried it in a silk manufactory, by distributing vessels containing small quantities, either in powder or diffused in water, through different parts of the establishment; and he found it effectual, with the advantage, moreover, of not incommoding the work people. As a hygienic resource in hospitals, he recommends that it be employed in the following manner.

A soft paste is made, by moderately heating sixteen parts of starch in a sufficient quantity of distilled water, and stirring them with a wooden spatula. Eight parts of iodoform having been added, the mixture will be found to be readily absorbed by filtering paper. The paper prepared in this way is cut into strips three or four inches wide, and suspended in the wards. The iodoform slowly escapes without causing any inconvenience to the inmates. It is most freely liberated in moist states of