leaving its several strands entire. That diplomacy which, though perhaps prolonged and fluctuating, yet terminates in peace, is better far, and shows a higher skill, than that which, hot and gusty, at once takes up the sword. Let us remember that there is much truth in the quaint Hindoo apothegm—"He that knows herbs, is a man; he who knows mercury, is a god; but he who knows the knife alone, is a demon." Let us seek to acquire the utmost dexterity and tact in all operative and other mechanical details of surgery; let us be ready at a moment's warning, when stern necessity demands, to undertake the most fearful and formidable knife-work, in that calmness which sense of duty, mingled with sense of power, can alone bestow. But let there be no ground for any one pointing to surgery as some Shylock, ever whetting her weapon, and demanding "the pound of flesh" which is "written in the bond". Let her show rather Portia's spirit, seeking mercy, and, by some easier way, saving the victim from all claims of the stern creditor Disease. Let no one have ground to say that surgery is again to become a thing of mere handicraft in its peculiar and special phase, and that it may once more be annexed to physic as little other than a menial serving-man. Let us draw more close the bonds—not servile, but friendly—which unite the two branches of our common profession, and arm in arm, with kindred spirit and kindred aim, go forth as brethren, and dwell together in unity.

Edinburgh, April 1853.

CLINICAL NOTES ON RHEUMATISM.

By JOSEPH BULLAR, M.D., Physician to the Royal South Hants Infirmary.

THE most severe acute disease admitted into the wards of this Infirmary, during the winter, is rheumatic fever, and its usual serious complication is the inflammation of the pericardium or internal lining of the heart. During the winter of 1851-2 the heart was affected in most of the cases admitted; but this winter (1852-3) the lungs, and not the heart, have been affected, and in a sufficient number of cases to shew the epidemic constitution of the season.

CASE I. December 30th. Ann B., aged 27, a domestic servant, had been indisposed for two months with cold, cough, and pains in her legs, but was not laid up from work until two days before admission, when she was seized with rheumatic fever. On admission she had severe pain, swelling, and redness of the joints of the elbows, wrists, knees, and ankles; she had a rapid full pulse; a loaded tongue, dry, and brown in the centre; profuse acid sweats; and cough, with quickness of breathing. There were fine crepitating *râles* over the posterior surface of the left lung, the lower lobe of which was dull on percussion, and did not expand fully; this passed on to complete hepatization. The expectoration, which was at first scanty and rusty, became copious, muco-purulent, and greenish, as if tinged with bile. The secretions from the bowels were drab-coloured and offensive.

At first she was freely purged with saline purgatives with some relief. On the sixth day of the disease she was ordered two grains of calomel, with one grain of opium, at bedtime, and two drachms of Rochelle salts in the morning; and to be repeated, if necessary, so as to insure at least two liquid stools daily. On the tenth day, the dose of calomel and opium was diminished one half, which she continued for twelve nights, with her saline purgative in the morning. This gave her quiet nights; and the symptoms gradually improved; but although the joints were well, yet, as the tongue was still coated, the lower lobe of the left lung not pervious to air, and the secretions still light and offensive, a pill, containing one grain of hydrargyrum cum cretâ, with a grain of Dover's powder, and three grains of rhubarb, was ordered to be taken every night. It was continued for ten nights; when, as the tongue became clean, the secretions natural, and the lung permeable to air, it was discontinued; and in a week she was discharged well.

Although the whole of the left lung was inflamed, and the lower lobe completely hepatized, she was convalescent in a month. She was strong, rather plethoric, but of a good constitution. The state of the tongue, and the offensive light-coloured stools, indicated the necessity of unloading the liver; and as the general symptoms improved under this treatment, no specific remedies were employed for the pulmonary complication.

CASE II. Samuel D., aged 32, a carpenter, had had rheumatic fever twice previously; once when 18, when he was confined six months; and a second time, for two months, six years ago. He was admitted on January 18th. He had been ill a fortnight before admission, and confined to his bed five days. He looked pallid and debilitated; he was helpless, as all his large joints were swollen and painful. His pulse was rapid; his tongue dry and brown; and he had no sleep. The day after admission, cough came on, with shortness of breath and rusty expectoration; and on examination, the right lung was found inflamed. In the upper lobes, crepitating *râles* were heard posteriorly, and there was dullness on percussion over the lower lobe, which soon became hepatized. The treatment consisted in two grains of calomel and one grain of opium at night; which, after a few doses, was diminished to half the quantity; and a draught with two drachms of sulphate of magnesia and half a drachm of carbonate of magnesia in the morning, repeated in the afternoon, if necessary, to secure a free evacuation of the bowels. The stools were at first lumpy, light-coloured, and offensive; but the medicine brought away copious bilious stools, and the tongue became moist.

He found much relief from his harassing cough from this mixture:—

R. Vini antimonii tartaratis 3j.

—ipecacuanhæ 3j.

Syrupi papaveris 3iij.

Oxymellis scillæ 3iij.

Liquor ammoniæ acetatis 3ij.

Misturæ camphoræ ad 3viij. M.

Fiat mistura, ejus sumat partem sextam ter quotidie.

The calomel and opium at night, and the saline purgative, were continued for three weeks, with gradual improvement of all his symptoms. In a month he was convalescent, but was weak, with a tendency to pain and swelling of his hands. He improved under quinine, and five weeks after admission was discharged. The hepatized lung was quite permeable to air, expanding fully; but he still had some cough.

CASE III. February 3rd. Thomas H., a strong, vigorous young man, aged 23, was admitted under Dr. Oke. Three weeks before, he had caught cold from exposure to wet, with cough, hoarseness, and loss of voice; followed in a week by rheumatic inflammation of his knees, ankles, and elbows, pain in the back, great dullness, and no sleep. On admission, besides the usual symptoms of acute rheumatic fever, he had pneumonia of his left lung with complete hepatization of the lower lobe. The following pills were ordered:—

R. Hydrargyri chloridi gr. j.

Extracti aloës aquosi gr. j.

Extracti colchici acetici gr. ½

Pulveris opii gr. ¼. M.

Fiat pilula ter die sumenda.

He continued this for a week; and it was then taken twice a-day for another week, and then once for a few days. It acted freely on his bowels, with marked and gradual improvement both of the rheumatic and lung symptoms. On the 14th he left his bed. The lower lobe was still impermeable to air, but it was gradually restored to a healthy state, and on February 21st he was discharged.

In the following case the only internal organ affected was the lungs, though it did not run into hepatization.

CASE IV. Jan. 29th. James P., aged 33, a waiter, had been confined to his bed with rheumatic fever a fortnight before admission. It came on with severe shivering and much pain in the larger joints, so that he could not bear the bedclothes to touch him; he had sleepless nights, and some cough. On admission, he was so weak and helpless as

to be unable to sit up in bed: all the large joints were painful and somewhat swollen, and the ankle joints were also red. The tongue was dry and brown; he had no quickness of breathing, but cough, with expectoration of tenacious mucus sticking to the vessel, and of the rusty pneumonic colour; but there was neither the fine crepitation nor dullness on percussion; and the only stethoscopic symptoms were moist *râles* in the back parts of both lungs. Two grains of calomel and one of opium at bedtime, with half-an-ounce of castor oil in the morning, for three days, brought away copious foetid, light-coloured stools, with general relief. The calomel and opium were then diminished one-half, and a draught with two drachms of sulphate of magnesia and half-a-drachm of carbonate of magnesia given in the morning. The tongue soon became moist and cleaner, and all the symptoms gradually improved. He left the infirmary on the 20th of February, convalescent.

CASE v. During this period there was another case which might belong to the same class. The patient was a young woman, who had been for some time in delicate health, and her prominent symptoms were severe pains in her limbs and back, which were aggravated at night, and which seemed to be of a rheumatic character. On Dec. 24th, she became feverish with some cough; and on examining the chest on the 27th, the greater part of the right lung was found to be dull and impermeable to air, with true crepitating *râles* above it. Her convalescence was slow, but her treatment did not require any better means.

REMARKS. In neither of these cases was there any affection of the heart; and as the hepatization of the lung was recovered from, it must be considered a fortunate circumstance that the effusion was poured into the substance of the lungs rather than into the pericardium, or upon and within the heart. One advantage the lungs must possess is in the relief which copious expectoration must afford; so different from a shut sac, where absorption alone can remove the effusion. In one of these cases, where the patient was plethoric and young, the expectoration of mucus, which looked green with bile, was very profuse, and must have greatly assisted in relieving the over-loaded system. The chemistry of expectoration from the lungs, and especially the recent valuable researches of Dr. Beale on the expectoration in pneumonia, in which he has shown that the chlorides which are deficient in the urine during pneumonia, are present in great quantity in the sputa, are in accordance with the rational notion that copious expectorations from mucous membranes are channels by which waste and superfluous matter is got rid of, and it is a branch of investigation very promising of results, and most worthy the attention of chemical physicians. The treatment in these cases was tried on the principle that the system had been over-loaded, and that nature required assistance in her attempts to relieve herself; and as the liver is one of the chief organs of such eliminations, the means were essentially purgative—a moderate dose of calomel and opium at night, and a saline purgative in the morning, so as to insure at least two loose stools. At first, two grains of calomel and one of opium at bedtime, reduced in a few nights to half that quantity, with two drachms of sulphate of magnesia and half a drachm of carbonate of magnesia in the morning, and repeated in the afternoon if necessary, and continued until the symptoms yielded and the tongue became clean, were the chief remedies. When the cough was troublesome, a mixture with ten minims each of antimonial and ipecacuanha wine, with half a drachm each of syrup of poppies and oxymel of squills every five hours, gave relief; and strict farinaceous diet, without any broths, was enjoined, with tea and lemonade as drink. In all the cases, on admission the tongue was so loaded as clearly to indicate the necessity of aperients. On this simple plan these cases proceeded satisfactorily; neither became at all unmanageable; nor did it seem necessary to treat the pneumonia otherwise than as a symptom of the rheumatic fever.

Southampton, April 1853.

CASES ILLUSTRATING THE EFFECTS OF THE WARM BATH IN ASPHYXIA: WITH REMARKS.

By JOSEPH C. S. JENNINGS, Esq.

(Read before the Bath and Bristol Branch, March 24th, 1853.)

CASE I. DROWNING: RESUSCITATION AFTER TWENTY MINUTES' IMMERSION: WARM BATH: DEATH.

A. A., aged 80, threw herself into the river Avon, the water reaching to her waist. She was carried by a rapid current three hundred yards down the stream, and round several sharp curves, rolling over in her course; and finally sank in a deep hole. She was then carried under water a distance of forty yards, where her further progress was arrested by a tree growing in the middle of the river, in which her clothes were entangled; her head and body still remaining submersed nearly on the bottom.

I was present when the body was taken out. The time of complete submersion had been at least twenty minutes. The countenance was livid, and the tongue protruded from the mouth. I immediately applied my mouth to hers, but with some difficulty, from the circumstance of the jaws being toothless, and the muscles thoroughly relaxed. However, holding the nose with one hand, and compressing the thorax with the other, I began to inflate the lungs, and persevered for ten minutes, when I was relieved by the arrival of a strong man, to whom I relinquished the task of inflation, while I went for a galvanic battery. I previously directed the body to be stripped of wet clothes, enveloped in four blankets, and laid on a board, to avoid damp from the earth. I also directed frictions to be applied. On my return, I found the lips quivering, and feeble attempts at respiration. I immediately applied one wire to the præcordial region, and the other to the head and neck, in the course of the pneumogastric. The heart began to act, and respiration was, in the course of a minute, thoroughly established. The patient speedily began to groan loudly, and continued to do so for four hours, during which time I continued the galvanism. At the end of that period, she was still unable to speak, there being almost complete insensibility; the power of swallowing, had, however, returned, and she took half a glass of brandy. She was then carried home (nearly a mile), groaning loudly all the while; and placed in a warm bed. Hot bottles were applied to the surface of the body; but, as it still continued cold, and the patient comatose, I directed a warm bath to be prepared, which was speedily done. After being placed in it for three minutes, she looked about with great anxiety of countenance, and attempted to raise herself. I was just about to speak to her, when I perceived that she convulsively grasped her chest with both hands, and then fell forward in a state of syncope. I immediately lifted her on the bed; but she only gasped a few times. I then applied the wires, but without avail; and found it impossible to inflate the lungs, although I introduced a flexible tube into the trachea.

I have introduced this case to the notice of the Association, as I am anxious to learn whether galvanism is usually resorted to at receiving houses in such cases, and with what benefit; also whether the warm bath may not frequently, especially at such an advanced age, produce syncope, and so be likely to prove rather injurious than beneficial.

CASE II. ASPHYXIA FROM CARBONIC ACID GAS.

Aaron Hillier, aged 60, accompanied by Eli Knee, aged 22, descended into an ice-house, twelve feet in depth. Hillier was going down the ladder first, with a lighted candle; but had not proceeded many steps before the light was extinguished. He returned, and, having re-lighted the candle, again attempted to descend; but again the light was extinguished. Ignorant of the cause, he procured another light, and a third time went down. This time he reached the bottom, when the lantern was heard to fall. Knee then went down, followed by two others, all three holding each other by the hands. On reaching the bottom of the ladder, Knee became insensible; and it was with difficulty that he could be brought up. A quantity of