

of laying open the sinus its whole extent, and introducing lint to promote granulations from the bottom.

A day or two after the operation, while cleansing the wound, a substance was discovered at its bottom, appearing like some foreign body. Extracting it by means of the forceps, it presented every appearance of the terminal bone of the coccyx. From this time the wound continued to heal kindly, and a perfect cure was soon established.

How came this bone detached from its normal connections and so far from its original locality? Several years before, the patient had typhoid fever, which was of a low grade. Eschars formed upon the sacrum, and other parts of the body, and life was preserved only by the most unremitting diligence.

It is quite probable that at this time the activity of the absorbents disconnected this bone from its nutritive dependencies, and made it, to all intents and purposes, a foreign body; and having remained until some irritation or external violence caused it to act upon the adjacent tissues, it became the cause of the fistula.

Williamsville, N. Y., May 15th, 1856.

D. W. HERSHEY.

A CASE OF HYDROPHOBIA, WITH REMARKS.

BY E. R. STONER, M.D., OF PERRY, ILL.

THIS case occurred on the 24th of May last. The subject was a young man by the name of Smith, a blacksmith by trade, aged 22 years. He was bitten four years before, as well as he recollects, by a rabid dog, known to be rabid from the fact that a horse was bitten at the same time and went mad in about ten days. The wound was a slight one, merely passing through the skin, consequently but little anxiety was felt about it at the time. It healed kindly, but in two weeks it began to itch and become slightly swollen and red, accompanied by a tingling sensation, with some general nervous derangement, which, however, soon passed off. In exactly one year from that date, the same or similar symptoms returned, and ever since they have assumed an annual periodic character. During all his attacks up to the last, his general health was good, and his employment was such as not to produce any serious nervous prostration.

On the 23d, in company with a few others, he went on a fishing excursion, notwithstanding a feeling of slight indisposition. The company, including himself, lay out all night beside a still stream, on the damp and chilling ground. In the morning they moved to another place, where the water was running with a swift and noisy current. In a short time he became very uneasy and almost helpless, insisting on being removed from the water; but before this was done he had several slight convulsions, which continued at longer intervals during his journey home, where he arrived at 2 o'clock, P. M. I visited him at 3 o'clock, and found him in the

most intense nervous excitement. Pulse 105 to the minute, having a gaseous fulness; tongue slightly furred, red around the edges, and very dry. He had an incessant craving for water, but seldom drank, as it was attended with much difficulty in swallowing; complained of severe pain through the temples; eyes red, and the whole countenance wearing a wild expression. My first impression was a bilious attack, complicated with much nervous derangement, produced by the previous exposure, until my attention was directed to the tingling sensation on the hip, where he "was bitten," as he observed. On examining the hip, I found the cicatrix red and swollen, when, on inquiry, I learned the above history of the case, which clearly established, in my mind, the nature of the disease.

About ten minutes after my arrival he had a spasm, which was very slight in the extremities, but more severe about the stomach, chest and throat. These returned every twenty to thirty minutes. Drinking did not excite them, but the pouring or rattling of water readily produced them at any time. I ordered ten grains calomel and six grains ext. cicuta, hoping, from the length of time he had been bitten, the periodical tendency of the disease, his exposure and fatigue, to quiet the nervous system by the sedative action of the cicuta, aided by rest and the cathartic effect of the mercury, which I directed every hour until three portions were taken, and then to be followed by a large portion of castor oil.

In two hours I returned, accompanied by my friend, Dr. Higbee. We found our hopes realized. His spasms were less frequent and milder; his tongue more moist; pulse 92; and his expression of countenance more quiet. We repeated the test, and could produce the spasms, but not so easily as before.

At 10 o'clock, his bowels were moved, and the spasms ceased soon afterwards, but much prostration followed for some days. He is again at work.

There are a few points in this very imperfectly understood disease, which this case clearly establishes; and as there are so few opportunities for the profession to arrive at any definite result in relation to the character of the malady, I think it every physician's duty to make known everything which comes under his observation. First, That it may assume a periodic character. Secondly, That the virus, or cause, whatever it may be, may remain dormant in the system until the return of the next period, undiminished in power, and greatly increased by the aid of other exciting causes acting on the general system. Thirdly, That in a state of vigorous health, a small amount of poison is not capable of producing hydrophobia at the time the bite is inflicted; and fourthly, That swallowing water, or the sight of it, has less influence in producing the characteristic spasms than the sound of it.—*St. Louis Medical and Surgical Journal*.