

part of his head, which were followed by pain in the back, shooting up to the head ; but these finally left him, so that at the present time he does not complain of any. His reason seems to have become impaired with the increase of the malady, especially on some points, though not on all—often conversing for hours without showing any impairment of the mental faculties whatever. His memory has remained perfect throughout the illness ; he recollects apparently everything that has occurred, but his temper is greatly changed ; he often breaks out into violent rage, and, at the same time, makes use of language which he never did before his sickness. His shyness, or dread of strangers, commenced about the time he lost the use of his limbs. He cannot be prevailed upon by any of the family to permit many of his near relatives to see him, but above all he objects to physicians ; for whom he has the greatest dread imaginable. For more than a year anorexia was great, so that it was often difficult to prevail on him to take the least quantity of nourishment ; consequently he became greatly emaciated ; of late, however, his appetite has improved greatly—he has become more fleshy, and has evidently grown within the last nine months. He has had no medical treatment since his first attack : upon this point his father—in a letter dated February 19th, 1845—speaks thus : “ I sincerely believe it was impossible to have resorted to any active means since last May, owing to his great prostration and utter abhorrence of all physicians. I have been expecting every day would be his last for some months.”

Since last April the super-sensitiveness of the auditory nerve has been gradually diminishing, until it has become nearly natural ; and he now seldom complains of noise disturbing him, unless it is very loud. His appetite has returned, so that he takes a good share of nutritious aliment ; consequently his nutrition has greatly improved, and he has evidently grown in stature within the last nine months. Although still unable to exert any control over his limbs or body when awake, it has been observed, of late, that he does change their position in his sleep. These are among the more marked changes which have occurred since last winter.—*Medical Examiner.*

TREATMENT OF INTERMITTENT FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING observed that there is great discrepancy in the treatment of intermittent fever, I append some of the results of my observations in my intercourse with this disease. These occurred principally during a residence of some two and a half years in the county of Geauga. Most of these cases occurred at an unhealthy location on the Cuyaboga river. The influence of the malaria seemed much greatest at a point where the waters of the river broke over a dam. The cases were of various degrees of intensity, as we left the banks of the stream.

With regard to the various plans of treatment advised by different authors, McIntosh advises venesection in the cold stage. This treatment I

was compelled to relinquish on account of the collapse to which it invariably tended. The indications that he described were fulfilled, so far as the crisis was concerned, but were followed by a train of symptoms too grave to be trifled with. The effect of this treatment was such as to leave no doubt of its value, when there was not too much tendency to a train of typhoid symptoms, to which this location was peculiarly favorable. Emetics and powerful cathartics tended to like results.

Tartrate of antimony uniformly produced mucous irritation, or rather (on account of suggestions to the contrary from worthy professional friends), I will say mucous irritation followed the use of this remedy. After following these suggestions, I found myself relying upon long-tried remedies, viz., moderate purging with sub. mur. hyd., magnes. calc., rubefacients to the epigastrium in cases of gastric tenderness, and the sulphate of quinine, endeavoring carefully to discriminate the proper time for its employment. I found that when my patience and that of my patient held out until the seventh day, relapses were much less frequent than when this remedy was administered earlier. Sulphate of zinc and arsenic were used, but their value was equivocal in comparison to the remedies above mentioned.

My experience, in that location as well as others, dictated that although other remedies are sometimes valuable, yet that the principal reliance must be upon a discriminate use of quinine. Without this discrimination, the physician will be sure to find himself casting about for other remedies.

Bristol, Ohio, Jan. 6th, 1846.

C. B. CHAPMAN, M.D.

GLASS PESSARY BROKEN IN THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

JANUARY 14, 1846. Was called early this morning to visit Miss R. E. The patient is a maiden lady of about 40, and has been troubled for several years with prolapsus uteri, and for a long time has been obliged to wear a pessary. Those used have generally been of the gum elastic kind, which after being worn for two or three months it was necessary to remove to cleanse, as the secretions which gathered about them became too irritating to bear. On this account, after attending to the removal and introduction of the instrument several times, I recommended the use of the *glass* pessary, as less irritating, less liable to collect the secretions, and more durable. Accordingly I procured and introduced one of size No. 2, Aug. 21, 1845. It answered the end designed, and gave rise to no inconvenience or trouble till this date. On arriving at her residence, she said she had not sent for me because she was sick, but because she was "scared." Inquiring the cause of her alarm, she told me that the pessary had broken—that while standing at the window, doing nothing, she heard a noise, and that any effort since had caused pain as of something pricking her. She could not account for it, unless, as she humorously remarked, it was *frosty*!—it being a cold morning. On examination I found it broken, indeed, into a great number of pieces. Parts of the periphery were in