

nately, or what I think better, by all at once and very lightly, for the force necessary to arrest the flow of blood in that vessel, is distributed among the three pads, and hence a third only of it is exercised on any one part of skin at once. However complete arrestation of the circulation, not being necessary as a mere matter of experiment, and for my personal gratification, I frequently suppressed all pulsation in both ulnar and radial for 12 hours at a time, with comfort to the patient.

*March 16.* The apparatus has been unremittingly applied, but there is only to report less stiffness of the limb; no pain; general health improving.

*April 1.* General health much improved; has gained largely in flesh; the tumour is smaller, the circumference of the limb being 12 inches now. I should observe that the patient has become *au fait* in the use of the instrument, and after 10 days in bed, got up and dressed, and would not be persuaded to lay by any more.

*May 1.* Still improvement; the tumour is consolidating, a hard knot being perceptible at its upper end. The man keeps the apparatus on still, can flex, pronate and supinate the arm with ease, and declares it to be as strong as ever, and, in fact, uses it as if completely restored. How great would be the advantage if in all cases of aneurism, out-door exposure could be continued with an efficient mode of compression! The confinement and irksomeness of weeks in order to obtain good results from the present methods of cure, are enough to wear out the patience and courage of the bravest, to say nothing of the damage to the general health that plays so important a part in the compression cure, which must suffer by this constant fretting and mental inquietude so induced.

*20th.* The man has been constantly on the mend, though slow; he has hardly thought of the matter, having free scope for exercise, and the range of the hospital to amuse himself with his shipmates. The tumour is solid; all the motions of the limb good; will keep on the apparatus, being no annoyance, for a few days longer.

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*Case of Spotted Fever.* By ROBERT T. EDES, M. D., Ass. Surg. U. S. N. H. G., a light mulatto, 15 years old, apparently healthy, was shipped at mouth of Red River from a neighbouring plantation, only a few days previously to the commencement of his illness. He complained, on May 16, of sore-throat, for which *magnesiae sulph.* and a chlorate of potash gargle were prescribed. In the afternoon twenty grains of quinia in two doses prescribed for the next morning.

*May 17.* Last night was delirious. Passed several operations in bed. His passages said to have been dark, latterly yellowish and watery. Pulse 106. Tongue with very thick, white fur. Seems much prostrated. Eruption was noticed this morning of purple spots the size of a pin's head on breast; larger, aggregated and slightly raised on extremities. Brandy and water  $\text{aa}$  part.  $\text{æquales}$   $\text{ʒij}$ , every 3 hours.

For this day and the next our endeavours were to get free passage from the bowels and to produce vomiting. In the latter attempt we were successful, but in the former, notwithstanding the use of croton oil, senna and injections, the result was not very marked, the few dejections produced being in some cases probably but little more than the injection. His head was drawn back, his eyes were bright, and there was at no time any "typhoid" appearance. Ice was applied to the back of his neck, which produced a slight chill. The pulse ranged from 88 to 69. The brandy was continued.

19th. Took several injections and had one or two passages last night. Head drawn back on shoulders. Talked a little this morning. Says he has pain in head and belly. Pulse 74. Continue. Dr. Brance, of U. S. S. Carondelet, saw the patient this morning, and remarked upon the similarity of the case to those of spotted fever at the Naval Academy. *Afternoon.* One passage this morning, probably little else but injection. Cups applied to back twice. Took fl. ext. senna and magnes. sulph. before 3 P. M. Has spoken a little. Blood drawn coagulates quickly. Nothing peculiar observed under microscope. Continue brandy. Repeat cups. *Evening.* No operation from senna. Pulse over 140. Blister to calf of each leg.

20th. Could not swallow medicine last night. Took injections of brandy and beef-tea every two hours, which were almost immediately returned. Moaning continually. Continue. *Evening.* Pulse 200. Some subsultus and trembling of the whole body. Head and neck sweating. Rest of body hot and dry. Continually moaning. Head not so much drawn back. Swallows rather better. Has taken considerable brandy and some beef-tea by the mouth. Had cups to back. Pupils rather dilated. Continue brandy. Beef-tea occasionally. Fl. ext. senna ʒij. Sponge with water and alcohol.

21st. Not moaning so much. A good deal of subsultus. Pulse extremely rapid. Breathing very rapid. Still swallows pretty well.

Died at 10 A. M.

*Autopsy* four hours after death.

*Dura mater* congested; some vascular streaks running towards growths observed at several points on the surface of that membrane; these growths were slightly elevated above the *dura mater*, and corresponded to sharply defined cavities extending deeply, and, in one instance, nearly through the calvaria. They resembled in appearance warts more than anything else. One small group of granulations of the same kind was observed at the apex of left middle lobe. On removing *dura mater* it was found adherent to the brain at these points; the *dura mater* being torn away, the growths remained on the brain.

The surface of the brain was covered with a layer of greenish matter purulent in appearance, but of almost cheesy consistency. This covered some convolutions mostly near the vertex, and in other places followed the sulci, nowhere extending deeply into them. The base of the brain, especially the pons and medulla oblongata, was covered with a similar substance, but paler and softer. Think this deposit occupied the subarachnoid space.

The ventricles contained much serum, which coagulated after a few minutes' exposure to the air, and the middle cornua contained a little greenish pus. The substance of the brain was congested, but otherwise apparently healthy. Heart, spleen, and liver rather large. The liver had several yellow patches on anterior edge and upper surface. A section appeared somewhat finely mottled. Kidneys normal. Stomach and intestines inflated, the former having its mucous surface marked with several pinkish spots.

The inflammatory exudations consisted of cells like pus-cells, but with more granular contents, and less distinct nuclei, together with fibres which were not isolated but seen in the mass.

The granulations treated with acetic acid showed fibres with large numbers of distinctly defined normal and oval bodies the size of pus-cells, probably the nuclei of small cells. The cells of yellow portion of liver resem-

bled those of other portions, except that they were more granular and the nuclei less distinct.

I noticed in the January number of this "Journal," an article by Dr. Wales, on the "spotted fever" at Newport, and two shorter ones upon the disease as it appeared in Pennsylvania and Indiana. The April number contains an article upon cerebro-spinal meningitis. Only one account of an autopsy, however, is given, and that not a very detailed one.

I have been induced to send you the accompanying account of my case, by the fact that, while several symptoms, the sore-throat (noticed in two of Dr. Wales' cases), the delirium, the drawing back of the head, and especially the eruption appearing so early in the disease, show pretty plainly that it belonged among spotted fever cases, the autopsy showed, if possible, more conclusively, that it was a case of cerebral if not cerebro-spinal meningitis.

I do not imagine that the case is a singular one, but it seems to me, from the distinctness of both the symptoms and the lesions, to supply a missing link among the reports on the subject, published in the two numbers of the "Journal" I have mentioned. There was no epidemic, this being the only case in the ship, and, so far as I know, in the squadron at that time.

FLAGSHIP "BLACKHAWK," MISS. SQUADRON, May, 1864.

*Case of Lumbricoides.*—Dr. Pardue, of Haverstraw, New York, has communicated to us a case of a delicate female, who suffered greatly from worms, and who passed two hundred and sixty-nine full grown lumbrici before she was relieved. The discharge of these parasites was effected principally by repeated administration of a strong decoction of the *Spigelia Marilandica* aided by active purgatives.

## DOMESTIC SUMMARY.

*Ligation of Primitive and External Carotids for Gunshot Wounds of Face; Recovery.*—Dr. M. MAHON, Surg. Ohio Vols., relates (*Cincinnati Lancet and Obs.*, April, 1864), a very interesting case of this. The subject of it was a private, 25 years of age, wounded Nov. 25th, at the storming of Mission Ridge. "Ball entered anterior to angle of left lower maxilla fracturing the bone, making a ragged opening nearly one inch long, passing downwards under the tongue, cutting the floor of the mouth, coming out on opposite side to the right and a little below the great cornua of hyoid bone.

"On the evening of November 29th, I was called by the Assistant Surgeon Thirty-Fourth Illinois to see this man, as he was bleeding profusely from wounds. The distance was about one square to the building in which he was lying. On arriving, I found him bleeding from the right side, the blood rushing from his mouth and the point of aperture of escape of ball in neck in a continuous stream, which was bright arterial, and, as was supposed, coming from the sublingual artery. At this time he had lost at least between three and four pints of blood, as the hemorrhage had continued without any intermission for several minutes, and without any attempt having been made to arrest it.

"The patient was placed in the semi-recumbent position, his back well supported by one of the nurses, and it was at once decided to ligate the common carotid of right side. It was utterly impossible for him to lie down; as it was, the blood flowed into his mouth with such rapidity as almost to cause strangulation. The administration of chloroform could not be entertained, and with the assistance of Surgeon Lytle, Thirty-Sixth Illinois, an incision was made from