

We have almost given up the use of the lancet. Purgatives are in disrepute among the profession; though favorites in family practice. Quinine is recommended in rheumatism. The time may come, when it will be considered the sheet anchor in scarlet fever! Dr. Cain's treatment of scarlet fever, noticed in this Journal in 1851, consisted in inunction by bacon as the base of his treatment, but he employed also tonics and stimulants. This is deserving of consideration. The time may come when opium and bark will form our whole materia medica, relying for everything else upon cracked wheat and molasses, or sometimes a dose of ipecac.!

Mr. Nunnely and other writers describe erysipelas as attended with a quick small pulse. In my cases, at the time of my visit, the pulse was generally slow, but it would vary from hour to hour. The disease was decidedly not one of inflammation, but of irritation, and the state of the patient at all times was readily affected by mental causes. Hence the appellation of irritative fever seems to be most expressive of the peculiar character of the epidemic, both of this season and the last. It is some years since I examined the work of Dr. Butler, and I do not recollect precisely in what sense he used the term. I would neither attempt to appropriate a name, or to reform nomenclature. I should merely use this name, or *constitutional irritation*, as peculiarly expressive of the present epidemic as I have witnessed it. That it has prevailed and is prevailing to a less or greater degree, not only in other places in the country, but in the city, I am also aware.

In conclusion, I wish to say that I have reported, above, all my fatal cases.

Newton Lower Falls, April 18, 1853.

AN OVER DOSE OF CROTON OIL.

[Communicated for the Boston Medical and Surgical Journal.]

ALL that is important in medicine is made up of facts—and every individual who leaves one fact on record, adds something to the common stock, however trifling the fact, of itself, may be. If you think the following worth a place in your Journal, you are at liberty to insert it; if not, throw it "under the table."

About the middle of February, S. N., of this town, aged 22, was attacked with acute rheumatism (a disease, by the way, that has been very prevalent in this region the past winter), which continued some six weeks, affecting the heart and diaphragm by metastasis. In the treatment of the case, I relied, mainly, on *copious* bleeding, and calomel combined with Dover's powder. But, to come to the *fact*. The patient so far recovered, as to be out of doors; and venturing too much, brought on a relapse of the disease, affecting the organs before named, exclusively. I prescribed, among other things, the use of croton oil externally to the epigastrium, and tinct. opii, in doses of ten drops, at intervals. By mistake of the nurse, ten drops of the oil were given, instead of the laudanum. Much alarm was, of course, soon excited; the patient and

his friends having got the impression, which is quite general among *the people*, that this article is given only in cases of "life and death," and then in very small doses. A messenger was sent "for the doctor," in great haste. It happened that I was attending another case at the time, and did not arrive till one hour and twenty minutes had elapsed after the accident. I found that state of mental excitement on the part of the patient and his friends, which naturally results from the apprehension of certain and immediate death. Here was a set of circumstances which, one would think, might give even the uninitiated a faint idea of the responsibilities of a physician. The first thing to be done was to allay the excitement. I said to the patient—"It won't kill you." This produced a calm, which enabled me to sit down for a moment and reflect what was to be done *physically*. I soon came to the conclusion that it was too late to trust to an emetic; and determined on giving mucilage to the extent of the stomach's capacity, and wait the result. In *eight hours* there was a *moderate* operation on the bowels. The evacuations which followed, occurred once in thirty minutes, numbering ten in all. The degree of prostration was not great. Not the first symptom of irritation of the stomach appeared. In five days after the accident, the patient was able to walk into another room.

The effect of this occurrence on the public mind, is that "*the oil cured him*;" which remark has about as much propriety in it, as if we should say of a man recovering from a fit of drunkenness—the "*liquor saved his life*."

W. B. SMALL, M.D.

E. Livermore, Me., May 2, 1853.

RECUPERATION.

BY GEORGE HOYT, M.D.

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THERE is in the animal economy a principle of great value to a physician; and, if results be considered, of no less importance to the patient, which ought carefully to be studied and apprehended. I refer to the *recuperative* power of the system, by the agency of which an effort is always made to restore a suffering member or diseased body to its original standard of health.

In disease, this principle is always active and more or less obvious. When distinctly seen, it is a valuable and efficient guide; for a physician is but the handmaid of nature. His province is never to supersede, but to aid her. She has a language of signs, beautiful and distinct, by which her intentions are made manifest, and it is his duty to observe and expound them. In fevers, it is witnessed in the earnest appeals of a patient for water, "cold water," and in his oft inability to slake his thirst. It is not less observable in the delicious sensations arising from the free admission of pure air. It is seen in critical diarrhoeas, sometimes in profuse perspiration, often in bleeding at the nose, occasionally in the expectoration of blood, and generally in hemorrhage from the bowels. The following case illustrates the principle.