in my subsequent reading I found that the same practice had been recommended before. I once thought that I had a new idea for the cure of hydrophobia, assuming that death is produced by spasm of the glottis, and that tracheotomy would afford relief; but in subsequent reading I found that Mayo had recommended the same practice. I have read of no case in which it was tried, but if ever I should be so unfortunate as to meet with a case of that awful distemper, I think I will try it.

Another discovery of mine has been anticipated by your correspondent "Michigan." I have long been of opinion, and have freely advanced it, that the use of alcoholic drinks prevents consumption. In a practice of twenty-five years, I have not seen a case of consumption in what is called a drinking man, nor have I heard of one. I am a temperance man in principle, and am fully satisfied that alcohol has done more harm than all the wars, famines and pestilences that have afflicted the world. I think the theory of its operation can be explained. The tubercular diathesis is incompatible with the state of the system in a regular toper. The pale, feeble and cachectic are most subject to tuberculosis, and the most beautiful and delicate of the female sex (and they never drink) are the special marks at which the insatiate archer aims his phthisical darts. The tubercular deposits seldom take place until after the system is partly broken down by want of nutrition, or by exhaustion from some cause. Respiration and animal heat are kept up by carbonaceous matters being taken into the blood, to combine with oxygen in the lungs and tissues. Alcohol finds its way here with the greatest facility, not requiring the tedious and often difficult process of assimilation. Cod-liver oil, too, perhaps, acts in a similar manner on similar principles. I must not be understood as recommending drunkenness, hardly to save life. I should be pleased to see the experience and observation of others on this point in the Journal.

WM. A. GILLESPIE, M.D.

Louisa Co., Va., April 16, 1855.

DENTAL HEMORRHAGE.

BY A. A. BLANDY, D.D.S., M.D., OF BALTIMORE, M.D.

[Communicated for the Boston Med. and Surg. Journal.]

HAVING read in a recent number of your valuable Journal (for March 22d) an article headed "*A new cure for obstinate bleeding following the extraction of a tooth*," by Dr. Samuel A. Cartwright, and having treated many cases successfully by the means the author prescribes, I feel confident of the error in making a general application of his method of treatment as laid down in this article; I beg the privilege of briefly reviewing the same; and of offering means by which the most obstinate cases of *dental hemorrhage* can be certainly suppressed.

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In 49 cases out of 50 the bleeding is caused by the rupture of vessels which enter the apices of the fangs of a tooth ; or it may occur from the rupture of many minute periosteal vessels which under peculiar circumstances may invest a tooth in its socket, these vessels not possessing sufficient power of contraction, when lacerated, to prevent the blood from being ejected ; or, the condition of the blood being such as to prevent the usual coagulation ; or it may take place from the injury of large capillary vessels sometimes found in the gum surrounding the alveoli. We are not aware of the existence of vessels within the substance of the alveoli sufficiently large to cause dangerous hemorrhage, and therefore cannot enumerate such as a source of this trouble, as the writer under consideration seems to infer.

But the means by which such events are brought about in the rupture of any particular vessel, can scarcely be regarded as important, the great object being to act upon the lacerated part, which from some constitutional cause is in a too weakened condition to endure a suppression of the hemorrhage. The gentleman states that the "Frenchman could not understand why lateral pressure on the outside of the cheek should have any effect in arresting the hemorrhage," and that "he failed to make him see the rationale of the process." Now we are like the Frenchman, we cannot see the philosophy of this lateral pressure, nor can we see the analogy between this means of arresting dental hemorrhage and that grand process which nature adopts in uterine hemorrhage, by bringing all her powers to bear in forcibly contracting the uterus in all its parts at the same time, in other words, of contracting all its fibres around the bleeding orifices ; whilst the pressure of the tourniquet can only affect the external side of the alveolus, and that through a soft pad upon a soft lip and gum, which if made to press against the bleeding vessels, may suppress the hemorrhage ; and yet we cannot but conceive it might be made more direct and convenient, admitting that there may be found cases of bleeding arising from external superficial vessels.

Granting that the gentleman is correct in his position as regards the "expanded parietes of the alveolar walls," how does the application of the tourniquet upon the outer surface affect the inner ? or does he mean to infer that mere external pressure is sufficient to produce compression upon the inner wall ? How does the pressure apply itself to the injured aperture when supported anteriorly and posteriorly by firm and unyielding bone and teeth ? How will this pressure affect the vessels oozing out a strong flow of blood from the lowest depths of the socket, where the alveolus does not extend to, but which is a part of the maxilla proper ? How could it affect the vessels of the gum found on the interior walls of the alveolus ?

If we may be allowed, we would charge the writer with misinterpreting the authorities he consulted, or of having applied to bad ones ; for the treatment of dental hemorrhage as laid down by

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modern authors is philosophical and abundantly established by the great experience of the many, so that it is no longer regarded, in the hands of scientific men, as a case of much danger or magnitude. We do not think he has given the plan that is most generally adopted by the dental profession, viz., to make compression upon the whole surface of the socket and gum on either side, by using a metal cap which extends down as far as possible on both sides; this cap is lined with cotton wool saturated with tannic acid or some powerful astringent or caustic, as the case may be; the cavity is well filled with the saturated cotton, and the cap placed on and held firmly in this position by means of the mouth being closed and bandaged, and so held for the necessary length of time.

Another successful plan, is the forming of cones, made from angular-shaped pieces of linen, coated with wax, and rolled up into the proper size and shape to suit the cavity. A slight coating of cotton is made to adhere by first warming the wax. This cotton is then saturated, as before mentioned, and the pointed cone forced down upon the bleeding vessels through the socket. We admit that cases sometimes present themselves of great difficulty to make these mechanical applications, but they are exceedingly rare, and would, beyond doubt, absolutely exclude the rude fixture of the tourniquet, such cases generally demanding a purely medical treatment.

In all cases of dental hemorrhage occurring through a peculiar hemorrhagic diathesis, when obstinate or unyielding to ordinary mechanical treatment, the most active stimulants should be administered, particularly when a lethargic and inactive condition of the circulation is present; and sedatives and anodynes when a too great excitation is found.

We have seen several cases where the hemorrhage has been almost instantly checked from the drinking of a glass of wine, or the administering of sixty or eighty drops of laudanum, even when the greatest apprehension had been entertained from the immense loss of blood, and the impossibility of making pressure upon the ruptured vessels, they having most probably retracted into the substance of the maxilla. It is very evident that if the bone enclosing the vessel be uninjured, no degree of pressure can affect it; and that this is often the case, there can be no doubt. The injury existing in the lower point of the socket, nothing but a perpendicular pressure, which at the same time presses against the walls of the socket, can exert any influence; for without force against the surrounding walls, the blood would flow without restraint at the points against which this pressure was not made, the vessel itself not being compressed, and the stoppage depending upon an entire lateral pressure, as it were, corking up the socket into which the blood is flowing. The best application that can be made in such cases, is the conical wax rolls, which if they do not absolutely compress and stop the bleeding orifice, will certainly choke or cork the cavity of the socket, and will suppress the greatest

number of cases of hemorrhage where mechanical pressure is alone sufficient. But when the bleeding is dependent upon the rupture of many periosteal vessels, and there exists this tendency before spoken of, we are of opinion that pressure alone is not to be relied upon, but that the treatment must be addressed to constitutional impressions of immediate effect, and that a strong and active power must be had over the general circulation.

Hemorrhages, occurring in whatever part of the system they may, depend in a great measure upon effects produced by excitements and influences exerted over the whole circulating system, which are exhibited by such incidental ruptures as the one under consideration, and are not the natural result alone of the rupture of a vessel in the extraction of a tooth, in epistaxis, or even in flooding; for under ordinary circumstances of health, these ruptures might all take place without any danger of fatal hemorrhage or of any protracted bleeding. The occurrence of such a circumstance should not be held as a serious indication of constitutional vices, morbid influences arising from injurious habits or tendencies, acting upon and producing a diseased condition of the blood, and dental hemorrhage must in the majority of cases be looked upon as an entirely *special* accident from the rupture produced, super-added to some preceding tendency residing in one or more of the conditions just referred to.

We therefore do not regard the mere mechanical suppression as reliable in entirely subduing the evil, but would ever address ourselves at once to the constitutional changes which have acted as the proximate cause. No dental hemorrhage will prove troublesome that is not superinduced by an abnormal condition of the blood, or that of the circulating vessels; and we regret to see so little attention paid to a fact so self-evident. For when we consider the minute size of these vessels, the wonder alone remains, that even exhaustion should take place through so small an orifice, particularly so when we remember that many much larger vessels are severed in surgical operations of any magnitude, without important consequences. We have never examined into the condition of a patient previous to the hemorrhage, without finding that this accident had been preceded for several days by an occasional sense of uneasiness, restlessness, weight, fullness, flushes, accompanied with chills and slight fever, and we believe that these are constantly found preceding any other hemorrhagic development.

April 13, 1855.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SOCIETY FOR MEDICAL OBSERVATION. BY
S. L. SPRAGUE, M.D., SECRETARY.

Ovarian Dropsy.—DR. BOWDITCH alluded to a case of this disease under the care of Dr. MORRILL WYMAN, of Cambridge, who having first practised

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