hol in diminishing the quantity of oxygen consumed was known to Prout and others, and may be found recorded by Dunglison in his article on respiration, yet its value, as an overwhelming argument against alcoholic beverages in every form, is not clearly seen, but will be, when certain late revelations, made by the crocodile on the dissecting table, become generally known and have time to correct some fundamental errors which have crept into physiology in regard to the motive power of the blood and the primary seat of life. They prove, that the oxygen of the air is the chief motive power of the blood, and that that fluid is the primary seat of life as Moses said it was. But until this new doctrine be acknowledged, no short cut can be taken to demonstrate the poisonous properties of alcoholic drinks in small quantities upon the human system, by arguments drawn from the laws governing the organism. The truth will have to be ascertained by the slow and toilsome process of experience and observation. The result, obtained by that sure and safe method, proves that there exists a wide contrast between water and alcohol used as beverages by professional men.

The result of the effects of each on the people at large, of the same locality and at the same period of time, can be told in fewer words, but the labor of arriving at it by the same method is vastly greater; so much so, that if the large quantity of statistical matter, which has been collected since he made the call upon the writer, as preliminary to the induction to extract truth, hid among so many particulars, could be seen by the Rev. gentleman, he would doubtless find an ample apology for the delay in replying to his interrogatories.

Canal st., New Orleans, June 28, 1853.

CASE OF VENEREAL CHANCRE PRODUCED BY SODOMY.

BY N. R. MOSELEY, M.D., OF PHILADELPHIA.

[Communicated for the Boston Medical and Surgical Journal.]

In the month of February last, I was requested by an office pupil to visit John Mc——, aged 35, of good general health and robust constitution. The patient was troubled with a sore just within the verge of the anus, which had been growing worse for several weeks. As no contaminating disease was suspected, he had been treated with mild local remedies without benefit. Upon making an examination I found, one half an inch above the termination of the mucous membrane of the rectum, what appeared to be a large Hunterian chancre. The genital organ was unaffected, and the parts about appeared healthy, with the exception of a little tenderness and swelling in the right groin. My opinion was that the man had syphilis, as his subsequent acknowledgment and facts proved. It seems that about five weeks previous to my visit, the man had been on a drunken frolic, and was one night arrested in the street and committed to one of the city lock-ups for safe keeping until morning. While in this place, another man, put there for the same offense, did some time during the night (mistaking his bed-fellow) com-

mit an outrage upon his person, which he was unable to resist, although conscious of the transaction. This individual, as I have since learned, had at the time small venereal ulcers upon the glans penis.—Under the use of calomel and opium, with the local application of black wash, our patient soon recovered.

July, 1853.

DIFFERENT MODES OF ARRESTING HEMORRHAGE FROM THE EXTRACTION OF TEETH.

BY BENJAMIN WOOD, M.D., NASHVILLE, TENN.

DR. A. SALTONSTALL, of Columbus, Ohio, Miss., reports a case (*Am. Jour. Dental Science*, Oct. 1852), of hemorrhage from the extraction of a tooth, which, having resisted the usual means—astrinents, escharotics and compression—was arrested by an artificial fixture acting both as compress and actual cautery. He “took a piece of pure silver plate, and cut it in shape to fit between the teeth and cover the lips of the orifice about the eighth of an inch on each side. This was bent to fit the parts, and heated to a white heat, and suddenly applied to the place, where it remained several days. When it was removed the coagulum came away with it. The orifice was examined, and a very delicate covering, resembling tissue paper, had formed over it.”

Dr. Levison, of England, in an article published about a year ago, says, that in cases of excessive hemorrhage, where the ordinary styptics cannot be depended upon, “we may arrest the dangerous hemorrhagic flow with certainty by destroying the vessels with the bi-chloride of zinc,” and gives cases where this agent, as a last resort, had been successful in his hands. In alveolar hemorrhage, pieces of cotton dipped into the bi-chloride were forced down to the alveolar cavities. It was attended, however, with great pain.

It may be remarked that in some cases where success is ascribed to the last remedy employed, the result may have been owing to a natural stasis of blood from exhaustion of the patient; such hemorrhages sometimes continuing for hours, until after fainting, and then ceasing altogether without any intervention. An interesting case of the kind was related to us a few years ago by a reliable lady who was herself the subject. The bleeding had continued with but occasional and partial intermissions for three days. On the night of the third it ceased, and she retired, but about midnight she was awakened by a renewed flow of blood. Exhausted by the loss of blood and sleep, she merely arranged a wash-bowl upon a chair so as to receive the blood as it flowed from her mouth, and with her head supported by a pillow, she soon fell asleep. In this position she was found early the next morning, in a state of unconsciousness. The bleeding had effectually ceased.

It is fortunate that these cases rarely occur. We have had but few that were troublesome. Besides the use of nitrate of silver (which as a styptic we have found more reliable than anything else that we