THE EMPIRE SPRING AT SARATOGA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wish to call the attention of the profession (through your valuable Journal) to the *New Empire Spring*. It has not been much used as a *remedial agent* until within the last five years, but is now rapidly coming into use. We have long felt the need of a water at Saratoga Springs which would be powerfully alterative, without the (iron) tonic ingredients.

Many of the invalids visiting our springs, have difficulties more or less involving the lungs, and they have found the free use of Congress water (which, by the way, is an invaluable medicine for many diseases) to produce a tightness of the chest, dry cough, and general febrile excitement, much to their annoyance. Lung diseases having greatly increased within a few years, we have felt an increasing embarrassment in prescribing our *iron* waters to patients laboring under such difficulties, and our attention was anxiously called to the *analysis* of the New Empire Spring.

The almost entire absence of our enemy (iron), and the harmonious combination of its ingredients, constrained us to think it no *mean water*, and as an almost providential discovery in our emergency—and so it has proved. After testing it for several years, we find our most sanguine hopes more than realized.

I am now using it with the greatest freedom in pulmonary diseases, and with the most satisfactory results. Instead of febrile action and a hot skin, I find in most cases a mild sudorific effect very soothing to my patients. In severe cases of dyspepsia, when the usual salutary effects of the other springs have failed, or have been too irritating, I have prescribed this with marked success.

Persons afflicted with scrofulous diseases are also using this water with the most signal improvement.

Saratoga Springs, May 4, 1852.

Truly yours,

L. E. WHITING.

PREVENTION OF SALIVATION.

[Communicated for the Boston Medical and Surgical Journal.]

I WISH to communicate a fact to you that has recently fallen under my observation, which may be of some interest to the profession generally. All physicians are aware of the salivating effect of calomel, and of the inconvenience that arises from sore mouths and other irritating complaints that affect the patients. I have had several persons under my care to whom I have been obliged to administer calomel, which I have mixed with supercarbonate of soda, in the proportion of about twice the amount by weight of soda. To one patient in particular, whom I have attended for about ten weeks, I have given three grains of calomel with six grains of soda daily for five weeks, besides administering it frequently during the rest of the time. As yet he has not suffered at all from the salivating effect of the calomel, which has nevertheless been

very beneficial to him. Is it possible that these were all persons not susceptible to salivation? Or is the absence of salivation to be attributed to the supercarbonate of soda?

GEORGE STEARNS.

Groton, Mass., May, 1852.

CHLOROFORM—PRACTICAL REMARKS ON ITS USE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Several deaths from the use or abuse of chloroform having been recently reported in the medical journals, the attention of the profession has very properly been directed to it. Probably, if the article in question were some inferior one in the materia medica, its fatal effects, in one such case as that which occurred at New Haven, would condemn its use at once, without any inquiry as to whether its bad effects might not have resulted from carelessness in its use. And even in the present case, many, on hearing of such results, unhesitatingly and uncompromisingly pronounce against the use of chloroform, asserting that, in ether, we have a safer, and, with some trifling exceptions, an equally good anæsthetic agent. Others, on the contrary, seeing that chloroform is much more speedy and sure in its effects, and more agreeable to the stomach, requiring to be used in smaller quantity than ether, are not disposed to give it up so readily, even in the face of such unpleasant results.

To this latter class, I must confess, I belong. I willingly admit that if it can be settled, beyond doubt, that there are some persons to whom chloroform, however carefully administered, is sure to prove fatal, and that it is impossible to tell beforehand in any case whether it may be inhaled with safety or not, there is no room for discussion; the inevitable conclusion is, that the use of chloroform should be abandoned entirely.

How, then, are these points to be determined? As the rationale of the effect of chloroform, in these untoward cases, is, as yet, not understood, the conclusion we come to must be entirely empirical.

We should naturally suppose that if there were those, who, from some constitutional idiosyncrasy, could not survive the effects of chloroform, they would be oftener met with by those who use it constantly. The cases alleged to be such, are, however, exceedingly rare. Where one surgeon, in a course of several years, has met with one unfortunate case, no such has ever occurred to hundreds of others, who have been in the daily and almost hourly practice of using chloroform. What, then, is the natural inference from such a fact? Is it not, that the unfavorable results on record are more likely to have been owing to negligence or carelessness on the part of the operator, than to any peculiarity of constitution in the patient? One thing, I think, is quite sure, that if there were such negligence of precautionary measures in a fatal case, it would not be reported to the profession. Hence some allowance must be made for mental reservation.

That much circumspection is necessary in the use of chloroform, is