called a four-leaved calyx), the lower one bifid. *Column* terminating in a petaloid lobe.

Specific Descrip.—Cyp. Pubescens. Stem leafy; lobe of the style triangular-oblong, obtuse; exterior petals ovate-oblong, acuminate; interior very long, linear, contorted; lip shorter than the petals, compressed.

This species of *Cypripedium* grows abundant in meadows and moist wood-land in many parts of New England. It blossoms, in common with most other plants of this genus, in May and June. Stem two or three feet high; leaves downy; flowers spotted, of a greenish yellow. Its root, as well as that of the *C. Acaule* v. *Humile*, has been used as a remedy by country practitioners for many years; and yet its name can be found in few, if any, of our medical books.

C. Acaule. Scape leafless, one-flowered; two radical, oblong, obtuse leaves. It grows in woods, from eight to twelve inches high. The root of the *C. Candidum*, and probably of some other species, is used likewise for the same purposes, and I believe with the same result. But the *C. Acaule* or *Humile* is the kind preserved by the Shakers, and which may be obtained in any quantity at the shop of Mr. Joseph Kidder, Boston. It is composed mostly of long, yellowish, curly fibres of a bitter, nauseous, somewhat acrid taste. It has probably long been a favorite remedy among the Indians, and has obtained the name *Moccason root* from the resemblance of its blossom to an Indian moccason. The several species of *Cypripedium* are called *Ladies' Slipper*, for a similar reason.

Many physicians, besides numerous other people, are ready to testify to the effects of the wild or American Valerian as a remedy. It resembles considerably in its therapeutical properties the imported Valerian, and is thought by some practitioners to be superior to that article. It is certainly a very good antispasmodic, and is exceedingly valuable in nervous debility and irritation. Many of the good ladies in the country, and some in the city, are in the habit of using it to relieve the false pains before and after delivery. Some intelligent and well-informed people speak in high commendation of its effects in their own families. I have used it, and seen it used with good success, in weakness and nervous irritability, and believe it deserves the attention of the medical profession.

A thorough knowledge of the properties of *Cypripedium*, would doubtless give it a conspicuous place in the United States Dispensatory. I am inclined to believe it possesses a narcotic principle, but am by no means certain. Will not some of your readers determine this point, and inform us?

S. A. T.

Cambridge, April 13, 1837.

WOUND OF THE RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 16th, 1837, I was called to visit Seth Felch, aged about five years, a lively, active lad, who had been amusing himself in sliding down

hill on a board in a field, as the snow was hard and icy. It happened that there was a double-ten nail driven through the board, with the point upwards (though, by the way, a portion of the nail had been broken off, leaving a blunt point). As he was descending the hill, sitting upright upon the board and moving with considerable velocity, the forward end of the board fastened itself in an inequality of the crust of snow, and was stopped instantly. The boy's inertia and gravity carried him with full velocity upon the nail, which was standing about one foot anterior to the point on the board on which he was sitting. The nail entered the pelvis within about three fourths of an inch of, and rather anterior to, the anus, on the left side. Passing through the integuments, it entered the rectum about one inch or an inch and a half above the sphincter ani, making an opening there about the size of the finger. It left the wound as the boy fell forwards, by enlarging the external part of it posteriorly. The range of the opening was parallel to the fosse between the glutei muscles, about one and a half inch long externally, and about three fourths of an inch to the left of the anus. His bowels being at the time in a lax condition, the contents of the rectum immediately flowed through the wound. The wound presented a bluish leaden hue, in consequence of its being a contused laceration, and that, too, among hæmorrhoidal vessels. This was his condition when I first saw him, it being on the day of the accident. The anus was closed with an apparent spasmodic stricture, and the thin feces were continually passing involuntarily through the wound. Under these circumstances, union by the first intention was out of the question. But, that union might take place by the second intention, was more probable. To this end, a bread and milk poultice was ordered to the part, and an opiate to check the frequency of the discharges, it being desirable to have the bowels lay entirely at rest, except when they should be moved by cathartics. By this means the wound would not be continually irritated by the presence of the feces; for after the bowels had been moved and checked, the wound could be cleansed by a syringe, and remain clean until another laxative should be given.

17th. This morning the patient requested the closetool, but nothing but an half pint of coagulated blood was discharged, and that through the wound. Examined the wound, and found its appearance the same as yesterday. Febrile symptoms quite prominent; pulse 120; tongue loaded in the centre with white buff; skin warm and dry. Ordered powder tart. pot. and jalap, followed by sulph. magnesia if necessary. After catharsis, use wheat flour scalded in milk for diet, and omit the opiate; antimonials in small doses; continue the same poultice. Inject warm water or soap and water immediately after discharge from bowels, but not introduce the tube of the syringe; give the water some force into the wound, being well exposed at the time by an assistant, then re-apply the poultice.

18th. Less fever to-day than yesterday; wound appears the same; the diet and fever have controlled the bowels sufficiently without an opiate. Ordered the same as yesterday, except use fermenting poultice

of rye flour and yeast ; change frequently ; all the feces pass by the wound.

19th. Less fever and more rest than for any 24 hours since the injury ; tongue becoming clean, and wound appears more of a rosy hue and suppurates freely ; appears somewhat contracted in its dimensions, and part of the feces pass by the anus and part through the wound. Patient has some appetite ; less thirst, and good rest. Continue the same course.

21st. Has rested well two days past ; appetite good ; tongue almost clean ; wound closed and filling with healthy granulations ; no feces pass by the wound, but all per anum. Continue the same course two or three days, then apply emp. diacalon. Patient dismissed. I have seen the father of the boy twice since, and he says that his son is well.

I should not have troubled you, Mr. Editor, with this communication, but for a somewhat similar case reported in your Journal of March 22d, under the head of "Fragments," by A. P. Fuller, of Maine. I am inclined to believe that such accidents are quite uncommon, as this gentleman says that he never before saw or read of a wound of this description. And if this accident is so comparatively rare, and still so grave in its character, it is a sufficient apology for our communicating to the profession the effects of the different modes of treatment that have been pursued. I acknowledge that the cases are not exactly parallel. One patient is a man of 35, sound constitution, good habits and good health ; the other, a boy of five. In one case no aid was procured until the expiration of five days ; in the other, immediately. But notwithstanding this difference, I cannot perceive why the same treatment would not be indicated in the one, as in the other. If I had filled the wound with any foreign material, I should have perpetuated an artificial anus, for this is the only means which surgeons resort to after the operation for imperforate anus in children, in order to establish an artificial anus, and make it permanent. Whereas should they introduce no foreign material, it would unite by the first intention, or granulate, and the new canal would become obliterated. I consider the wounds above described to bear almost no analogy to fistula in ano. In one, the ulceration is the effect of a specific, diseased action, producing an ulcer of a peculiar character, very far from healthy. But in the above accidents, though the ulcers are situated in the same region, they are simple wounds in healthy parts and in healthy constitutions ; and it would be as absurd to suppose that they must be treated like fistula in ano, as that a wound on the side of the neck producing an ulcer, must be treated with iodine and other remedies for scrofula, because scrofulous ulceration is sometimes seated there. I presume that all are agreed that the sphincter ani should not be divided and prevented from uniting by a foreign substance, without the most imperious necessity ; and if wounds of the above description can be treated successfully without such division, it should not be divided in consequence of them.

ISRAEL HINCKLEY,

Topsham, Vt., April 2d, 1837.