ed, the usual sensation is not felt in the mouth, though the battery be ever so powerful. Another valuable hint is given by this case as to a remedy for spasm of the neck of the bladder. The free application of solid nitrate of silver to the upper surface of the walls of the vagina, internally, removes it promptly. The neck of the bladder being in direct contact, and even connected with the upper wall of the vagina, we reach the seat of diseased action directly and effectually.

I have purposely omitted the name and even initials of this patient, as such exposure could be of no service. I should be very grateful for any hint the profession can give through your pages, as to the nature of the case and its final cure.

Respectfully,

Baltimore, Md., Oct. 7, 1851.

GIDEON B. SMITH, M.D.

DYSENTERY—ITS PATHOLOGY AND TREATMENT.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE increased violence with which true dysentery has attacked its subjects for a few years past, especially at the North, and the degree of mortality that attends it, seems to demand of medical men that more attention should be given to collecting facts in relation to its pathology and treatment, and that every fact calculated to be useful in relieving suffering humanity should be presented to the profession. Indeed, it is the *duty* of those who have had an extensive experience, in the treatment of *any* severe disease, to publish that experience for the future benefit of the student and the young practitioner; and medical journals are the only legitimate archives wherein to deposit the results of daily experience for future reference. Without laying claim to extensive experience, or ability to teach my superiors in our noble profession, I will contribute my mite, as a nucleus whereon a noble superstructure may be built by those who have the ability and zeal sufficient to its accomplishment.

Acute dysentery I consider, to some extent at least, a self-limited disease. Its pathological seat is the mucous membrane of the large intestines, mostly in the rectum. I need not enumerate the symptoms, as they are well known, but every practitioner is aware that the most *troublesome* symptoms are tormina, tenesmus, frequent *small* discharges from the bowels of mucus mixed with blood, or like the washings of salt pork, and sometimes mostly of blood. Another painful and annoying symptom is a constant strangury or micturition, or entire suppression of urine from sympathy. A high fever, also, either with or without regular exacerbations, keeps the patient restless and uneasy, and prevents him from enjoying any repose, though the pain is the most severe symptom with which he has to contend. Hæmorrhoids is another accompaniment, that not unfrequently is exceedingly annoying. I have said that the disease is chiefly confined to the rectum, and so it is in its primary development; but other organs soon sympathize, and the

fire there kindled gradually extends its influence to other parts. Ulceration, I think, rarely takes place in this disease, at least until it has progressed so as to destroy the whole mucous membrane as far as the disease extends. From what I have seen, I am of opinion that to a certain extent the discharge of blood is more favorable than otherwise, as it relieves congestion.

The plan of treatment that I have found most judicious, has been, in the commencement of the disease, to unload the bowels by the use of castor oil, say $\mathfrak{z}\text{j.}$ to an adult, with from twenty to forty drops tinc. opii, to prevent tormina. After having unloaded the bowels, as the chief symptoms that are of importance during the frequent discharges are griping, and a heavy bearing-down sensation, my chief remedy is *opium in small and frequent doses*, carried to an extent to *relieve the pain*. A few grains of camphor may be added, if necessary, to relieve the strangury so often present. My excellent friends, Drs. Bartlett and Cotting, of this city, and many other physicians with whom I have the honor of an acquaintance, have assured me of their great confidence in opium in acute dysentery; and though it is an old remedy, yet I believe it is the *best* for this purpose. During the period of the disease while accompanied by fever, astringents *do no good*, and I think, not unfrequently, positive injury; but when the disease begins to assume a chronic tendency, then *tannin*, properly administered, is very useful, as *some* astringent seems then to be indicated. I always prefer the tannic acid, rather than any other article of the class.

I prefer to give the opium in small doses, from one eighth to one half or one grain at a dose, and repeat as often as is necessary. One twelfth or one fourth grain given every half hour I think has been more beneficial than one grain every four or six hours. If the patient cannot bear opium, the ext. hyoscyami, or cicuta, answers very well, given in small quantities, and often. The reason, in my opinion, of the inordinate tormina, is the constant dropping or forcing down of fecal matter from the upper bowels, which coming in contact with the denuded surface of the rectum causes severe spasm, or griping. The fecal matter, also, is irritating in itself. When the discharges from the bowels are very numerous, a few hours respite may usually be gained by introducing a pill of a couple of grains of opium within the sphincter ani, and letting it remain as long as is necessary, or until it is expelled. Almost entire abstinence from food is of course indispensable. Beef-tea, gruel, tapioca, rice-water, crust-coffee, &c., are all that is necessary until the patient becomes convalescent, and even then great care is necessary to avoid a relapse. If the bowels are very tender, warm fomentations, or a few leeches, are usually sufficient. General bloodletting I very seldom resort to, unless in a very plethoric and inflammatory diathesis, for local bleeding I consider preferable in a majority of cases. If the stomach sympathizes, and the patient is troubled with vomiting, creosote, in the proportion of one drop to $\mathfrak{z}\text{j.}$ of syrup morph. dup. in drachm doses, will in most cases produce relief; if not, sinapisms to the region of the stomach will act favorably. Of course other treatment is sometimes necessary, but I have given a simple outline of *my* practice, and

solicit further thoughts from the correspondents of the Journal in relation to the important subject which I have feebly discussed.

Roxbury, Mass., October, 1851.

AMPUTATION OF THE FORE-ARM.

[Communicated for the Boston Medical and Surgical Journal.]

MR. THOMAS CLARK, aged 35, while attempting, on Tuesday last, to disengage a leather belt from a wheel shaft that was rotating rapidly, was caught by the hand in it, drawn up to the location of the shaft (about one foot below the ceiling) and the arm was twisted around it, causing a simple fracture of the humerus, and a compound and comminuted one in the fore-arm about equidistant from the wrist and elbow. At the fore-arm fracture the soft parts were lacerated and torn, and muscular and *tendinous* portions of the palmaris longus and flexor carpi ulnaris muscles drawn out to the length of six inches from the point of fracture. Considering the fracture above, and upon examination finding considerable comminution, I resolved to amputate, which was done about four inches below the elbow-joint. The patient has been doing well since, and every indication promises a speedy recovery.

Medford, Mass., Oct. 11th, 1851.

MILTON FULLER, M.D.

NICOTIAN GEOPONICS.

BY STEPHEN J. W. TABOR, M.D., SHELBURNE FALLS, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN 1781, there appeared in Rome a quarto volume, written by a Jesuit monk by the name of Joseph Rodrigues de Mello, entitled *De Rusticis Brasiliæ Rebus Carminum, Libri iv.* These poems were composed while De Mello was an inhabitant of the Portuguese Colony of Brazil, and are consequently American productions, though first published in Italy. They are written in Latin hexameter verse, in imitation of the *Georgics* of Virgil, and the *Prædium Rusticum* of Father Varicère, though not, of course, so elegant as the work of the Roman poet, nor indeed as that of the French Jesuit. It is a collection of geoponic poems, and a pioneer of its class on this continent. From the work we gather that the author, though born in Oporto, might almost be considered a native of Brazil, having been carried to that country when very young. It only falls within the compass of this article to consider the poem upon tobacco, though that upon manioc—*de Culturâ Radicis Brasilicæ*, and upon the management of cattle—*de Curâ Boum in Brasiliâ*, are well worthy of notice. The book is very rare and of much excellence, but has been allowed to go out of print, and has never been translated into any of the modern languages. I propose, therefore, as a medical curiosity, to exhibit some specimens of the work which relate to a well-known article of the materia medica. The third poem of the collection is entitled *De Culturâ Herbæ Nicotianæ in Brasiliâ*,