well leg to the other side of the bed. At this time a sense of suffocation, with slight oausea, was observed, which soon disappeared, the heat of the body became natural, with pulse full and strong. He soon fell into a quiet sleep, which continued through the night, and the next morning awakened much improved and with a good appetite. Stimulating dressings were applied to the wound, fresh granulations were again thrown out, and, with a liberal diet, the patient continued to improve for about ten days, when symptoms of gastritis manifested themselves, the stomach refused to perform its wonted duties, and the patient sank rapidly, until the night of the fifteenth day after the operation, when he expired.

We consider the transfusion as successful, as it was very evident the patient would not have survived through the night if the operation had not been performed, and, had it not been for the extensive saparrating wound, which acted as a severe drain upon the system, with the addition of gastritis, we have strong reason for believing that a complete restoration to health would have been accomplished.

ART. XIII.—*Gelsemium in the Treatment of Irritable Bladder.*

By W. SCOTT HILL, M.D., of Augusta, Maine.

I FIRST observed the beneficial effects of gelsemium in irritation of the bladder, in a case complicated with gonorrhœa. In this case, the patient, after taking a few doses of a preparation containing the medicine in question, was free from his pain while micturating, and the calls to evacuate the bladder much less frequent. As the other ingredients did not possess this property, I resolved to give it a trial. A case soon presented itself, and it was successfully employed. The five following cases are selected from my notes:—

CASE I.—L. H., æt. 73; farmer; large and muscular; health usually remarkably good. For three or four weeks past has been obliged to void his urine a dozen or more times a day, and five or six times during the night. Passes very little at a time; generally dribbles away; severe smarting pain, both before and after micturating; uric acid. R. Potassa carbon. ʒij; Potassii bromid. ʒiij; Fld. ext. gelsem. ʒiij; Aquæ destil. ʒiv. M. S.: A teaspoonful three times a day. He immediately began to improve, and continued to do so until cured, which was in one week.

CASE II.—L. S., æt. 29; lumberman. When six years old, received a severe injury in the perineum, with probable laceration of the urethra. Has stricture. A No. 2 sound was arrested near the prostate gland. For several weeks has "been obliged to make water every fifteen or twenty minutes during the day, and from a dozen to fifteen times at night." Pain very severe, and he commonly passes but little urine at

ance; sometimes only by drops. Urine acid. He took Potassii bromid. gr. iv; Potass. carbon. gr. iij; Fld. ext. gelsem. ℥x; Aquæ ʒij; every sixth hour. In one week he came into the office and reported himself much better, passing his urine five or six times during the day, and as many more during the night; pain much less. He was subsequently cured. Two months afterwards he had a return of the disease, and was successfully treated with gelsemium alone.

CASE III.—W. B., æt. 64; health usually good; complains of having to void his urine from twenty to thirty times in twenty-four hours; passes very little at a time, and that very slowly, sometimes dribbles; occasionally, whilst micturating, it is suddenly arrested, then commences again. No examination of the condition of the prostate. Years ago, when young, had gonorrhœa, but recovered from it perfectly. Never had any difficulty in passing his water before now. He took a mixture similar to that given in Cases I. and II. The physiological effects of gelsemium were produced in a marked degree by the first few doses, and his disease was ameliorated, and with one-third the dose he soon recovered.

CASE IV.—Mrs. F., æt. 22, has suffered occasionally for the past four years, from excessive pain, of a burning, smarting nature, whilst passing her urine; is obliged to make water very often. The quantity varies from a drachm to an ounce. Never had any treatment for it. Urine pale; not tested. She was ordered Potass. carbon, Potassii bromid., aa gr. v; Fld. ext. gelsem. ℥x; Aquæ ʒij; every six hours. She experienced the physiological effects of gelsemium. With one-half the dose, she was soon free from her distressing complaint.

CASE V.—Mrs. E., æt. 42, twenty years ago was first attacked with an excruciating pain in voiding her urine; has had similar attacks since then, sometimes lasting for six or eight weeks. The past two weeks it has been very severe, the calls to pass water being frequent both day and night; is often obliged to remain on the chamber ten or fifteen minutes, the urine dribbling away. Her suffering at such times is agonizing. Urine not examined. Potassii bromid. gr. v; Potass. carbon, gr. iv; Fld. ext. gelsem. ℥x; Aquæ ʒij; was taken every four hours. The first day was much relieved, and was soon well.

In all these cases the same symptoms were present, namely, frequent calls to void the urine, which was small in quantity, often passing *guttatim*, and excessive pain attending micturition. In three cases it was of long standing. In that of Case II. the origin of the disease was traumatic, and no permanent cure was anticipated so long as the stricture remained. In Cases III. and IV., especially the latter, the suffering was very severe. When last seen, there had been no return of the disease in either patient. One source of irritation in all the cases was evidently the acid urine, which was remedied by administering carbonate of potassa. Many nights of disturbed sleep, in addition to the pain, had overtaxed the nervous system, and the bromide of potassium was given as a sedative. The preparation of gelsemium employed was Tilden's fld. ext.

I am aware five cases are not enough to determine the real value of a

medicine in a given disease; but any drug that has been successfully exhibited in as painful a disease as the one under consideration, certainly deserves a trial.

ART. XIV.—*Case of Salivary, or Parotid Fistula.* By T. CURTIS SMITH, M.D., of Middleport, Ohio.

AUGUST 9, 1871, I was called to a daughter of Mr. T., of this place, and was told that when eighteen months old, a large abscess had formed at the site of the parotid gland, and involving its structure. The parents treated this with poultices. When pus appeared near the integument, the father "picked it open with the point of a knife." She soon recovered from the abscess, but was left with a salivary fistula at the point where the puncture was made. This continued to discharge saliva in spite of all treatment that had been adopted prior to the time I saw her. The site of the fistula was opposite the *posterior margin of the gland*, and about *seven lines posterior to the neck of the inferior maxilla*.

For the whole period, seven and a half years, saliva had flowed continually from the fistulous opening, and, during the mastication of food, would run down the neck in quantity sufficient to wet all the garments at the upper part of the chest; or if the head was inclined forward while eating, it would drip rapidly off at the chin. The skin below the fistula was excoriated by the discharge. She was slightly anæmic, and of bad colour of skin, but in other respects healthy.

I examined the duct of Steno with a fine probe, and found it pervious and healthy throughout its entire length, the probe passing readily back to the gland. I then introduced a very fine probe into the fistula, which was about thirteen lines in depth, the point passing obliquely inward and anteriorly. The natural channel, Steno's duct, being open, there could be no objection to closing the fistulous channel by granulation, and without serious operative procedure, should we find it possible to do so. At first I concluded to try mild stimulating applications introduced to the bottom of the fistula, for the purpose of securing granulation. Some cases of salivary fistula have been permanently cured by the simple introduction of the probe into the channel for exploration, the procedure causing sufficient granulation to close the fistula. I was not so fortunate with my case.

The mild applications, after a fair trial, failed to accomplish the desired result. I then dilated the integumentary portion of the fistula, inserted a small silver canula, and injected a solution of *argenti nitrat. gr. xx, aquæ destillatæ ℥.xx*, into the abnormal channel. This caused severe pain for several hours, and was followed by active inflammation and free suppuration, pus and saliva flowing freely from the fistula. This continued for three weeks, but gradually diminished after the first three days. During all of this time a compress was bound firmly over the gland and fistula. At the end of this period inflammation had ceased, the swelling had disappeared, and the opening continued to discharge saliva in very small quantities *during mastication only*.

On introducing a fine probe at this time, the fistula was found to be but three lines in depth. I then repeated the injection as above, which