

5. *Circulation*.—Regarding the pulse as in some sort expressive of the state of the heart's action, and thus, inferentially, that of the collective systems and functions of life with which it is in close harmony, the indications, on careful scrutiny, which it discloses in fever must ever be considered as of the highest moment.* In the present epidemic there was manifested here a striking uniformity in essentials; distinctions or modifications in variety, and occasional peculiarities, there undoubtedly were, but with very few exceptions increase of action, with defect of power, terminating more or less speedily in a state of unmixed depression, obtained; or there occurred, almost from the very outset, indications of considerable debility merely, succeeded, in due course, by sheer exhaustion of the central and subordinate moving forces of the circulating system, with its paralyzing influences, direct and reciprocal, in relation to the associated vital and organic systems and actions. These were the main, prominent conditions of this function, which the pulse, by corresponding characters, very clearly evidenced.† To go into particulars on this point my present space will not permit, and I shall content myself by only further observing, in reference to it, that the qualities of force and volume, evinced by the pulse, with due equability, were always accounted, with reason, of much greater importance than mere frequency; but any irregularity in its beat or rhythm, with smallness, and more particularly impaired resistance under the finger, were calculated to excite the worst fears.

6. *Nervous System*.—In connexion with this system the principal feature was exhaustion in some degree, according to the stage and gravity of the case, of the innervation, influencing prejudicially other vital functions, and especially the respiration, which frequently exhibited serious implication. The graver accidents common to most previous epidemics in this country—such, for instance, as coma &c.—were rarely, if ever, here observed; and on the whole, the affections of this system, and of the intellects, discovered in this fever, even in its graver aspect, were ordinarily rather inconsiderable—certainly below what might be expected, and does occur, in sporadic cases of the disease.

Lisburn, 1849.

ON THE EFFECT OF ERGOT OF RYE IN ARRESTING PURULENT DISCHARGES:

SUGGESTIONS ON ITS PREPARATION AND MODE OF ADMINISTRATION.

By J. BROWN, M.D., Boston.

In July, 1847, H. B., aged 17, during a violent fit of coughing broke an abscess in the right lung, and pus mixed with florid blood and coagula was daily coughed up. In consequence of the hæmoptysis the ergot was given, in free and repeated doses, during the space of three weeks.

In August, 1848, she had a sudden return of hæmorrhage, losing a great deal of blood; for three or four days she continuing to lose at least half a pint daily. The ergot was again given until the hæmorrhage entirely ceased. Purulent expectoration then followed, unmixed with blood, dusky and heavy, and amounting to about three ounces daily. The quantity increased from day to day, foetid, and tainting the breath; the cough was harassing at night; salines with opiates and other usual remedies had been given without benefit for a fortnight, when it occurred to me that, in 1847, the ergot was continued in consequence of the expectoration being mixed with blood, and that both disappeared together. She

it must, as it appears from his statement, have been immediately contingent on topical derangement, or embarrassment in the capillary circulation, and a precursory symptom of sphacelus in the parts, the more distinctive evidences of which failed in being developed, from the shortness of the interval between its appearance and the setting-in of death. Be that as it may, the phenomenon came always to be looked on as a fatal omen.

* I confess, though with all diffidence, I could never bring myself to share in the doubts entertained by Celsus respecting the indications of the pulse in fever. The classical reader need only be reminded of the passage expressive of these misgivings, and of the reasons assigned, commencing in these words: *Venis enim maxime credimus, fallacissimæ rei.*—Lib. iii. 6.

† At Lurgan, in the county of Armagh, where the disease displayed itself in an uncommonly malignant and fatal form, Dr. Thompson, the highly talented and gentlemanly physician of our County Infirmary, who was called in consultation to some cases there, informs me that the adynamic symptoms, pure and uncomplicated, were almost, from the very outset, full of pressing danger, death frequently ensuing by the ninth day.

‡ Some instances of extreme slowness of the pulse were here observed: in one, from being 100 and 120 for some days, it rather suddenly, and without obvious cause, or any bad result, came down to 40 in the minute; nor did it regain its healthy standard until convalescence was well established. This was a case of considerable gravity, and the only appreciable alteration in character attendant on such excessive reduction was increase of fulness.

commenced with five grains every three hours, gradually increased. This was continued for a week, when she became impatient of the frequent repetitions; the dose was therefore raised to twelve grains, and given twice a day, combining an opiate at night. The cough was not allayed by the opiate, and there was sickness and loss of appetite through the day: the opiate therefore was omitted, and the ergot given for one night uncombined. On the following morning, I found that the night had been favourably passed, she having coughed less, and slept more, than usual. But after a few days, the expectoration being still very copious, the ergot was repeated four times a day. Very soon the expectoration began to diminish and improve in quality; but the complaint of the frequent repetitions being revived, it was again given night and morning, the dose being increased to a scruple, and this was continued without any change or combination for several weeks, until the cough and expectoration entirely ceased. The ergot in this dose was continued through the whole of September, October, and November; the general health improving along with it. The young lady, in April, left Boston for London, where she now resides.

Every supply of ergot to the patient should be fresh powdered, for that kept powdered in bulk, in the ordinary way, I have seen alive with the ergot mite.

When the dose is in excess, there is sickness and much pain in the abdomen, and also in the chest, if pulmonary disease be present, but not otherwise—should it be determined to persevere with the ergot, it is necessary to cease when such symptoms appear, recommencing after a pause with small and frequent doses, until tolerance is re-established.

Boston, May, 1849.

Reviews.

Illustrations of the Effects of Disease and Injury of the Bones.
By EDWARD STANLEY, F.R.S. Folio. Twenty-four Plates.
Longman & Co.

IN our review of Mr. Stanley's Practical Treatise on the Diseases of Bone, we only cursorily alluded to the present volume of Illustrations, in consequence of the great length to which our observations were extended. Feeling, however, that we should be wanting in our duty were we to rest content with a mere reference to the volume, it is our purpose now to take a more especial notice of it.

The plates are twenty-four in number, highly coloured, and graphic, each of them illustrating some form of disease described in the Practical Treatise, and its peculiar varieties. The three last are illustrations of the repair of fractures in the human being, and in the lower animals—a subject which did not come within the compass of the above-mentioned work. To all the plates there are appended descriptive remarks by the author, and to many of them is added a short history of the individual cases; so that, in fact, the volume may be looked upon as a work of itself, and may profitably be studied either with or without the Practical Treatise.

Of course amongst such a variety of drawings some of them will be found more striking, and depicting the various morbid structures with more faithfulness, than others; and to these we shall particularly call the attention of our readers.

In Plate 3 are two figures, which are striking from their clearness and accuracy: one is descriptive of the commencement of necrosis; the other shows the changes consequent on the formation of a small abscess within a portion of the tibia.

Plate 6 will arrest the attention of the reader more from its exhibiting a remarkable specimen of circumscribed abscess of bone than from any artistic beauty. The following is the history of this extraordinary case.

"Charles Anderson, aged thirty-one, in the summer of 1814, when on a voyage to the Baltic, fell on deck with his leg under him; this was followed by great swelling below the knee, and inability to use the limb. The swelling subsided, and the power of using the limb so far returned, that he was able to walk upon crutches, when he had a second fall, which completely disabled him, and was followed by a return of the swelling. In the winter 1815-16, he became a patient in the Edinburgh Infirmary, when amputation was proposed, but to this he would not consent. In the spring 1817, the