greatest desire to recover his "feeling." Says that he had rather die than remain in his present condition. Ordered dry cups to the spine, to be repeated every other day; stimulating frictions to the legs and ends of the fingers, and a pill, consisting of one grain of sulphate of iron, and three grains of ingredients of pill rhei comp. three times a day; entire abstinence from tobacco and coffee, and a mild but nutritious diet.

22d.—General condition much improved; tremors less; walks with more steadiness. Treatment continued, with occasionally a tepid bath.

31st.—Sensation is beginning to return; walks without his cane; legs sensitive to the prick of a pin, and can distinguish the smallest object between his fingers. This he was unable to do before. Feels greatly encouraged, and is in fine spirits.

Aug. 11.—Has continued to improve since last note. At present is so entirely restored as to require no farther treatment.

Remarks.—This case presents some points of interest. At first, regarding it as a case in which there was a deficient generation of nervous force, produced by a want of hematasine, and a general impoverished condition of the blood, the result of over exercise of mind and body, superadded to cold, I put the patient on tonics, with stimulating applications and counter-irritation. But the rapidity with which the symptoms yielded to treatment proves that this could not have been the pathological lesion, otherwise a longer time would have been required to effect a cure. It is probable, therefore, that it was only an atonic condition of the nerves of sensation, or an irregular distribution of nervous force, brought on by exposure and over exertion. Had the patient been bled, and put on a general antiphlogistic course, the blood would have been rendered thin and watery, and convalescence consequently retarded. This, I am satisfied, is the result in many cases of this kind where depletion is resorted to. It is true, local congestion or inflammation may co-exist with general anemia, thus rendering it necessary to abstract blood by cups, at the same time that tonics are administered. The effects of the depletion, under these circumstances, should, however, be watched with great care.—*St. Louis Medical Journal.*

SYMPTOMS IN YELLOW FEVER.

By John Harrison, M.D., Professor of Physiology and Pathology in the Medical College of Louisiana.

OMITTING individual peculiarities, let us sum up those symptoms by which the disease is recognized. We will suppose a person who has been protected, in the best way possible, from those obvious causes of disease which may affect the health at any season. He is well lodged and clothed; he is temperate in his diet, and is careful not to expose himself to the sun, to wet weather, or to the night air; he is abstemious with regard to alcoholic liquors. These precautions, however, avail him little. In the midst of excellent health he is stricken down. He experiences a rigor, which sometimes ends in a violent ague; in a few hours a burning fever comes on, with distressing pains in the head,

back and limbs. The tongue, however, is as yet moist, and the urinary secretion copious; but the eyes are generally dull and heavy, and intolerant of light.

In the course of 24 or 36 hours, the usual consequences of violent fevers ensue; the secretions are diminished in quantity, and altered; the tongue becomes red around the edges, pointed and furred, with a white or yellowish down in the middle; sometimes, though rarely, it is dry. Sordes appear upon the teeth. The urine is highly colored, and in many cases highly corrosive. The skin is usually moist, with sudamina scattered here and there—principally over the breast. It is, however, sometimes dry and very hot. The pulse continues strong and quick, beating at the rate of 108 to 120, or over, per minute.

Towards the close of the third day, or beginning of the fourth, the fever intermits. The prostration of muscular power, which has been increasing from the first moment, is now complete—the patient being scarcely able to turn in his bed. The pulse falls in frequency even below the natural standard, though in general retaining its usual fulness. The stomach now becomes more or less irritable, being unable, in most cases, to bear even a spoonful of cold water. The skin and eyes assume a yellow tinge, and both are highly injected. This injection, however, does not appear to be attended with high action, for the skin is now rather cold to the touch, and the secretions from it seem altogether to have ceased. If we press with a finger upon the surface of the body, we observe, upon removing it, a white spot, which slowly and gradually resumes its former color. This is strikingly in contrast to the quick flash wherewith the blood returns into the tissues on the first or second day. This injection in truth is of a passive character, and is undoubtedly one of the consequences of the foregoing violent actions to which the whole system has been subjected, and by which the organization of the tissues has suffered. In short, the parts are changed in structure—have lost in consequence their natural elasticity—make little resistance to the blood coming from the heart, and are injected as we might inject a sponge with a syringe.

From the condition last described, the patient gradually returns to health or dies. If death is to be the result, we shall see the irritability of the stomach growing almost hourly greater—even a teaspoonful of cold water being thrown up the moment after being swallowed. An indescribable *malaise* afflicts the sufferer, although he appears at the same time to be without any fixed or local pain. A continual sighing, involuntary groans, extraordinary restlessness, great diminution or a total stoppage of all the secretions, announce the approach of the fatal symptom—black vomit. On the fourth, fifth or sixth day, this is thrown up, and death soon closes the scene.

The matter first thrown up consists almost entirely of the drinks taken. A few flocculi of mucus may be discerned floating here and there in the liquid. Towards the approach of black vomit these flocculi increase in quantity, and are of a deep-gray color. Mixed with them we may often find, upon a close examination, a few stræ of a darker color—in other words, of black vomit.

This last-mentioned fluid is not thrown up in the manner that emesis usually occurs. The muscular motions, and the sounds accompanying the ejection, are peculiar. There is no violent retching; a sound is heard, caused apparently by a hiccough mingled with a cough, and the black matter is ejected. In many cases this is done so violently as to send it many yards. I have seen it, in the Hospital, thrown entirely over the bed of the next patient and fall on that adjoining.

The conditions of the patients when throwing up black vomit, vary most remarkably. Some are quiet—answer questions—and appear rational, but indifferent to their fate; so much so, that they will frequently respond to questions concerning their condition, by saying “they have the black vomit.” Some will even get out of bed and walk about—declare they are perfectly well, and wish to dress themselves. I have seen this occur, and death take place in half an hour afterwards. Others are delirious, and force is required to keep them in bed; others lie in a semi-comatose state, and keep up a constant and most distressing moaning.

Such is the usual course of the disease; but there are a vast number of individual differences which we ought to expect, since it would be difficult to find any two persons in precisely the same condition at the moment of attack; and, therefore, it is but in the application of the well-known law “that the same cause acting on different subjects must produce different effects,” that we should be led to expect individual differences in all epidemic diseases.—*New Orleans Med. and Surg. Journal.*

[As the following case is reported by a well-known physician and professor in a respectable medical school, and is moreover stated in a few words, we give it a place in our pages. It is copied from the Southern Medical and Surgical Journal, edited by Drs. Eve and Garvin, who are professors in the same school with Dr. Dugas. It may be well to state that the editors referred to, as well as the editors of all the other Medical Journals, it is believed, in this country and Europe, are opposed to the claims of the mis-called science of Mesmerism.—The first operation on this patient was reported in March last, in the same Journal.]

EXTIRPATION OF A SCIRRHUS TUMOR, THE PATIENT BEING IN THE MESMERIC STATE.

By L. A. Dugas, M.D., Professor of Physiology, &c., in the Medical College of Georgia.

Mrs. Clarke, the lady whose mamma I removed in January last, enjoyed for several months afterwards an unusual degree of health. In the month of May, however, she began to suffer almost daily with slow fever, and perceived a small induration in the adipose tissue surrounding the region formerly occupied by the breast. This soon assumed the form of a distinct tumor, which was increasing in size with some rapidity, and was becoming painful, when, in the early part of June, I advised Mrs. C. to have it extirpated. To this proposal she readily consented, remarking, very philosophically, that she would rather have such a tumor removed