who think differently, may, perhaps, require that vessels arriving from places in which the disease exists, should be subject to the visitation of the health officer, and to the removal of any cholera patients, and their effects, either to Deer Island, or to any other similarly insulated place provided for their reception.

Finally, it is obvious that most benefit is to be expected by all, from a steady and judicious precaution, which shall not be characterized by supineness on the one hand, nor by any panic and agitation on the other. Should the disease appear on this Continent, it is very probable that it may visit this city in its progress. But we trust that the comparative salubrity of our soil, the comfortable condition and temperate habits of a great majority of our population, and the history of our former experience with cholera, may justify a confident hope, that, if the disease should again appear in our city, the annual aggregate of mortality may not be greatly increased by its presence.

JOHN C. WARREN,
JACOB BIGELOW,
GEO. C. SHATTUCK,
GEO. HAYWARD,
JOHN WARE.

Boston, Oct. 31, 1848.

BRONCHITIS IN A CHILD, ALTERNATING WITH DYSENTERY.—PROLAPSUS ANI.

BY DAVID W. YANDELL, M.D., OF LOUISVILLE, KY.

I WAS called, on the evening of the 7th of September last, to see Maria S——, a robust, vigorous little girl, aged $2\frac{1}{2}$ years, who had been laboring for some days under a very distressing catarrh which had affected especially the larger bronchial tubes. I found her with hurried, wheezing and embarrassed respiration, a frequent, loose, diffused and deep cough, occurring in paroxysms, and followed by expectoration of a pale, glairy, transparent and watery fluid; her pulse free, full, developed and soft, beating 120; her countenance pale and slightly bloated, her skin dry and hot, her tongue coated in the centre; red at the edges and tip.

Auscultation could not be practised because of her fretfulness, but I could distinctly hear, while holding my ear several inches from her chest, both the sonorous and sibilant ronchi, proceeding from the antero-superior part of the thorax; the former much more distinct after a fit of coughing, and both inaudible when a considerable interval elapsed between the paroxysms.

I ordered her to be placed in a warm bath, to take three grains of calomel and one of ipecac., and use, in doses of a teaspoonful at short intervals, till she fell asleep, the following:—R. Infus. Senegæ, $\mathfrak{z}$ iv.; syrup. ipecac., $\mathfrak{z}$ j.; oxymel. scill., $\mathfrak{z}$ iij.; ant. et potass. tartrat., gr. j.

I further ordered that cloths wrung out of hot water, and renewed whenever they grew cold, should be applied to the chest, to be followed, when she seemed disposed to sleep, by a flannel jacket.

The next morning I learned that she had passed a restless night, was twice called up to stool, and found her in almost the same condition as I had last seen her. The warm bath was ordered to be twice repeated, the cloths kept constantly applied, the mixture continued, her system kept under the influence of the ipecac., till night, when a small portion of calomel and Dover's powder was to be administered.

The medicine had brought away several copious and dark-colored stools, before my visit of the next morning, at which time her pulse was 90, respiration almost natural, the rouchi no longer perceptible, her cough not so frequent and more diffused, the expectoration opaque, tinged with yellow and less viscid, her tongue clean, skin and general expression natural. The mixture was continued during the day, and at night five grains of hydrarg. cum creta, combined with a few drops of denarcotized laudanum, were administered.

She continued to improve for the next two days, when I ceased visiting her. Two days after this time I was called to her again, and found her suffering from dysentery of a very violent form. Her pulse was quick and small; tongue furred, thirst greatly increased; the urine was high colored, voided frequently and with difficulty; the skin harsh, hot and dry, especially over the abdomen, which, however, was neither tense nor tender; the straining was severe, the calls to stool frequent, and the discharges offensive and streaked with blood. During the intervals between the stools no pain was complained of. Pressure over the region of the cœcum and sigmoid flexure of the colon occasioned no uneasiness.

I ordered a warm bath, and a dose of castor oil, to be assisted by an injection of almond oil, to which were added a few drops of laudanum; the abdomen to be swathed in flannel, cloths wrung out of warm water applied to the perineum, and, at night, a bolus composed of calomel, ipecac. and hyoscyamus.

During the next twelve hours every symptom of dysentery, save the tenesmus, had entirely disappeared, while all the symptoms of bronchitis had returned. The latter disease was soon subdued by recourse to the treatment which was so successful in the first attack, and the tenesmus was greatly abated by cooling, opiate and emollient injections used in very small quantities and frequently repeated. The amelioration of the bronchitic symptoms was scarcely apparent, before those of dysentery were re-developed with greater intensity than before, again to subside under the use of opium, ipecac., calomel and oil, and the injection and local means which I have enumerated, when bronchitis again arose, continued for forty-eight hours, disappeared, and was seen no more. The dysentery, from this time till its cure, was accompanied by no other symptom than the tenesmus, which, at first very distressing, gradually became less and less frequent, and entirely ceased upon the application of the extract of belladonna around the region of the anus.

Charmed with the speedy efficacy of the belladonna, I recommended it to my class on the same evening, and had scarcely done so when I was called to my little patient to find considerable prolapsus of the rectum, which had occurred in a very natural and easy stool that she had

ust passed. The gut was easily returned, and I contented myself with prescribing an electuary of sulphur, confection of senna, and simple syrup, directing the mother to gently return the bowel whenever it descended. Learning at my visit next morning, that the prolapsus continued, although the stools were soluble and passed without difficulty, I resorted to injections of an aqueous solution of the sulphate of iron, each injection containing about the eighth of a grain of the iron. Although this treatment was persisted in for three days, the quantity of the iron being daily augmented, no perceptible good resulted. I now used the iron in another manner and combination with the most happy effect, the prolapsus diminishing perceptibly after the first operation of the medicine, and entirely disappearing in the course of two days. The prescription was the following:—R. Pulv. rhei, ℥ijss. ; ferri sulphat., gr. xxx. ; saponis albi, ℥j. ; aq. distil., q. s. Ut ft. mass in pil. xx., divid. One of these pills to be taken every night at bed-time.—*Western Journal of Medicine and Surgery.*

BIOGRAPHICAL NOTICE OF THE LATE DR. STEPHEN BATCHELLER, OF ROYALSTON, MASS.

BY STEPHEN W. WILLIAMS, M.D., DEERFIELD.

[Communicated for the Boston Medical and Surgical Journal.]

WITHIN a very short time an unusual number of distinguished medical men in the United States have been called to pay the universal debt of nature. Their memories should be cherished by their surviving brethren, and their examples held up as patterns for their survivors. Without going into a minute enumeration of all their names, we may be permitted to mention those of Revere, McClellan, Stearns, Allen, Hale, and last, though not least, our lamented brother, Dr. Stephen Batcheller, of Royalston, who died on the 7th of November, 1848. The physicians of the State of Massachusetts, and particularly the Fellows of the Massachusetts Medical Society, will long remember Dr. Batcheller with affection and esteem; and they and others of the profession, throughout the country, will pardon, I trust, this attempt to trace out some of the principal events and incidents of his life.

Dr. Stephen Batcheller was son of Dr. Stephen Batcheller, of Royalston, Mass., and was born in that town, January 3d, 1778. His father was born at Grafton, Mass. He was a physician, and commenced the practice of the profession in Royalston, in the early settlement of the town, in fact when it was almost entirely a wilderness. He was the first physician who ever settled there, and there he practised till his decease—a period of nearly forty years. Like some of the older physicians in the country, he suffered much from the want of roads, and from the badness of such as existed. Like Haynes, of Rowe, he was obliged to travel by marked trees, in this and the neighboring towns, often by night, and frequently followed by bears and wolves. He was often obliged to ford