wealth and honors in after life. While in Camden, he labored with an untiring vigilance for the erection of a monument to the memory of that noble patriot, De Kalb, who fell in the ill-fated battle at that place in the Revolutionary war. He finally succeeded, but mostly at his own expense, in causing the erection of this monument. His cabinet at Rehoboth (which is still ample) contains many of the relics of that battle, gathered by himself from the battle-field.

On entering his private cabinet of natural history, one is surprised, and at the same time delighted, with the number and beauty of its specimens. They were not local in their origin, but gathered from all parts of the world. Especially are we delighted with those in ornithology. There we may behold, at the same view, the songster of the Alps and the beautiful Bird of Paradise; the inhabitant of the western prairie contrasted with the Condor of South America; the Golden Pheasant and the beautiful Oriole—all life-like, and in fancy's ear warbling together their sweet notes of music.

Having survived both of his companions, and being childless and in a declining state of health, in 1846 Dr. B. left his adopted city, Philadelphia, and returned to his native town and paternal estate, to spend the evening of his life, and lay his bones in the land that gave him birth. Peace to his ashes. All who knew him will acknowledge his virtues. None will speak of his faults, for they were hidden from even those who knew him best.

INHALATION.

BY P. PINEO, M.D., QUEECHY, VT.

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THE following are a few of the cases that I have treated during the summer, by inhalation, in connection with other general treatment. In every case, the advantage of using the inhalation was very apparent. In cases where the pulmonary disease is attended with irritable stomach, we can avoid offending that organ, obtain a better assimilation of the food, and consequently a more perfect nutrition of the body, which is perhaps the most important object in treatment, and at the same time produce an anodyne or alterative effect upon the diseased part itself. I feel quite confident that topical applications of medicinal substances to diseased lungs, are powerful auxiliaries in the treatment of the various diseases to which those organs are subject; and in connection with proper general treatment, and correct hygienic conditions, even tubercular disease, in its incipient stages, may be arrested, and sometimes even eradicated.

CASE I.—Mrs. W. had been suffering from a severe cough for

six months, with indigestion, flatulence and great emaciation; had been under treatment at different times without relief. The stethoscope revealed severe bronchitis, with urgent dyspnoea; could detect no tubercles. Ordered inhalation of tinct. opium, hyoscyamus and conium, three or four times a day, with an occasional inhalation of iodine and guaiacum tincture. Prescribed for flatulence and indigestion, and gave a cough mixture at night. After a long continuance of the treatment, her cough and dyspnoea left her; but paralysis of the lower extremities supervened from a disease of the lumbar vertebræ, and she died at length, apparently from disease of the spine.

CASE II.—Mr. T. had severe cough and large purulent expectoration of several months' standing, with some night sweats. Prescribed inhalation, with cough mixture at night. Convalescence was soon apparent, and the patient is now well.

CASE III.—Mrs. G. has had a cough, with purulent expectoration, for nearly a year. Tubercles clearly made out with Dr. Camman's stethoscope. She has used the inhalation for months. Condition of the lungs improved. Cough very much better, but returns on slight exposure.

CASE IV.—Mr. C., 18 years of age, took a severe cold a year ago, and coughed all winter. Was under the care of a physician until spring, when he went to Boston, and was treated by Drs. Clarke and Bowditch. He came home in August, when I was called. He had extensive tubercularization, with large expectoration, hectic, night sweats, and great emaciation. Prescribed anodyne and alterative inhalations, with tonics and cough mixture. His cough and general condition were ameliorated, but a large cavity formed in the left lung, and he gradually sank and died.

CASE V.—Miss A., sixteen years of age, has coughed badly for nearly a year. A few weeks ago, I first saw her. There was extensive tubercularization, with severe cough and large expectoration, night sweats and hectic, emaciation and anæmia. Inhalation produced a favorable influence upon her cough, and she became more comfortable. A cavity formed in her left lung about ten days ago, and she probably will not live long.

CASE VI.—Mrs. S. has had trouble in her chest for years. I found her with pleuro-pneumonia. After the disease subsided, she was left with aphonia, cough and pain in the left lung. Ordered inhalation of tinct. opium, hyoscyamus and conium. Her voice soon returned, the cough and pain in the chest gradually subsided, and she is about the house.

CASE VII.—Mr. M. Hæmoptysis, with cough. He first bled in April. In July, he bled largely, and I was called. Prescribed astringents and anodynes, with inhalation. Has not bled since. In September he exposed himself, and had an attack of pleuro-pneu-

monia, which brought him very low, but he is now well enough to ride twenty-five miles a day.

INFLAMMATION OF THE EYELID, AND CHEMOSIS OF THE CONJUNCTIVA, CAUSED BY THE STINGING OF WASPS.

BY DAVID RICE, M.D.

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INEZ, a little girl thirteen years old, when about retiring at night, was stung by two or three wasps, upon the shoulder, immediately over the upper edge of the right scapula; also upon the middle finger of the right hand. The pain at the time was not severe, nor was there much tumefaction. I applied a cloth wet with diluted aqua ammonia, and the child went to bed, and slept soundly until morning. The above occurrences were on Saturday evening. On Sunday the child seemed as well as usual; in the evening she complained of itching of the right eyelid, and there was very slight tumefaction. Monday, the eyelids were more swollen, and somewhat painful, yet the child kept about her plays as usual. Tuesday, the swelling had increased, and there was considerable pain in the eyeball. Applied cloths wet with acetate of lead, $\mathfrak{z}$ iss.; water, $\mathfrak{z}$ viii. Changed them as often as they became dry through the night. Pain in the lids and through the eyeball very severe all night. The child got no sleep. Pulse small and quick. Wednesday morning the lids greatly tumefied, with what seemed to be erysipelatous inflammation. The whole side of the face swollen and painful, and pain in the shoulder in the region of the wasp stings. Glands in the right axilla swollen. Upon opening the eyelid I discovered almost complete chemosis of the conjunctiva, it being raised upon the sclerotic membrane, more than half over the eye to the border of the cornea, as if a fatty matter were underneath it, caused by the effusion of lymph. The case had really assumed a formidable aspect, and called for prompt treatment. Applied leeches to the temple and eyelid. Leeches did well, and the subsequent bleeding was encouraged by the application of wet cloths. Followed the leeches by linseed cataplasm, applied over the eye and cheek, and changed as often as dry. Applied every six hours a collyrium: Acetat. plumbi, gr. v.; tinct. opii. gtt. xl.; aquæ puræ, $\mathfrak{z}$ ii.—a few drops into the corner of the eye before applying the poultice. Gave a cathartic of Epsom salts.

Thursday, an abscess opened upon the inside of the upper eyelid about its centre. Continued the applications as on Wednesday, substituting for the cathartic a laxative of Rochelle salts. Friday the swelling began to abate, and the chemosis to flatten down, assuming, instead of a semi-transparent, a reddish hue, as in common ophthalmia. Discharge from the abscess profuse. Coat be-