given, but even then the wound was not long kept from irritability. Dr. Hinckley labors under an error if he supposes we expected to heal the wound by filling it with a foreign material.

Dr. H. considers the wound in Webb's case "bears almost no analogy to fistula in ano." "In one (fistula in ano) the ulceration is the effect of a specific diseased action, producing an ulcer of a peculiar character, very far from healthy." I did not speak of the *specific character* of the wound in this case as bearing analogy to fistula in ano, but of its *position*. But I deny the Dr.'s premises in toto. An operation for fistula in ano is not resorted to on account of a "specific diseased action producing an ulcer of a peculiar character," but *on account of the relative position of the parts*. If you operate in fistula in ano, because the ulcer is of a peculiar character, having its origin in a "specific diseased action," why not operate in all ulcers, wherever situated, possessing the same specific origin? In fistula in ano the fistulous canal is kept open by the contraction of the sphincter ani; you divide the sphincter, and the canal will be closed by adhesion or granulation. In the case of Webb, therefore, the principle of the operation was reduced to the same as that for fistula in ano.

When Dr. Hinckley again commences an attack upon surgeons "down east" who have seen something of service, he will do well to look to the principles he himself advances.

A. P. FULLER.

Albion, Me., July 3d, 1837.

1837

ACUTE PERITONITIS.

BY ISAAC G. BRAMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 20th of June, I was called to see D. B., a strong, healthy child, born of Irish parents, aged about four years. On my arrival I found him suffering considerable pain from a carious tooth. This I readily extracted, and as there appeared to be some nausea at the stomach, with coated tongue, I prescribed a gentle emetic. It operated kindly, bringing away a considerable quantity of dark vitiated bile and phlegm. I left him quite relieved, and being busily engaged, did not see him again during the day. The next morning a messenger came for me in great haste, with the information that "Daniel was almost dead." I repaired immediately to the house, and found my little patient exhibiting the following symptoms. He lay upon his back in bed; knees drawn up; abdomen swollen, and intensely painful to the touch; great heat and dryness of the skin; nausea and vomiting; pulse 180, hard, and contracted. Upon making inquiry of the mother as to how he had appeared since I saw him, she remarked that he was quite comfortable after the operation of the emetic till evening, when he was seized with a fit. He had two or three of them during the night, and also vomited several times. She (no doubt with honest intention) had "given it milk, flour and water, herb tea, and a host of other things," but the

more she did the worse it grew. Of course I had no difficulty in accounting for the good woman's failure.

To allay the irritability of the stomach, I directed the following: *R.* Creosote gtt. i. aqua pura ʒi . *M.* Let him take ʒi . every 15 minutes if necessary. There was no vomiting after the first dose.

The next question to be settled was the course I should pursue in arresting the progress of the disease. The parents were utterly opposed to venesection or vesication. All I could persuade them to submit to, was a small blister over the bowels, which was on but a short time before it was taken off, without accomplishing anything of importance. However, I will say that I should have insisted more strongly upon bleeding, had I not been very much prepossessed in favor of ol. terebinth as a remedial agent in this complaint, and had long wished for an opportunity to give it a fair trial. Here, then, was one, and I determined to improve it. I commenced with the following form. *R.* Ol. terebinth, ol. ricini, āā . *M.* Take ʒss . every two hours, till bowels are opened. 7, P. M., has taken the medicine three times; no dejection. Continue same with 4 grains sub. m. hyd. in the intervals.

22d, 8, A. M. There has been two dejections, of quite dark character and fetid smell, having the consistence of tar. No material alteration in the symptoms, except the pulse, which is less frequent, 170, and softer to the feel; has passed some water, which is high colored and fetid. Discontinue the oil, and let him have the following once in three hours. Dulcis spirit nitrosi lx . gtt., camph. tinct. opii xxx . gtt., tart. antim. gr. 1-8. *M.* 8, P. M. Found him much worse; appears sicker than he has been at any time previous; no dejections; pulse again up to 180. Recommence the oil as before, and aid the operation by enemata.

23d. Bowels opened freely the latter part of the night; is somewhat easier; pulse 160. Let him continue medicine at intervals of six hours. 24th. Quite as comfortable as yesterday; one dejection; continue medicine, and let him have, at bedtime, pulv. ipecac. compos. 6 grs. sub. m. hyd. grs. ii. 25th. There is now a material alteration for the better; bowels have been opened freely, and he has passed water in considerable quantity; tumefaction of the abdomen subsiding rapidly; begins to ask for food. Dr. Robinson met in consultation. He advised to small doses of acet. potass. with rhubarb and sulph. mag., should laxatives be necessary; which, however, was not the case, for the bowels kept in a soluble state, scarcely requiring anything to move them. He continued rapidly to improve from that time, and is now in perfect health.

Remarks.—This case is one of interest, as showing, in a remarkable manner, the power of ol. terebinth in arresting peritoneal inflammation. It has been, I believe, generally conceded, that if there was one disease more than another which imperiously and unhesitatingly called for active and vigorous depletion, it was acute peritonitis. Yet it was not made use of here, although the inflammation might be said to have been of the highest grade. We see that when the oil was used often and freely, it held the disease in check; upon slacking, it returned with re-

newed force, till by repeated doses it was broken up. What effect the calomel might have produced, I am unable to say. It was used rather at the suggestion of a friend; but of this I am certain, that calomel alone would never have conquered the disease in the small quantities which were given.

New Rowley, July 20, 1837.

OTORRHŒA.

BY J. HARRISON CURTIS, LONDON.

Few diseases, perhaps, are more difficult to relieve than those of the ear, and of these the most common are discharges from that organ, or otorrhœa.

Persons affected with this disease are very apt to neglect it, more especially when, as not unfrequently happens at the commencement, it does not interfere with hearing. Now, it is one of these affections that, of all others, requires early attention, for although simple in its nature, in the first instance, it is liable, as M. Lallemand has shown, to terminate in disorganizing the internal structure of the ear.

There are, hence, three kinds of otorrhœa. One, in which the discharge is muculent in its acute stage, changing to one that is puriform when it becomes chronic. Another, in which the discharge is accompanied with a polypus growth; and the third, proceeding from caries of the bones. The first, in its acute form, is most usually met with in children, and is not attended with much pain, but by neglect, or maltreatment, the discharge is apt to change to a purulent character; and if still further neglected, a polypus forms, or the bones are destroyed, when the discharge becomes discolored, and offensive. Concluding these preliminary observations, I shall now relate a few cases in illustration of the treatment, which I have found exceedingly beneficial in relieving them.

Mr. R. applied to me on account of a discharge from his left ear, which had annoyed him for several years. After allaying the existing irritation, by bland means, he was cured by the following injection:—R. Decoction of oak bark, 12 ounces; alum, and supersulphate of potash, 2 drachms. Dissolve, and make an injection.

Miss L. had a discharge from both ears, which was brought on from cold. She also used the oak bark and alum injection, and got quite well.

I lately attended two cases of a similar kind to the above, with Sir Benjamin Brodie, the one a lady of quality, and the other a gentleman from Scotland. The first of these cases got well by the usual treatment; of the other, from his not remaining in town, I did not hear the termination.

The two following cases I have taken indiscriminately from the case-book of the Royal Dispensary, in proof of the efficacy of the same mode of treatment:—

Joseph Page, aged 9, has had pain in both ears for a fortnight, which has ended in suppuration. At first antiphlogistic treatment was adopted,