

It is probable, too, that ipecacuanha produces an effect upon the bronchial membrane similar to that observed on the skin. The secretion of mucus succeeds to a state of dryness, and the mucus itself is of less tenacity and easier of expectoration.

However, the rationale apart, I may give the result of my experience in general terms, and say that of all our remedies for bronchitis in children, repeated emetic doses of ipecacuanha, after moderate bloodletting, is the most efficacious. In little infants, five grains may be given and repeated every three, four, or six hours. The dose must generally be augmented to ten or fifteen grains, especially in older children.

To the ipecacuanha I have always added castor oil, in the intervals of sickness.

Blisters and fomentations to the chest are also highly advantageous.

But the principal object of my present communication is to point out the danger and inefficiency of bloodletting, and the extreme value of ipecacuanha, in this particular disease of children. Bloodletting, to be safe, must be administered cautiously. The ipecacuanha, to be efficacious, must be administered in fuller and more repeated doses than those generally prescribed. I have repeatedly known a single emetic dose of ipecacuanha subdue a recent bronchitis; and I have known repeated doses subdue the most inveterate. These repeated doses are not attended by the slightest risk. Let the nausea and the vomiting subside, and the disease will frequently be found to be perfectly removed, whilst the powers of the system are unimpaired. Few remedies of such powers are so free from danger, in the feeble and tender age of infancy. If the disease be obstinate, the remedy may be repeated until it *does* prove efficacious.—*Ib.*

SCALDING OF THE THROAT.

A Case of Scalding of the Throat, in a Child, from drinking boiling Water, cured by opening the Jugular Vein. By MR. G. O. HEMING, Member of the Royal College of Surgeons.

MR. EARLE's interesting lecture has brought to my mind a case of the croupy affection, induced in children by drinking hot water, in which the use of bloodletting was distinctly and eminently advantageous. It may, therefore, form a useful addition to the cases placed on record by Dr. Marshall Hall, Mr. Stanley, and Mr. Earle.

John Noyes, aged two years and a quarter, was brought to me, about five months ago, by his father, who stated, that, seven hours previously, he had drunk some hot water from a tea-kettle.

The little boy was breathing with much difficulty, and the sound produced by respiration was similar to that which takes place in croup. There was an incapability of swallowing, and he seemed to suffer great pain.

I bled him from the jugular vein, to a state approaching syncope. The breathing instantly became considerably relieved. A cold lotion was recommended to be kept constantly applied to the throat, and, as he could not swallow, an injection was given to act upon the bowels.

Four or five hours afterwards I went to see him, accompanied by Dr. M. Hall (whose paper on the subject I had read some years before, in the Medico-Chirurgical Transactions), with the expectation that the child might require the operation of tracheotomy ; but we were agreeably surprised to find that, since the bleeding, the respiration had progressively improved, and the peculiar noise had entirely subsided. The little patient was quite well in a few days.

I would here just remark, that I have seen many cases of croup—one within the last few days—where leeches had been numerous and repeatedly applied without affording any relief ; but the good effect of taking blood from the jugular vein to approaching syncope, was evident immediately, and apparently saved the lives of the little patients. From the case related by Mr. Earle, it is quite evident how serviceable the loss of blood may be in such cases ; as even the application of the leeches arrested the disease and afforded temporary benefit. In croup, the loss of blood is borne well, and one might suppose that the sensibility of the stomach may be in some degree diminished, as it requires larger quantities of ipecacuanha, or emetic tartar, to produce vomiting in this disease. This observation in regard to emetics, is also applicable to bronchitis in children.—*Ibid.*

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REMARKS UPON MALIGNANT CHOLERA.

“Malignancy is a state of the system in which there is a peculiar deficiency of vitality, attended with an insusceptibility to the curative action of ordinary remedies, in ordinary doses and quantities.”—[American Medical Recorder, April 1828, page 292.]

If this definition of malignancy is correct, it would seem that there could be very little difficulty in accounting for the excessive mortality which has occurred both in Asia and Europe, during the prevalence of epidemic cholera. There is certainly a very striking analogy between the *cholera* of the eastern continent, and the *typhus syncopalis* which at various times, during the last twenty-six years, has prevailed in many parts of New England, and in other States. Whoever will consult Dr. Thacher's Modern Practice, and the Philadelphia editions of Gregory's Practice, as well as Dr. North's Treatise on Spotted Fever, and various practical works to be found in American pamphlets and periodicals, will soon be convinced, that the two diseases must either be varieties of the same species, or more probably species of the same genus, requiring obviously the same treatment in general, though unquestionably demanding variations according to particular circumstances. It is therefore proper to ascertain what has been the most successful treatment of American practitioners, in their disease. With the utmost confidence it may be stated, that in no instance has an epidemic of *typhus syncopalis* been successfully treated, except upon the principle mentioned in the preceding definition of malignancy.

From the first appearance of *typhus syncopalis*, at Medfield, in 1806, (then called *spotted fever*,) it was discovered, that ordinary remedies,