lip also embraced by the figure of 8 over the needles, is often left red and excoriated.

When the stitches are used, the intervening parts are exposed, the process may be watched, and by the application of a small compress kept constantly wet with water, the inflammation liable to occur in very young subjects is so moderated that, on the removal of the sutures, I have frequently found the line of adhesion quite perfect, free from redness, and after a short time it could scarcely be distinguished. In fact, the tissue seems to melt into the other, without any perceptible cicatrix remaining.

It is important that the suture needles be straight, as it will be found difficult to pass crooked needles, of the small size requisite, through the edges of the wound, without their turning in the head. The former are also sometimes better introduced by seizing them firmly with a forceps or placers.

One of these early cases, a patient of Dr. Hale, on whom I operated when twenty-four hours old, I have lately seen. The child is now twenty-two months of age, and, to a casual observer, scarcely any traces of the operation are visible; but, on a more minute examination of the lip, a small linear scar is seen. There is no dragging up of the lip, or stretching of the prolabium. The ala of the nose is well defined, and without the flaring so generally seen, where the hare-lip is complicated, as in the present instance, with an extensive fissure of the palate. In addition to these deformities, the alveoli were separated, so that the fore-finger could be readily introduced between them. They are now in perfect contact, and by means of pressure on the maxillary bone, conducted under my direction, the fissure in the bony palate is obliterated for about half an inch. This fact demonstrates the importance of an early closure of the lip. The father of this child, who had also a congenital division of the palate and hare-lip, did not submit to an operation on the latter, until he was of adult age; consequently, the gap in the jaw remains as wide open as ever.

ART. II.—*The Result of Cases of Pneumonia treated chiefly by Tartar Emetic (Antimonii et Potassæ Tartras).* By J. F. PEEBLES, M.D., Petersburg, Va.

In all the systematic works, we find the tartar emetic administered with a view to the attainment of its sedative effects on the circulation, recommended in the treatment of inflammatory diseases, especially those of the pulmonary organs. Rasori first propounded its claim as a contra-stimulant, but it seems that to Laennec is due its extensive employment in the treatment of pneumonia. These authors, and most subsequent writers, speak of its administration in almost incredible quantities, given within an exceedingly

short space of time. Rasori, for instance, has given many drachms within twenty-four hours, and several ounces during the course of a disease, and Laennec has confirmed, to a certain extent, his statements, since he gave with impunity from one to two scruples, and even a drachm and a half within twenty-four hours.

No allusion is made by these, or most other writers, to any injurious effects arising from its use; nor is any caution expressed in relation to its employment, under the circumstances calling for its administration. Since there exists, therefore, such weighty testimony in behalf of its innocuous character, the writer feels some hesitation in attributing the unfortunate termination of the cases he is about to relate, and the peculiar symptoms which supervened upon their progress, to the effects of the drug; yet the uniformity in the character of these latter, under a state of things pretty nearly similar, certainly is sufficient to excite attention. These cases, we may add, were carefully noted at the time of their occurrence, not with the view, however, of observing the effects of the tartarized antimony, but simply for the purpose of obtaining general facts relating to the history and treatment of this important class of affections.

CASE I.—Louis, a robust young negro man, was seized, after complaining several days of slight indisposition, with a severe rigor during the night. I saw him Nov. 3d, 1844, on the second day following the chill. I found him lying on his back, labouring under dyspnoea and great prostration; his countenance was anxious and shrunk; his skin was rather cold and harsh; his pulse was very feeble, and 110 beats per minute; he complained of dull pain in the chest, coughed frequently, and expectorated freely tenacious viscid mucus of a dirty tinge, occasionally variegated with a pinkish hue.

The right lung was dull, throughout, on percussion, whilst under the ear the crepitation of pneumonia was detected in the upper portion of the left, and found to exist, generally, in the right lung, in many places completely obscuring the vesicular murmur. Diagnosing it as a case of double pneumonia, and taking into consideration the general condition of the man, and the delay which had occurred in calling aid to the case, although the disease had not yet passed beyond its first stage, my prognosis was unfavourable. Sinapisms were applied to the extremities, and he was freely cupped on the chest. Deeming venesection inadmissible, and believing that urgent necessity existed for the speedy relief of the lungs, I determined on the use of the tartarized antimony as recommended by Laennec. Beginning immediately, the man was ordered to have one grain of the drug every second hour, dissolved in water, to which was added infusion of *semen lini* sufficient to make the dose four ounces. He tolerated the medicine from the first; it produced neither vomiting nor purging; and at my evening visit, I found his condition somewhat ameliorated; his pulse was fuller and less frequent; his skin was warmer and slightly moist; he still, however, maintained his position on the back, and was much troubled by cough. Continued the medicine, and ordered 10 grains *pulv. ipecac. et opii*, at bed-time.

Nov. 4th. Condition same as the previous evening. He passed a rest-

less night from his cough. No nausea; had not vomited since I last saw him, but had had two copious, but consistant evacuations from the bowels. The stools were unaccompanied by pain, and they consisted of dark vitiated secretions. No thirst; his tongue moist and covered with a creamy coat. There was increased dullness on percussion, and the stethoscopic signs indicated a further consolidation of the left lung. Sputa more viscid and tenacious, having a fibrous appearance, with great elasticity, and of a dark hue; his pulse quick and compressible. Ordered cups between shoulders, and increased antimony to two grains every second hour.

5th. No change. Still a perfect tolerance of medicine without any evacuation, save a slight perspiration. Continued treatment, stopping medicine, however, whenever he fell asleep.

6th. But little change; treatment continued.

7th. Evidently better; respiration more free, strength increased, cough less troublesome, expectoration easy, and the sputa less tenacious; has now become thick, creamy, and is occasionally unmixed with blood. Although the medicine has been steadily continued, he wants to eat. The state of the lungs correspondingly improved; chest more resonant, and there is less obscuration of the vesicular murmur by the crepitation. Diminish dose of antimony to one grain every third hour. Farinaceous diet.

8th. Patient had four evacuations from the bowels during the night, and did not rest well. Still, however, improved. Desires food; cough much less troublesome; can lay on either side, and easily gets in and out of bed without help. Continued same diet, and directed 5 drops tr. opii in each dose of medicine.

9th. Still improving. The laudanum had restrained his bowels, and he slept well during night. On the 10th, all medicine was discontinued. The symptoms generally had subsided, and he could walk about the room. After visiting him several days as a security against errors in diet and exposure, I left Louis, satisfied that his recovery was secure.

24th. Exactly ten days since I had paid him my last visit, I met Louis in the street, returning from his work. Perceiving, from his appearance, that he had not improved as I had expected, and struck by the pallid, ashy hue of the skin, I stopped him. My attention was at once arrested by a collection of pinkish-coloured mucus around each nostril. He told me that his nose had bled just as it did then for several days, but he persisted that he had quite recovered. I found his pulse very small and frequent, his skin shrunk and cool, his tongue very pale and clean; and upon examining more closely, I detected several ecchymosed spots on the mucous membrane of the mouth, one as large as a five cent piece, existing over the buccal membrane on the right side. Becoming, at once, anxious about the case, I ordered the man to be confined to the house, and directed for him a hot foot-bath, quinia, a nourishing but unirritating diet, and the free use of lemonade.

* 27th. Summoned early to see Louis. The hemorrhage, which, though slight, had never ceased entirely from his nose, had increased greatly during the night, and I found him suffering from profuse epistaxis. He still made no complaint of pain or sickness. The hemorrhage was purely passive; there was no heat or vascular excitement about the head; the blood seemed to flow steadily in sluggish streams from both nostrils. Its arrest was exceedingly difficult; indeed, I found it impossible to prevent a slight oozing, which continued. There was no fever, and his appetite was excellent. Ordered him to drink freely of cool acidulated drinks, to maintain

the sitting posture, and as night came on, substituted for the former treatment, acetæ plumb. et opium in full doses, at short intervals. His condition hourly was becoming more critical.

28th. Patient allowed his nose to bleed all night, or nearly so, without calling for aid. He had now become too weak to support himself erect, and he was propped up to elevate his head. His nostrils were carefully injected with solutions of alum, sulphate of copper and with creasote, but without success; I then securely plugged them up from behind. He still maintained his cheerfulness, and ate heartily.

29th. Blood oozing from his nose all night. As he lay with his head turned aside, from the base of either nostril a small stream would form and trickle slowly over the cheek—sufficient to wet a small handkerchief in a couple of hours. The blood had become thin and nearly colourless. In the course of the day, his urine became bloody, which was speedily followed by stools of the same character. He rapidly became so perfectly anemic, that the very slight pressure occasioned by a bandage which passed under his nose to be tied over the head, for the purpose of fixing the external plugs within the nostrils, was sufficient to create complete œdema in the face and forehead above it, the raised and pellucid appearance of the skin giving the countenance a singular aspect. He soon became unmanageable, and progressively sank, the bloody discharges continuing; and during a slight convulsion, he expired on the next day.

No post-mortem could be made.

The scorbutic symptoms in this case were attributed, at the time of their occurrence, to the treatment the man had received. Soon after I ceased my visits, he was made to sleep in a crowded apartment, and to mess with the other negroes, on a diet consisting of salt pork, fish and beans.

CASE II.—December 10th, 1845. Visited Caroline, a well-grown negro girl, aged 17. After suffering with a severe catarrh for several days, upon exposure on a raw damp afternoon, she was seized with a chill which lasted her nearly all night. I found her labouring under a threatening attack of acute bronchitis, extensively involving the lining membrane of both lungs. The symptoms were urgent; there was great distress in respiration; a disposition to sit up in bed: her countenance was anxious, her lips livid, and she was slightly delirious. She had long fits of coughing at short intervals, and she brought up at the end of each, considerable quantities of frothy mucus, freely streaked with blood. She had taken a full dose of calomel the previous night, which had been followed by castor oil that morning, and the bowels had been freely evacuated.

V. S. and deliq. animi, to be followed as soon as reaction was established, by cups to the chest. R.—Aatiaoaii et potassæ tart. gr. vi; p. g. acaciæ ʒiv; aquæ font. ʒvss; syrup. aurant. ʒss; one tablespoonful of this mixture every hour. The second dose of the medicine vomited her freely; afterwards tolerance became fully established. The symptoms continued so urgent that V. S. was again employed in the evening, and the medicine ordered to be continued all night.

11th. Rested badly, and is but little, if any, better. Cough is extremely troublesome, and the respiration so much oppressed that she is scarcely able to converse. Pulse less frequent, tongue somewhat moister. Same treatment continued, in addition to which the chest was blistered extensively. As evening approached, signs of amendment appeared; the respiration became better, cough less troublesome, and not so harsh and

ringing, and there was a free expectoration of sputa, which was much less frothy, though plentifully streaked with blood. Some perspiration on the skin. No other evacuation from the tartarized aatimoy, which was continued.

12th. Rested well. Symptoms all improved. Bowels twice moved during the aight, withoat pain, however. Cough still troublesome, and expectoration free. Sputa less tenacious, more opaque and thick, occasionally of a purulent tiage. Medicine continued. From this time the girl's improvement was progressive, and I left her on the eighth day of her attack free from cough, and although she was considerably emaciated, there was every prospect of uninterrupted recovery. By accurate computation, she had taken during her attack 36 grs. antim. et potass. tart., and nothing else besides the single dose of calomel in its oaset, and some light laxative medicinae.

26th.—Summoned at daylight to see Caroline, who was represented to be bleedin' dangerously from the nose. I learned that some four or five days after I had left her, she had passed, d'arin' a cold, rainy afternoon, several hours in an open porch, which imprudence had been followed by a relapse of the broachial inflammation; and, that the family had given her two vials more of the medicine as ordered before, and according to the same prescription, which had controlled the symptoms. It seems soon after her relapse, epistaxis came on, occurring at first duri'g severe fits of coughin'; and of which she had had repeated attacks every day, withoat, however, being sufficient to excite apprehension. The bleeding had continued all aight, and I found her pulseless, faint, restless, and altogether unmanageable. The blood streamed from both nostrils, or gushed from her mouth, when any pressure was made on the nose. Though aa intelligent girl, her extreme restlessness would not allow her to adopt the necessary means to insure relief. Her nostrils were unsuccessfully plugged, and every other measure to arrest the hemorrhage failed, and she died late that day.

CASE III.—Eaton, a young negro man, remarkable for his previous good health, was seen Nov. 7th, 1846. He was labourin' under pleuritis of the right side, and complete pneumonic engorgement of the corresponding lung. He had been seized the night before I saw him, and was then sufferin' with pain in the side, high fever, cough, with viscid expectoration tinged with blood.

V. S. in the sittin' posture to approachin' syncope, followed immediately by a full dose of calomel and opium. By evening, I found his bowels had been twice moved by the calomel. He complain' less of his side, but his cough was very troublesome, and the arterial reaction was still high. Ordered him to be freely cupped on the chest and side, and to take a tablespoonful of the followin' mixture every second hour. R.—*Palv. g. acaciæ* ʒss; *aquæ foet. ʒviiss*; *antim. et potass. tartras. gr. vi*; *syrup. aurant. ʒss*.—M.

Nov. 8th.—Had borne the medicine well; bowels had been twice opened, the evacuations being dark and consistent; his cough was harassing, and the pain in the side was worse than on the night before. Repeated cupping, and continued the mixture. In the evening, it was found necessary to employ venesection again, which was followed by the followin' pill; in addition to the mixture, which was continued as before. R.—*Protochlorid. hydr. gr. v*; *pulv. opii gr. j*; *syr. simplex q. s*.—M. ft. pilul.

9th.—Had slept, and expressed himself better; pain in the side less. Some increase of dyspnœa, besides which, no change in symptoms. Upon examination, unequivocal traces of effusion were found to exist in the right pleural sac; and there were also signs which created a suspicion that the lung had passed into a state of hepatization. There was less arterial action; his tongue was coated, and there was considerable thirst. Discontinued mixture, and blistered chest, ordering, instead of the former, the following pill to be taken every fourth hour: R.—Protochlorid. hydr. gr. iij; pulv. opii gr. ss; antim. et potass. tartras. gr. iss.—M. ft. pilul. In the evening his fever rose, and not deeming it expedient to renew the venesection to subdue it, ordered resumption of the mixture, a tablespoonful every fourth hour, dividing the time equally between each dose of pills. From this time little change was made in the treatment of the case. He bore the medicines well, generally having his bowels opened by purgative decoction. On the tenth day of his illness, the gums became tender, and the pills were discontinued. This was followed by a gradual amelioration of the symptoms. The mixture, however, was continued, although at longer intervals, until the thirteenth day of attack.

20th.—Examined chest; patient sitting up, with good appetite, and a clean tongue. Pleuritic effusion gone; respiration returned in nearly every part of the lung. Coughs only occasionally, and expectorates only round masses, thick, and pus-coloured. Is very thin and weak; ordered quinia in small doses, and chicken soup.

22d.—Sitting up, looks very feeble; his skin dry, husky, and apparently tightly drawn over the face; does not complain; appetite good. I expressed surprise that he was not more improved, when an attendant informed me that his bowels were too free. He had had four copious evacuations from them within the preceding twenty-four hours. These discharges, which had been reserved for inspection, had a putrid, and exceedingly offensive odour. They had the consistence of tar, were full and copious, and were of a reddish-brown colour. Ordered vegetable astringents, quinia in small doses, frequently repeated, and a nourishing, but unirritating diet.

24th. Unable to sit up. The discharges had continued from the bowels, having one about every fifth or sixth hour. They were unaccompanied, however, by the slightest pain. His bowels appeared constantly as if they were completely empty, the abdomen being so flat that the spine was easily felt, and there was not the slightest tenderness on pressure. Appetite good—no thirst—the tongue, which had been previously clean, began to show a long, dirty fur down its centre. The evacuations still consistent as before, and more offensive. Their colour had now become more florid, and upon a closer inspection, this was found to be due to myriads of minute dots of blood intimately blended with fecal matter.

25th. Sinking. Evacuations more highly coloured with blood, putrid odour, and more frequent. Whilst standing by the bedside, following an effort to clear the throat, he spat up about a teaspoonful of florid, liquid blood, which produced an immediate change in his voice, inducing the impression that the hemorrhage came from the larynx. I inspected his mouth and found nothing amiss in it or the throat—all traces of the pyralism, which had been slight, had disappeared. He continued to spit up blood in this way, at short intervals, until his death, which occurred next day. Pressing engagements prevented my making a post-mortem examination.

CASE IV.—Dec. 29th, 1846. Visited Mr. J. R., mechanic, aged about

27—robust, but of rather intemperate habits. It was the day following his attack, and I found him labouring under pleuro-pneumonia. The progress and treatment of this case were so similar to the one just preceding it, that I deem it unnecessary to give its details. The patient was bled twice early in the attack; he had similar doses of the antimonial solution, alternated in the same way by the mercurial pill, which latter was administered with a view to its specific action on the system. Tenderness of the gums came on the eighth day of the attack, when the pill was discontinued, but the natimony was given until the eleventh day.

At this time the symptoms had all declined in the most satisfactory manner; save a trace of effusion, still existing in the pleural sac, the lung appeared completely relieved. The salivation had not progressed after the withdrawal of the pill, and his appetite was good, tongue clean. There was no error in diet which could be detected; yet on the evening of the twelfth day of his attack, I detected the peculiar putrid odour which had existed in those of the former case, in an evacuation from the bowels which the patient had during my visit.

Upon inspection I found a complete coincidence also in the colour and consistence of the excretion. This relaxation of the bowels had existed during the day, and the patient was evidently not so well. No blood could be detected in the excretion, although its colour was florid. This, however, appeared next day, when he had several passages, which consisted entirely of grumous blood, yet the putrid offensive odour still existed.

On this day, the thirteenth of his illness, he was visited by Dr. B. H. May in consultation with me. The doctor agreed with me, that the pneumonic symptoms had disappeared, and that the lung had resumed its function.

At his suggestion the following prescription was adopted:—R.—Hydr. c. creta, *pnlv.* ipec. et opii, *aa* gr. iij.; acet. plumbi gr. ij; tannic. puræ gr. j; a powder to be taken every third hour. Farinaceous diet. This prescription was sedulously continued for four days, when the bloody stools gradually subsided, and were followed by dark, bilious evacuations. This man recovered, although several months elapsed before his health was fully restored.

CASE V.—*Jan. 21st, 1847.* Called to see Dred, a young, but delicate negro man, who had but recently recovered from protracted intermittent fever. He had been seized on the previous evening with chilliness, and I found him labouring under pneumonic engorgement of the right lung, accompanied by cough and bloody expectoration; dull pain in the chest. His pulse was frequent and very compressible, and there was great muscular prostration.

He had got, the previous night, a dose of calomel and Dover's powder, which had been followed by castor oil that morning, and his bowels had been freely evacuated. Conceiving that his condition precluded the employment of venesection, I had him freely cupped over the engorged lung, and ordered him $\frac{1}{4}$ gr. of tartar emetic in a wineglassful of sweetened mucilage every second hour. The symptoms seeming to yield under it, no change was made in this prescription for three days, when I was summoned to see Dred in anticipation of my regular visit. I found a total and remarkable (considering the short time which had elapsed since my visit the day before) change in all his symptoms.

The pneumatic symptoms had all vanished; the lung was resonant, and the cough and expectoration had ceased; and he was now labouring under acute gastritis. Purgage had supervened in the course of the previous night, and he continued to have thin watery evacuations. He complained of burning and pain at the epigastrium, had a constant thirst, and his tongue, which had been previously coated, was now dry and perfectly clean, and so devoid of its proper coating as to present the appearance of raw meat. The purgage had produced great prostration. Under appropriate treatment for the gastro-enteritis, viz., leeching the epigastrium, mucilaginous drinks, with hydr. c. cret., and Dover's powder to stay the purging, this man progressively recovered, without ever once manifesting any return of the pneumonic symptoms.

Remarks.—It will be perceived that I have only adopted the exclusive use of the tartarized antimony in the treatment of pneumonic affections, under particular circumstances, namely, 1st, in cases where general blood-letting was altogether inadmissible; 2dly, where its further employment, from the advanced progress of the disease, was deemed of doubtful propriety, and yet where some measure was required to keep down arterial action; and, 3dly, in those cases, whether blood-letting was admissible or not, in which the symptoms were too urgent to await the slower and more sure process of mercurialization, which I prefer and usually adopt. I find, in looking over my sketches, that in the above cases, more of the antimony was given than was used in the treatment of any other case of the disease which I have noted. It is true I have generally employed the remedy in conjunction with other means, in nearly every case of severe pneumonia; but in all others, save the ones reported, I have abandoned it early; either because it disagreed with the patient, or from a conviction that its continuance would not be useful after the advancement of the morbid condition of the lung into hepatization, and that, if it has been employed later, it was in smaller doses and at longer intervals. It will be perceived, moreover, that its operation in the cases quite satisfactorily confirm the existence of the power which has been ascribed to the drug, to control pneumonic inflammation.

The first case, particularly, illustrates, in a striking manner, its prompt and efficient action in resolving a grave case of the disease. We believe, indeed, that no one witnessing its operation when administered after the plan of Laënnec, provided the patient bore the medicine well, could remain unconvinced of its efficacy and great power in cutting short an attack of the disease.

We consider, therefore, that the only questions left open for discussion, are the safety and general applicability of the remedy. Whilst it may be conceded that it will speedily resolve an inflamed lung, an equal interest should certainly be felt in the consequences resulting to the system from its operation to produce this effect. In other words, though it may speedily cure the original disease, may not its effects on the constitution be such as

to seriously protract and retard convalescence, if not to lay the foundation, as the above cases would seem to show, of an altogether new and equally fatal malady? This is a question of great interest. As just remarked, it is certainly an efficient and powerful agent, prompt and satisfactory in its action; hence the establishment of the several points respecting the character of the cases adapted to its power, the best manner of exhibition, so as to insure its good, and, at the same time, to guard against its bad effects, how far it should be carried, and the particular regimen best suiting, constitutes a great desideratum, which, as we are loth to abandon the remedy, we should rejoice to see supplied. In none of the books which we have consulted, is any allusion made to its action in retarding convalescence after it has acted happily in removing the original attack, nor do we find recorded any account of such accidents following its employment as those which, we have shown, befel our patients, whose original attacks were promptly arrested by its operation. Prof. Wood, in his recent work on the practice, speaks less favourably of this plan of treating pulmonary inflammations exclusively, than any modern author whose works are at hand. He has seen a fatal result hastened by its employment, and cautions against its use where there is gastric irritation. In the six cases mentioned by Laennec, which died out of forty patients treated by his cousin, A. Laennec, of Nantes, three, it is ascertained, died in consequence of errors in regimen during convalescence. No account is given of the symptoms or the conditions which these errors induced, and it is unfortunate, since we are deprived of the benefits which might have arisen from a comparison with the effects which we have described as following its employment under somewhat similar circumstances. The great change in the character and action of the remedy, which clearly exists when administered after the plan directed in pneumonia, is an exceedingly curious fact. Ordinarily, we know, that but a single grain will produce powerful effects upon the system, but then administered grain after grain, may be hourly given without sensible action. When we consider, therefore, its ordinary powerful operation, it is not unreasonable to suppose that the exhibition of such quantities of the drug, making every allowance for the supposed antagonism to its effects which the disordered state of the organism is said to create, may produce a constitutional effect which might last long after the disease, for which it was administered, was eradicated. The solution of this problem is intimately blended with that of the *modus operandi* of the antimony under these circumstances. If we knew how the remedy acted to produce its good effects in inflammation, we could then judge with some certainty whether this action was likely to be afterwards pernicious to the system.

None of the theories extant throw satisfactory light upon this point; indeed, no two writers seem to explain it in the same way. In ascribing the

tolerance of the remedy to the existence of an inflammatory diathesis at the time of its administration, Rasori, we conceive, overlooked an important fact, in not taking into consideration the interruption to the harmonious action of the nervous system, which must be created by so grave a state as acute inflammation in a vital organ, especially the lungs. We know that severe local disease does subvert the action of many remedies; under certain states, large quantities of opium, alcohol, &c., may be administered without producing their characteristic effects. In proportion, generally, to the destruction of the sympathy of the nervous system, or to the impairment of the general sensibility, do remedies cease to produce their usual efforts.

As it regards its *modus operandi* in curing inflammation, the most varied and opposite conclusions also prevail. Those authors who are most enthusiastic in its favour, contend that it does most good when it excites no evacuation. That it can operate favourably under these circumstances, is amply proved by its action in the cases above reported. Dr. A. T. Thompson, in an article in the *London Lancet*, for Aug. 1846, advances the hypothesis that tartarized antimony cures pneumonia, by acting topically on the gastro-enteric mucous membrane, through a sub-acute inflammation which it establishes in that tissue. He says that tolerance after the first dose is established, because this topical action afterwards prevents the absorption of the remedy into the blood. Its operation in our Case 5th, would seem to favour this conclusion, but then, in Cases 1st and 2d, in which more of the drug was employed, with equally good effect upon the disease, we see no trace whatever of any gastro-enteric irritation. The hypothesis obviously falls short of explaining the phenomenon. Indeed, what is fatal to the conclusion is the fact, that gastro-enteric inflammation frequently co-exists with pneumonia, and so far from being regarded as salutary, as this view would hold out, it is always looked upon by the practitioner as a serious, and frequently fatal complication. There can be no doubt that the remedy operates more generally upon the organism, than this view, or most views which have been taken of its action, would seem to favour. The obscurity which rests over the subject, cannot, it seems, in the present state of our knowledge of the action of remedies upon the system, be penetrated. If it is conceded that the protracted use of large doses of the drug tends to the production of a state of the system allied to scurvy, or purpura hemorrhagica, as the result of some of the above cases would really seem to show, a conjecture relative to its *methodus medendi* might be hazarded, which certainly, we conceive, has plausibility for its recommendation. The essential nature of these diseases, scorbutus particularly, it is held by pathologists, consists in an alteration of the blood; which alteration, it is asserted by Dr. Laycock, of York, in a late article in the *Medical Gazette*, is due to a deficiency of its fibrin and plastic elements. Now, in inducing this result upon the circulating fluid, the tartarized antimony would operate in

such a manner as directly to tend to the destruction of inflammation, since it thereby would remove what every one knows constitutes the chief element of this morbid process. But our object is not to advance an hypothesis; it is simply to record the facts as they were presented to us, leaving their explanation or application to those better qualified than ourselves. And, if we succeed in attracting the attention of such, and through that means, cause more light to be thrown upon the important points involved in the consideration of the subject, we shall conceive ourselves amply repaid for the trouble which we have been at in the preparation of this article.

Petersburgh, Nov. 10th, 1847.

ART. III.—*Vaginal Hysterotomy, and subsequent delivery with Forceps, with safety to both Mother and Child.* By GUNNING S. BEDFORD, M. D., Professor of Midwifery, and the Diseases of Women and Children in the University of New York.

On Saturday, Nov. 6th, 1847, at five o'clock A. M., Doctor Alexander Clinton was summoned to attend Mrs. L., aged 36, in labour with her first child. Dr. Clinton had been for some time the family physician of Mrs. L., and had attended her in repeated, and occasionally severe attacks of nephritis. On reaching the house, he found Mrs. L., in labour, the pains being decided, and occurring with regularity at intervals of fifteen and twenty minutes. In his examination per vaginam, the Doctor was unable to detect the *os tincæ*; he very cautiously explored the vagina and presenting portion of the womb with his finger; and, after several fruitless attempts to find the mouth of the womb, he came to the conclusion that the difficulty of reaching the *os* was owing to mal-position of the organ—probably retroversion of the cervix. Accordingly, he waited until evening, when, the pains increasing in violence, and assuming an expulsive character, he again examined his patient, but with no better success. He then proposed a consultation, the patient having been in labour fourteen hours. My colleague, Professor Valentine Mott, was sent for; on hearing the particulars of the case, he made a vaginal examination; and, after repeated attempts, failed in finding the mouth of the womb. Professor Mott suggested that possibly some change would occur during the night in the position of the parts, which would enable him to reach the *os uteri*, and left the house with the promise that he would return in the morning. Doctor Clinton continued with his patient during the night, and the pains occurred regularly with more or less force. He made several examinations in the night, and could feel nothing but a globular, smooth, and uniform surface. In the morning, Nov. 7th, at ten o'clock, Professor Mott returned. The pains were then much more violent, and the patient suffered severely. He again attempted by examination to reach the mouth of the womb—and again failed. To use his own language, “I have seen a great many obstetric cases, and have attended almost every variety of parturition; but it is the first time, after 36 hours labour, that I could not feel the *os tincæ*.” The case was now assuming a dangerous character—the pains were frequent and expulsive, with an obliterated mouth of the