

On inquiry into the history of the case, an ounce vial was shown the writer, partially filled with what purported to be "worm seed oil," which had been obtained from a person in a neighboring village (by the father of my patient, against the statutes of the State, he being also a *slave*), who combines in his own distinguished person the various trades of physician, surgeon, druggist, toothpuller, patent-pill manufacturer, corncutter, biologist, pettifogger, agent for collection, &c. &c. The remedy was directed to be given, in doses of fifteen drops, until the worms were expelled. I do not know as I understood what was to be done provided the child contained no worms, but I do know that the remedy was administered and death resulted. Was the crime of the druggist murder, manslaughter, or homicide?

I send you a report of the above, simply because I believe that were the public better informed of the disastrous results of quackery, we should hear less of it. I remain, Yours, P. T. T.

Buchanan Co., Mo., Nov. 1st, 1851.

THE TREATMENT OF CROUP.

BY STEPHEN TRACY, M.D., WORCESTER, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

My method of treating this disease differs very essentially from that recommended by medical writers, and from that practised, so far as I can learn, by most physicians. I believe it to be very greatly superior. In its favor (pardon me) I can at least say that I have never yet had the unhappiness to witness a fatal termination in any patient of mine, although I have had numerous cases where the formation of the false membrane had made very considerable progress.

The peculiarities of my treatment consist in the external remedies used; the first of which is the placing of the patient in a warm and dry atmosphere. When called to a case of this disease, I immediately order that the air of the room shall be made of a temperature as high as from 80° to 90°. The air should be *dry* as well as *warm*. This I consider essential. No person ever yet "caught cold" while in a warm and dry atmosphere; but in a warm and moist one, multitudes have done so. A sudden rise in temperature immediately after heavy rains fills the air with moisture, and often causes colds to be epidemic. I hardly need to add that I have not much opinion of warm baths in these cases. I have never found them as beneficial as the *dry warm* air. The theory I will not here meddle with.

No one who has never witnessed the effect of this warm dry air in relieving the severity of the symptoms in croup, can form any idea of its salutary influence. It is so powerful, that if I were to take my choice between a temperature of 60° or 65° even, of ordinary moisture, and all other known remedies, or the one named above with no other remedy, I should prefer the latter. I believe it is for the want of due attention to this matter that croup has been and still is so fatal a disease. This

state and temperature should be maintained without intermission, until the disease has nearly or quite disappeared.

My next remedy is the extensive application to the throat, breast and neck, of a flannel wet with this liniment, viz. :—R. Ol. olive camph., $\frac{3}{4}$ jss.; aqua ammon. quad., $\frac{3}{4}$ j.; M. deinde adde, tinct. opii, $\frac{3}{4}$ jss.; ol. turpentine, $\frac{3}{4}$ j. If the child is very young, or the skin very thin, there may be occasion for some care lest a too severe irritation is excited by this; moderate blistering does no harm. A dry flannel should cover the wet one.

The internal remedies I have used have varied with the severity of the attack, and the strength and constitution of the patient. In respect to them, my treatment has nothing peculiar, unless it be in this—that I do not find it necessary to press them as severely as is often recommended and practised. The mel. scill. comp., ipecac., ipecac. and antimony, calomel and antimony, have all been used, but the latter not for several years. I usually produce speedy vomiting with some of the above articles, and afterwards give them in quantity just sufficient to keep up nausea so long as febrile action continues, making use of castor oil to move the bowels when necessary.

The advantages of the above method are, first, that it is much more speedy and effectual in putting a stop to the progress of the disease; and second, that the strength of the patient not being so reduced, he is much more surely and much sooner able to throw off whatever of false membrane may have been formed.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 3, 1851.

Smith's Operative Surgery.—Henry H. Smith, M.D., of Philadelphia, is the author of a system of surgery, based upon the practice of the surgeons of the United States, and comprising a bibliographical index and historical record of many of their operations, for a period of two hundred years, illustrated by numerous and beautiful steel plates. The volume is divided into two parts, embracing seventeen chapters, which are carefully and methodically written. A history of surgery in general is followed by papers on elementary operations and those connected with operations on the head. Some chapters treat of the means of arresting hæmorrhage; operations on the eye and its appendages; and on the mouth and bones of the face. We have scarcely yet done more than examine the general character of the volume, but such examination has convinced us that it is a book alike creditable to the author and the country. It is truly an American book, and as such we are glad to receive it. There is material in great profusion in the large cities of the United States, for producing a series of practical guides in all the departments of medicine; but such material has been too much undervalued or overlooked, in the ardor to seize upon foreign productions. It should be both a matter of ambition and pride to show the old world that the profession here has been making