

Erectile growths sometimes undergo a spontaneous cure, becoming simple fibrous tumors without special afferent or efferent vessels, and an interesting specimen of this was shown to this Society, a few evenings since, by Dr. H. J. Bigelow. In that instance, everything of a vascular character had disappeared, and the tumor had become but a congeries of cavernous cells, filled with limpid fluid. In the operation for its removal, no vessel required a ligature. But in the tumor under consideration its active vascular character still remained. So far as I can learn, the only author who makes mention of tumors of this description is Von Carion, *Lehrbuch der praktischen Augenheilkunde*, Vienna, 1861, page 506. "Vascular spongy growths (cavernous growths) are sometimes developed in the deeper layers of the sub-cutaneous cellular tissue of the lids and their immediate neighborhood, and occasionally also extend their roots into the orbital tissues, and indeed to variable depths. They are always surrounded with a thin areolar capsule, and consequently can be enucleated." For this reference I am indebted to Dr. G. Hay.

A cavernous tumor in many respects similar to the one above described was removed by Liston from the popliteal space. The case is reported in the *Med.-Chir. Transactions*, vol. xxvi., p. 120.

AN EPIDEMIC OF ACAPULCO FEVER.

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[Communicated for the Boston Medical and Surgical Journal.]

At anchor in Magdalena Bay, Lower California, in latitude 24° N., on the 8th day of October, 1864, one landsman of the Waterree was attacked with remittent fever. On the 9th, at sea, going North, two more cases occurred; on the 10th, three; on the 11th, twenty-two; on the 12th, thirty-one; on the 13th, eleven; on the 14th, eighteen; on the 15th, twelve; on the 16th, eight; on the 17th, at anchor off Vallejo Navy Yard, California, five; on the 18th, seven; and the disease ceased. On the 21st I had a slight attack myself; fortunately after reaching a point where other medical aid for the men was available. When attacked, I was residing at a house in the Yard.

Convalescence supervened in every case, in from two days to thirty or more. But thirty-two cases remain upon the list to-day, Nov. 7th, all of whom are progressing favorably. I classify my patients as follows:—

Officers,	2	Scamen,	12	Marines,	5	Coalheavers,	8
" forward & petty,	19	Landsmen,	63	Firemen,	12	Total,	121

One hundred and twenty-one cases in a total ship's company of one hundred and ninety-six, within a fortnight.

The disease began in every case with a chill of greater or less intensity. In eleven, a second and quotidian chill followed. The usual febrile exacerbations were noticeable in every case, occurring towards evening. The disease bore every evidence of being the ordinary remittent fever of the coast, but in thirty-one instances was complicated with symptoms of yellow fever, to such an extent that an observer unacquainted with the history of the affair would have pronounced these thirty-one patients suffering from genuine typhus icterodes, in a mild form. Even to the somewhat undetermined statement of the initiatory chill of remittent occurring by day, and that of yellow fever by night, these thirty-one cases bore favorable testimony. Their origin was for the greater part between sunset and sunrise. With them the extreme epigastric tenderness upon pressure, the nausea, the intense pain in head and back, the desire for cold drinks, the anxiety of countenance, in one case the suppression of urine for eighteen hours, in several—one strongly marked—the hæmorrhagic diathesis, with tubercles studding the skin and *leaking* blood, the suffused and darkened upper face, the peculiar discoloration of skin and eyes, the deceitful calm between the first and second febrile attacks, the singular fondness for tobacco when nothing could be retained by the stomach—were all so marked that neither Dr. Bishop, the surgeon of the yard here, nor I, had any hesitation in regarding the disease, in these cases, as remittent and yellow fever combined, if not pure typhus icterodes; though without black vomit.

Typhoidal symptoms, extreme debility with occasional delirium, supervened in many instances, both in the remittent and yellow fever. The disease or diseases gave all grades, from the walking cases with spontaneous recovery, to the patient brought to death's door, and rallying only after fierce battle with the pestilence. Already, as I write, nine men who had remittent fever only, have had relapses of intermittent, since entire recovery from the former.

The treatment may be briefly stated. A cathartic at the outset, of Ext. colocynth. co., with an equal quantity of pil. hydrarg., or of hydrarg. chlor. mit., with an equal quantity of quiniæ sulph., or of rheum et magnesia. Following this cathartic, quiniæ sulph., and whiskey. Beef-tea, soups, &c., when required. Sinapisms epigastrically, creasote, chloroform, &c., internally, for the extreme nausea; hyoscyam. ext. and opium for insomnia; cold water as a drink *ad libitum*. Bleeding in any form was *never* resorted to. I believe it was never required. I have used whiskey lavishly, both in the disease and during convalescence. I have no hesitation in saying that to its unstinted use, with the inevitable quinine in combination, the convalescence of the hundred and twenty-one patients is due. Due, I mean, in the aid that the stimulant and the anti-periodic gave to the great healer of all disease, Nature. That without the stimulant many patients would have died, I have no doubt. The ship will be thoroughly disinfected by superheated steam.

From Sept. 26th to Oct. 1st., the ship was at anchor in Acapulco harbor; an utterly land-locked bay, shut in by high mountains, at the foot of which are swamps receiving their drainage. Thermometer 85° to 100°. Little wind, and that from the swamps to the ship. All sorts of malarious fever raging on shore and in the French squadron there. The French fleet-surgeon had just killed himself by trying to ward off a chill with 240 grains of quinine in a dose. No traces of yellow fever on shore or in the ships. Its existence a fortnight later in the Waterree, seems to me a clear and unmistakable result of the remittent. The Waterree had traversed the Atlantic and Pacific tropics to Acapulco, in her cruise, touching and remaining for weeks at prominent ports, without a single case of epidemic or climatic disease till she left Acapulco. Can remittent develop yellow fever? The question has points of interest to physicians afloat and ashore.

Vallejo Navy Yard, Cal., Nov. 7th, 1864.

NOTES.—Magdalena Bay is a locality where dampness on shore is unknown. No rain has fallen there for *eight years*.

The Waterree is a sweet and clean iron ship, free from bilge water, 1000 tons burden, with side wheels. Her only characteristics of *adjuvant disease* are in giving a typhoid and rheumatic tendency to every sickness occurring on board, like all other iron ships.

ON THE ACTION OF THE BROMIDE OF POTASSIUM.

BY S. W. D. WILLIAMS, M.D., L.R.C.P. LOND., &c.

READING some remarks in a late number of the *Lancet* on the action of bromide of potassium, and having tried the drug extensively for the last five months, it has occurred to me that a few observations on its action may not be unacceptable to the readers of the *Medical Times and Gazette*.

Through the kindness of Dr. Wing, the Superintendent of the Northampton General Lunatic Asylum, I have been enabled freely to try it in as many as thirty-seven cases. These were all epileptics, and I append a table showing in one column the number of fits registered during the last five months of last year, when they were taking no medicine, and in the other the number registered during the first five months of this year, when each case was taking on an average ten grains of the salt twice daily.

I may premise that the greatest care was taken that, for the whole of the ten months during which these thirty-seven patients were under observation, their lives, with the exception of taking the bromide during the last five, should be spent under as near as possible the same circumstances.

From the following table it will be seen that the number of fits amongst the males decreased by 306, and amongst the females by 157; that all the patients but 5 males and 6 females were benefited more

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