

therefore had no thought till he saw Burke in that situation ; saw the body of the old woman in the police-office ; he then said he had never seen the body of the old woman before, and denied that he had seen the woman alive ; it was on the Sunday when he saw it, and denied it then. " Have you had several transactions with Dr. Knox or his assistant ?"—Declines to answer the question. Burke had received money from Dr. Knox, but witness never did, nor from any of his assistants. Burke received 5*l.* for the body from Dr. Knox, and they were to receive more on Monday ; Dr. Knox's man said they were to get 5*l.* more ; thinks it was Burke who paid the porter, but is not sure whether it was Burke or Mr. Paterson ; Burke threw two notes across the table along with the change ; is certain that Mr. Paterson did not pay the money to him, though he folded up the two notes and divided the silver ; had never any quarrels with Burke about the payments, nor no quarrel with him about money matters ; witness pushed the woman over a stool, and she was so drunk she could not rise ; before that, she had gone to the door, and called " police ;" when Burke got on the old woman, she gave a shriek, which could be heard some short distance ; at that time did not hear any one call for the police ; Burke and he were fighting before the woman shrieked ; Broggan and the two women were in bed ; he was sitting at the side of the bed, and Burke was at the fire ; thinks that it was ten minutes before Burke had murdered the old woman ; never attempted to prevent him ; but remained in the house all the time ; sat by and looked at the

transaction ; did not go next day to the police and inform them of it ; but, when examined by the police, he denied all knowledge of it. [Hare was removed in the custody of the police.]

(To be continued.)

III.

REPORTS OF CASES IN PRIVATE PRACTICE.

A Case of Croup.

Communicated for the Boston Medical and Surgical Journal,

By ABRAHAM R. THOMPSON, M.D.

J. S., a very sprightly boy, aged four years, had a cold during the middle of February, with some cough and running at the nose ; his general health good. On Saturday, February 21st, he sat up in a wet sink, looking out of the window to see his father shovel snow,* till he got chilled, and his mother observed him to look blue and shiver. In the evening he became hoarse and was restless, with dry nostrils. On Sabbath morning complained of headach and heat, and got a dose of senna, followed with castor oil, which purged freely in the afternoon. Towards midnight he breathed so bad, that a medical gentleman was called, who administered an emetic, with some relief. On Monday his mother tried to get down squills and liquorice, and at evening he took goose oil and garlic tea, and had a liniment of goose oil and garlic rubbed over the windpipe, &c. On Tuesday morning a blister was applied to the breast. The above report was made to me by the mother when for the first time I saw him, Tuesday, Feb. 24, at 12 o'clock. His nose was dry, and his whole countenance illuminated with that preternatural light which

* I think that state of atmosphere which snow produces, is frequently the cause of croup.

is so striking in true croup. His pulse had the genuine hammer stroke. I had no doubt of very active inflammation of the internal coat of the windpipe, and rather thought that effusion had already taken place, and of course that the membrane had begun to form. I opened the external jugular vein, and drew from a large orifice twelve ounces of blood. Slight faintness followed, with decided remission of the symptoms. After waiting nearly an hour, (till reaction took place, and with it a recurrence of symptoms of obstructed windpipe,) I gave four grains of Sub. Sulph. Hyd. Flav., which vomited freely, with great relief during its action, which continued till evening, when restlessness, heat and hard breathing returned, and in tossing himself about he lost about four ounces more of blood, from the same orifice in the jugular. At 9 he took three grains of Calomel, and at 11 quarter of a grain of Tart. Antimony, dissolved in water; and from this time until the following Sabbath evening he continued to take the same quantity of Cal. and Tart. alternately, every two hours, drinking freely of water, and nothing else. During Wednesday and Thursday the disease went on, constantly increasing, so that at 10 o'clock, on Thursday evening, the symptoms had reached the most aggravated degree: great difficulty of breathing; "the act of coughing without the sound"; the head thrown back; frequent changing of the position of the body; pulse rapid and tumultuous, and great distress of countenance. At 12 o'clock a terrible suffocative struggle came on, and a fit of convulsive coughing terminated in the expectoration of a considerable piece of broken membrane; and from this time shreds of membrane, with frothy and bloody mucus, continued to be expectorated more or less for seven or eight days. The bowels kept open sufficiently; but notwithstanding the quantity of

calomel, besides antimony, given from Tuesday evening till the following Sabbath evening—and not less than 120 grains of calomel had been given during that time—yet neither purging nor sore mouth came on. A slight œdema of the face and feet was noticed. A few doses of cold pressed castor oil, and ipecacuanha, alternately, completed the medical treatment, and the little patient is now rapidly recovering, on a mild nourishing diet.

On this case I submit a few reflections.

First. On Tuesday noon, when I first saw this patient, the disease had been going on for three days, and I was strongly impressed with the belief that effusion had taken place into the windpipe. Yet I bled freely from the jugular, and followed bleeding with other means most likely to combat inflammation, and to promote healthy secretion. The doctrine I wish to inculcate is, that even when we think effusion may have taken place, we are justified in using vigorous means against further inflammation,—such as bleeding, emetics, antimonials, &c. &c.

Secondly. On Thursday evening, when I thought the disease would prove fatal to my little patient, I had a conversation with his father about opening the windpipe. With my views I could not advise the operation. My reading and experience were both against it, nor was my mind changed by reading the recent report of the Auburn case. For a careful examination of that report satisfied me that the recovery of the patient at Auburn was not to be credited to the operation. If, however, the parent had been very anxious to have the operation done, I think I might have done it; and if it had been done, and the child had recovered, then an undeserved importance would have been attached to

the operation, and a false rule of practice encouraged. But it was not done, and the child recovered; and the doctrine I wish to inculcate under this reflection is, that in croup the operation of opening the windpipe is not a good rule of practice.

Thirdly. The operation of tracheotomy is very valuable in its proper place. I have seen it performed successfully by Dr. Walker, of this town, for the removal of a foreign body from the windpipe; and that same gentleman has also performed the same operation unsuccessfully for croup,—so have I, and so have other gentlemen in Europe and America. The different result of these operations arises from the difference of cutting into a healthy windpipe and a diseased one; and this is the practical doctrine to be inculcated by this third reflection.

Fourthly. Croup is generally a fatal disease. It kills the patient either at once, by terrible inflammatory, spasmodic violence, or more commonly by effusion of lymph, forming a membrane along the windpipe, and extending down into the ramifications of the windpipe, into the lungs. But now and then an escape is effected, in the first instance by resolution, or in the second by the breaking up of the adherent membrane, and throwing it out by expectoration. In the course of twenty years' practice, I have seen a great many cases of croup, and I have seen several cases of the first class and two of the last; and the best practical advice I can give, is to bleed freely from the jugular, or leech freely, and give calomel and antimony—watchfully, indeed, but liberally and steadily. This practice will be most likely to break up the disease at its onset, by resolution, or aid the recuperative efforts of the system to throw it off in its protracted form by expectoration.

Charlestown, March 24, 1829.

Sulphuric Acid in Psoriasis Invertata.

Communicated for the Boston Medical and Surgical Journal,

By JAMES W. PERKINS.

HAVING noticed in No. 1, Vol. 2, Boston Medical and Surgical Journal, a case of Psoriasis Invertata successfully treated by Arsenical Solution, I am induced to communicate a case of the same disease cured by the internal use of strong Sulphuric Acid, after the disease had resisted a thorough trial of the Arsenical Solution.

Miss A., of a good constitution, enjoyed good health up to her 22d year, when she was attacked with a cutaneous disease, which commenced upon the inferior extremities, in separate irregular patches, which became confluent and gradually extended over the body in defiance of the various external applications to which she resorted for relief.

The Arsenical Solution was at length prescribed, and she persevered in its use, gradually increasing the dose for many weeks without any apparent benefit.

I visited the patient in company with the family physician. A fair trial having been made of the Solution, it was concluded to try the efficacy of Sulph. Acid in large doses.

She began with four drops three times a day in sweetened water, and increased two drops every day, until the dose was augmented to 50 drops; when the disease began rapidly to give way. The acid was continued in doses of 40 drops five weeks longer, at the end of which period the cutaneous disease was completely removed, and the integuments soon regained their natural color and appearance.

The patient's bowels were kept open during the exhibition of the acid, by pills composed of G. Gamboge and Tart. Antimony, and the scales moistened daily by a solution of Slippery Elm.

Windham, N.H. March 18, 1829.