

take a little wine twice a day; her appetite soon returned, and she resumed her station as nurse and waiting maid to the first patients, and to a third, whose case remains to be related. I have the strongest conviction, that in this case, had there been practised the *minia medicinae diligentia*, or, indeed, even but moderately depletory measures, or *antiphlogistic* treatment, as it is termed, the symptoms would probably have assumed the typhoid form, or phagedenic ulceration of the mouth or fauces have followed. This girl now became the nurse of another patient in the same house, a woman about fifty years of age, who, having officiated as nurse to some of the inmates, caught the infection; the disease commenced with all the symptoms similar to those in the cases just related. I prescribed for her as on the two former occasions; she began by taking the anodyne pills, they were followed by good effects, sleep at night, with composure of the circulation; the bowels were gently moved by a dose of castor oil; the tumefaction of the fauces, which had appeared first on the right side, subsided, and the left became swollen: I had no fear but that in a day or two, that would, with equal facility, subside, by the continuation of the same means; I was disappointed in my expectation. One of the surgeons, who had been in attendance in consultation, called to see the family, and, in my absence, prescribed for this patient, a strong dose of colocynth, calomel, and antimony, and an opening mixture of salts, castor oil, &c.; a dose to be taken every five hours—he declaring that she wanted a good “scouring out.”

This proceeding afforded me a fair opportunity of judging of the comparative merits of the two methods of treatment. On my visiting the patient the following morning, I found her bordering on the typhus fever, the tongue had become dry and coated, the eyes sunken, the pulse rapid and weak, the countenance of a yellowish pale colour, and the fauces had run into a state of ulceration: she had suffered great pain in the bowels, had been purged excessively, had passed a sleepless and wretched night, and was in a condition infinitely worse than she was prior to this interference.

I watched her through the rest of her career, which was tedious and troublesome, occupying twice the time of the two last-named cases, and attended by anomalous symptoms, such as acute and lancinating pains in the limbs, moving from one to the other, and occasioning her great distress; a symptom from which those were wholly free who were treated cautiously, and with sedatives, &c., but which afflicted, more or less, all the patients treated by active depletory means.

In conclusion, I beg to remark, that in scarlatina, measles, small-pox, and other

eruptive fevers of a specific character, affecting the skin and mucous surfaces generally, I have invariably observed that calomel, even in a small dose, is followed by a sudden extension of ulceration, if any existed about the fauces, or by the immediate conversion of the tumefaction of those parts into the state of ulceration. It is a matter of great and serious importance, that of distinguishing the effects of a “remedy” ? from those the natural products of the progress of disease. It is a mistake of the very worst kind, and most lamentable in its consequences, not to distinguish accurately between the two. If a dose of calomel can so alter vital actions, that the progress of some diseases is facilitated and extended by it, how fatal must be its exhibition in such circumstances! That it does encourage the progress and ravages of scarlatina and other eruptive fevers, and hastens on their termination either in gangrene or typhus, to which they have a natural tendency, I am fully convinced by long observation. It is not impossible for persons to recover who have taken calomel under such circumstances, but they do so with *more difficulty* and tediousness. Not only does calomel have this bad effect, but any very active depletory or antiphlogistic treatment, as we term it, will do the same thing, though not so suddenly or virulently.

The peculiar stupor of eruptive fevers I have found to yield best to the use of the mild class of sedatives before spoken of, which are, according to my experience, specific remedies in scarlatina, and diseases of the like nature, almost as certainly as mercury in syphilis, or sulphur in psora. Gentle evacuants, and moderate local sanguineous depletion, may in some cases be proper and useful adjuvants. I remain, Sir,
GEO. BODINGTON.

Sutton Coldfield, Dec. 11, 1839.

HYDATIDS OF THE MOUTH.

To the Editor of THE LANCET.

SIR:—By inserting the following case, if you consider it of sufficient importance, in your valuable Periodical, you will oblige your obedient servant,

M. D. THOMPSON, M.R.C.S.L.
Staleybridge, Jan. 7, 1840.

The diagnosis of hydatidical diseases, when they occur in deep-seated parts, being generally so imperfectly understood, that the profession rarely contemplate the existence of such diseases, when so situated, until they are either artificially or naturally exposed to the sight, I have been induced to forward you the following case:—

Mary —, æt. 30, of a cachectic constitution, about 18 months ago applied to me relative to some hydatids, situated cutaneously in different parts of the mouth; they were constituted by transparent cysts, containing a transparent fluid, analogous, in consistency, adhesiveness, and transparency, to the album ovi. Some of them subsided from frequent puncturing and stimulating applications, and others to the seton. Each was attended with occasional relapses; but the seton constituted the most efficacious treatment.

About three weeks ago, she applied to me relative to a tumour (unattended with pain) about the size and form of an ordinary elliptical pessary, situated between the body of the inferior maxillary bone and the os hyoides; having its summit—the central part of its convexity parallel—with the symphysis of the inferior maxillary bone.

On examination, I ascertained that it was very elastic; that its superior part was immovable; that there was no irregular thickening or rigidity of any part of it; and that fluctuation was slightly perceptible.

On testing it with the light of a candle, according to the mode adopted in cases of hydrocele, I ascertained that it was transparent.

The integuments which covered it were not inflamed, nor otherwise preternaturally changed.

This tumour was considered to be an abscess; but from some of the symptoms, and especially the one of transparency, I was convinced that it was otherwise. It was my opinion, that the tumour was an hydatid, and deviating only from those hydatids which have occurred in the mouth in size and situation; it was much larger than those hydatids which have occurred in the mouth; it was, I believe, situated in the sub-aponeurotic cellular tissue; whereas those hydatids which had occurred in the mouth were situated cutaneously.

Having passed a seton through the anterior part of the tumour, a quantity of the fluid, as before mentioned, simulating the album ovi escaped. In the course of a few days, the tumour receded into the situation from whence it proceeded, into the right anterior digastric space. The cyst is now shrunken, and appears to be obliterated; the seton is removed and the orifices healed.

KNOX'S REVOLVING INVALID BED.

To the Editor of THE LANCET.

SIR:—Notwithstanding your very natural objection to admit controversial communications, I trust you will, in justice, insert the reply necessarily required from me to Mr. Jerrard's letter in this day's LANCET.

You have several times mentioned my

bed, in your Reports from the London Hospitals and the Westminster Medical Society, since the autumn of 1838, and my advertisement has frequently appeared in your Journal during the past year; but your constant reader, Mr. Jerrard, appears only to have noticed it on the 12th of October, and the result is a letter, bearing date Dec. 23 (nine days after your editorial commendation), claiming my invention as his own. Had Mr. Jerrard spared five minutes for reflection, out of this interval of more than two months, I should have been saved the trouble of refuting his recently urged pretension, and your readers the perusal of either of our letters. Guided by Mr. Jerrard's reference, I have just seen his bed at the Society of Arts, and find that, to use his own words, it is a bed for *turning the patient on either side*; and this is effected by means of a nut projecting from the centre of one of the sides, through which is passed a perpendicular screw, which would apparently require to be at least four feet long, and by working which the side can, to a comparatively small extent, be elevated or depressed. My bed is worked by a wheel at the head, about a foot in diameter; it comprises *entire revolution*, and may be securely stopped at any point of it. The patient being turned on the face, the bed can be taken away, and every facility is afforded for examination, and change of bed clothes and body linen. In addition to this, my bed moves on the short axis, and forms one long inclined plane, and is also furnished with every requisite of a fracture-bed.

I freely concede to Mr. Jerrard whatever merit may be due to *his* invention; and if any other gentleman should be disposed to claim for himself the principle of revolution, I will as freely make him a present of it. There is, at the Society of Arts, an old model of a revolving machine, designed as an operating-table for horses. Its inventor would be an equitable claimant. Let whoever will claim the important discovery in mechanics, that a bed may be made to revolve by adequate machinery, I take to myself the credit of having, with much trouble and expense, brought that principle into easy and safe operation; and I appeal to you, who, on my written application, kindly inspected my first beds, and the improvements I have more recently introduced, to state if, among the numerous inventions which have been submitted to you, in your editorial capacity, any has been produced so safe and *facile* in its operation—so well calculated to carry out in practice the objects for which it was designed—or, with similar appliances for carrying them out.

I know not if Mr. Jerrard's bed has ever been in use. Mine is employed in the Navy, Army, and Ordinance Hospitals, and