

produced by *nux vomica*; the other symptoms ordinarily occur in hysteria, as well as in violent poisoning. I questioned them to know if they could have taken anything poisonous, but they were positive that they had not. I have no doubt but that they told the truth, for both of them are excellent young ladies, members of the church, and are very pleasantly situated to enjoy life. I then examined the pie, but could find no poisonous berries in it, and I know of no berry in this section that is so violent a poison. Could it have been the cheese? Cheese is as violent and fatal a poison to some as *nux vomica*. They have, however, always eaten cheese with impunity, and furthermore, there were eleven at the table, and all eat of the cheese and pie, and only two were taken sick, and they were as robust and healthy as any member of the family, and more so then, for every member except these two had been sick with dysentery within two months previous. What caused the attack?

[This second case appears to us to have been one of hysteria brought on by indigestion—*embarras gastrique*.—Ed.]

ART. VIII.—*Three Cases of Ovarian Tumour successfully treated with Iodine.*

By B. ROEMER, M. D., of Otter Bridge, Va.

CASE I.—*Oct. 5, 1856.* Was called to see a negro woman, æt. 50 years, fleshy, and of dark brown colour. Had two children, the last some fifteen years ago. Labours then light; menstruated regularly up to June, 1856, when morning sickness, and afterwards enlarged mammae and abdomen supervened. Believed herself with child, and thought she felt the foetus through the abdominal walls near the left groin. Experienced at times a dull pain and weight in the iliac region. Catamenia ushered in with increased pain yesterday. Tongue slightly furred; pulse rather hard, quick—95 per minute. Bowels irregular, costive when examined.

Per Vaginem.—Os uteri dilated in diameter a quarter of an inch; diagnosed a hypertrophy in the iliac fossa; the uterus rested heavy upon the index finger, and is drawn sideways towards the rectum to the opposite of the enlargement in the fossa. The examination per rectum et vaginam revealed the true state of the disease, a fluctuating tumour being felt between the respective fingers. Further investigation per rectum proved it to be a unilocular tumour of the left ovary.

Treatment.—Bowels evacuated before entering upon examination. Ordered a tub of steaming water, over which I directed her to sit so as to allow the vapour to enter the vagina. The length of time was suited to her convenience. This proved itself very beneficial in the course of a few hours, removing the tenderness, and consequently allaying in a great measure the pain in the iliac region. Administered: R.—Iod. ʒj; potass. iod. ʒij; aquæ dest. fʒvj. Cochl. med. quater indies. At the same time tr. iod. simp. fʒj was painted over

the abdomen, between the pubes and umbilicus, to the left towards the groin, twice daily.

7th. Tumour harder to the touch; uterus more concentric with its normal axis; pain diminished; bowels moved twice yesterday; catamenia still present; mammae rather more lobular; same treatment continued.

10th. Slept last night well, this not having been the case for several months; otherwise no marked improvement; catamenia ceased since the night of the 9th; treatment continued.

Being engaged otherwise in my profession, I heard from the patient daily through her master. She was up on the 12th, and began her light services on the 15th. Saw her again on the 22d, when the tumour had disappeared, and her health otherwise much improved.

CASE II.—*Jan.* 1857. Mary, a negro woman (æet. 55 years), had two children when quite young (ages and dates are always important when received from such sources); the last delivered with forceps. Catamenia ceased for a number of years (supposed from 5 to 7 years). *Has* been of loose habits, *manu se stuprabit his terque indies marito sur muneri non sufficiente.* Complained for some time of “lumps” in the lower part of the abdomen, which, however, were left unnoticed, as they caused no inconvenience save a sense of weight. Remembers to have suffered pains a year ago, probably the commencement of the present disease. Since a few months the abdomen enlarged, as also the mammae, and an areola was well marked around the nipple. Negro women caused her to believe herself with child, thus delaying medical aid. Was called in consequence of augmented pain in the iliac regions. Found her in bed. Examination was satisfactory to evidence the existence of multilocular cysts in the ovaries. Septa perceptible. Fluctuation nearly established. Uterus receded, and the os expanded. The surface of the tumour irregular, and towards the median line what might be termed granular. No adhesions perceptible. Umbilicus prominent. Measurement of the abdomen omitted. The peculiar expression of the countenance described by J. B. Brown, M. D., was particularly noticed. Bowels irregular; tongue clean and reddish; pulse 90, soft and regular. There existed for some time œdema of the lower extremities.

8th. *Treatment.*—The tr. iod. comp. was administered in tablespoonful doses, four times daily, and the tr. iod. simp. was painted over the proper regions twice daily. The bowels were moved with sulphate of magnesia, with the view of removing the additional pressure of the feces upon the sphincter muscle. On the evening visit the bladder was found empty.

9th, *evening.* Had a restless night; gave morph. sulph., one fourth of a grain hor. somn., and continued his former treatment.

10th. Slept six hours; pains in the umbilical and iliac regions lessened; tumour moved an inch from its former position (iliac r.) towards the umbilicus, which may have caused the regular discharge of urine.

12th. Continues to improve; cysts less prominent; septa still perceptible; the lower part of the abdomen is fuller (pressure upon the intestines being diminished); uterus lower; former treatment continued, with the addition of a gentle purgative.

15th. Desires to get up; not granted; pains last night stronger; but since then very weak; œdema subsided; tumour returned to its former place, and collapsing; uterus as before; os still expanded.

18th. Sitting up; found her much improved, the tumour being now of only one-fourth of its former size; os uteri contracting; directed the comp. tr. of iodine to be given twice daily.

28th. Found the patient about; ovaries of normal size; there is still a tenderness around this body.

CASE III.—*Jan. 2, 1856.* Mrs. O. is the mother of five children. She aborted with her first child, in the fifth month of gestation. Her appearance is healthy. Mr. O. applied to me in the beginning of December, 1855, to see his wife, who, five months after her confinement, believed herself again a mother, contrary to her usual interval of repose. I found, upon examination, a well-defined unilocular tumour of the left ovary, already in the pelvic cavity, and causing the usual symptoms of tenderness in that region. The breasts were also enlarged. I placed her under the same treatment as just enumerated, and after five months, is now in her usual health. The catamenia never failed to set in at the regular terms, which is unusual in the character of this disease.

I hope this simple plan of treatment will be found as efficient in the hands of my fellow-labourers as it proved itself to me. Although recommended by high authority, the resolution and obliteration of ovarian tumours was and is now questioned. Were it my intention to write a monograph on this subject, a number of cases could be quoted, which, treated by eminent practitioners, both of this and our mother country, were effectually treated without the aid of surgery.

ART. IX.—*Experiments made to determine the Protective Power of Belladonna in Scarlatina.* By J. CHESTON MORRIS, M. D., of Philadelphia.

NUMEROUS experiments have been made on the protective properties of belladonna against scarlatina, and the general conclusion of the profession from them has been unfavourable to the so-called protection. I may remark, in passing, that it would involve no sacrifice of principle on our part to explain *how* belladonnism might protect from scarlatina, *were such the case*—second attacks of scarlatina being almost as rare as second attacks of small-pox; and it being conceivable that an appropriate agent might cause a state