

recurrent and internal laryngeal nerves must materially influence the voice; as these nerves constitute the chief agent or moving power of that function. And we know, if any tumor press upon the above-named nerves, during their course, from the superior and lateral part of the medulla oblongata, to their distribution on the larynx and parts adjacent; or if these nerves should be cut by accident, or in experiments, the voice then becomes affected, or even destroyed. If such evident causes have so decided an effect upon the voice, other, or more temporary, may likewise produce similar results. At all events, these considerations should not be overlooked; as a paralytic condition, or any disease of these nerves, may as likely exist, as in those of the eye, the taste, or of motion. From these views, the propriety of cupping on the nape of the neck, and the application of blisters there, and to the occiput, in addition to the mode of treatment above detailed, appears evident; and in some cases certainly these means ought to be employed, since undoubtedly they must prove efficient and advantageous.

A late celebrated physician once said, 'the brain, and the various diseases to which it is liable, is like a terra incognita, and scarcely understood.' Since that time, much has undoubtedly been done by medical inquirers to advance our knowledge of this most important branch of pathology. Still there remains a great deal to be ascertained, so as to be able to clear up some points that are yet but obscurely explained; and, without wishing to attach more importance to the present subject than it really deserves, it does certainly appear that a diseased condition of the brain, thence affecting the functions of the nerves distributed on particular parts of the body, has more influence in producing complaints like those above described than we are sometimes disposed to allow. Should, therefore, the cases just related, and the few accompanying although imperfect observations, prove the means of inducing others to make further inquiry on this subject, so as to confirm more fully, or even to refute, the propositions now advanced; whilst one of the objects had in view, when drawing up this communication, is thereby gained, our knowledge of an interesting class of affections will be, under any circumstances, both improved and extended.—*London Medical and Physical Journal.*

EPIDEMIC MILITARY SWEATING FEVER.

On an Epidemic Military Sweating Fever, which raged in the Department of the Oise. By Dr. MENIERE.

ON the 9th of May, the Minister of Commerce and of Public Works was informed by the authorities of the department of the Oise, that a number of the districts were afflicted with an epidemic disease; and they requested that physicians might be sent to investigate its nature. The intelligence and petition were transmitted the same day to the Dean of the Faculty of Medicine. On the 10th Drs. Orfila, Pinel-Grandchamp, Hourmann, and Menière, set out for Beauvais, where the physicians and magistrates gave the requisite information. The disease proved to be the Military, or Picardy sweating fever, which had been observed in these localities several times before, and remarkably so in 1821.

It broke out in the last week of April, or first of May, and was very mild, as, out of 84 patients, none had hitherto died. Its progress was noticed to be much arrested by cold weather. In some places its invasion was quite sudden after a storm, during which the thermometer rose considerably; and more than one half of the inhabitants of a village were thus seized in the course of one night. Females were more disposed to it than males. The disease commences with headache, sweating, and dyspnoea; the skin then becomes red and very hot, and there is a most troublesome pricking sensation in the surface. No local pain; pulse full and soft. The dyspnoea appears to depend on a congestion of blood in the lungs and heart, and not on any weakness of any of the exterior respiratory organs: the plethora of the heart and large vessels is indicated by the ventricular pulsations being diffused, heavy, and slow, with little sound on auscultation. There is a distressing feeling of a choking weight in the præcordial region, and sometimes also in the epigastrium; the pulsations of the cæliac artery are so strong as to heave up the abdominal parietes, and cause most obstinate gastralgia. The sweating is often prodigiously great, patients being obliged to change their shirts 20 or 30 times in the course of one night, and this 'flux' continuing to the like extent for two or three days. Its odor was that of rotten straw, or of a weak solution of chlorine, or of the evacuations of the cholera morbus. The watery halitus from the skin is kept rarified by the heat of the bed-clothes; when these are removed it is condensed, and forms a thick cloud, which speedily resolves itself into a sort of rain. The bowels are usually constipated, and the urine is scanty. The sweating lasts sometimes for four, five and six days, and it ceases gradually without the substitution of any other critical evacuation, or the occurrence of other symptoms; but in the majority of cases, a vesicular eruption on the chest, neck, back, and successively over all the body, appears on the second, third, or fourth day. It varies exceedingly in different patients: the vesicles are usually of the size of millet seeds—here and there a few larger ones are scattered. In the early stage the rash appears papular; when it dies away, the part is found covered with scurfaceous scales. The average duration of the fever, from its onset to the recovery of the patient, is from 8 to 14 days. The symptoms demanding most attention are those of congestion in the head and chest; threatening, in the one case, delirium and apoplexy—in the other, hæmoptysis and fatal dyspnoea.

The miliary epidemic of this year differs, in several important respects, from former eruptions of the disease; and it seems to have received a certain stamp from its more formidable brother, the cholera morbus, which exists at the same time in the same villages and districts. In the stead of the thoracic and cerebral symptoms, diarrhoea, vomiting, and gastro-enteritic irritation, have frequently taken their place, and have carried off many of those affected with them. At Noailles, the chief feature of the epidemic was the cerebral congestion; while at Cauvigny, only one league distant, it was congestion of the lungs, causing death sometimes in the space of a few hours. There was no obvious difference in the topography of these two places to explain this diversity of character. In 1821, the disease raged severely at Cauvigny; there

were 23 deaths, most of which were caused by the slow developement of gastro-enteritic disease : in the present epidemic, death takes place at the very onset of the disease, or at the time of the miliary eruption, the patients suffering dreadful anxiety and distress at the præcordial region—racking pains and spasmodic stiffness of the back : sometimes they vomit, or rather hawk up, much frothy blood. At Chateau Rouge, many cases of what the French denominate 'la suette exquise,' that is, the sweating fever without any miliary eruption, were seen. In several patients, who were in a state of convalescence from the epidemic, symptoms of typhoid fever, such as stupor, emaciation, red patches on the belly, pulse frequent and soft, tongue red, and rough in the middle and towards the base, breath fetid, &c. supervened. From comparing the reports from 24 different districts in Picardy, it appears that, in the course of two or three days, not fewer than 5000 persons were seized with this epidemic disease. Many opinions have been offered to account for the frequent appearance of the miliary sweating fever in ancient Picardy ; the miasmata of marshes and bad nourishment have been chiefly insisted upon, but we think incorrectly, as most of the patients were living in healthy dry localities, well housed, fed, and clothed, and frequently in affluence and ease. With regard to the occasional or exciting cause, there is little discrepancy of opinion : the elevation of temperature, and an electrical state of the atmosphere, have generally preceded the appearance of the malady. The miliary epidemic is fully as capricious in its course and career as the cholera ; places being spared in the very line of its advance. It is certainly not contagious, as announced by the older authors.

Treatment. Formerly, when the disease was considered to proceed from a leaven, or poison, contaminating the blood, the efforts of the physician were directed to favor the expulsion of the peccant matter by sudorifics, cordials, warm ptisans and heavy bedclothes. Boyer, Tessier and others, about the year 1773, introduced quite an opposite plan of cure. Venesection at the onset of the malady, mild tepid drinks, small doses of hypnotic medicines, and the very gentlest revulsive applications to the feet and hands, such as bathing them with mustard water, are most proper ; in short, whatever encourages the breaking out of the rash, which generally is accompanied with relief. Mild aperients are always useful. When symptoms of congestion in the lungs or head occur, more active depletion and counter-irritation must be immediately adopted. We must be on our guard however not to lower our patient too much, as there is a strong tendency in this disease to nervous collapse. Whenever the eruption appears, the treatment ought to be limited to the mere regulation of the diet, &c. Many patients who have been bled at this period for dyspnoea, have rapidly sunk. The greatest care is necessary during the convalescence to prevent a relapse ; every excitant, or irregularity, must be studiously avoided.—*Archives Générales de Médecine.*