

the application of counter-irritation over the ganglionic centres of the sympathetic, I have found beneficial. Where diaphoresis is desired, and where a general stimulant impression on the cutaneous system is indicated as the best means of obtaining it, the hot dressing applied to the site of all the ganglionic centres of the sympathetic in the spinal region, will be found to answer an admirable purpose.

With this mode of treatment—to produce a general alterative effect—I use the muriate of ammonia in place of the mercurial. Opium I use freely, when indicated. A dry, pure atmosphere, of a uniformly high temperature, say 75° Fah., is in all cases to be desired. When the inflammatory action is purely cranial or cranio-cervical, and is accompanied with debility of the motor nerves of the cerebro-spinal system, I invariably use preparations of *nux vomica* with advantage.

What I have written comprises an epitome of my experience in this new mode of treating disease, which I believe will prove, if properly developed, to be an auxiliary to those means already adopted, by which medical science alleviates pain and prolongs human life.

Bridport, Vt., March 20th, 1864.

SPOTTED FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

IN Dr. Cornell's letter (JOURNAL of April 14th) he says:—"All agree that it [spotted fever] is a malignant disease of the blood." Dr. Cornell himself evidently thinks it is "malignant typhus fever, modified." Dr. Darrach comprises his *treatment* in "three remedies—venesection, brandy, and quinine." In one case, he says, "the patient revived, after he was considered moribund, by being bled." Dr. Condie "would as soon think of cutting off the patient's head as of bleeding, and did not find venous congestion in any case."

It is hardly to be supposed there should be such discrepancy in the views of intelligent observers of the *same* disease. That cerebro-spinal meningitis may occur under decided and various modifications is very probable. But should we not look for some specific or pathognomonic symptom which might identify the so-called spotted fever? I have seen but one case, and even that I did not feel quite sure of; but from the notices I have seen of the epidemic in question, I conclude my little patient's disease was probably the same. In her case, opisthotonos was a strongly-marked feature. Though the skin, in her case, exhibited no *spots*, and in the first stages was apparently normal in color and *feel*, yet in the latter stages it was *din-gy* and *doughy*. In the reported cases I have read, I think a large proportion of them contained more or less allusion to tenderness of the cervical portion of the spine, or to spasmodic curvature. Many of the cases certainly answered favorably to malignant typhus.

In regard to treatment, if I might safely judge from the single case I have seen and treated, I should say the very moderate use of alterants—I may as well out with it and say *calomel*—with diaphoretics, mainly Dover's powder, and rubefacients, constitute the best treatment—being very far from intending to intimate that I suppose this, or any other method of treatment, would have been successful in many of the cases reported as spotted fever.

Dr. Knox, of Burlington, informs me that he has made a *post mortem* in one case only—but in this he found exudation, of some consistence, adherent on the external surface of the pia mater, where it falls into the folds of the cerebellum.

Does not this suggest the inquiry—what *may be* the relations of diphtheria to cerebro-spinal meningitis; the former epidemic involving *mucous* tissue, and the latter affecting *serous* tissue, and following so closely? *Post-mortem* examination is the only source from which we may expect much light on these important inquiries.

St. Albans, Vt., April 21st, 1864.

J. L. CHANDLER.

P. S.—I have been informed of two or three recent fatal cases, among children, in this vicinity, where the lungs seemed to be the principal laboring organs, but complicated with unusual symptoms of *cerebral* lesion.

J. L. C.

OUT-PATIENTS TREATED AT THE MASSACHUSETTS GEN. HOSPITAL. DURING THE YEAR 1863.

AMERICANS,	2008	FOREIGNERS,	3206—5214
Male adults,	1303	Female adults,	2210
“ minors,	886	“ minors,	815—5214

MEDICAL PATIENTS, 3774.

Diseases.

Abscess,	14	Caries,	5
Albuminuria,	16	Catamenia, scanty,	56
Alcoholismus,	1	“ irregular,	24
Amenorrhœa,	99	Catarrh, nasal,	20
Anorexia,	132	“ pharyngeal,	34
Asthma,	16	“ of vulva,	1
Ascarides,	9	Chorea,	12
Anæmia,	28	Cicatrix,	2
Abortion, effects of,	1	Cholera infantum,	20
Blenorrhœa,	3	Constipation,	70
Burn,	1	Consumption,	214
Brain, organic disease of,	2	Contusions,	9
Bronchitis, acute,	365	Contracted hand,	1
“ chronic,	207	“ finger,	1
Bladder, irritable,	4	Corneitis,	1
Bursa, inflamed,	1	Chilblains,	1
Bowels, irregular,	2	Conjunctivitis,	2