

Adams: one specimen, described and represented in *Cyclop. of Anat. and Physiol.*, art. Hip-Joint; also in R. W. Smith "On Fractures," etc., p. 59.

Jones: one specimen, described and represented in *Med.-Chir. Trans.*, vol. xxiv., 1841; also in R. W. Smith's work, p. 62.

Musée Dupuytren: three specimens, described in *Catalogue raisonné* (1842), and represented in the *Atlas* of the same.

R. Hamilton: three specimens, merely mentioned, *London Med. Gaz.*, 1843; quoted in *Amer. Journal*, vol. xxxi. p. 470.

Summerring and Chelius: each one specimen, merely mentioned in Chelius' work, vol. i. p. 621 (American ed., 1847).

Hodgson: three specimens described and figured in *Gny's Hospital Reports*, vol. vii., 1851.

Bryant: one specimen, described in *Brit. Med. Journal* for 1857; quoted in *Memphis Med. Recorder*, 1857, p. 108.

Zeis: two specimens, described and represented, "Description of Two Specimens of Intra-Capsular Fracture and Union by Callus," *Dresden*, 1864.

*American*.—Geddings: one specimen, described in the *Amer. Journal of the Med. Sciences*, April, 1847.

Mussey: three specimens, fully described and represented in *Amer. Journal* for April, 1857.

Parker: one specimen, described by Johnson, *New York Med. Journ.*, 3d series, vol. ii.; quoted by Hamilton.

Murch: two specimens, fully described and represented. *Trans. of New York State Medical Society* for 1858; quoted by Hamilton.

Colby: one specimen, described by Hamilton, *op. cit.*, p. 371.

Hamilton: one specimen, described and represented *op. cit.*, p. 372.

Pope: one specimen, merely mentioned by Hamilton.

Mütter: " " " " "

Webster: one " " " " "

H. H. Smith: two specimens, mentioned in *Smith's Surgery*, vol. i. p. 610; also quoted by Hamilton, with remarks by Johnson, p. 364.

## ART. VI.—*On the Treatment of Remittent and Yellow Fevers.*

By J. D. MILLER, M. D., Surgeon U. S. N.

I SUBMIT the following simple statement of facts which have come under my observation in relation to the treatment of remittent and yellow fevers:—

I joined the United States Frigate *Colorado*, then blockading the port of Mobile, about the 22d of August, 1863, and found a malignant fever existing on board, the first case of which made its appearance on the 10th of the same month, and had terminated fatally on the 16th with what was supposed to be "black vomit." Two days after I joined the ship the second death occurred, after five days' sickness. During the next ten days there were five deaths, after two, three, and four days' sickness—making

seven in all. Each of these cases presented the following train of symptoms: An initial rigor followed by more or less febrile action; extreme debility; headache and pain in cervical and lumbar regions, and, in one or two cases, in the lower extremities; ischuria; constipation; delirium; gastric irritation, and delirium. After the subsidence of the febrile paroxysm the skin became cool and moist, the pulse small and frequent, and black vomit ushered in death. The cadaver presented a deep, lemon-coloured hue, and emitted an offensive odour.

At this time becoming thoroughly disheartened by the result of the treatment with calomel and quinia, so generally adopted in American practice, and on which I had mainly relied, I determined to try a remedy which, though it is not new, is far too much lost sight of—the *hot bath*. I had the bath-tub brought to the side of the patient's cot, supplied it with water drawn from the boilers and reduced to the temperature of  $114^{\circ}$  F., immersed the patient in it to the chin, and, with my fingers on the wrist, carefully noted the following results: The pulse immediately became fuller, softer, and less frequent; the pain in the head and back abated; the lethargy passed off, and the ischuria was relieved—micturition taking place either in the bath-tub, or very soon after leaving it. When the water felt no longer hot to the patient—say after the expiration of five minutes, and within ten—he was lifted from the tub, wrapped in a blanket without drying him, replaced in his cot, covered with other blankets, and left in that state to perspire freely for several hours. I found that the change in the patient was permanent. Not a single symptom regained its ascendancy. The pulse remained good, the delirium disappeared; the pain in the head, back and limbs gradually ceased, the renal excretion went on regularly, and the extreme lassitude gave place to returning strength.

On the morning of the second day following the bath I gave whiskey by the tablespoonful, every hour, in double the quantity of water, to the extent of half a dozen spoonfuls, and if the bowels had not been previously opened, I gave the oleaginous emulsion, containing the whiskey on several consecutive days, to the same extent. This constituted the whole treatment, and the patient was walking about at the end of a week, complaining only of debility, and with all his functions in a normal state. I wish it to be understood that the case which I have described gives the history of every case thus treated. The last death occurred on the 4th of September, and at that time there were several cases apparently slipping away under the same symptoms. They were all put into the hot bath, and all recovered. At the time, I hesitated to attribute such marvellous efficiency to so simple a remedy. I thought of all possible coincidences which might have had something—perhaps everything to do with the result, and was unwilling to assert the involuntary conclusion of my own mind. I waited for further evidence.

On the 26th day of April, 1867, a man died of yellow fever on board the Frigate *Susquehanna*, then cruising in the West Indies. Several cases followed this death, presenting the same symptoms, and again I resorted to the hot bath, and with the same happy results. I do not feel at liberty to withhold any longer this publication of my experience, if only for the benefit of the medical officers of our naval service, who have to encounter this formidable disease. If yellow fever be not a distinct disease, of isolated character, but merely a malignant type of ordinary remittent fever, developed by climatic, or local causes, as many of the profession think, then it follows that remittent fevers may be successfully treated in the same way.

The first man put into the hot bath on board the *Susquehanna* had diarrhoea, with frequent, watery dejections. As in the former cases the first effect was to enlarge the pulse and reduce its frequency. Very soon, however, it became suddenly depressed, and he expressed a wish to be taken out. I instantly had him removed from the tub, but the diarrhoea was checked, and the recovery was not less favourable than in other cases, though rather more protracted.

It ought to be unnecessary to enjoin a personal superintendence and care in this treatment of fevers. It is still important that the water should be as hot as the patient will bear it. The physician's fingers should be on the pulse from the moment he is put into the tub, and when taken out he should be enveloped instantly in blankets, and carefully watched that he may not throw them off under the extreme discomfort of the sweating process.

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ART. VII.—*Three Cases of Ligature of Femoral Artery; Two Recoveries.*—At Mower U. S. A. Hospital. By W. P. Moon, M. D., Philadelphia, Pa.

BESIDES the cases of ligature of femoral artery here reported, there were one or two others at Mower Hospital, of which I have no detailed account. The rate of mortality usual in this operation, like that of amputation of the thigh, which bears about the same rate, throws a gravity and mournful interest about it not common to operations which result in a smaller death-rate.

At times, when we lost many of our most interesting cases, those upon whom we were compelled to perform the more critical surgical operations and bestow most care, or watch in the more dangerous diseases, it seemed to me that our losses were fearful—and I became almost discouraged. But after comparing our losses with published statistics, I found comfort in the