

no more with the current, but left them in their places for several hours. Not for one moment, as yet, were the electrodes allowed to pass into other hands, of less experience, as I knew the taper of life would yet easily flicker out, either by carelessness or by too much or too little help. I therefore took a less fatiguing position, and still holding one electrode in each hand, continued carefully watching and applying them synchronously with the more and more frequent respirations, first at every other, then at every third, then every fifth, and sixth, and so on, according as needed in strength, length and frequency of application. After a time the electrodes could be spared at times, from the respiratory department, and were therefore applied with the strongest current; now rather sweeping along over the abdomen, the spine and limbs, as if bathing him with electricity. The muscles were exercised and stimulated, the capillary circulation increased, and the reflex action became not a little aroused to the general machinery and chemistry of life.

The next six hours' procedure I will not detail, for there was nothing remarkable. At the end of that time, ten hours in all, the man became sensible, could speak, see, and take nourishment. The groanings, and other expressions of pain and unrest ceased, and he had naps of refreshing sleep. The next day reaction had set in, and he felt sore, tired and feverish, and was at times a little delirious. He has now entirely recovered, and is a well, hearty, able-bodied man, excepting his hearing, which is diminished, and he has roarings in his ears when he lies down.

Thus I have endeavored to describe faithfully and minutely the processes successfully employed in saving the life of this officer. What other power, or how much less process, could have done it? I believe the man's life would have been lost if we had relied only on the "*ready method*" and the ordinary frictions.

This case is not without instruction. Electricity, in or of itself, is not a uniform remedy. It is never a reliable aid or remedy when applied without a method, whether as galvanism (i. e., the primary current), or as Faradism (i. e., the secondary, or induced current). But electricity, when skilfully employed, is a reliable and powerful remedy; not only adapted to such desperate cases, but equally good for a variety of other cases and conditions, when well selected and effectively applied.

PUERPERAL FEVER TREATED BY TURPENTINE.

[Read before the Suffolk District Med. Society, and communicated for the Boston Med. and Surg. Journal.]

BY N. C. STEVENS, M.D., BOSTON.

MARCH 25th, 1861, 7, P.M., I was called to visit Mrs. D., American, aged 26, of rather slender constitution. Menstruation had always been irregular until marriage, twelve months since. Had

been attended, six days ago, by a midwife, and, after an easy labor of twelve hours, was delivered of a healthy male child which weighed eight pounds. The midwife being present, stated that nothing unusual occurred the first five days after confinement. The lochia may have been rather small in quantity. The mammary secretion was abundant, and the child nursed well. On the evening of the fifth day, the patient had a chill, followed by heat, thirst, restlessness, and some delirium. On the morning of the 26th, the midwife was sent for, and gave a dose of castor oil, and in the afternoon administered two enemas, but was unable to procure a dejection.

At this stage, the following conditions were present:—position on back and sliding down in bed, with the extremities drawn up; countenance pale and anxious; pulse 150, small and wiry, but regular; skin hot and dry; tongue somewhat furred and dry; urgent thirst and general restlessness; some cough, from irritation of larynx; abdomen tympanitic and conoidal; constant and severe pain in pelvic region; acute tenderness on pressure in left groin, extending toward the right; lochia entirely suppressed; urine scanty and high colored. Ordered the following: *R.* Hydr. chlor., gr. x.; sodæ carb., ℥ iss. *M.* Also, an eighth of a grain of tartrate of antimony every two hours. Stupes of spirits of turpentine to abdomen.

26th, A.M.—During the night patient had two dejections; slight nausea; tongue not so dry; no delirium; has had two or three hours' sleep; pulse 150; abdomen more tense, but pain less acute; tenderness extends to right groin and upward; expresses great desire to sleep. Continued the antimony, with two grains of calomel and four of Dover's powder every four hours. In evening, found the patient had slept several hours during the day. Pulse 145; one dejection; urinary secretion more free. Says she feels better. All the remedies to be continued as before.

27th, A.M.—Night very restless, with delirium; features contracted and sharp; pulse 145; not much pain in abdomen; tenderness has extended above the umbilicus; several large, irregular, dark spots over the surface; some vomiting of bile during night. A blister eight by twelve inches was ordered to lower portion of abdomen. Beef tea.

4, P.M.—The patient, seen by Dr. Storer in consultation, presents all those appearances that were present in the morning. Blister has been on nine hours, and vesication is very slight. Plaster removed, and the following course prescribed, other remedies being discontinued: *R.* Ol. terebinth., 3 i., and brandy every four hours, and renewal of stupes.

28th, A.M.—Nurse says that the remedies have been faithfully administered. Pulse 140; features very sharp; alæ of nose pinched up; skin over os frontis tense and shining; slept very little; constant sliding down in bed; intellect confused; is unable

to move any of the extremities; with difficulty protrudes the tongue, which is more furred, but is moist; no cough; respiration easy, and 24 per minute; skin dry and hot; vomited several times during night; two dejections; copious secretion of urine, which is less high colored. Ordered half a drachm of terebinth. in two of brandy, every four hours; continued stupes to abdomen, and also to the inside of the thighs from the pelvis to the knees.

P.M., 6 o'clock.—Has slept some during the day; complains of the burning from the stupes; remove them; cotton batting ordered to be substituted; pulse same as in the morning; two dejections; vomited several times during day; no improvement in countenance; abdomen very tense, but not as conoidal; vesication over whole surface of blister, with free discharge of serum. Continue internal remedy, with the brandy and fifteen drops of laudanum with each dose, with as much beef tea as she will take.

29th.—Patient's countenance, if changed, is for the better; slept three hours, with less delirium; no dejection; urine very copious; vomited twice in night; physical condition of abdomen the same; pulse 140, and a trifle fuller. Turpentine and brandy to be continued the same, without the laudanum. Stupes to be re-applied to abdomen and thighs. Beef tea and calves-feet jelly.

6, P.M.—General condition as in the morning; three dejections, which were quite thin and large in quantity; abdomen possibly not so tense. Stupes to be removed and cotton substituted. Turpentine, with brandy, to be continued, with addition of laudanum. Diet, the same.

30th.—Patient slept three or four hours, and no delirium; countenance still sharp, but forehead has lost its peculiar shining appearance; pulse 135; vomits a bluish-green matter; free from pain; abdomen a little less distended, but tender on firm pressure; returning color to lips; respiration free and easy. Turpentine at 9, A.M., and 3, P.M.

Evening visit.—Find patient very restless, and as yet unable to move or to be moved, except a limb at a time; quite thirsty; cheeks slightly flushed for the first time since I saw her; two dejections during the day, with occasional vomiting; pulse 145. Turpentine and laudanum at 9, P.M. Beef tea and jelly, and new milk.

31st, A.M.—Patient asleep; restless and delirious till 12 o'clock, since then has slept some—say two hours; countenance has improved; says she feels better; pulse 130; urine continues abundant and light colored; one dejection. Turpentine and laudanum at 12 o'clock. Diet as before.

9, P.M.—Countenance looks more hopeful; tympanitic state of abdomen subsiding; one dejection since morning; pulse 134. Twenty drops of laudanum at 9 o'clock, to be repeated if necessary to procure sleep.

April 1st.—Patient looks improved; pulse 120; no delirium;

slept quiet some hours; tympanitis still subsiding, and very little tenderness on pressure; complains of burning sensation in palms of hands, and desires to hold a cold, damp napkin to allay it, which is granted; tongue quite clean, but assuming an aphthous appearance. Continue nutrition. She prefers milk, which is drank freely. *R.* Sulph. quiniæ, one half grain every six hours.

P.M., 9 o'clock.—Two dejections during the day; pulse continues as before; there is a profuse secretion of a thick tenacious mucus from throat, which gives much trouble. Continue the morning remedy, with twenty drops of laudanum, and repeat if necessary.

2d.—Patient had several hours fair sleep during the night; pulse 112; tongue dry and dark; abdomen feeling better, but deep, firm pressure shows some tenderness in pelvis. Continue milk, with wine and the prescription of yesterday.

Evening.—Pulse 120. Would have had a good day had it not been for exhaustion from effort to rid the fauces of mucus. Two dejections. Laudanum, twenty drops.

April 3d, A.M.—Some hours of sleep; mouth and throat better; pulse 118; has been turned upon the side for the first time. Ordered an ounce each of the tincture of hops and the compound tincture of cinchona, and from a scruple to a drachm of the iodide of potassium every six hours. Continue milk, and give other simples if desired.

4th.—Pulse 118; during night slight wandering; tongue clean and moist, but somewhat tender; one dejection. Desires cracker and milk. Continue the tonic.

5th.—Had a good night; improves in strength, and looks bright, and thinks she shall get well. From this time the patient continued to improve slowly, has had no relapse, and at the present writing is well.

THERAPEUTIC VALUE OF SULPHATE OF MAGNESIA, OIL OF TURPENTINE, AND CALOMEL, IN DYSENTERY.

[We print the following from an excellent article, by Prof. WILLIAM H. THAYER, in the *Berkshire Medical Journal* for August.]

Since 1852, I have followed a very different plan in the treatment of dysentery. My patient is put at once on frequently-repeated small doses of a saline cathartic. I commonly employ the sulphate of magnesia in doses of one drachm, repeated every four hours. The object is not to get rid of scybala. If I had any reason to suspect their presence, I should give a full cathartic dose of castor oil at once. The object is to relieve the inflammation (or if used at the outset, the congestion) of the mucous membrane by procuring a free serous discharge from its surface. That this effect is produced, to the great relief of the symptoms, and