

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

usually to the speedy cure of the disease, I have frequent evidence. This will be better understood, if I describe the course. A patient is having frequent dysenteric discharges, with all the other symptoms. He gets one drachm of sulphate of magnesia in concentrated solution (which is important) every four hours. The next day I find that his discharges have become large and watery, with little mucus and less blood, are less frequent and less painful. If they have thus improved, I reduce the frequency of the salts, but have it continued every six hours. On the second day my patient has only one or two discharges, watery, and absolutely without blood or mucus. The medicine is ordered once in eight hours, and the next day I find he has had no evacuation at all, and the medicine is omitted. This is the end of the case—for he goes two or three days without any evacuation, if he is careful, and then has a natural discharge. The pain and tenesmus have usually disappeared at the end of the first twenty-four hours, without any opium whatever. This is the history of four cases in five of dysentery when I see them at the beginning. If the case is more advanced, it does not yield so readily, and may require an opiate at night, while the salts are given during the day.

I have sometimes given the salts less frequently, with less favorable results—I have had reason to think that where the symptoms did not yield, it was because the medicine was taken at too long intervals. I prefer to withhold opium, in order that the salts may have their full effect; during the first day, the patient can be soothed and relieved by sinapisms and fomentations, with flannel band around the body; and after this the pain is relieved.

My own favorable experience of this mode of treatment has been corroborated by others. I am unable to recollect the source from which I first derived the idea, but I have endeavored ever since to disseminate it, and I have had the pleasure within the last six months of seeing the plan advocated in several medical journals.

It is possible that the efficacious use of laxatives is not limited to sulphate of magnesia or to saline substances. I had a theory of their *modus operandi*, derived partly from Golding Bird—that they produced their effect by causing an exosmose of serous fluid from the inflamed mucous membrane, from which arose the necessity of using a concentrated solution. But some experiments by Headland seem to prove that the salts are taken up into the circulation before reaching the inflamed large intestine, and therefore some other explanation of their mode of action must be sought, which shall equally well account for the successful operation of some other cathartics administered in the same manner—that is, in frequently-repeated small doses. I refer particularly to castor oil. By the recommendation of Dr. West, the accomplished senior physician to the Royal Infirmary for Children, London, I have often found great benefit from the use of castor oil in small doses

often repeated, in the dysentery of children. I do not know that the sulphate of magnesia would not operate as well with children as it does with adults, but I have never used it. Dr. West's formula for the castor oil emulsion is the following:—℞. *Ol. ricini*, ℥i.; *pulv. acaciæ*, ℥i.; *syrupi simplicis*, ℥i.; *tinct. opii*, gtt. iv.; *aquæ floræ aurantii*, ℥vii. *M. Ft. mistura*. A teaspoonful to be given every four hours.

I have employed it with very happy results in many cases of dysentery of a somewhat chronic character in children. It has the advantage of being not unpalatable—children generally take it without any objection.

Like the epsom salts, castor oil in some way reduces the inflammation of the mucous membrane, and the secretion of bloody mucus rapidly diminishes, simultaneously with the abatement of irritation and pain.

I have spoken thus far of dysentery and its successful treatment, as it is seen in a large majority of the cases in New England. I have had but little experience with malignant dysentery or with grave epidemics, for they are extremely rare in New England. I have no reason to think that the saline treatment would have the slightest influence in malignant dysentery. But in most of the cases that are met with during even a serious epidemic, I have little doubt that, if employed early, it will be found as effectual as it is in the milder form that it takes among us almost every summer and autumn. Its use is not inconsistent with the employment of stimulants, when they are required.

If, nevertheless, there are at any time non-malignant cases which do not yield at all to the use of saline medicines, or which, after a partial improvement, continue in a subacute form, what course promises the greatest and promptest success?

Let me first say that if the dysentery has yielded, but the patient is affected with diarrhœa, astringents and antacids with opium are the most appropriate remedies.

If after two or three days' employment of the saline, the discharges continue to be of bloody mucus, and there is little abatement of the other symptoms, it is time to resort to other expedients. In that case, I presume, no treatment promises better than a mercurial—a small dose of calomel, with opium, every six hours—under which we may reasonably expect a decided change for the better in the character of the evacuations, before enough has been taken to cause any considerable risk of ptyalism, except where there is an unusual sensitiveness to its effects.

I should say that I have very rarely been obliged to resort to mercurials with adults—for I have found very few cases that did not yield to the sulphate of magnesia. But in the "inflammatory diarrhœa" (West) of children, I have frequently prescribed small and repeated doses of calomel, with opium, when other measures failed, and usually with promptly good effect.

From some experience with the oil of turpentine, I am inclined to regard it as a remedy very similar to mercury in its effects upon the intestinal mucous membrane. I have employed it more especially in the dysentery of children. When the castor oil emulsion has been taken several days or a week, and the child, after a partial abatement of the symptoms, has ceased to improve, the addition of a few drops of the oil of turpentine to each dose often has a decided effect upon the symptoms, so that the improvement in the evacuations begins again, and in a few days more they have acquired their healthy character and number. This is the history of favorable cases, which in infants are of course less frequent than in adults.

The value of turpentine in chronic inflammations of the mucous membrane is perhaps sufficiently well known. Professor Wood has brought it into notice as a very useful remedy in an advanced stage of typhoid fever, especially on account of its prompt effect upon the ulcers of Peyer's patches, in promoting their cicatrization.

Three cases of chronic inflammation of the large intestine of moderate extent, mostly in the rectum in two of the cases, have been under my care within a few months past. They were all treated with the oil of turpentine in three daily doses; all began to improve in a few days, and two entirely recovered.

Turpentine is especially useful in dysentery when the first stage of active inflammation has passed, with dysenteric symptoms still remaining, and the patient presenting an appearance of morbid prostration—exhibiting, in fact, a condition evidently requiring stimulation: feeble pulse, and livid extremities, with tendency to coldness of the surface, and perhaps the tongue dry and the teeth covered with sordes. Dr. Wood makes the dry black tongue and the sordes the indication for the use of turpentine in fever. He says: "There is a particular state of fever usually attended with much danger, in which we have found this remedy uniformly successful. The condition of things alluded to, is one which occurs in the latter stages of typhoid fevers or lingering remittents, in which the tongue, having begun to throw off its load of fur in patches, had suddenly ceased to clean itself, and becomes dry and brownish. The skin is at the same time dry, the bowels torpid and distended with flatus, and the patient sometimes affected with slight delirium. Under the use of small doses of oil of turpentine, frequently repeated, the tongue becomes moist and again coated, the tympanitic state of the bowels disappears, and the patient goes on to recover as in a favorable case of fever. We are disposed to ascribe the effect to a healthy change produced by the oil in the ulcerated surface of the intestines."—(*U. S. Dispensatory, Art. Oleum Terebinthinæ.*)

With regard to the use of calomel in dysentery, there appears to be reason for doubt that its efficacy depends upon any direct

influence over the functions of the liver, as is very frequently alleged by medical men, or that the necessity for its exhibition rests on any hepatic complication. I shall only argue against these suppositions by the statement of two or three facts of modern observation.

It has been inferred from the green color of the evacuations, that is often seen after calomel has been taken, that an excessive flow of bile had taken place into the intestine, under the immediate influence of the mercurial upon the liver. "The green stools," says Pereira, "which sometimes follow the administration of calomel to children, are usually supposed to arise from the action of this medicine on the liver; though Teller thinks it depends on alterations produced in the condition of the blood. The same colored stools are frequently observed when no mercury has been used, and there does not appear to be any just ground for ascribing them to the calomel." It will be remembered that one of the first results of a slight exposure to cold in an infant, is the passage of green stools, with griping pain. West says, that in some cases the green discharges probably depend on the action of the acids of the alimentary canal upon the coloring matter of the bile (biliverdin) in the evacuations—which is probably the explanation of these cases of green stools following a chill. When the discharges are greenish in the course of dysentery, Golding Bird's investigations have rendered it probable that it results partly from the presence of altered blood in the evacuations.

Thus we have one fact—that the green stools are very common under various circumstances, unconnected with the use of calomel.

Another fact is, on the authority of Dr. Thudichum, of London, that calomel, whether it purges or not, does not increase the quantity of bile excreted, but on the contrary diminishes it. If the liver is relieved by the use of calomel, it is through its effect upon the intestines and the portal circulation, just as it would be relieved by other cathartics. This is proved by experiments of H. Nasse, Kölliker, and M. Müller. The green color of the stools which follow the use of calomel is really due to sub-sulphide of mercury, just as the black color of stools following the use of preparations of iron, is due to sub-sulphide of iron.—(*Thudichum.*)

We have reason, then, to know that calomel does not produce that increase in the biliary secretion and discharge, which many have considered indispensable to the relief of various cases of intestinal disturbance. And we may fairly infer that whatever advantage is derived from the use of calomel, as of turpentine in dysentery, is due to its direct effect upon the capillaries of the intestine, as a special stimulant.

Whether turpentine might not be employed with as great advantage as calomel in cases that seem to require either of them, my own experience will not allow me to say. I have seldom used

calomel since I began to treat dysentery with sulphate of magnesia, nine years ago. Calomel would be unsafe in a very advanced stage of the disease, when there was any pus in the discharges, and the vital force was low—while these are the very conditions in which the use of turpentine, a nervous stimulant, would be especially appropriate.

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### Bibliographical Notices.

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*The Pathology and Treatment of Venereal Diseases.* By FREEMAN J. BUMSTEAD, M.D., New York. Blanchard & Lea, Philadelphia, publishers.

It requires no inconsiderable courage, now-a-days, to write a book upon any scientific subject, even when the facts alleged are undisputed, and the doctrines based thereupon meet with general acceptance; his action, therefore, implies a hardihood almost verging upon audacity, who puts forth a work which presents entirely new views, and advances theories directly contravening those entertained by the major part of its readers; and that, too, upon a subject which has always furnished matter for differences and discussion, and about which even its greatest modern authority seems hardly to have settled his views, if we may judge from the yet recent changes in opinion ascribed to M. Ricord. Such is the case, however, with the book which we propose briefly to notice in the present article.

Let us premise that it is the production of a young New York surgeon, who has more than begun to attain a well-merited reputation for special skill in ophthalmic surgery, and in the treatment of venereal diseases. He is favorably known also as the translator and editor of Ricord and Hunter's Treatise on Syphilis.

As he remarks in his preface, "the additions to our knowledge of venereal, during the last ten years, have been numerous and in the highest degree important. Among the most remarkable may be mentioned *the distinct nature of the two species of chancre*; the innocuousness of the secretion of the infecting chancre, when applied to the person bearing it, or to any individual affected with the syphilitic diathesis; the removal of certain obstacles to a general belief in the contagiousness of secondary lesions; the fact that syphilis pursues the same course, whether derived from a primary or secondary symptom, commencing in either case with a chancre at the point where the virus entered the system; the definite period of incubation of the true chancre, and of general manifestations; the inefficacy of the abortive treatment of syphilis; and the phenomena of syphilization and their correct interpretation."

Such is the startling programme with which our author enters upon his labors; we say, startling, for truly to one taught in the doctrines on this subject which prevailed in the schools some twenty years ago, no milder term seems appropriate; and yet a careful perusal of the work has satisfied us that the author has ably maintained his positions, and has almost persuaded us that our previous faith in regard to syphilis was founded in error; it has also made plain many things which heretofore have greatly puzzled us in the study of this disease; and