



...pains, tosse, nausea and menetual efforts to vomit, on the least motion. The gut was quite cold to the hand, and the largo portion had assumed a dark purplish hue, and was badly swollen.

Two small mangled portions of epiploon were removed with the scalpel; then by patient manipulation, the small gut was returned, securing it with the ulnar fingers of the left, pressing inwards with the thumb and index of the same, assisted by the right hand and thus staying it, whilst the first hold was being renewed.

The strangulation and tenderness of the colon required the incision to be enlarged some five or six lines before its reduction.

During the reduction, hemorrhage was profuse, and the patient suffered intensely, yet as no artery was discoverable, and the parts being brought in apposition, the interrupted suture, including seven or eight lines on either side, and the entire abdominal wall, save the peritoneum, with a pledget of lint, straps of plaster and bandage completed the dressing.

Quietude, horizontal position and farinaceous diet, being strictly enjoined, together with directions for giving an occasional anodyne and the mildest aperients, the patient was left quite disposed to sleep.

On the 11th the patient had lost blood occasionally for the first twenty-four hours, from the wound, on turning or exerting the abdominal muscles. Stools small and in slugs. Had slept. Skin and appetite improved. Pulse 74 and full.

Vs. to extent of $\bar{\text{S}}\text{xxv}$.—(pulse rose to 100;) hydrarg. chlo. m. gr. iij, and repeated, constituted additional treatment.

On 25th, patient walking about, without having had scarcely an unfavourable symptom. The sutures, which now formed the only apparent injury, were removed and patient discharged.

In the above case, we have additional evidence of the passiveness of the stomach in vomiting, and the fallacy of dispensing with sutures in similar cases.

It should be remarked that the sutures used were large, and barely brought the lips in contact, allowing liberally for swelling and the exit of blood, and that, instead of aggravating, they appeared to perform the office of a salutary revulsive, obviating the wonted tumefaction in the lips of the wound, and the irritation, in the adjacent peritoneum, consequent on so much handling.

ART. XII.—*Case of Death from Inhaling Chemical Fumes in a Sulphuric Acid Chamber.* By EDWARD A. MANS, M. D., of Baltimore, Md.

RICHARD FORD, negro, æt. 34, of good muscular development, healthy constitution and temperate habits, was at work, about two hours at noon, on Saturday, 2d inst., in a sulphuric acid chamber, at Chappell's factory. There was probably a large amount of nitrons acid gas in the chamber. While breathing it he did not complain of any ill effect, and neglected to go to the door for purer air, as often as his fellow-workmen, who were occupied in the chamber with him. In the evening he complained of feeling unwell, and had proceeded some twenty yards from home, on a visit to

his mother, about 10 o'clock, P. M., when he experienced vertigo and fell down. He was next affected with nausea, great prostration, and diaphoresis. I was sent for shortly afterwards, and found the patient in bed, with an air of sufferance, distortion of countenance, petulance of temper, jaetitia; no disturbance of mind; power of deglutition perfect; tongue natural; irritation of the trachea, with a hacking cough and inclination to expectorate; dyspnœa; extensive mucous rale of both lungs; præcordial oppression; pulse full and bounding; no pain upon pressure over the stomach, nor any symptoms whatever of abdominal distress; temperature of the surface moderate; diaphoresis.

Treatment.—Venesection ad ξ xii; epispastie to the chest; diluent drinks; slight alcoholic stimulus and a mixture of syrup. Toln. et scillæ. e. gum ammoniæ.

The patient expressed himself better, and I left him, as I thought, much relieved. I received an urgent message, at $5\frac{1}{2}$ A. M., to visit him, and upon arriving, was informed by his wife that he had remained comfortable until 4 o'clock, when a most decided change for the worse took place; that his mind then wandered, that he became exceedingly stupid, and indisposed to reply to any question that was put to him. The aspect of the case, at this time, was truly ominous of the result. The eyes were closed and dull, pupils contracted, although somewhat sensible to light; consciousness nearly extinct; he could be aroused to take drink, and would mutter words altogether unintelligible; temperature equable, skin perspiratory, pulse but little affected. At 7 o'clock he died. An *autopsy* was made at $4\frac{1}{2}$ P. M., ten hours after death. Present Drs. Mans, Fonerdon, Theobald, W. H. Davis, C. Johnston and C. Frick. Dissection by Dr. Frick. Report by Dr. Johnston. The post-mortem appearances were as follows:—The mucous membrane of the pharynx and œsophagus normal; that lining the trachea, however, from the epiglottis downward and also through the bronchial divisions, slightly injected. The left bronchus much less injected than the other. The lungs, on opening the chest, did not collapse, and were greatly distended. There were ancient adhesions in several places to the parietes of the thorax, and the right lung was particularly attached. Upon being cut into, a great quantity of frothy serum exuded from the bronchial branches; clotted blood was readily pressed from the vessels; they appeared firmer than natural, and a feeling of elastic resistance was universal. Their colour was purplish, and although very slightly crepitant, they still floated in water. The mucous membrane of the trachea, where most injected, was raised in small strips only. The *pericardium* contained an ounce of fluid. *Heart* large, but in proportion to the great muscular development of the subject. Its *cavities* and *veins*, the *cavæ*, *aorta* and *veins* of the *neck*, more or less distended with black clotted blood; valves normal. *Liver* of a very dark hue, but otherwise healthy. *Stomach.* Mucous membrane thickened, softened, and of a notable red colour. The

cardiac portion especially very much congested in patches, interspersed with numerous bright red spots. The veins of the great *omentum* much distended with clotted blood. In the *small intestines*, the patches of Peyer and isolated follicles generally evident, but not reddened; occasional *plaques* of arborescent injection were discovered, but were not peculiar to any portion of the mucous membrane. A moderate quantity of citrine-coloured fecal matter in the tract of the lower small intestine.

There was some diversity of opinion as to the manner in which the deleterious effect of the gas proved fatal. Some referring it to the pulmonic lesions, and through them to the injurious action of an imperfectly aerated blood upon the cerebral mass, while another was disposed to think that a chemical theory could most satisfactorily explain the result, viz. the absorption of the gas through the cutaneous capillaries, the consequent changes wrought in the blood, and the noxious effects which such a change must of necessity produce. The intensity of the gastritis attracted the attention of all present, and was not satisfactorily accounted for by any of the known causes of that disease. Its presence seems to have been noted in the few cases reported upon this subject, and was adduced as an argument particularly substantiating the chemical hypothesis to which I have referred. This autopsy throughout was deeply absorbing, not merely from its novelty, but from the beautiful exhibition of post-mortem phenomena with which it presented us.

ART. XIII.—*On a Remedy (the Ambrosia Trifida) for Mercurial Salivation.* By WM. ROBERTSON, M. D., of Harrodsburg, Ky.

ONE of the most common plants on our farms possesses, as I have discovered, more prompt and efficacious remedial powers in the cure of mercurial salivation than any article I have ever seen tried for that loathsome disease. During a practice of forty years I have seen the disease in all its forms, and various remedies employed for it, but do not recollect to have ever witnessed an obvious curative influence exercised by any of them.

The remedy I have lately adopted, in every case in which I have tried it, has proved a speedy and effective cure, relieving the patients in from six to eight hours of all the most distressing symptoms, and within twenty-four or forty-eight hours, removing every symptom of salivation. However, I would observe, that all these cases have been of a mild character or in the incipient stages. What influence this remedy would exert in those violent cases of the disease, occasionally met with in practice, attended with extensive swelling, ulceration, sloughing, and falling out of the teeth, I am unable to say, having met with no such case since my adoption of the