

but not dry; both ears were discharging freely, and there was great drowsiness. On the 9th there was no diarrhoea, but the abdomen continued painful, especially on pressure; the fever was much increased, the pulse having risen to 120; but towards noon there was a decided remission, lasting about three hours, during which the skin was cooler and the patient in a pleasant sleep. At noon on the 10th a distinct chill was followed by a fever of about three or four hours duration. Quinine in three-grain doses was given every three hours. Tenderness and pain in the abdomen continued. The chill recurred at noon of the 11th, but was not so violent as on the previous day; the patient complained of great pain in the right shoulder, and was unable to move the arm, which was very sensitive to pressure, but without redness or swelling; he also complained of pain on percussion over the liver; the eyes were not at all yellow but natural, and there was diarrhoea. The quinine was continued. No chills nor fever occurred on the 12th; the pain in the shoulder continued, but there was no more pain over the liver than over any other part of the abdomen, in which there were acute flying pains seemingly neuralgic in character. Next day the patient was much better: tongue cleaner, appetite returning, shoulder less painful and fever absent. Quinine was continued in two-grain doses every four hours. On the 15th he sat up for a short time, but the pain in the shoulder was troublesome and was felt even as late as the 30th. "The above case is presented as a curious instance of what was apparently typhoid fever in its commencement, changing to remittent and then to intermittent fever in the short space of a week."—*Satterlee Hospital, Philadelphia, Pa.*

Remittent followed by intermittent.—CASE 41.—Private Thomas Gaitly, Co. E, 19th Mass. Vols., had a paroxysm of intermittent fever on November 9, 1861. He had been recently discharged from hospital on recovery from remittent fever. He was readmitted on the 10th and had a marked paroxysm on admission. Fifteen grains of quinine were given at a dose, with five grains in a half ounce of whiskey to be taken thereafter three times daily. On November 12 there was no return of the chill; the patient's appetite was good and he felt well but weak. He was returned to quarters.—*Regimental Hospital 19th Mass. Vols.*

Remittent ending fatally.—CASE 42.—Private Christopher Commars, 69th Co. 1st Batt. V. R. C.; age 22; was admitted November 11, 1863, with remittent fever. He said he had been sick for six days, but had continued on duty although he suffered from a chill on the 10th. On the 11th he had a severe chill and was seen by the medical officer of the day, who ordered him into the ward. Two grains of quinine were given three times a day. On the 12th he had vomiting, and pain and tenderness in the left side of the chest. The quinine was omitted and three grains of calomel ordered every four hours until four powders had been taken, with a Seidlitz powder after the last dose. The bowels were moved on the 13th, but the vomiting continued until death on the 15th. During his sickness the patient expressed no anxiety as to its result; he was confident that he would be able to return to duty in a few days.—*Act. Ass't Surg. Henry M. Dean, U. S. A., Lincoln Hospital, Washington, D. C.*

CASE 43.—Private David Kensinger, Co. I, 8th Tenn. Vols.; age 19; was admitted May 10, 1864, suffering from remittent fever and debility. Quinine in five-grain doses three times a day was prescribed and an enema of castor oil administered. On the 13th the patient had a hot skin and frequent pulse, with much prostration, wakefulness, restlessness, loathing of food, nausea and vomiting, but no pain. Carbonate of ammonia and brandy were prescribed. On the 14th there was a slight abatement of the fever in the morning and an exacerbation in the evening, which became more marked on the evening of the 15th. On the 19th there was much nervous disturbance, restlessness and jactitation. On the 21st the stools became frequent and the tongue dryer and darker. On the morning of the 22d the tongue was not so dry as during the preceding paroxysm, but in the evening the patient became delirious. After this each successive exacerbation was more severe and protracted, and each remission less decided until death took place on the 28th. Clammy sweats, collapsed features, involuntary passages and imperceptible pulse preceded death for several hours.—*Act. Ass't Surg. J. H. Coover, U. S. A., Hospital, Annapolis, Md.*

Malarial congestions.—CASE 44.—Private H. Straight, Co. C, 154th N. Y. Vols.; age 25; was admitted December 12, 1862, with jaundice, chronic nephritis, enlargement of the spleen and dulness on percussion over the summit of the left lung, with some rude respiration and a dry hacking cough. His sickness began during the Peninsular campaign with a severe attack of remittent fever. He was much emaciated and had anorexia, lassitude and mental dulness; his stools were deficient in bile; his urine was albuminous; the pulse about 90; rigors and exacerbations occurred every evening. Iodide of potassium and bicarbonate of potash were prescribed, each in five-grain doses three times daily, with fluid extract of taraxacum in teaspoonful doses and the application of tincture of iodine over the enlarged spleen. By December 20 the jaundice was somewhat lessened and the stools tinged with bile, but the cough was aggravated, the sputa nummular and blood-stained, and the patient complained of flying pains through the body and of constant nausea. On enquiry it was found that his father had died of tuberculosis. An anodyne expectorant mixture was prescribed. Ten days later, while the jaundice was disappearing the nephritic symptoms became prominent. Tincture of iron with quinine in two-grain doses three times a day was added to the previous treatment. By January 8 the nausea had ceased and the appetite was better; the albumen in the urine was decreasing in quantity although the patient complained of great pain over the region of the kidneys and along the ureters. The iodine mixture was omitted and the following substituted: Ten grains of bicarbonate of potash, three drops of liquor potassæ, five drops of tincture of cannabis indica and one drachm of extract of uva ursi to be

* It is possible that an explanation of the anomalous course of the constitutional disturbance in this instance might have been discovered by a closer examination and report of the progress of the aural inflammation. Diffuse inflammation of the ear is often accompanied with much febrile action, headache and seeming mental dulness, which is in reality a disinclination to be disturbed by enquiries. The fever subsides on the establishment of a discharge from the ear, but slight exposures not unfrequently cause a sudden suppression of the discharge with a recurrence of the febrile condition often times preceded by rigors and gastric disturbance. The local inflammation with its symptomatic fever superimposed on a case of specific fever of so mild a character as to be indicated only by a fugitive diarrhoea, some abdominal tenderness and two rose-spots, might be regarded as accounting for the changes which constitute the anomaly in this case.

taken in a tablespoonful of mint-water three times a day. On January 14, 1863, the splenic enlargement and lung symptoms continued unchanged, but otherwise the patient's condition was much improved. By January 25 the albuminuria had ceased and the patient had gained flesh but was still very weak. Cod-liver oil was substituted for the potash mixture; the quinine and iron were continued and iodine was applied over the spleen. On February 8 the pulmonary symptoms had almost disappeared and the patient's strength was returning. He was sent to his regiment for duty on the 14th.—*Satterlee Hospital, Philadelphia, Pa.*

CASE 45.—Private Robert Wilson, Co. D, 1st Ky. Vols.; age 24; was admitted May 27, 1861. He had been sick for two weeks with inflammatory rheumatism, for which he had taken colchicum, quinine and opiates. On admission he had fever and delirium, pain in the chest, with roughened respiratory murmur, vomiting and relaxation of the bowels; his tongue was large, moist and white; skin moist, extremities cool; pulse 128 and feeble. One grain of quinine with three of Dover's powder was given every three hours. He was very restless and did not sleep during the following night; his bowels were moved frequently and sometimes involuntarily, the stools being dark green and watery, and there was much gurgling on pressure in the right iliac region. At midnight a pint and a half of dark-colored urine was drawn off by catheter; sudamina appeared on the abdomen and lower part of the chest. Next morning the pupils were dilated, the right to a greater extent than the left, and there was dulness of hearing. A pint of urine was withdrawn. There was a good deal of pain in the chest, but the bowels were quiet until 2 P. M., after which the stools were frequent, dark and watery; the delirium increased and the tongue became so swollen as to cause much suffering. He died at 7 P. M. No autopsy. [After death a medical officer stated that this man had been seized two weeks before with a paroxysm resembling a congestive chill; that he had been bled from the arm, and that reaction had been established with much difficulty.]—*Marine Hospital, Cincinnati, Ohio.*

Remittent followed by congestive fever.—**CASE 46.**—Private James S. West, Co. D, 16th Ill. Vols., had a very severe attack of remittent fever from which he recovered and was detailed on hospital duty. On July 3, 1862, while thus employed, he was taken with a congestive form of intermittent fever. Mercurial cathartics and enemata were given, with quinine, iron and pepsin, without avail, for the congestive paroxysm returned daily, and finally the patient sank into a completely typhoid state and died August 1st.—*Hospital, Quincy, Ill.*

Congestive fever.—**CASE 47.**—Private John Boman, Co. B, 5th Ill. Cav., was admitted September 1, 1863, having had diarrhoea for three days. Early on the following morning he was found unconscious, with sluggish respiration, quick feeble pulse and clammy yellow skin. He had vomited viscid dark-green matters and passed involuntary stools which were offensive and bloody. A tablespoonful was given every hour of a mixture containing thirty grains of quinine in two ounces of cinnamon-water acidulated with aromatic sulphuric acid. At 4 P. M. the pulse was better. Fifteen grains of chlorate of potash were ordered to be taken every four hours with stimulants and beef-tea. He rallied much during the night, but in the morning relapsed into his previous condition. The administration of quinine was resumed, but death occurred at 5 P. M.—*Union Hospital, Memphis, Tenn.*

CASE 48.—Private Edwin Graves, Co. D, 86th N. Y. Vols.; age 26; was admitted March 17, 1862; diagnosis—typhoid fever. He was taken sick about March 12 with pain in the chest, headache, nausea, feeling of general swelling and much debility, succeeded by a chill, fever and profuse perspiration, which symptoms recurred daily about 11 A. M.; he had also much annoyance from a numb feeling in his fingers. On admission the pulse was rapid and quick; the skin hot and moist; the tongue moist, red and slightly coated; the patient's appetite was poor and he had some diarrhoea and pyrosis. He stated that the chill and fever occurred at the same time in rapid alternations in different parts of the body, the paroxysm lasting two or three hours. Twenty-four grains of quinine were directed to be taken during the day. He was delirious during the 18th; his pulse rapid and weak; skin natural; tongue moist and coated white. Punch and beef-essence were given every two hours. He died delirious on the morning of the 19th.—*Seminary Hospital, Georgetown, D. C.*

Malarial rheumatism.—**CASE 49.**—Sergeant Michael Leffey, Co. F, 119th Pa. Vols.; age 24; was admitted March 20, 1863, having been affected with intermittent fever since early in January. On admission he had pain in the back and left side and tenderness over the lumbar vertebrae; he had tremors, and was unable to stand erect. He was treated with quinine, powdered iron, morphine and camphor, with tincture of aconite as a local application. He was transferred to Christian street hospital April 21 [where his case was diagnosed chronic rheumatism, and whence he was discharged June 2, because of general debility].—*Satterlee Hospital, Philadelphia, Pa.*

Malarial neuralgia, debility and adema.—**CASE 50.**—Private Martin L. Robertson, Co. K, 4th Me. Vols.; age 23; was admitted December 12, 1862, for torpidity of the liver, which was treated with mercurials and salines. During his convalescence he had a severe attack of tonsillitis ending in suppuration of both glands. Soon after this he was seized with violent pains in the head and face, assuming the forms of supra- and infra-orbital neuralgia, the paroxysms of which were distinctly periodic, sometimes quotidian and again on alternate days. During the exacerbations he complained of numbness on the right side, with prickling of the skin of the face and a sense of fullness in the head. Cups on the back of the neck and purgatives gave some relief to the symptoms, but dimness of vision followed, with unpleasant illusions. Extract of belladonna applied around the eyes relieved the pain slightly; but it was soon thought advisable to have recourse to cinchona, the disease being conceived to be dependent upon the action of malarial or miasmatic poisoning contracted on the Rappahannock, but remaining until now latent in the patient's system. Quinine was perseveringly tried for some time, but it failed to arrest the paroxysms (as had been previously observed in some analogous cases in the hospital). Fowler's solution in five-drop doses was substituted, and after a few days the neuralgic symptoms began to yield sensibly to its influence (as had also happened in similar cases where the cinchona had failed). After exhibiting the medicine for a week, slight sickness of the stomach seemed to suggest its discontinuance, and it was accordingly laid aside for a short time, when it was again resumed