

ORIGINAL COMMUNICATIONS.

A BRIEF SKETCH OF THE DISEASES OF NORTHERN TURKEY.

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ANY one attempting to give a sketch of the diseases of Constantinople, has to take into consideration the great ethnological varieties of population, and the different habits and customs of its diverse races.

The Osmanli, the lord of the soil, has his dwelling invariably in the most open, airy, and beautiful position of this picturesque city. He is, as a nation, well fed, and remarkably well clothed, erring perhaps on the side of over clothing. He is, moreover, cleanly in his habits, sober in his appetites, and, above all, he enjoys an equanimity of mind resulting from a pious resignation to Providence, and a consequent utter absence of anxiety for the future. From this description, I would exclude the higher rank of civilized pashas, who are gluttons and wine-bibbers, and who exhaust the nervous system by immoderate sexual indulgence. The Armenians are Asiatics, and closely resemble the Turks, but are less cleanly and more industrious; while the Greeks, partaking more of the European character, are a restless, vivacious, tipsy people, as unlike their Osmanli masters as could well be imagined. Besides these, there is a large population of Jews, wretched outcasts of society, living in the dark unwholesome slums of the city, in quarters deficient in drainage and every desirable comfort, whose inhabitants devour bad meat, tainted fish, and damaged fruit, and are very dirty in their persons and houses. Nor do the pale rickety children, fruits of precocious marriages, promise any improvement in the rising generation.

The lower classes of this city live, more or less, in what may be termed a natural state. In the winter, they shiver in cold wooden houses; or, wrapped up in furs, they creep through the dark muddy streets. Their diet at this season consists of meat, fish, rice, and dried fruit. In the summer, they leave the city for the country, and change their diet for the fresh fruit and vegetables of the season, which they devour in a crude state, and in unwholesome quantities.

Much has been written concerning the climate of Constantinople; and important as this subject is, a very brief sketch will serve my purpose better than a very elaborate description.

The winds that prevail at Constantinople are mostly from the north, and are determined by the geographical conformation of the country, the straits of the Bosphorus forming a kind of funnel, through which runs a strong current of water and wind from the Black Sea. The difference of temperature caused by a change of wind is so remarkable, that the thermometer will rise or fall ten degrees in a few hours; and the south wind has such a depressing effect on many people, as to cause an utter distaste of life while it lasts. Fortunately for the sensitive individuals, this baneful breeze occurs but seldom and for a short time. The *poraz*, as the natives call it (boreas), is the most constant wind, and gives us a colder winter and cooler summer than are found generally in this latitude. A rough estimate of the weather may be given as follows.

In December, January, and February, the weather is cold and damp; and there are great variations of temperature.

March, April, and May, are the transition months, in the first of which are rains and bitter biting north winds, resembling the east wind of England at the same period. In April and May, occurs the most delicious spring weather, not unfrequently interrupted by storms.

June, July, and August. The weather is hot and dry, the great heats being tempered by the cool north breezes, which are always constant; cucurbitaceæ are abundant, and the garden fruits unripe. Maximum of deaths.

September, October, and November. The climate is tem-

perate; there are occasional showers and storms; the fruits are ripe. Minimum of mortality.

In July and August, owing probably to the abundance of cucurbitaceæ and half-ripe fruit, inordinate quantities of which are eaten, as well as to the loss of watery matter from the body and consequent inspissation of the blood, diseases of the abdominal organs are frequent and fatal. Dysentery, diarrhoea, liver diseases, and fevers, are common at this season. Chronic affections also often terminate fatally during these months. In June, epidemics of measles and scarlet fever frequently make their appearance. In January and February, catarrhal affections and diseases of the thoracic cavity are frequent.

It is a remarkable fact, which I give on the authority of Dr. Verollot, who has made a special study of the statistics of mortality and disease in Constantinople, and to whom I am indebted for much information, that the public health in this city is better than that of any other capital in Europe. This may be ascribed to the fine climate, the superb position of the city, the sober habits of the majority of the population, and the absence of that crushing poverty, which bears so heavily on the lowest classes of an European capital. Add to this the large influx of able-bodied, healthy, unmarried peasants, who come from the interior to seek occupation, and the large area of the city, whose population is thus spread over a wide space.

The climate of the Bosphorus, and of a great part of Turkey in the same latitude, may be divided into two seasons, which contrast strongly. The quantity of rain which falls in the winter is greater than that on the western coasts of England; but, when once the fine season commences, we scarcely see a shower of rain for some months.

The following is a table of the quantity of rain, as measured by an observer during three years on the Bosphorus.

	1846. mm.	1847. mm.	1848. mm.
January	130	81	254
February	76	114	53
March	76	131	102
April	91	86	129
May	28	18	5
June	51	40	8
July	38	73	12
August	58	60	0
September	53	222	104
October	66	369	14
November	152	178	64
December	66	330	155
	885	1702	900

It has been aptly remarked by Dr. Verollot, that the meteorology of this country depends almost entirely on the prevalence of the north and south winds. "The African soil is the *foyer* of heat, the Mediterranean Sea furnishes the vapour, the north wind performs the office of condenser, the Bosphorus being the recipient." During the rainy months, a change of wind invariably brings on rain.

The first and most common disorder, with which a medical officer in charge of foreign troops may expect to meet, is *diarrhoea*; and this complaint may be at once relieved or may assume the gravest character, according to the treatment of the patient. It may be deemed presumptuous in me to speak of the treatment of diarrhoea to men who have seen it in all the various climates in which the British soldier is called to serve; but my self-imposed duty is simply to record the experience of those who have to treat the complaint here, which may very possibly be similar to that already noted by others.

The most common form of the disease appears to result from a chill, or error in diet, or perhaps a combination of the two, though more frequently it appears to attack strangers without apparent provocation. The immediate cause is congestion of the capillary vessels of the abdominal organs and digestive tube; and this congestion is active, and must be treated as such. I cannot too strongly call attention to the fact, that all astringents, opiates, and cretaceous preparations, are worse than useless. If the dis-

case does not yield to a simple rhubarb aperient and careful diet, tenesmus and other symptoms are soon observed, and then the remedy is obvious. A few leeches to the anus are infallible, as far as I have observed; and this is the universal practice of the country. Indeed, the domestic treatment of this complaint among the natives consists in a diet of rice-water and the application of leeches; and on this account the doctor is not as often applied to as he might otherwise be. The diarrhoea that attacks strangers especially presents nothing alarming at the outset. It is accompanied by no febrile symptoms, and often by no pain; but this last soon supervenes, and tenderness of the abdomen, with a bright red tongue and abdominal pulse, warn the physician that his patient is in danger, and requires sometimes a general, but always local bleeding, much of which might have been forestalled by a timely application of a dozen leeches to the anus. This disease figures largely in the hospital returns, under the head of *irritation intestinale*, which is simply enteritis with diarrhoea, requiring tolerably active antiphlogistic treatment.

I need not do more than barely mention other forms of chronic diarrhoea, the result of ulceration, tuberculosis, etc., the treatment of which does not differ from that in other parts of Europe, nor is it more successful here than there. There are other curable forms, however, depending upon chronically enlarged liver and spleen, the result of intermittent fever, of which I shall speak hereafter.

Diarrhoea is often followed by *dysentery*; and this disease is one of the most common met with in the country. An ordinary case of dysentery is generally easily managed by remedies which are equally efficacious in diarrhoea; but I have seen epidemics of the most fatal character. During the autumn of 1850, Constantinople was visited with a form of dysentery, which in a very large proportion of cases baffled the best directed efforts of art. The disease frequently made its advances insidiously. Some slight pain, with tenesmus and bloody stools mixed with mucus, were all that the patient complained of for a few days, and he often neglected his disorder. But even when seen early and treated actively, the disease often ran its course; and after three or four days of the above symptoms, numerous evacuations came on of the colour of chocolate, excessively offensive, and mixed with shreds and *débris* of the mucous membrane. Dissection revealed the most frightful ravages of disease: the large intestines were softened, the mucous membrane was completely disorganised, and extensive ulcerations almost throughout the abdominal canal were plainly discernible. To my certain knowledge, all kinds of treatment were tried and found inefficacious in this disease. In the commencement of the epidemic, the most profuse depletions were had recourse to; then mercury, copper, bismuth, nitrate of silver, both by injection and by the mouth, with numerous other remedies; but the best as well as the most ignorant of the professors of the healing art were baffled, and those patients seemed to fare as well or as ill under the latter as under the former. In this epidemic, I had some patients who rejoiced in the most wonderful recoveries, and were, I believe, very grateful admirers of my skill; but the fact was, that a naturally strong constitution pulled them through, when I had lost all hope, and was prescribing innocent placebos of mucilaginous drinks. These lucky exceptions had, however, the most difficult convalescence; and, after a winter's confinement to their rooms, only recovered their health by change of climate, or, after an illusive convalescence, sank under chronic ulceration. It is devoutly to be hoped that this fearful disease will attack none but the Russians.

I may add, that though occasionally a sporadic case of this kind is met with in the autumn, it is far from common. The most ordinary form of dysentery is amenable to art: and the most successful treatment appears to be, in the slighter cases, local bleeding and Dover's powder; in the severer cases, after depletion, calomel and opium. The symptomatic fever, except in certain epidemics, does not appear to be of that intensity we read of as met with in India and the tropics; but in the severer cases, the inflam-

mation and ulceration are by no means confined to the large intestines, nor is abscess of the liver at all unusual.

The Asiatic cholera has rarely visited Constantinople—certainly not for the last five years—nor did the epidemic present any characteristics peculiar to the locality. It appeared in the winter of 1846-7, and does not seem to have been as severe as in many European cities. In Constantinople, as elsewhere, the mortality was the severest at the commencement, and no remedies seemed to answer; presently the mortality began to abate, and with the recoveries numerous infallible specifics were discovered, which are to extinguish the disease on its next appearance.

A very common disorder amongst the soldiers and sailors of the capital is a certain ulceration of the mucous membrane of the mouth, which Dr. Müllig, who has written on the subject, terms *stomatite cachectique ou ulcéreuse*, and which is characterised by the rapid formation of ulcers in the mouth of subjects who have been weakened by former disease. The Italian doctors term it *scurry*. In this complaint the mucous membrane of the mouth becomes oedematous, and those parts which press on the teeth are ulcerated, the saliva is secreted too abundantly, after which small round circumscribed spots of inflammation are observed, which become converted into indolent and painful ulcers, somewhat difficult to heal. Though not peculiar to Constantinople, this aphthous state of the mucous membrane is perhaps unusually common, especially in those subjects who have been for a long time confined to a hospital, or who have been reduced to a cachectic state of system by fever or chronic disorder. The remedies for this state of things it is scarcely necessary to mention, since, besides topical applications, everything tending to improve the general health hastens the cure.

A very common disorder, here called *embarras gastrique*, or acute dyspepsia, is equally amenable to antiphlogistic treatment. It consists in fever, high coloured urine, with tenderness of the epigastrium, and a tongue red at the edges and furred in the centre, a severe headache and other constitutional symptoms, and seems to depend upon an irritable and congested state of the coats of the stomach, which is treated most successfully by leeches on the epigastrium, rice diet, with mucilaginous drinks and prussic acid. This disorder is often complicated with jaundice, caused probably by the occlusion of the biliary ducts, the consequence of congestion of the mucous membrane. Little variation in the treatment of this complication is necessary, nature frequently effecting the cure by a sharp diarrhoea.

Diseases of the liver are not very frequent in the country; yet during the hot summer months, active congestions of this organ are occasionally met with, characterised by pain and heaviness in the right side, enlargement of the organ, and jaundice. The spleen is very commonly diseased; but its disorders must be classed under the head of miasmatic fevers.

Diseases of the thoracic cavity yield to none in frequency; nor is this to be wondered at, when we take into account the sudden and frequent atmospheric changes observable during the greater part of the year. The most frequent disease amongst the military is *acute bronchitis*, which is often sudden in its attack, and most fatal in its result. The chief remedies employed are blood-letting and tartar emetic in large doses.

Pneumonia is frequent amongst all classes, civil and military, and is chiefly met with in January and February. The usual treatment in this country consists in copious venesection, with large doses of digitalis, tartar emetic, and calomel; but an accomplished German physician of my acquaintance, having the charge of a large German hospital, tells me that he has lately observed a change in the type of this disease, which has become less sthenic; and, taking into account the small amount of asotised food given to the sailors, he has lately refrained from bleeding, and has trusted chiefly to tartar emetic in large doses, keeping up the patient's strength at the same time by mild animal broths. He tells me that the success of this treatment, very different to that in vogue at Constantinople, has been

most encouraging. The frequency of cases of double pneumonia is very striking.

Turkish soldiers often suffer for some days with a side-ache without complaining to the medical officer, when it is found that the pleura is filled with a copious exudation, and yet the fever is but slight. This fluid resists all diuretic remedies, and the patient generally sinks. This insidious form of *pleurisy* may be ascribed to the constitutional weakness of the individual. Pleurisy, including more or less pneumonia, is perhaps the most common and most dreaded malady amongst the Greek sailors navigating these seas. It is frequent at all seasons, and, under the name of *punta*, strikes terror into the heart of its victim. As soon as he feels the stabbing pain in the side, with the accompanying fever, he at once offers up his prayers to his tutelary saint and the *Paneia*, and opening a vein in the arm, abstracts a frightful amount of blood. Copious venesection is almost the only remedy he has recourse to; and if he recovers, he has a most tedious convalescence; and sometimes sinks into a cachectic state, from which he never recovers. A vast proportion of Turkish troops and sailors are invalidated with lesions of the thoracic cavity.

Pulmonary phthisis is certainly not as frequent as in England; but, on looking over the military hospital returns, we find that a large proportion of soldiers succumb to this disease. It must be remembered, however, that many of these victims are melancholy and demoralised conscripts, and natives of a warmer southern climate. In civil practice, this disease is, compared with England, of rare occurrence. The natives have a great horror of it, and believe it highly infectious; and when any case occurs in a Greek or Armenian family, great pains are taken to prevent the real nature of the malady from being known, as the daughters would be unable to find husbands, and the sons wives, were the family marked as being tainted with this dreaded pest. When a death occurs from this disease, the bedding and every article of furniture in the sick room are secretly destroyed, for fear of infection. Amongst the negro slaves of this city, tuberculosis is perhaps the most common disease. When Europeans are attacked with this malady, it assumes a very active form. Several of the islands of the Archipelago and many parts of Syria have a great reputation as sanitary retreats for those affected with pulmonary complaints.

Heart diseases are not unfrequent, as may be imagined from the numerous cases of rheumatism.

The *exanthemata* are common enough; and the worst of this class, small-pox, is met with in the severest and most fatal form, which may be accounted for by the insufficiency of vaccination, and the fact that the professed vaccinators often use a spurious matter. It is but just to remark, however, that the government has of late years been active in appointing regularly-paid vaccinators throughout the empire, who have done much towards mitigating the pestilence. Small-pox and measles are the most frequent of the exanthemata. The latter disease is often very fatal, being accompanied with a fatal form of bronchitis, and often with lobular pneumonia. Other cases are followed by tuberculosis. In some of the hospitals a mortality of 50 per cent. has been recorded.

In the northern parts of the empire, *calcareous disorders* are rare; but south of the Taurus, especially in the cities of the Tigris, they are very common, and a class of uneducated native operators frequently cut for the stone, and often leave their patients with incurable fistulas.

One of the most frequent disorders in this part of the world is *fever*, and the most usual forms are remittent and intermittent. Throughout the Ottoman Empire we have abundance of malarious fevers, many of them showing somewhat anomalous peculiarities. We find localities favourable to the production of fever-poison in all directions; and I have seen and treated every variety of it from the burning shores of the Tigris to the mosquito-swarmed fens of the Danube. Malarious fevers are not dreaded during the winter and spring months, though there are certain individuals who have an attack of simple tertian fever

every spring, when no exposure to malarious influence is possible. There are certain localities which have an especial bad reputation for malaria. Adrianople is a most unhealthy place, and is infested with a bad form of fever. Almost all the coast of the Black Sea is equally dangerous; and in some parts, near the mouth of the rivers,—in Batoum, for example,—the fever is of so malignant a nature, that the natives leave the lower parts of the shore in the summer, and migrate to the hills. I need scarcely observe of what vast importance it would be to ascertain correctly the healthiness or otherwise of encamping or disembarking grounds; for I do not hesitate to say, that if an army were disembarked at some of these spots in July, they would suffer more than if opposed by a powerful Russian army. The types of the malarious fevers of this country present considerable varieties, dependent chiefly on the constitution, the amount of poison absorbed, the previous state of the patient, and the treatment or want of treatment. Thus, a simple intermittent will lapse into a dangerous remittent, with important complications of internal organs when neglected; or a number of individuals passing a night in a dangerous place will some of them suffer from a tertian ague of more or less severity; while others will be smitten with a severe and fatal form of fever, complicated with jaundice or brain symptoms, or both; and a few lucky individuals will escape altogether.

I need scarcely allude to the popular error of associating miasmatic fever invariably with marshes. It is true that fevers are usually found in the neighbourhood of marshes; but it is now known that the poison is most virulent in those parts that have been rapidly dried in a hot sun. I remember being encamped with two Englishmen and a small tribe of Arabs, on a plain about two miles from the fallen waters of the river Tigris, near Mosul. This plain had been flooded in the spring of the year, and it was then quite dry, and composed of a loose sandy soil of considerable depth, resting on porous marble and lime-stone. The vegetation was scanty, and composed for the most part of dry camel thorn. A fever soon appeared amongst us, and the stronger of my companions and myself were laid up with a quotidian ague; the third, a very delicate and sickly person, escaped altogether; while several of the stoutest Arabs were seized with a malignant fever, and died in a few days. I may add, that their diet consisted of bread and preparations of milk, with an inordinate amount of cucumbers and melons. In the neighbourhood of Erzeroum, there is a very extensive marsh *which is never dry*, situated on an elevation of 6,000 feet above the level of the sea, and here fever is unknown, and Europeans may enjoy snipe-shooting many hours under a powerful sun without any evil effects.

The banks of the Danube are fatal to numbers of our sailors, many of whom are brought to Constantinople every year in a dying state. I have treated great numbers of these poor men, and it appears to me that those cases only which have been neglected are dangerous. Many of these men never reach Constantinople alive, and many others are moribund, or in great danger, on their arrival; while a still larger proportion are prostrate with quotidian and tertian ague. The bodies of these poor fellows are often covered with ulcers from the bites of mosquitoes which swarm on the Danube, and add greatly to the sufferings of the fever-smitten patients. As far as my experience goes, I may safely say, that the most unpromising cases are generally curable. The abdominal organs are almost invariably embarrassed and engorged with poisoned blood; and I have found it excellent practice to apply ten or twenty leeches to the anus, and, if time and circumstances will allow, to administer a dose of castor oil. The portal system being thus relieved, quinine operates like a charm. Some combiné a full dose of calomel with the quinine. Many patients, who appeared to be *in articulo* during the cold fit, have been apparently snatched from death by the timely administration of quinine, brandy, and broth, with frictions of stimulating embrocations over the spine. I frequently administer the quinine in doses of ten

grains every two hours. I seldom go beyond this dose, which appears to answer its object, though I have no fear whatever of an overdose of quinine; for, except a temporary deafness, I have never observed any ill effects from large doses. I have never administered it except when required, and therefore cannot speak with the authority of an experimental philosopher who has tried the effects of the drug in health. In the worst cases of these malarious fevers, it is often difficult to form a diagnosis, or distinguish them from typhus; but those accustomed to meet and grapple with them can seldom err. The pharmaceutical part of our fever treatment has always been sufficiently simple; sometimes, in the interior of the country, necessarily so. Mercury I never administer; and, without altogether discarding the valuable adjuncts of the materia medica, I would anchor my hopes of success on quinine, with leeches, the lancet, and the most careful and judicious diet and nursing. I may add, however, that I have often treated cases without blood-letting; indeed, an avoidance of routine or preconceived impressions is absolutely necessary in these cases. When the head is engaged, which it often is most seriously, some blood drawn from the temporal artery, and cold applications to the shaven scalp, are obvious means at our disposal; but if coldness and collapse come on, hot bottles to the epigastrium and to the feet, with judicious doses of wine or brandy, are imperatively called for. All these symptoms are often accompanied with jaundice, hiccup, and vomiting, with or without tenderness of the abdomen and diarrhoea—symptoms which demand topical blood-letting; and the application of leeches appears to be the means by which blood can be abstracted with the greatest effect and economy of the vital fluid. I have seldom seen any complication which might be termed true inflammation, but should regard these symptoms as the effects of a mass of poisoned blood thrown upon organs whose functions are thus suspended or embarrassed. In these cases, too, the head is always more or less involved, from the circulation of spoiled blood. The *post mortem* appearances in this disease show the abdominal organs to be principally engaged, the liver sometimes engorged, the gall-bladder filled with thick black bile, the mucous membranes injected, and the spleen frequently softened. In the head, too, there is often watery extravasation into the ventricles.

We often have to treat patients suffering from chronic diarrhoea of some months standing, with occasional attacks of ague. In these cases the patient may be greatly reduced in strength, and much emaciated; and on inquiring into previous treatment, he will tell you he has swallowed an immensity of opium and astringents. In such a case, provided the lungs are not tuberculosed, I should not hesitate to apply leeches to the anus, and recommend a most severe diet for some days. It is rare that this treatment will not result in complete recovery. In these cases you will probably find some tenderness around the navel, the stools are dark and offensive, alternated by light yellow and watery evacuations, the appetite capricious, the tongue red and moist. The spleen and liver are often, but not always, engorged.

It is astonishing how some individuals will bear up under habitual attacks of ague which will continue for years, and when quinine seems to have lost all effect on them. For the cachectic and often anasarctic state of system such people get into, the very best remedy is a change of climate, quinine and iron with shower baths being excellent adjuvants. The sailors who man the Turkish navy, and who are almost all taken from the shores of the Black Sea, have generally very enlarged spleens.

Epidemics of *influenza* are frequent, especially in the early spring, but the mortality is trifling, and confined to the oldest of the community.

Rheumatism is one of the commonest diseases of this climate, as may well be imagined from the rapid alternations of heat and cold. The most usual form is a sudden and sthenic affection of the sheaths of the larger muscles, which is amenable to leeching and general antiphlogistic measures. Severe attacks of rheumatic fever, too, are not

unfrequent during the rainy months; and the usual treatment for this form of disease, which has generally a sthenic character, is free bleeding, with purgatives, and Dover's powder. Another chronic form, answering to the disease described by Dr. James Bird as the asthenic-cachectic rheumatism, is also observed, but more rarely than the above. We believe, however, that there is no great difference either in the form or treatment of rheumatism between this climate and that of England, excepting that we have more frequent cases of sharp inflammatory attacks of the muscular sheaths, which are readily amenable to antiphlogistic treatment.

Diseases of the eye are, perhaps, rarer in the northern parts of the empire than in the north of Europe, save in some very exceptional localities.

The natives of the country are remarkably exempt from *diseases of the brain*; perhaps it is that they are so liable to hæmorrhoidal fluxes; but their temperate mode of living may better account for it.

As far as I have had the opportunity of observing, *wounds* of all sorts heal kindly, when not treated, as is too often the case, with stimulating ointments, and the *nimia diligentia* of Turkish surgery.

As I am unwilling to extend this paper beyond a moderate length, it is scarcely necessary to do more than mention the dreaded name of *plague*, which has not appeared in this city for twelve years. I have never seen a case, but have heard a good deal of it; and the universal opinion of nine-tenths of those who have seen it is in favour of its contagious properties. There is a large and expensive quarantine establishment kept up, the rules of which are so carelessly carried out, that I cannot think we owe our immunity to this European contrivance, though it is a remarkable fact that we have never had this disease since the establishment of quarantine.

At this moment we hear of a most fatal form of typhus raging in the Ottoman armies both in Europe and Asia. We all know the intimate resemblance between the worst typhus and the plague, and from the bad commissariat of the Ottoman armies, it is not improbable that this frightful malady may once more break out amongst the troops.

In Constantinople, as in all large cities, there is plenty of *venereal disease*; which, however, presents nothing remarkable beyond the fact that the indurated chancre is rare, nor are secondary symptoms of frequent occurrence. The natives call it the Frank disease, and have no shame about it.

Gonorrhœa, too, is common enough, and gonorrhœal rheumatism far from unfrequent.

Constantinople, April 14th, 1854.

CASES OF PUERPERAL CONVULSIONS, IN WHICH SEDATIVE TREATMENT WAS ADOPTED.

By C. H. ROPER, Esq.

CONVULSIONS are so formidable a complication of the puerperal state, that the result of any particular mode of treatment, which proves successful, cannot be otherwise than acceptable to the practical accoucheur.

Having perused, in the ASSOCIATION MEDICAL JOURNAL of March 31st, the details of a case recorded by Mr. JONES of Strefford, I am induced to give the details of two or three cases which have occurred in my own practice, and in which the treatment adopted has been sedative, and not depletory.

CASE I. I was called, at 10 A.M., on the 29th of June 1851, to Mrs. G., aged 24, of moderate stature and conformation, seven months advanced in pregnancy. She was lying on her bed, although dressed, and told me that she had risen that morning with pain at the pit of the stomach, and that, as soon as she assumed the upright posture, vomiting had come on, accompanied with dimness of sight and headache. The vomiting continued at intervals; and whilst I was talking to her, she threw up some tenacious