In Torpid Liver.

℞. Pulv. Aloës gr i
Ferri Sulph. gr ii
Pulv. Ipecac. gr ii
Conf. Ros. q.s.

Frerichs estimates the relative weight of the liver in healthy adults as varying from $\frac{1}{24}$ to $\frac{1}{40}$ of that of the body; its absolute weight at this period of life ranging from 1.8 to 4.6 lbs avoird.

small quantities from time to time to maintain temperature. While the patient is in bath, hot and dry towels shd. be prepared, with which the body is to be rubbed and thoroughly dried as soon as he leaves it. To prepare the second & following baths, remove on each occasion about $\frac{1}{3}$ of the liquid, then add one quart bottle of the dilute acid, and sufficient hot & cold water to raise temp. to sufficient degree. Should the bath excite too much irritation of skin, less than 1 bottle of acid may be used on each succeeding occasion.

II.

Foot & Sponging Bath.

1. 2 Gulls. water gen. suffic for an ordinary foot & sponging bath, wh. shd be

kept by frequent addition of h. water up to 98° to 100°. To the 2 gals. of water add 6 ounces by measure of prep.d dilute acid, & thoroughly mix. While feet are immersed, a warm sheet or other suitable covering ought to protect the shoulders & body from cold. Use a large soft sponge to bathe insides of thighs, right side and hepatic region, arm-pits &c.; at same time several folds of flannel may be wrung out of the liquid in bath, and wrapped round the body. Bath may last 15 to 20 min. night & morning; always attending to the properly drying of patient, and his clothes or bed being perfectly dry.

Earthenware or wooden bathes, of course. Sponges & towels shd. be thoroughly washed in cold water after use in the acid bath.

Acid Footbath.

℞. Acidi Nitrici ℥j

" Hydrochlor. ℥ij

Aquæ calidæ @ 95° Cong. IV

Ne fiat pediluvium.

The acid bath was extensively employed by Dr. Helenus Scott of Bombay, about the end of last century; and Sir J. McGrigor alludes to his experiments made along with Dr. Scott in the beginning of this cent. V. 'Autobiog.'

Bheel.

Use of Bael in Chronic dysentery & diarrhoea.

It is improperly called the Bengal quince; for it belongs to Aurantiaceae, and is the Ægle Marmelos of botanists, the Bheel, or Bhela of India. It has been recently imported into England in an unripe dried state, and in the form of a sugared preserve made from the ripe fruit. In this latter form it is sometimes used in Calcutta & other parts of Bengal. The bark of root, and fresh leaf-stalks, are also believed to be medicinal. Antispasmodic properties have been ascribed to root and bark. Some practitioners in Calcutta have great faith in it; but are not certain in what part of the fruit its virtues reside. It is scarcely astringent to the taste. It would seem that it is not from astringency that it produces

its curative effects. The natives, and many European practitioners, in civil and military practice, use it in the form of a decoction of the ripe fruit, medicinally, and as a pleasant and wholesome drink. If the fruit is unripe, they roast it, before boiling it, as I have seen done. I saw a few cases of chronic diarrhea and dysentery in Bengal, which were generally much improved by taking this decoction; but on some cases it appeared to have no effect.

Some practitioners in Bengal have found that it regulates the bowels, not only restraining undue & morbid action in chronic diarrhoea and dysentery, but also in cases of obstinate

constipation acting as a mild and certain laxative. This would seem to shew that it is not astringent, but alterative, in respect to the bowels.

Sir R. Martin has little or nothing to say for or against it; although he recommends vegetable acids in certain cases of chronic diarrhea and dysentery. (Note. This is against popular prejudice, and, I may say, against a good deal of professional prejudice; yet we find that many different practitioners have been struck with the benefit derived from the use of vegetable acids in such cases. Sydenham recommends them, if I mistake not, in certain cases. I have known Laycock of Edinburgh treat chronic dysentery of autumn with Citric Acid.

Bheel.

Tissot denounces the prejudice, and adduces cases of its fallacy. Curtis, speaking of European hospitals of Madras in 1782-83, states that the medical officers encouraged the use of the mango, guava, and pomegranate, in chronic diarrhea and dysentery, directing a portion of rind to be eaten at the same time - looking, however, a good deal to astringency in these fruits. There is no doubt that the use of certain fruits is beneficial in certain cases of the above-mentioned diseases. The fact is one of experience which has been hit upon by many physicians in different places and at different periods.)

I believe an extract of bheel is pre-

found in Calcutta. The seeds are enclosed in a very strong, ligneous rind, and are surrounded by a large quantity of sweetish, sub-acid mucilage, which seems to be the really useful part of the fruit. A chemical examination of the fruit, imported preserved, and also in the dried state, from Calcutta, gives, accord. to Mr. Pollock:
"Pulp & dried shell chemically alike, except as to quantity. Both contain 1. tannic acid; 2. a concrete essential oil; 3. a bitter principle, not precip. by tribasic acetate of lead, and a vegetable acid. The pulp, as I received it, contained the sugar in wh. it was preserved. All these of the substances I have described exist most abundantly in the dry rind; but there is <u>most</u> <u>acid</u> in

the pulp." Mr. Pound, Oxford St., says the fruit, as imported by him, contains 20 p.c. of mucilage: but that is evidently much below the quantity in the fresh ripe fruit. A drink is also used in Bengal, made from the rind alone: but I believe that most generally used is made from the pulp. I did not see the fruit much used at Cawnpore; nor do I remember if any beneficial results were obtained when it was used.

In Bengal the tree grows abundantly in the European stations, attaining a height of twenty feet, or more. It has a general resemblance to the orange or lime tree, and its leaves partake of the character of the order. The fruit is ripe about March

or April in Lower Bengal, in appearance something like a large orange, but not so spheroidal in shape. I have seen some specimens as large as the head of a child a year old. Before the fruit is fully ripe, the rind is so very strong, that it requires a good smart blow from a hammer to split it.

Podophyllin.

Introduction of Podophyllum peltatum into Mat. Medica. Now a good deal used in this country (1862), in the form of podophyllin, chiefly as an aperient and purgative, but also as an alterative.

I have not yet seen it used. This concentrated preparation is prepared from the root or rhizome of Podophyllum peltatum, which belongs to Nat. Ord. Ranunculaceæ. Dr. J. Bigelow (U.S.?) wrote upon it more than forty years ago. It has long been used by botanical empirics.

The podophyllin of commerce is a slightly greenish substance, prepared by distilling a saturated tincture of the powdered root, and precipitating by muriatic acid.

The dose of the root in powder, as a cathartic is 10 to 20 grs.— Tinct. Pod. and g.tt. x–xl.

Podophyllin – Lithia

Of the podophyllin, which is much more energetic grs. i – iii as cathartic; ½ – 1 gr. as a purgative; ¼ – ½ gr. aperient; ⅙ – ¼ gr. 3ce a day as an alterative.
Much used in America in syphilis, as an alterative; purgative in head affections; in chr. hepatitis &c.

Lithia Water.

Substitutes for – Effervescing Carbonate of Lithia, & Eff. Citrate of Lithia – made by Savory & Moore. The efferv. carbonate is in small glass tubes, each of wh. contains a dose, equal to 4 grs. of carbonate of lithia, without any admixture of soda, potash, or other base. It is capable of neutral. the uric acid in system. (A grain of this

compound gives crimson-colored light when held in flame of candle.)

The effervescent citrate is more bulky - used for ord. use as a beverage in less gouty cases. ℥j of this salt contains = 4 gr. of lithia - dose ʒp - ʒi. Both salts dissolve readily in water, with effervescence.

Hydrocephalus – Encephalitis in child –

March 162, Shorncliffe – case of this disease in child aged about 9 months, of strumous family, in wh. hydroceph. was hereditary in father's side – had been labouring under slight chr. bronchitis for some time – was cutting the two lower incisors (the two first upper incisors were cut first – two others of same family cut their first teeth at about 3 months) Dentition was severe, and nervous irritation soon appeared somewhat suddenly, with the usual symptoms. Encephalic symptoms were such as are generally described under head of hydrocephalus. Paralysis of right ~~side~~ limbs marked; no distortion of face; deglutition partially paralysed; head reversed in marked manner.

Hydrocephalus.

The changes of temperature very marked; squinting occasional; convulsive movements of limbs only towards death; no occurrence of impaired sensation.

Discharge of frothy ~~matter~~ fluid pus were noticed two days before death, but perhaps only from the gullet.

Pupils generally dilated; day before death less so. Shortly before death a quantity of dark thickened blood was vomited with difficulty – about a third of an ounce, also some thickened pus.

Death took place rapidly at last – quick breathing; pulse imperceptible for a long time before; convulsive movements of limbs; pupils dilated. Nutrition impossible for two or three days, owing to paralysis.

Hydrocephalus.

Gums ~~Teeth~~ had been laid open when the irritation became excessive, but the teeth were not protruded any further, only one having cut the gum. No exam. after death.

Hydrocephalus - child of Pte. Waldron, 45th Regt.

The Curragh, 10th Dec. 1863.

March 1862 - at Shorncliff -

<u>Dislocation</u> of <u>Hip</u>, or <u>Irritation</u> of <u>Joint</u>?

A recruit of the Artillery, strong and stoutly made, had a fall from his horse, falling off on the off side while his right foot was entangled in stirrup - says he felt the strain or wrench at the joint. Did not present himself at hospital until third day after accident, and had to be carried. He had been enlisted only about a month before; and the surgeon distinctly remembers examining him, being certain that he had no imperfection. Reduction was attempted under chloroform, but without success.

<u>Symptoms</u>, when I saw him, after the accident, were much the same as on admission, except that motion of the limb, <u>back</u>-

Hip-joint.

wards is easier, as I am told.

Shortening by about an inch, heel raised; toes everted; trochanter apparently in its place, however, and head of bone not distinctly felt. Flattening of right buttock marked; pain down thigh. Motion of thigh outwards limited, and inwards more limited, and causing pain, as does forcible manipulation about the groin. Pain and rigidity less than on admission.

Disease of bone? not likely in this patient, who has no signs of struma. Symptoms appeared suddenly, three days after accident, which is known, and are nearly all as marked now as then. ~~Fracture~~

Acute irritation, or ~~disease of~~ the hip of any

Hip-joint.

sort in early stage wd cause lengthening

It is next to impossible that the defect cd have been overlooked when the recruit was examined; for he limps halts very much as he walks; and irritation or hip-joint disease cd not have produced the result so suddenly.

There is no wasting of the limb, which is quite as big, apparently, as its fellow, and the flattening of the buttock does not appear to be due to atrophy.

The general health is good.

Fatal Case of "Accidental Hæmorrhage" in Pregnancy.

Dover, Jan. 1863.

The wife of an artillerymen, living in the married Quarters, Western Heights — Mrs. Bell, the mother of two or three children, about her 9th month of pregnancy, was ironing at a table about 3 p.m., when she suddenly fainted, and was carried to bed. She had hurt herself against the bannister of the stair a few days before, striking the abdomen with some force against the post; but had felt no bad effects from it until this occasion. Asst. Surgeon Wills, 83d, being the nearest medical man, was summoned in haste, came, examined her more or less, found her recovering from syncope, prescribed brandy and rest, but did not detect the real state of the case; and when again sent for refused to come. A midwife had been called in, and seems to have arrived about 6 p.m. or a little

before it. She found haemorrhage going on, which seems to have appeared externally just after Wills left, the patient having then exclaimed that the waters had burst. This midwife was afterwards examined by a Garrison Court of inquiry, of which I was a member, and her story ~~would~~ was to the effect that she had from the first thought the case a hopeless one: but it would seem that she did not take any such view of the case, not having sent any particularly urgent message when she sent for Wills, nor, when she went herself to fetch him, did she give him to understand (as far as can be ascertained) that she had any secret opinion as to the case, merely mentioning the occurrence of haemorrhage, and stating that the woman was very low,

and, according to Mr. Wills, having given him to understand that she only came for him because she wished to go to attend to her other cases. The woman appears to have become worse in the meantime: but, at the time of the arrival of a Mr. Robinson, a civil practitioner, the hæmorrhage appears to have ceased in a great measure, externally. The midwife had been applied cold water cloths. The surgeon (Mr. R.) appears to have administered a mixture of Acid. Sulph. dil. and Ergot, and to have punctured the membranes. He stated to the Court that he found the os dilated about the size of a shilling; the presentation natural. He left the case in charge of the midwife; the hæmorrhage appearing to him to have ceased, and as he expected natural labour would come on.

Accidental Haemorrhage.

Labour appears to have set in between 11 and 12 p.m.; about four or five pains having occurred: but the patient sank somewhat suddenly about 12.30.

The p.m. exam. by Surgeon-Major Mc-Wharrie, 57th, and Surgeon Voss R.A. Placenta detached all except a portion on left side about size of crown piece; thick coagulum of blood surrounding child, whose head was beyond (altogether?) the os, and in the vagina, according to the report. The report of these medical officers stated their opinion that the child was full grown.

There were some curious discrepancies in the evidence, particularly as to the summonsing of Mrs Wills. The husband

of the patient stated that he called Wills the second time at 7 p.m. and found him in the dress, and that this was the last time he went for him. Mr. Wills, on the other hand, stated positively that he was called a second time by a "gunner" at 5 p.m., and by a gunner again at 8 p.m. This would make the case against Mr. Wills all the worse: but he was quite positive in his statements as to the different times he was summoned, stating that he was all the more certain from his having a clock before him on the mantel-piece.

X Lt. General Garrock held that Mr. Wills was reprehensible in so far as he did not go when sent for on a certain one of the times he was sent for; also, that the people about the women were to blame inasmuch

+ (Remarks noted Dec. 1863. from memory)

as it appeared that they did not ~~send~~ ~~in time~~ through the messenger, let Mr. Wills understand that the woman was so dangerously ill; Mr. Wills being under the impression that the woman was not actually in labour, ~~[illegible]~~ and that she was not very ill, until he was told she was dead.

The court of inquiry (composed of Major Romer, 55th Regt. President; Capt. Meinhen, 83rd Rt., and Dr. Ward S. A. S., Members) began its sittings on Monday, and finished the inquiry on Saturday.

The General remarks were not published in orders, but only read to Gunner Bell and to Mr. Wills by their respective Commanding Officers — as I was given to understand.

Mr. Voss, Surgeon, R. A. was from the first,

in my opinion, prejudiced against Mr. Wills as to his conduct in the case, in which opinion he was not justified by the facts of the case. My own opinion is (after a lapse of months since the occurrence) that there was but little actual blame attachable to any of the parties concerned. It was a bad case from the first; but might probably have terminated favourably had Mr. Wills recognised the fact that the placenta was so much detached as it was; in which case he would have seen the woman often again. Mr. Robertson, again, left the case, as he thought, progressing favourably. The midwife's evidence shewed that she did not recognise the gravity of the symptoms

which ensued after Mr. Robertson left her. Before he came she was frightened; after he left ~~she~~ her feelings had undergone reaction, and very likely she ~~thought~~ that there was no need for alarm, until the case had become too dangerous for even the medical men to remedy. It was, after all, merely an error of judgement upon her part.

Mr. Wills bears a good character in his regiment for attention to his patients.

I remember distinctly that the midwife's ~~in her~~ evidence made this impression upon me - that in her conduct of the case she had been confident, then alarmed, confident again, and at last alarmed when it was too late; mental changes very likely to occur in a ~~person~~ so partially acquainted with the subject she dealt with.

Case of Contusion of Head and Elbow, followed by Cephalic symptoms, and ending fatally. Post-mortem examination 24 hours after death, 13 May/63 (Dover 14 May 1863).

Gunner, R. A., aged 20 years, years service, of which 3 in China - had served with Baltic fleet in 1854 or 1855. Appears to have been fighting with a fellow-soldier in barrack room, on the and received a severe blow upon the face, by which the nasal bones were fractured or dislocated, and a contusion upon the right elbow, the latter injury probably having been produced by his falling upon

a bed-iron.

Head. Ala nasi dislocated, and nasal bones fractured. Ethmoid, I believe, not fractured. Scalp over occipital bone showed on outside a bruise of about an inch in diameter, where the soft parts were partially disorganised, but the scalp was not perforated. No fracture or other injury of the calvarium detected, nor of any other part of skull; but on the outside of calvarium (left side?), the fascia was unusually adherent and injected with blood. Brain.

Case of Gunner
2d Brigade, R.A. Dover 1863.
Brain containing numerous
cysts - death occurring suddenly
in a fit. Patient had been subject
to frequent fits. Was employed as
signal-man on the top of the Keep
of Dover Castle. Mr Voss, and
Mr Taylor. R.A.

"Corpulency, and its treatment by Diet" by Dr. Moore, M.R.C.S. 1860. Dr. M. gives a diet scale from a correspondent.

Breakfast.

Biscuit 2 oz; Tea or Coffee, 8 oz; Egg, 1. (an egg weighs about 2 oz.)

Dinner. 5 p.m.

Biscuit ½ oz.; Vegetables 2 oz. such as Cabbage, Spinach, Carrots, Turnips, Broccoli, Sea-kale Asparagus, and Beans and Peas; Meat 7 oz. (Dr. M. says as much as will comfortably satisfy).

Aerated water, Seltzer or Soda. 9 oz.

Tea 8 p.m. 8 oz. of Tea + ½ oz biscuit.

Supper - Gruel 8 oz.

P. 29.

Breakfast, early – a hard captain's biscuit, with a little butter to make it palatable, an egg, and tea ad lib., with sugar and milk.

Lunch at one. biscuit –

Dinner at 5. Mutton or beef, green vegetables, two baked potatoes, tarts instead of any kind of pudding, biscuit for bread; a little Port or Sherry instead of any fermented liquors.

Tea about 8 or 9, with biscuit – in small quantity.

Moore says that he invariably finds that the fat man is a great bread-eater.

Notes of Frerichs treatment in Jaundice.
Vol. 1. p. 120 et seq.

Not unfrequently the cause of Jaundice cannot be influenced by treatment. We must in such cases keep three principal indications in view: —

1. The regulation of the bowels which have become deranged by the stoppage to the flow of bile.
2. The purifying of the blood from the mass of colouring matter which has accumulated in it.
3. The consideration of the further consequences, from the changes in the tissue of the liver resulting from the stoppage of bile: & such consequences as anæmia, dropsy, cholæmia &c.

(1) The bowels may be regulated by diet, restricting to easily-digested lean

Notes from Frerichs.

meat & veget. food, and by avoiding all fatty articles & such as are apt to occasion flatulence. Bs. may be stimulated by Ext. or infus. Rhei, aloes, elixir proprietatis (a spirit. sol. of aloes, myrrh, & saffron, with add. of a little Acid. Sulph. dil.) ℞. Saline purgatives not suitable for constant use in such cases. When flat. very troublesome, root of calamus aromat., peppermint &c, may be infused with the rhubarb, or ether added. Kidneys to be stimulated from time to time by means of the milder veget. diuretics & small doses of neutral salts, as borax, tartrate of potass, acetate of potass ℞, Seltzer & other mineral

waters of similar kind. Vallexia recem? ʒj — ʒij p Pot. hit. in the day. I think lemon-juice acts more favorably — ʒij p — ʒiij daily; agrees best with dig. organs & excites abund^t. diuresis. Iced baths & mild Diaphoretics to stimulate skin: baths with some ounces of Soda added will remove pigment from epidermis. Skin to be kept within due bounds by stimulating ~~[illegible]~~ kidneys at same time; and everything wh. tends to derange digestion avoided.

(3) Cachexy & anaemia. bitters, carefully selected diet. chalybeates. in dropsy, bitter tonics and general tonic treatment with mild diuretics — no strong purgatives.

Frerichs.

Empirical Treatment.

1. Purgatives - rhubarb, calomel, &c: their mode of action.

2. Emetics. during their action the liver is powerfully compressed on three sides, so that fluid contents of bile duct are pushed against obstruction. Violent emetics may rupture gall-bladder. Tartar emetic, or ipecacuanha

3. Solvent extracts - we their virtues to the salts which they contain, & partly to the bitter ingredients.

4. Nitr. of Ammonia.

5. Narcotics - overcome spasm.

6. Acids.

Citric - acetic - chlorine water - nitro-hydrochloric acid, especially the last. Its beneficial result

must be partly due to favourable action on relaxed muc. membr. of stomach & duodenum, but partly to influence over the excretion of bile, wh. the acid ingesta exercise in passage from stomach to duodenum.

Bernard applied a glass rod, dipped in diluted acid, to mouth of the ductus choledicus, when a few drops of bile were squirted out; wh. never occurs when a weak alkaline solution is applied to same spot.

Except its constricting effect upon the bile-ducts, the value of Nitro-hydrochloric acid in Chronic affections of the liver can only be empirical.

7. <u>Alkalies</u> – soda, potash, ammonia. supposed to liquefy bile & dissolve concretions. Empirical.

8. Mineral waters of Carlsbad,

Frerichs –

Marienbad, Kissingen, Homburg, Vichy, Ems &c. independently of the effects of their water (which, taken in large quantity, finds its way through walls of portal vein, & gives rise to abundant secretion of their bile) act chiefly through their soda and neutral salts. They are with difficulty replaced by any other remedies, in cases where the jaundice is due to chr. congest. of liver &c. Not suitable to new growths, cancer &c, or cirrhosis –

To reg. bowels.

℞ Infus. Rhei

Ext. Nux. Vom. Aquosi

Tinct. Valerian. Aetherea.

M. mist.

Based by Frerichs in Jaundice p. 483 vol 1.

Frerichs, Vol. II. p. 10 — in Acute diffuse Inflammation of Liver — Decoct. of Colocynth (Prussic), alternating with Muriatic acid — in a similar case, Dilute Hydrochloric Acid in Decoction of Althæa —

Obs. No. IV. — Phosphoric acid and Infus. Senna, adding afterwards Decct. Colocynth.

Cirrhosis not due to hypertrophy of Glisson's Capsule & its ramifications accompanying the vessels, nerves, & bile-ducts; but to hypertrophy of the areolar framework, the connective tissue in which the hepatic cells lie. The more hypertrophied this is, the more the consistence of the liver is increased — practically

Fevers

frequent in those who have used spirits to excess. sometimes there is no obvious cause to account for it. Vol. II. p. 25.

In Cirrhosis of the Liver. p. 92. Vol. II.

Complete abstinence from spirits. mild diet. vegetable, in strong persons (fruits, light pulses, and suitable farinaceous substances), and in debilitated persons light animal food. Coffee, spices, &c. to be avoided, as irritating to liver. When there are much swelling and tenderness, leeches to arms & hep. region, merc. oint. to be rubbed in, hot cataplasms to hep. region. Internally, mild saline laxatives in Decoction of Tamarinds or Grass-root (the

root of Triticum repens); or, in the robust, a few gr. of Calomel; or the patient may drink bitter infusions, the Saline Spring of Eger, the old Carlsbad Spring &c. When the tenderness ceases, the bowels to be kept open and gastric digestion regulated, by means of Rhubarb, Salines, and solvent extracts. There may be Syphilitic taint, which must be treated.

To stimulate the functions of the stomach — bitters, such as Tinct. Rhei, solvent extracts, Ext. Aurantii, of Wormwood &c, dissolved in an Aromatic water, Infusion of Quassia, and the root of Calamus Aromaticus by itself or with Choleate of Soda.

Ferriar vol. II – p. 93

For the nausea, Hydrocyanic acid with the bitters. In drunkards, Tr. Nucis Vomicae is particularly suitable. The bowels to be regulated by Rhubarb, Aloes, Ox-bile, and similar medicines, and saline purgatives now to be avoided. When there is great meteorism, it is well to add to the bitters or laxatives, the ethereal oils; Anise oil, Fennel oil, Cajeput oil; or small doses of Ether; and the abdomen may be rubbed with Eau-de-Cologne, or Mixt. Oleoso-balsamica.

The Choleate of Soda, dissolved in the Infus. Anei, or in some aromatic water, regulates intestinal digestion, & removes the meteorism.

Elixir Proprietatis Paracelsi

℞. Fr. Myrrhae ℥iv

" Aloes ʒiij

" Saffron. ʒiij M.

Graves's Laxative Electuary.

℞. Elect. Senna ℥ii

Pulv. Potass. Bitart. ℥ß

Carbonatis Ferri ℥ii

Syrupi Zingiberis q. s. ut

fi. elect. ~~℥j at night.~~

A teaspoonful at night.

20 Jan. 1914.

17th October 1863.

Report of Prof. Christisons Address to the Social Science Congress at Edinburgh on Tuesday last – He draws attention to the imperfection of the nomenclature used in Registration of Diseases. States that in 1848 a thesis was presented at Edinburgh by Dr. Macrae, in which he stated that, in his experience, he never met with Consumption in any part of Lewis. The Registrars returns from these islands are very imperfect, but there is reason to think that the disease is more common in the Western Islands than in Scotland at large; and it is proved that it is rare in the

rich agricultural districts of Scotland than supposed. Dr. Macrae still maintains the ~~exposition~~ immunity of the island of Lewis from consumption, ~~and~~ states that it appears only in natives of other parts, or in natives of the island who have contracted the disease elsewhere.

Hydrocephalus -

A male child of Mr. Waldron, 45th.
- 5½ mts. old. Seen 11th Dec. 63.

A week ago he became heavy and languid; squinted, bowels confined, refusing suck. Today, eyes are both turned ~~outwards~~ to the right; head hot, and is evidently large; bowels moved for first time for several days after Calomel and oil; green stools. Parents have been giving 'soothing powders' which they had got at Newbridge a week ago from a druggist. P. reckoned 146; irregular. Hot bath to the hips, with mustard. Fell asleep after bath; occasionally waking with cry and a start. Pupils. the right

is dilated, left moderately so — neither very sensitive.
Ordered ½ g. Calomel every 2 hours, with cold to head, and another mustard hip-bath. To be fed with milk; the head to be supported.
Died same night at 11 p.m.
Powders had not operated upon bowels.
Some weeks ago the child had been vaccinated; did not take very well. An eruption which it then had disappeared.
The gums had been lanced, but the teeth did not seem forward enough to cause much irritation.
The second child the parents have lost with symptoms of hydrocephalus, which, in their

case, has probably been going on for several weeks; an eruption appears to have taken place a week ago. The parents were tidy; the mother has a strumous mark on neck, but appears healthy now; and the father is a healthy-looking man. No post-mortem examination.

℞ Ammonic Bicarb. gr. XXIII/ss
Acid. Tartarici gr. XXX
ft. pulv. effervesc.

Children.

Deposits of lithic acid & lithate of ammonia common in children - treated with Carb. of Potass or Soda in water with Syrup. Incontinence - if due to irritable bladder, belladonna in small doses, and gradually increased. Convulsions, without cerebral congestion, a few whiffs of Chloroform.

Croup. A tea-spoonful of Ipecac. wine every 10 minutes or 15 minutes, until it vomits, may be first tried. Antimonial & Ipecac. wine. Leeches may be necessary to hasten effects of emetics. Calomel, followed by full dose of Castor oil as soon as it can be given. If the case does not yield to emetics, combine calomel with Antim. tart. in small doses, 3 or 4 hours.

Harrison does not believe much in

emetics dislodging false membrane.
In advanced & neglected croup,
sustain the strength with beef tea,
cautious use of stimulants; with
use of Sulph. Zinci, or Oxymel Scillæ.
Calomel in often repeated doses.
Decoct. of Senega. Warm bath —
sometimes better than a hot bath.
<u>Pneumonia</u>. If it do not yield to
mild nauseants, small doses of
Calomel, with small doses of Ipecac.
frequently repeated — say,

Calomelanos

Pulv. Ipecac āā $\frac{1}{8}$ — $\frac{1}{6}$ — $\frac{1}{4}$ every 2,
3, or 4 hours. Or Antim. Tart. & Calomel.
When depression occurs, they must be
withheld. When the stools are fre-
quent, & green from the Calomel,
it ought to be discontinued.

Diseases of Children.

Hooping-cough. Belladonna is much relied on in Germany - not used here. Ipecac. occasionally, to dislodge mucus. Also, Zinci Sulph. in small doses, in the interval. Chlorodyne may answer in children not too young.

(Ruche's embrocation is said to be made of olive oil, with half its quantity of oil of cloves and of amber - harmless) Watch for pneumonia

The Curragh. Jan. 27, 1864.

I have only lately begun the use of the mercurial vapour bath, as recommended by Henry Lee, in Syphilis. Two chronic cases of secondary eruption. One has begun to improve already, after three trials.

Subacute Rheumatism - Use of Veratria -

℞. Veratria

Ext. Opii āā gr. ¼ Ol. in pil. X.

Two the first day; three the second; and so on, until pulse and mucous membrane indicate diminution.

The "Chelsea Pensioner" - Guiacum -

℞. Pulv. Guiaci G. R. ℥j

Pulv. Rhei ʒiij

Potass: Bitart

Sulphur. Sublim. āā ʒj

Pulv. Nitr. Mitibat. ʒiij

Mel lis ℔ j. M. — Two large spoonfuls night & mg.

Fuller's treatment may be summed up as — alkalies & neutral salts with colchicum, calomel, and opium; a little antimony sometimes added, with occasional use of a purgative.

Acute Rheum.

No bathes if skin acting; but if dry, vapour or hot air.

If bowels act once a-day, calomel now and again, to modify intestinal secretions. Dark coloured and offensive stools indicate their use, followed by infusion of Senna with ℥ss Potass-Tart. of Soda and ♏ XX Vin. Colchici – every evening and mg till healthy evac.

Alkalies (Fuller & S. Wright) with neutral salts, colchicum, full doses of opium, & a little antimony. Alkalies largely. Parkes says they favour elimination of Sulphuric acid by increasing alkaline condition of blood.

℞ Saline ℥ or Nitre Draught, with ʒii – ʒiij Potass: Tart. Sodae; ♏ x – xx

Vin. Colchici, m ~~xv~~ – xx Vin. Antim.; m x – xv Liq. Opii Sedat. – to prevent salt running off by bowels – This to be repeated every 3 or 4 hours during first 12 or 24 according to circumstances – Opium if pain is excessive. Alkaline treatment alone – ℥ss Acet. Potass.; ʒi – ʒiss Potass. Bicarb.; gr. x Potass. Nit. Alkalinity of urine must be established. Liq. Potass. in ℥ss down to extent of ʒiiij to ʒvi in 24 hrs. (Parkes).

Beef tea, jellies, and strong Coffee (Parkes, as in typhus, on principles laid down by Lehmann (from Ceithem's "Science & Practice of Medicine" Jan. 1864.

Gout. Laxatives in – the neutral salts – the alkaline base probably absorbed & forms a soluble sub-urate, and more alkali going to kidney enables it to remove more uric acid. Sulphates of Magnesia & Soda –

ʒj – ʒj Magnes. Sulph. every 8, 6, or 4 hrs, according to state of bowels and severity of symptoms – With Opiates –

This to be abandoned when relief is ~~obtained~~ complete. Locally, a warm mixture of Tr. Camphore with milk (Wood); or, a sol. of Atropine, 2 – 3 grs. in ʒj of weak spirit and water, applied with lint & oil-silk. Both Graves and Garrod say that uric acid, in the urine not increased by Colchicum.

Parkes prescribes Potass: Bicarb. with effect of largely increasing excretion of

acid and the organic solids.

Wood gives this draught:

℞ Magnesiæ ʒp; Magnes. Sulphat. ʒp;
Vin. Colchici rad. ♏ xx; Aq. Flux. vel
Aq. Acid. Carbon. f ℥p.

Podophyllum as a purgative –

Iodide of Potass. (Spencer Wells)

Potass. Bicarb. vel Cit. vel Acet.

Potass. Bicarb. (Garrod & Parkes) – often repeated salines, well diluted, on an empty stomach (Garrod)

In acute retrocedent gout, with stomach or intestinal canal affected, leeches & poultice to epigastrium or abdomen; with neutral salts & Tr. Hyoscyami 4tis hrs. In Chronic gout. similar

In atonic gout, light tonic added – as Citrate of Iron – turpentines. Spruce beer – Canadian balsam.

If atonic gout retrocedes & stomach or intestinal canal affected — then: —
℞. Mist. Camph. ℥ss; Sp. Aeth. Sulph. ℥j; Magnes. Sulph. ℥p. — every hour until relief obtained — and while it is being prepared, give hot Brandy & water, and apply hot cloths to abdomen & hot bottles to the feet. Sydenham recommends large doses of manna, from experience in his own case, in all cases of "Heavy urine".

In dyspepsia —
℞. Ferri Sulph. gr. i
Ext. Nucis Vom. gr. ½ – i
Pil. Galban. C. gr. ii – iij. [illegible]

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Opium Poisoning.

The Curragh, 15th Jan. 1864.

Suicide by Opium. The Farrier-Serjt of the 15th Hussars, of dissipated habits, sentenced to be degraded, took Laudanum last night, about 11 p.m. and died at 4.30 this afternoon. A 4 oz. bottle of Laudanum found in his quarters; apparently did not even take half of it, as he tried to make his wife die with him, and got her to take some laudanum, or whiskey, or how much not known. She vomited soon after. Everything was tried; but absorption must have been complete when Martin first saw him, about 10.30 this morning, nearly 12 hours having elapsed. The Galvanic battery would not act. Tea, Ammonia, & Brandy were injected. Were rallied. His son destroyed himself not long ago, and his wife has since been affected with Melancholia.

(continued)

Case of Sore-throat in pregnancy, with miscarriage, resulting in death.—

Mrs News, wife of a gunner R.A., in married quarters, Dover Castle, had been confined to bed for about ten days with a severe sore-throat, for which she was treated by Surgeon Vopp. She was an Irish-woman, the mother of two children. The room which she occupied was very dirty. On the 4th Feb. I went with Mr. Vopp to see this patient ~~sott~~ among others. She had had some castor oil, which had not yet operated, and it was supposed to be the cause of the pain in the abdomen which she complained of when he saw her. She was groaning in the demonstrative way common to Irish people, and the pain was made light of. She had been ordered beeftea and port wine; but had taken

but little of either. Swallowing was very difficult. On the morning of the 5th Feb., at 6, I was called to see her. I went, and found that she had just given birth to a fœtus of about six months' growth, completely enveloped in its membranes. In fact, the entire ovum had been expelled. The fœtus was lying with its legs bent, ~~arms~~ hands up to its head, and cord round neck, all beautifully seen through the unruptured membranes. There was no hæmorrhage externally. I examined per vaginam, and found that no clots blocked the passages. The uterus was contracting, and the after pains were marked. The pulse was unequal, and rapid. I saw that there was some post urine at hand, had the binder applied, rest enjoined,

and left, with strict orders that the midwife should watch her closely and send down at once to Mr. Voss if any change occurred. I was summoned about 9 a.m., and found the woman evidently sinking. There was no hemorrhage. I got her to swallow a little, but only a little of the wine which I tried to make her take, and lost no time in administering Carb. Ammon., and, soon after, brandy.
Mr. Voss and myself saw her several times during the day, and plied her with stimulants, but she sank and died about 8 p.m. She had rallied a little about half past 10 a.m., coughing up some florid blood and coagulum, probably of mucus. The uterus contracted with considerable vigour, and left nothing to be desired in that respect.

The powers of life had been necessarily much reduced by the illness from the sore-throat and want of nourishment entailed by it.

Case of Opium Poisoning cont.d

Farrier Sergt. Veny.

Post Mortem Appearances - section made by Dr. Martin, Staff Asst Surgeon.

Head. Ventricles contained consid. quantity of fluid. Brain firm, with numerous red punctiform section - Pia mater opaque - milky - Lungs congested.

Heart normal - venous coagula in right heart.

Liver normal (a confirmed drunkard) - Kidneys normal.

Stomach distended with the cancer ingesta thrown in during treatment. The Coroner's jury verdict – "Died from an overdose of opium"! Coroner a surgeon.

Case of Fragilitas Ossium – Fracture

A private in Commissariat Staff Corps – recently fractured his right arm a short way above the condyles by throwing an ordinary stone. Same bone broken in his boyhood. Left arm broken about a year ago by a quantity of beef falling upon it. Gums spongy and inclined to bleed. Purpuraceous spots on one or two places; one on hands. Yet well nourished & muscular – perhaps a little soft. The muscles have a good contour. Has been several.

Mineral Waters.

The British and Irish mineral waters exceed one hundred: those of France are about eighty in number; while in Germany they are more numerous than in Britain or France.

Saline Waters.

In these the salts are generally

1. Chlorides of Sodium, Calcium, & magnesium.
2. ~~Carbonates~~ Sulphates of potash, soda, lime, magnesia, alumina.
~~3. Bicarb. of potash lime, strontia, & magnesia.~~

~~4.~~

3. Carb. of potash, soda.
4. Bicarb. of lime, magnesia, strontia.
5. Certain silicates.

6. Nitrates of potash, magnesia.
7. Acetate of potash.
8. Iodide of sodium.
9. Bromide of sodium.
10. Subphosphate of alumina.

The sulphate of potash, sulphate of alumina, carbonate of potash, the nitrates, the acetate of potash, the bromide of sodium, and the subphosphate of alumina are rare, or seldom appreciable. Chloride of sodium, chloride of calcium, and chloride of magnesium are abundant; and sulphate of soda and sulphate of lime are common; and so are carbonate of soda and bicarbonate of lime and of magnesia.

The salts which are most abundant in mineral waters have purgative properties. Saline mineral waters are generally ~~mild~~ dilute saline purgatives.

First determine the sp. gr. of a saline water; whether transparent or turbid. Sp. gr. is often as high as 1.028. Then the quantity of foreign matter in the water.

The following are a few

7th March 1864 - at the Curragh Camp.

Chorea in Pregnancy - Induction of premature labour.

Mrs Butler, wife of a private and mess waiter, 45th Regiment; married about 11 months; about a fortnight ago was attacked with diarrhea, which yielded to treatment, but came on again several times. She was restless, occasionally had shivering, and pain in the back; and symptoms of a hysteric character set in, gradually becoming choreic. She at last had incessant twitching and spasm of the muscles of the limbs; anything she had hold

of arm clutched with violent action; the muscles of deglutition were continually acting spasmodically; she bit, or 'grabbed' as the nurse called it, at the drinking cup or the spoon when offered a drink; articulation very imperfect – about the 1st of March the voice was reduced to a whisper – she spoke spasmodically, with much effort, and gulping her words. She then passed several nights with little or no sleep, incessantly, day and night, talking or trying to talk. There was never

any loss of sensibility: her conduct was marked by obstinacy: but her ideas, as expressed in speech, were generally coherent, although the ~~harped upon the same thing~~ same ideas were reiterated more frequently than was natural. She manifested strong likes and dislikes towards particular persons; being quite trustful of some, and keenly suspicious of others. She considered herself aggrieved in not having certain women allowed to attend upon her, instead of the nurse appointed to that duty. The chronic symptoms were combated with opiates

antispasmodics, cold to head &c;
she was encouraged to take
abundance of light nourish-
ment, such as beef tea, jelly,
and wine and water.
The diarrhoea ceased, and the
bowels became confined.
On the March, the
patient, not becoming
better, was sent into the
Female Hospital, under
charge of Dr. Shankey,
who employed opiates
and antispasmodics.
Towards the end of the
week, the chorea became
more violent, although she
obtained several hours sleep
on more than one occasion

with the aid of opiates.
For manifest reasons it was determined to induce labour. Yesterday, about 2 p.m. Dr. Wolfgeyer, Military Train, and Mr. Sharkey, Medical Staff, took the necessary steps to induce labour, giving ergot of rye, and puncturing the membranes.
The os uteri was soft and normal.
(The sounds of the fœtal heart were heard that day by Dr. Wolfgeyer, Mr. Speedy, and Mr. Sharkey.
The patient had complained of coldness in abdominal region, and had expressed her belief that the child was dead, but little reliance was placed upon her statements.
The breasts were flat and

placid. The tongue was cleaner than was to be expected, and the breath free from fector. The pulse quick, and rather weak. She was believed to be in the eighth month of pregnancy. The waters came away in a healthy state, free from fector, and of normal colour. Labour commenced between 4 and 5 p.m., the pains coming on slowly and feebly at first. She was delivered about 2 a.m. (of the 7th) of a dead child, apparently of 7½-8 months, and apparently recently dead. Delivery was followed by little bleeding. The patient

recovered, and seemed well when I last saw her, in her own quarters attending to her family duties. The choreic symptoms had disappeared.

Shew

Pelvic Abscess in a woman, resulting probably from a blow.

Mrs Cooney, wife of a soldier of the 58th Regiment. seen at Curragh April 11th 1864. Symptoms - severe pain in right side of abdomen, near groin, pain extending to right hip and diffused throughout pelvic walls, down thigh; pain on pressure over right hip joint, numbness of thigh, and lameness in walking, pain on striking right heel with hand.

On further examination, a painful swelling in right side abdomen, above Poupartii ligament, parallel to it, not pointed, of faint bluish red, and very painful even without being touched, no throbbing felt. Uterine

discharge, muco-purulent, of some standing. ~~Hi~~

History. The patient, a young woman, 24 years of age, tall and thin; had good health previous to marriage. has been married 18 months.

About 10 months ago she received a kick in abdomen, left side; had severe pain for some 10 days afterwards; bathed the part with hot water, and it became better. Courses, which had been regular, now became more frequent, occurring every fortnight; with much pain. About 3 months ago she began to feel pain in right side abdomen, and

in lower part of belly, and in back, for which she used to sit over hot water; and uterine discharge appeared. has treated for leucorrhœa or ulcerated womb, but obtained no permanent relief.
Admitted to female hospital, Curragh Camp. 13 April, under Dr Martin's care, with whom I saw her. Anodynes, in form of hyoscyamus were given; the groin and hip anointed with liniment of aconite, with a hot poultice over groin.
Speculum wood - no ulcers of os. discharge from womb of mucous ~~flow~~ with thin yellow fluid of a lemon-colour. Os normal.

℞. Brit. Pharm.

Tr. Ferri Perchlor., ♏ x – ʒ/ss

Acid. Hydrochlor. dil. ♏ ℥ – ʒ/ss

Tr. Hyoscyami ♏ ℥ to ʒ/ss

Spir. Chloroform. ʒ/ss

Inf. Quassiae ad ℥i to ℥/ss

M. Sole taken 2nd day & 11 days after

Beale on Perchloride of Iron in chronic disease.

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Serg^t Smyly, 45th

Fracture of Ribs, with emphysema, haemoptysis.

8 ribs were fractured by a car running over him while he was drunken. He lived for 74 days. Died at Dublin, Beggars Bush Barracks.

Decr 26th 1866. Perona

Suffocation during intoxication.

A gran driver of R. A. C. had been drinking with some of our men on Christmas night, became helplessly drunk, and lay in an attitude which seem to account for mode of death, the face pressed against the cot on which he lay, so that the left nostril was entirely closed, the right partially so by bending of end of nose towards right, and right side of mouth

partly closed by protruding tongue. The right nostril was further stopped by vomit or mucus which had dried upon the orifice.

3rd Jan. Another case of death from helpless intoxication, the attitude in which the body was found being almost precisely the same. The man was Pr. J. Humphry 65th Regt. aged 12 years service. The post-mortem appearances were the same – congested lungs, right side of heart, and meninges of brain.

Poona, 8th Jan: 1866.

Saw yesterday a young half-caste woman, age about 17, first confined, first child, after

after tedious labour - confined at 3 a.m.; at 7 a.m. fits came on; saw her about 11 a.m., and found her strong, p. 120, full, skin rather hot, would not speak, lay in a kind of stupor, breathing heavily. No haemorrhage; after-birth had come away entire, but after some delay. Br. confined for 2 days. Ord Castor oil. Ordered Antimonial solution, ~~[illegible]~~ Olive oil enema at once, cold affusion to head, with 6 leeches to each temple.

Two fits between 11 a.m. and 4 p.m. severe, the last one the worst; she became blue in face, I was told.

5 p.m. Br. moved 3ce and shewed a large number of guava seeds.

Ordered Jalap & Calomel, but bowels continued to act freely. She slept and took a little food, and was quite sensible.

This morning, pulse, skin cool. P. 100. Has been complaining of after pains. To continue the antimonial diaphoretic.

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Karlsbad, in Bohemia. Thermal, 122° to 197° F. Contains free Carbonic acid, sulphate & carb. soda, chloride of Sodium, Carbonates of lime and magnesia, with traces of iron, manganese, strontia, phosphate of lime, iodine, bromine &c. Much resorted to for biliary and calculous diseases.

Marienbad, in Bohemia. Six leagues from Karlsbad. The Kreutzbrunn & Ferdinandsbrunn. The former most resorted to. It contains much free Carbonic acid, and, in the imperial pint, 75.442 grs. of solid matter, such as sulphate of soda, chloride of sod. & carb. of soda, & little carb. of iron.

Kissingen, in Bavaria. 3 Springs the chief is the Ragoczy. Contains

Some Foreign Mineral Waters.

much free CO_2, & 95.76 grains of solid matter in pint – chloride of sodium, chloride of magnesium, carb. of lime, carb. of iron, bromide magnesium &c. They are Tonic, Cathartic, and alterative. —

Bornberg, in Hesse. 3 leagues from Frankfort. 4 springs – the Elizabeth. contains much chloride of sodium, & much carbonic acid.

Vichy, in central France, perhaps most celebrated in world. one their virtues chiefly to the bicarb. of soda, wh. is in large quantity, with free carbonic acid. There are 8 springs at Vichy – 3 thermal; one, the Puits Carré, having a temp. of 113° F.

Ems, in Nassau; very similar to those of Vichy, containing much

bicarb. of soda, with free CO_2. Of the springs, the Kesselbrunn, has a temp. of 114.8° F. Merchion in notes to Francks. vol. 1. p. 125.

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